

0-272-23

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

**Applicant/Program:** Southwest Family Ministries, Inc./ Exodus Community Resource Center

**Applicant Requested Amount:** 15,000

**Appropriation Request Amount:** 5,000 ~~\$7,500~~ \$12,000

**Executive Summary of Request**

Southwest Family Ministries, Inc. d/b/a Exodus Community Ministry is asking for funding to help grow their resource center by contributing to a portion of a part-time manager's salary, a portion of transportation costs (gas) and a portion of the electric bill all for the Exodus Community Resource center located at 4205 Cane Run Rd, Louisville KY, 40216 which opened 10/10/23.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☒ Yes ☐ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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

1

District #

*Tammy Hopkins*

Primary Sponsor Signature

5,000

Amount

11/20/2023

Date

**Primary Sponsor Disclosure**

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

N/A

**Approved by:**

*Pat Blumel*

12/8/2023

Appropriations Committee Chairman

Date

Final Appropriations Amount: ~~\$7,500~~ \$12,000

22

**Applicant/Program:**

Southwest Family Ministries, Inc./ Exodus Community Resource Center

**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.

N/A

**Council Member Signature and Amount**

District 1		\$	
District 2		\$	500
District 3		\$	500
District 4		\$	
District 5		\$	
District 6		\$	
District 7		\$	1,000
District 8	Ben Reno-Weber	\$	1,000
District 9	Andrew Owen	\$	500
District 10		\$	500
District 11		\$	
District 12	RW Brand	\$	500
District 13		\$	1,000
District 14	Cindi Fowler	\$	500
District 15		\$	

**Applicant/Program:** Southwest Family Ministries, Inc./ Exodus Community Resource Center

### 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.

N/A

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

District 17 \_\_\_\_\_ \$ 500

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

District 19 \_\_\_\_\_ \$ 500

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

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Southwest Family Ministries, Inc.

**Program Name and Request Amount** Exodus Community Resource Center/ \$15,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="Yes"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="Yes"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="Yes"/>
Prepared by: Olivia Bennett	Date: 11/20/2023



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> Southwest Family Ministries, Inc.			
<b>Main Office Street &amp; Mailing Address:</b> 6501 Bethany Lane, Louisville, KY 40272			
<b>Website:</b> <a href="https://exodusfamilyministries.com/">https://exodusfamilyministries.com/</a>			
<b>Applicant Contact:</b>	Shane Schlatter	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 544-9999	<b>Email:</b>	grants@exodusfamilyministries.c
<b>Financial Contact:</b>	Julie Halbert, CPA	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 714-8968	<b>Email:</b>	julie.halbert@yahoo.com
<b>Organization's Representative who attended NDF Training:</b> Shane Schlatter			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	4205 Cane Run Rd, Louisville, KY 40216		
<b>Council District(s):</b>	1	<b>Zip Code(s):</b>	40216
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Exodus Community Resource Center			
<b>Total Request: (\$)</b>	\$ 15,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Louisville Metro EAF	<b>Amount: (\$)</b>	\$ 10,000.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

Vision: to see our community flourish with adults, children, and families who take pride in their own lives and in the areas where they live, work, and play.

Mission: Exodus Family Ministries seeks to guide our neighbors in Southwest Louisville out of captivity – whether it be poverty, addiction, lack of education, hunger, or other forms of oppression – by offering support, prayer, and services to address these needs.

#### **Services:**

- a food pantry that provides substantial boxes of nutritious meal ingredients to families who live in Jefferson County twice a month (2,740 unique users in 2022). We also offer deliveries to seniors and medically fragile individuals in 11 zip codes (40202, 40203, 40208, 40210, 40211, 40212, 40214, 40215, 40216, 40258, 40272).
- a clothes closet that offers work, play, and school attire (including shoes, coats, and undergarments) at no cost to 70-100 children/adults each month. (We also provide 100-150 bags of clothing to other charities each month.) While we have been serving the entire community with our clothes closet, as word has spread about our program, we found that we cannot keep up with the demand, so in November, we began limiting the free clothes to people in the same 11 zip codes listed above.
- a homeless outreach program and our recently opened resource center. These programs provide food, clothing, laundry services, showers, classes, and connections to community services to over 100 unhoused individuals each year. While our resource center is located in Metro Council District 1 (40216), the program picks up people from Districts 3, 12, 13, 14, and 25 (zip codes 40118, 40211, 40214, 40215, 40216, 40258, and 40272) to bring them to the center for services. If they choose not to come to the center, we still provide them with as many services/resources as possible in the field.

Other notes: While we feel called to serve others because of our faith, we offer our goods and services at no cost to the general public with no expectation or requirement that they practice a specific religion nor attend a particular church.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Dayrl Koppel, Chairman	06/30/2024
Julie Halbert, Treasurer	06/30/2024
Aaron Troutman	06/30/2024
Eddie Squires	06/30/2024
Bruce Bryant	06/30/2024
Kim Hilpp	06/30/2025
Lisa Moore	06/30/2025

**Describe the Board term limit policy:**

Section 1. Number and Tenure of Directors. The Board of Directors shall consist of not fewer than three (3) members, but no more than nine (9) members. Each Director shall hold office for a two-year term, at which time the other Directors currently in office may resubmit the Director's name for election to another term.

Section 2. Election. Directors shall be elected at each annual meeting of the Board of Directors. At least ten (10) days prior to the annual meeting, the Directors currently in office shall place nominations for the Directors for the ensuing year.

Three Highest Paid Staff Names	Annual Salary
Shane Schlatter, Executive Director	\$ 65,000.00
Pam Chancey, Resource Center Manager	\$ 30,000.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Our programs run throughout the year. This request is specifically to help with the program that assists our unhoused neighbors in Southwest Jefferson County. We have two programs dedicated to helping connect them to services and find housing.

The first is our homeless outreach - a team goes out every Saturday to camps in the area to provide food, drinks, hygiene items, warming supplies, and hope. We let them know about various community services available to them and then work to connect them to these services. We work closely with LMPD's community resource officers and understand the city's position about homeless camps. However, until there are enough affordable housing units available to shelter everyone on the streets, we feel called to help them in their camps.

The second program is our new resource center, which just opened for services on October 16, 2023. It is open three days a week - two for men and one for women (because there aren't as many of them). Services include showers, laundry, food, clothing, warming supplies, and connections to resources like getting IDs, health/dental care, job searches/interview skills, classes, opening bank accounts, connections to addiction recovery programs, and more. We provide many services ourselves, but also provide space for other organizations to come to the center regularly to connect with clients. The partners that come are listed below in Section F.

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

We are asking for \$15,000 in funding to help us grow capacity to run the new resource center that officially opened to clients on October 16, 2023. In order to handle the additional duties and services being offered at the center, we hired a part-time manager (30 hours a week to lead this program. In addition to overseeing the center and coordinating the other organizations and their visits, the manager helps train the volunteers, and process clients. Our organization only has one other paid staff member, our executive director, who oversees all operations, manages all programs and volunteers, and performs administrative roles like fundraising, financial oversight, coalition building, etc. The city's funding will help cover:

- a portion of the manager's salary (\$10,000 of \$30,000)
- a portion of our transportation costs (gas) needed to pick up clients in our organization's passenger van (\$2,500 of \$8,000 budgeted)
- a portion of the electric bill at the location (\$2,500 of \$6,000 budgeted) - There is no gas service at the facility so our water heater, HVAC, etc. are all electric. With multiple showers and loads of laundry being offered throughout the week, our costs are expected to increase significantly in the coming year.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This is NOT a fundraiser.

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

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

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

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

☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Within the first two weeks of being open, the Exodus Community Resource Center saw 19 clients (several of them more than once), provided 17 showers, did laundry for 14 people, connected 2 to Veterans Affairs services, connected 4 to Volunteers of America for birth certificates and IDs, connected 2 to Phoenix Health Center for vitals and healthcare (one needed medicine), got 1 a housing appointment, got 4 into addiction recovery programs, and helped 2 get connected to the Office for Homelessness.

Additionally, we trained 42 people to volunteer at the center and 3 people on how to enter client information into a customized database so that we may track all the services we provide.

At the resource center, we provide meals, showers, laundry services, hygiene items, clothing, and connections to resources including getting IDs and birth certificates, securing health and dental appointments, registering for addiction recovery programs, job referrals/training, VA benefits, etc. We have various partners coming to the center on a regular basis - including St. John Center, Volunteers of America, Brightview Health, Veterans Affairs Outreach, Goodwill Industries, Phoenix Health Center, UK Health, and others.

We collect data on all the services we provide for each of our programs (food distribution, clothing distribution, and homeless resources). We will also begin conducting quarterly surveys soon to track the effectiveness of our programs. This data and the survey results will help us measure the outcomes/benefits of our programs and help determine areas for improvement. A sample survey has been submitted for your 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.**

We collaborate with many other nonprofits and churches within the community, including:  
St. John Center - helps clients get IDs, birth certificates, and connected to other services  
Volunteers of America - helps clients get IDs, birth certificates, and connected to other services  
Goodwill Industries of KY - Another Way program, - provides job leads and career coaching  
Southeast Christian Church - provides funding and volunteer support  
Isaiah House - recovery support for clients (inpatient)  
ARC Recovery - recovery support for clients (inpatient)  
Celebrate Recovery - recovery support meetings for clients (weekly support group)  
Brightview Health - recovery support for clients (outpatient)  
Dare to Care - will provide food for once the Health Inspector comes to inspect kitchen  
UK Health - offers HIV & Hepatitis C testing, provides safer sex supplies, and PrEP referrals  
Shirley's Way - provides funding and helps organize a coat drive  
Veterans Affairs Outreach - helps some clients access Veterans benefits & connects them to services  
Phoenix Health Center - takes vitals, provides medicine, schedules appts for lab work & mental, physical, & dental checkups, helps with Medicaid registration  
Office of Resilience and Community Service - provides case management and access to many of the city's services  
Coalition for the Homeless - provides information, discounted TARC passes, & connections to funding  
Friends without Addresses - helps connect us with camps



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	\$ 10,000.00	\$ 70,000.00	\$ 80,000.00
<b>B: Rent/Utilities</b>	\$ 2,500.00	\$ 3,500.00	\$ 6,000.00
<b>C: Office Supplies</b>	\$ 0.00	\$ 1,000.00	\$ 1,000.00
<b>D: Telephone</b>	\$ 0.00	\$ 5,000.00	\$ 5,000.00
<b>E: In-town Travel</b>	\$ 2,500.00	\$ 5,500.00	\$ 8,000.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>G: Professional Service Contracts</b>	\$ 0.00	\$ 16,500.00	\$ 16,500.00
<b>H: Program Materials</b>	\$ 0.00	\$ 6,300.00	\$ 6,300.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>J: Machinery &amp; Equipment</b>	\$ 0.00	\$ 1,400.00	\$ 1,400.00
<b>K: Capital Project</b>	\$ 0.00	\$ 37,500.00	\$ 37,500.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>	\$ 0.00	\$ 24,500.00	\$ 24,500.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 15,000.00	\$ 171,200.00	\$ 186,200.00
% of Program Budget	8.06%	91.94%	<b>100%</b>

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

Other State, Federal or Local Government	\$ 0.00
United Way	\$ 37,500.00
Private Contributions (do not include individual donor names)	\$ 87,500.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify) support from our general fund & in-kind donations	\$ 46,200.00
Total Revenue for Columns 2 Expenses **	\$ 171,200.00

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (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 (Not Applicable)	\$ 0.00	\$ 0.00	\$ 0.00
Community Events (Not Applicable)	\$ 0.00	\$ 0.00	\$ 0.00
Other: Insurance	\$ 0.00	\$ 4,000.00	\$ 4,000.00
Other: Garbage Pickup	\$ 0.00	\$ 700.00	\$ 700.00
Other: Pest Control	\$ 0.00	\$ 600.00	\$ 600.00
Other: Volunteer Incentives	\$ 0.00	\$ 1,200.00	\$ 1,200.00
Other: Auto Maintenance	\$ 0.00	\$ 1,000.00	\$ 1,000.00
Other: Equipment Repair	\$ 0.00	\$ 500.00	\$ 500.00
Other: Unexpected expenses/new opportunities	\$ 0.00	\$ 1,500.00	\$ 1,500.00
Other: In-Kind support and volunteer hours	\$ 0.00	\$ 15,000.00	\$ 15,000.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	\$ 0.00	\$ 24,500.00	\$ 24,500.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Various / Volunteer Hours	\$ 10,000.00	Educated guess at start of year (will revise for 2024)
Various / Program Supplies (hygiene items/food/warming supplies/water bill/etc)	\$ 5,000.00	Educated guess at start of year (will revise for 2024)
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$ 15,000.00	

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

**Agency Fiscal Year Start Date:** 01/01/2023

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

**If YES, please explain:**

As more people hear about our services, our programs continue to grow. We already see that we will need to have the Resource Open five days a week in 2024, which means moving our part-time person to full-time. We also believe adding a paid staff member as a driver to pick up and drop off clients to the camps will be needed, along with a security guard.

Program materials, supplies, gas, and utility bills will all also increase significantly now that the center is officially open to serve those in need.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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


#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	11/21/2023
<b>Legal Signatory: (please print):</b>	Shane Schlatter	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 544-9999	<b>Extension:</b>	
<b>Email:</b>	shane@exodusfamilyministries.com		



**Louisville Metro Government  
Office of Management and Budget**

**Neighborhood Development Fund Training Attestation**

Grantee Organization Name: Southwest Family Ministries dba Exodus Family Ministries

Grantee Representative Name: \_\_\_\_\_ Shane Schlatter \_\_\_\_\_

*I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.*

Please check:

☒

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or **False**
2. Name the three budget categories that require a detail list.  
Client Assistance \_\_, \_\_ Community Events & Festivals \_\_ and \_\_ Other \_\_\_\_\_
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. **True** or False
4. Which four questions should your financial support documentation answer at all times?  
\_Who (made the purchase, What was purchased, When was it purchased, and Where was it purchased
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? **True** or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. **True** or False.

  
Grantee Representative Signature

\_\_\_\_ 11/1/2023 \_\_\_\_\_  
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov)

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

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

DEPARTMENT OF THE TREASURY

Date: **NOV 06 2014**

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

Employer Identification Number:  
47-1318039  
DLN:  
17053247327004  
Contact Person:  
ERIC KAYE ID# 31612  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
June 11, 2014  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations

Letter 947



2023 Exodus Family Ministries Annual Budget by Program

REVENUE	NOTES	Resource Center	Pantry	Clothes	Tutoring (discontinued Spring 2023)	General Admin	Fund-raising	Total
Grants	Applying for 24-30 grants this year	10000	4000	1000	0	25000	0	175,000
Corporate Contributions		10000	8000	2000	0	30000	0	50,000
Individual Donations	Tithely, GiveButter, FB, other	10000	3500	1500	3000	35000	0	53,000
Mission Support from Churches	Southeast, others being asked	20000	8000	2000	0	45000	0	75,000
Program Administration Fees	HPCDC/Evolve	0	0	0	20000	0	0	20,000
Events	Fundraising Event	0	0	0	0	35000	0	35,000
	Cabinets 10K, DtC food 15.6K, KY Harvest food 19.2K, Boxes 3.6K, Vol hrs 20.8k (2080hrs X\$10) 5k other	15000	55000	5000	500	500	0	76,000
In-kind Goods/Services	This is from a loan made by previous leaders in 2019 that we are now collecting	0	0	0	0	12000	0	12,000
Loan Repayment from Pure Radio	Amazon, Front Stream, thrift store sales	0	3000	0	0	500	0	3,500
Third Party Fundraisers		155,000	117,500	20,500	23,500	183,000	-	499,500
TOTAL REVENUE								-
EXPENSES	NOTES	Resource Center	Pantry	Clothes	Tutoring	General	Fund-raising	Actual
Salary/Taxes	President, Operations, Assistant	80000	25000	5000	1000	15000	10000	136,000
Wages	tutors, program coordinator	0	0	0	15000	0	0	15,000
Marketing	web hosting, revamp web, Facebook ads, marketing consulting	5000	5000	5000	0	15000	5000	35,000
Fundraising/Strategic Planning	Grant writing, event planning, strategic planning	5000	5000	5000	0	5000	10000	30,000
Background Checks	workers, drivers	0	0	0	0	0	0	-
Bank Fees	credit card processing	0	0	0	0	50	200	250
Payroll Costs		0	0	0	0	1500	0	1,500

## 2023 Exodus Family Ministries Annual Budget by Program

Legal Service			0	0	0	0	0	0	2000	0	2,000
Insurance	liability, D&O, renter's, property/auto, volunteers	4000		3000	1000	1000			1000	0	10,000
Rent	tutoring, resource center	0	0	0	0	9000			0	0	9,000
Property Taxes	pantry	0	0	1000	500	0			0	0	1,500
Utilities	tutoring, resource center, pantry	6000		5000	1000	1500					13,500
Internet/Phone	tutoring, resource center, pantry, phone app	5000		750	250	500			100	100	6,700
IT supplies/Support	CRM, computer software										
Security	upgrades/support data base	2000		1000	1000	0			250	6500	10,750
Supplies	Security system	6500		0	0	0			0	0	6,500
	office supplies - paper, toner, tape, cleaning supplies	1000		400	500	0			300	200	2,400
Office equipment	tablets, printer/scanner/copier, shredder	1400		600	0	0			0	0	2,000
Transportation	gas, maintenance, license fees, mileage	8000		6000	2000	0			3500	3000	22,500
Refreshments	snacks/waters for resource ctr and open houses	300		0	0	0			0	200	500
Supplemental Food	add'l food for food boxes	3000		5000	0	0			0	0	8,000
	shampoo, razors, wipes, comb, toothpaste/toothbrushes, socks, towels, underwear	3000			0	0			0	0	3,000
Hygiene Supplies											
Uniforms/volunteer incentives	staff/volunteer shirts/sweatshirts	1200		1500	500	0			150	50	3,400
Pest Control	required for food pantry	600		500	100	0			0	0	1,200
Trash Service	food pantry	700		500	100	0			0	0	1,300
Bldg Maintenance	electrical and plumbing work needed	12500		10000	500	0			0	0	23,000
Auto Maintenance	contingency for upkeep expenses	1000		800	200	0			0	0	2,000
Equipment Repair	contingency for upkeep expenses	500		400	100	0			0	0	1,000
Unexpected Expenses	contingency for emergencies/new opportunities	1500		800	200	0			500	500	3,500
Events	Holiday dinners , fundraising events, community engagement	0		0	0	0			3000	2500	5,500
Walk-Ins	New walk-in cooler/freezer, installation, freight (partial payment toward \$40K purchase)	0		20000	0	0			0	0	20,000

2023 Exodus Family Ministries Annual Budget by Program

Capital Improvements	Complete kitchen in resource center, paint pantry	3000	0	0	0	0	0	0	3,000
Cargo Van	Cargo van	20000	18000	2000	0	0	0	0	40,000
In-kind	food for food boxes, staffing of pantry/clothes closet, food boxes, donated furniture, hygiene, etc	15000	50000	10000	0	1000	0	0	76,000
<b>TOTAL EXPENSES</b>		<b>186,200</b>	<b>160,250</b>	<b>34,950</b>	<b>28,000</b>	<b>48,350</b>	<b>38,250</b>		496,000
<b>Net</b>		<b>(31,200)</b>	<b>(42,750)</b>	<b>(14,450)</b>	<b>(4,500)</b>	<b>134,650</b>	<b>(38,250)</b>		<b>3,500</b>
Percentage		37.54%	32.31%	7.05%	5.65%	9.75%	7.71%		100

# Southwest Family Ministries Inc. DBA Exodus Family

## Statement of Activity

January - September, 2023

	TOTAL
Revenue	
Sales	15,420.00
<b>Total Revenue</b>	<b>\$15,420.00</b>
GROSS PROFIT	<b>\$15,420.00</b>
Expenditures	
Administrative Expenses	277.19
Accounting Expense	1,500.00
Advertising & Marketing	6,277.32
Background Check	125.00
Bank Charges	96.00
Food	135.93
Grant Work	27,462.38
Legal & Professional Fees	2,000.00
Office Supplies	593.60
Phone	1,412.59
Software/ Technology	1,575.02
Taxes & Licenses	27.40
Volunteer Incentive	548.77
<b>Total Administrative Expenses</b>	<b>42,031.29</b>
Clothes Closet Expenses	
Storage	63.23
Supplies	133.53
<b>Total Clothes Closet Expenses</b>	<b>196.76</b>
Community	
Supplies	162.52
<b>Total Community</b>	<b>162.52</b>
Food Pantry Program Expenses	
Community donations	250.00
Food	5,138.47
Fuel	2,741.45
Grass Cutting	1,400.00
Insurance	2,693.84
Internet	1,368.69
Pest Control	725.00
Repairs & Maintenance	2,275.00
Security System	543.00
Storage	603.23
Supplies	4,528.83
Supplies- Events	166.37
Trash	548.40
Utilities	6,660.75
Vehicle Maintenance	9.53

# Southwest Family Ministries Inc. DBA Exodus Family

## Statement of Activity

January - September, 2023

	TOTAL
Volunteer Incentives	3,915.96
Walk out	-2,211.52
<b>Total Food Pantry Program Expenses</b>	<b>31,357.66</b>
Grant Work	10,000.00
Insurance	1,646.88
Payroll Expenses	
Taxes	4,187.97
Wages	50,134.61
<b>Total Payroll Expenses</b>	<b>54,322.58</b>
Reimbursable Expenses	124.13
Resource Center	5,133.48
Event Rental	1,167.25
Food	629.64
Fuel	1,351.39
Insurance	3,099.69
Internet	918.68
Outreach Program	
Food	4,173.07
Fuel	240.47
Insurance	760.79
Supplies	33.15
<b>Total Outreach Program</b>	<b>5,207.48</b>
Resource Center Renovations	10,418.83
Security System	2,816.00
Storage	314.70
Supplies	5,092.23
Tent/Sleeping Bags	283.95
Washers & Dryers	2,457.88
<b>Total Supplies</b>	<b>7,834.06</b>
Tarc Pass	953.00
Trash	309.00
Utilities	2,418.61
Volunteer Incentives	967.38
Water	11.98
<b>Total Resource Center</b>	<b>43,551.17</b>
Tutoring Expenses	
Background Checks	19.00
Contract Labor- Teachers	9,734.00
Food	55.08
Internet	539.90
Rent & Lease	7,500.00

# Southwest Family Ministries Inc. DBA Exodus Family

## Statement of Activity

January - September, 2023

	TOTAL
Supplies	98.97
Transportation	6,640.00
Utilities	2,138.70
Volunteer Incentives	164.42
<b>Total Tutoring Expenses</b>	<b>26,890.67</b>
<b>Total Expenditures</b>	<b>\$210,212.31</b>
NET OPERATING REVENUE	<b>\$-184,882.31</b>
Other Revenue	
Donation for General Funds	15,842.46
Donation from Cralle Foundation for RC	5,000.00
Donation from Koppel Building & Construction for Shane's Salary	14,400.00
Donation from Southeast Christian Church for Shane's Salary	30,000.00
Donation from Southeast Christian for the Van	-1,000.00
Donation from The Gheen's Foundation for Operating Expenses	20,000.00
Donation from Tim and Michelle Vincent for Grant Work and Tutoring Rent	13,300.00
Donations for Food Pantry	32,364.24
MISC Donation for Resource Center/ Outreach	11,723.90
<b>Total Other Revenue</b>	<b>\$141,630.60</b>
Other Expenditures	
Other Miscellaneous Expenditure	1,600.00
<b>Total Other Expenditures</b>	<b>\$1,600.00</b>
NET OTHER REVENUE	<b>\$140,030.60</b>
NET REVENUE	<b>\$-54,851.71</b>



# Southwest Family Ministries Inc. DBA Exodus Family

## Statement of Financial Position

As of September 30, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
MONEYMGR FREE BUSINESS (9831)	140,870.02
<b>Total Bank Accounts</b>	<b>\$140,870.02</b>
Accounts Receivable	
Accounts Receivable Other	196,900.00
AR OTHER	1,465.00
METRO UNITED WAY	18,750.00
<b>Total Accounts Receivable</b>	<b>\$217,115.00</b>
<b>Total Current Assets</b>	<b>\$357,985.02</b>
Fixed Assets	
6501 Bethany Lane	86,201.18
Accumulated Depreciation	-3,499.00
Equipment	0.00
Fridge for Pantry	2,391.91
Leasehold Improvements- Resource Center	118,458.27
Van-SE Funding	40,902.00
WALKOUT	45,273.00
<b>Total Fixed Assets</b>	<b>\$289,727.36</b>
<b>TOTAL ASSETS</b>	<b>\$647,712.38</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	550.00
<b>Total Accounts Payable</b>	<b>\$550.00</b>
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	
Federal Taxes (941/944)	361.58
Federal Unemployment (940)	0.00
IN Income / Local Taxes	62.31
KY Income Tax	697.71
KY Local Tax	-1,025.43
KY Unemployment Tax	0.00
<b>Total Payroll Liabilities</b>	<b>\$6.17</b>
<b>Total Other Current Liabilities</b>	<b>\$66.17</b>
<b>Total Current Liabilities</b>	<b>\$646.17</b>
<b>Total Liabilities</b>	<b>\$646.17</b>

# Southwest Family Ministries Inc. DBA Exodus Family

## Statement of Financial Position

As of September 30, 2023

	TOTAL
Equity	
Opening Balance Equity	351,885.62
Retained Earnings	350,012.30
Net Revenue	-54,831.71
<b>Total Equity</b>	<b>\$647,066.21</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$647,712.38</b>

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT'S COPY

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

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

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2022**

Name of filer

**SOUTHWEST FAMILY MINISTRIES, INC.**

EIN or SSN

**47-1318039**

Name and title of officer or person subject to tax

**SHANE SCHLATTER**

**EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>705,750.</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **ALTA ADVISORS LLC** to enter my PIN **18039**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*** Date **09/01/23**

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61427753107**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>SOUTHWEST FAMILY MINISTRIES, INC.</b>	<b>47-1318039</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6501 BETHANY LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40272</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**TRIPLE CROWN ACCOUNTING**

- The books are in the care of ► **7110 RIVER ROAD - PROSPECT, KY 40059**

Telephone No. ► **502-714-8968**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2022** or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO NOVEMBER 15, 2023

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																									
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>SOUTHWEST FAMILY MINISTRIES, INC.</b></td> <td><b>D</b> Employer identification number <b>47-1318039</b></td> </tr> <tr> <td colspan="2">Doing business as <b>EXODUS FAMILY MINISTRIES</b></td> <td><b>E</b> Telephone number <b>502-614-8544</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6501 BETHANY LANE</b></td> <td><b>G</b> Gross receipts \$ <b>718,930.</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40272</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>SHANE SCHLATTER</b> <b>SAME AS C ABOVE</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="3"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3"><b>J</b> Website: <b>N/A</b></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: <b>2014</b> <b>M</b> State of legal domicile: <b>KY</b></td> </tr> </table>	<b>C</b> Name of organization <b>SOUTHWEST FAMILY MINISTRIES, INC.</b>		<b>D</b> Employer identification number <b>47-1318039</b>	Doing business as <b>EXODUS FAMILY MINISTRIES</b>		<b>E</b> Telephone number <b>502-614-8544</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>6501 BETHANY LANE</b>		<b>G</b> Gross receipts \$ <b>718,930.</b>	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40272</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>F</b> Name and address of principal officer: <b>SHANE SCHLATTER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: <b>N/A</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2014</b> <b>M</b> State of legal domicile: <b>KY</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CHARITABLE AND EDUCATIONAL SERVICES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 265,303.	<b>Current Year</b> 440,347.
	<b>9</b> Program service revenue (Part VIII, line 2g)	29,657.	253,375.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	12,028.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	294,960.	705,750.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	45,774.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	7,625.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	178,491.	380,819.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	178,491.	426,593.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	116,469.	279,157.
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 422,741.	<b>End of Year</b> 702,585.
	<b>21</b> Total liabilities (Part X, line 26)	0.	687.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	422,741.	701,898.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>SHANE SCHLATTER, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<b>BRIAN MOSS</b>			<b>P00632361</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		
	<b>ALTA ADVISORS LLC</b>	<b>92-1380927</b>		
	Firm's address	Phone no.		
	<b>2065 ALTA AVENUE</b> <b>LOUISVILLE, KY 40205</b>	<b>502-435-3107</b>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:

**CHARITABLE AND EDUCATIONAL SERVICES**

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

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

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

4a (Code: ) (Expenses \$ 215,025. including grants of \$ ) (Revenue \$ 156,770.)  
**HOMELESS RESOURCE CENTER AND SERVICES PROVIDE A RESOURCE CENTER AND SERVICES FOR THE HOMELESS COMMUNITY.**

4b (Code: ) (Expenses \$ 62,170. including grants of \$ ) (Revenue \$ 20,573.)  
**FOOD PANTRY AND CLOTHES CLOSET DISTRIBUTES FOOD AND CLOTHING TO THOSE IN NEED.**

4c (Code: ) (Expenses \$ 94,063. including grants of \$ ) (Revenue \$ 76,032.)  
**YOUTH TUTORING PROGRAM - PROVIDES TUTORING AND HOMEWORK ASSISTANCE TO CHILDREN AND TEENS.**

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **371,258.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> 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	<b>2a</b> 1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 7		
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 on Schedule O. <b>1b</b> 7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed KY

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**TRIPLE CROWN ACCOUNTING - 502-714-8968**  
**7110 RIVER ROAD, PROSPECT, KY 40059**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

## Part VII

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

## Section B. Independent Contractors

Form **990** (2022)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	51,014.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	389,333.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 224,782.			
	h	<b>Total.</b> Add lines 1a-1f		440,347.			
<b>Program Service Revenue</b>	2 a	RESOURCE CENTER	Business Code 721000	156,770.	156,770.		
	b	TUTORING	611600	76,032.	76,032.		
	c	FOOD PANTRY	721000	20,573.	20,573.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		253,375.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	25,208.			
b		Less: direct expenses	8b	13,180.			
c		Net income or (loss) from fundraising events		12,028.		12,028.	
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
	12	<b>Total revenue.</b> See instructions		705,750.	253,375.	0.	12,028.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	42,500.	34,000.	6,375.	2,125.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,274.		3,274.	
11 Fees for services (nonemployees):				
a Management	9,470.		9,470.	
b Legal	2,100.		2,100.	
c Accounting	3,350.		3,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	54,642.	43,642.	5,500.	5,500.
12 Advertising and promotion	10,014.	2,391.	7,623.	
13 Office expenses	7,382.	4,383.	2,999.	
14 Information technology	3,800.	2,758.	1,042.	
15 Royalties				
16 Occupancy	16,485.	16,485.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,572.		2,572.	
23 Insurance	13,037.	11,816.	1,221.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>FOOD AND CLOTHING INVEN</b>	200,200.	200,200.		
b <b>TRANSPORTATION EXPENSE</b>	19,620.	19,071.	549.	
c <b>MEALS</b>	16,156.	15,339.	817.	
d <b>UTILITIES</b>	12,611.	11,793.	818.	
e All other expenses	9,380.	9,380.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	426,593.	371,258.	47,710.	7,625.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	115,738.	<b>1</b>	177,248.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	7,829.	<b>4</b>	61,375.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	213,900.	<b>7</b>	201,900.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 265,561.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,499.	85,274.	<b>10c</b> 262,062.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	422,741.	<b>16</b>	702,585.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	687.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	0.	<b>26</b>	687.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>		
<b>27</b> Net assets without donor restrictions .....		422,741.	<b>27</b>	701,898.
<b>28</b> Net assets with donor restrictions .....			<b>28</b>	
<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		422,741.	<b>32</b>	701,898.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		422,741.	<b>33</b>	702,585.

Form 990 (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	705,750.
2	Total expenses (must equal Part IX, column (A), line 25)	2	426,593.
3	Revenue less expenses. Subtract line 2 from line 1	3	279,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	422,741.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	701,898.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**SOUTHWEST FAMILY MINISTRIES, INC.**

Employer identification number

**47-1318039**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						917,860.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						917,860.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	100.00	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>		%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990) 2022

**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 II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

## 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		



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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**SOUTHWEST FAMILY MINISTRIES, INC.**

Employer identification number

**47-1318039**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
<b>SOUTHWEST FAMILY MINISTRIES, INC.</b>	<b>47-1318039</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHEAST CHRISTIAN CHURCH 920 BLAKENBAKER PARKWAY LOUISVILLE, KY 40243-2555	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KOPPEL BUILDING & CONSTRUCTION 132 OUTER LOOP LOUISVILLE, KY 40214	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PLEASURE VALLEY LION CLUB 6000 LIONS ARMS DRIVE LOUISVILLE, KY 40216	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE GHEENS FOUNDATION 401 W MAIN ST UNIT 705 LOUISVILLE, KY 40202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

47-1318039

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization	Employer identification number
<b>SOUTHWEST FAMILY MINISTRIES, INC.</b>	<b>47-1318039</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**SOUTHWEST FAMILY MINISTRIES, INC.**

Employer identification number

**47-1318039**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

232051 09-01-22



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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,930.		12,930.
b Buildings		211,729.	3,366.	208,363.
c Leasehold improvements				
d Equipment				
e Other		40,902.	133.	40,769.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				262,062.

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	687.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

687.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

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Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization

**SOUTHWEST FAMILY MINISTRIES, INC.**

Employer identification number

47-1318039

**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.

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

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

[illegible]

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HANDS UP (event type)	(event type)	1 (total number)	
Revenue	1 Gross receipts .....	25,208.			25,208.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	25,208.			25,208.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	13,180.			13,180.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				13,180.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				12,028.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐

Director/officer

☐

Employee

☐

Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**SOUTHWEST FAMILY MINISTRIES, INC.**

Employer identification number

**47-1318039**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		77,200.	\$35 PER BAG
6 Cars and other vehicles	X	1	2,000.	PVA VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	70,588	120,000.	\$1.70 PER POUND OF F
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	0	10,750.	FMV OF EACH ITEM
26 Other ( BUILDING SUPPLI )	X	0	6,650.	ACTUAL COST
27 Other ( FURNITURE AND S )	X	0	4,500.	FMV OF EACH ITEM
28 Other ( OFFICE )	X	0	682.	ACTUAL COST

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

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.

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

Schedule M (Form 990) 2022



**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.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

SOUTHWEST FAMILY MINISTRIES, INC.

Employer identification number  
47-1318039

FORM 990, PART VI, SECTION A, LINE 2:

THE TREASURER IS A CONSULTANT TO VARIOUS BUSINESSES OWNED BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED AND APPROVED BY THE  
BOARD OF DIRECTORS AT THEIR MONTHLY MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENGAGES ENTITIES FOR VARIOUS SERVICES WHO ARE INDEPENDENT  
FROM THE ORGANIZATION AND ITS OFFICERS AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS INTERVIEWED AND HIRED AN EXECUTIVE DIRECTOR BASED ON  
EXPERIENCE AND OTHER QUALIFICATIONS. THE COMPENSATION WAS BASED ON SIMILIAR  
ORGANIZATIONS OF OUR SIZE.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 11G, OTHER FEES:

GRANTWRITING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,500.
FUNDRAISING EXPENSES	5,500.
TOTAL EXPENSES	11,000.

Name of the organization

SOUTHWEST FAMILY MINISTRIES, INC.

Employer identification number

47-1318039

**CONTRACT TEACHERS:**

PROGRAM SERVICE EXPENSES	38,142.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,142.

**CONTRACTORS:**

PROGRAM SERVICE EXPENSES	5,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	54,642.

**FORM 990, PART XII, LINE 2C:**

THE BOARD OF DIRECTORS SELECTS THE ACCOUNTING FIRM BASED ON  
RECOMMENDATIONS FROM THE TREASURER. THE FIRM SELECTION WAS BASED ON  
EXPERIENCE AND OTHER QUALIFICATIONS DEEMED NECESSARY TO PROVIDE  
ACCURATE FINANCIAL STATEMENTS AND TAX RETURN.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	6501 BETHANY LANE - BUILDING	07/01/21	SL	39.50		16	73,271.				73,271.	927.		1,855.	2,782.
2	6501 BETHANY LANE - LAND	07/01/21	L				12,930.				12,930.			0.	
3	VAN	12/29/22	SL	5.00		16	38,902.				38,902.			0.	
4	LEASEHOLD IMPROVEMENTS	11/01/22	SL	39.50		16	138,458.				138,458.			584.	584.
5	VAN	09/01/22	SL	5.00		16	2,000.				2,000.			133.	133.
	* 990 PAGE 10 TOTAL						265,561.				265,561.	927.		2,572.	3,499.
	MANAGEMENT AND GENERAL						265,561.				265,561.	927.		2,572.	3,499.
	* GRAND TOTAL 990 PAGE 10 DEPR														
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						86,201.			0.	86,201.	927.			2,782.
	ACQUISITIONS						179,360.			0.	179,360.	0.			717.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						265,561.			0.	265,561.	927.			3,499.
	ENDING ACCUM DEPR											3,499.			
	ENDING BOOK VALUE											262,062.			

22811 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

0889480.09

mstratton  
ADD

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

ARTICLES OF INCORPORATION

SOUTHWEST FAMILY MINISTRIES, INC.

Non-profit corporation

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

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

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

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

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

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

Tim Hartlage and Jennifer Hartlage, 5293 Featheringill Rd, Greenville, IN 47124.

Douglas W. Pope and Melanie Pope, 215 Windy Hill Rd, Shepherdsville, KY 40165.

Richard Smith, 3215 Rolling Oak Blvd, Louisville, KY 40214.

Tim Vincent, 3714 Lees Lane, Louisville, KY 40216.

Fifth: The name and mailing address of the incorporator is Tim Hartlage, 5293 Featheringill Rd, Greenville, IN 47124.

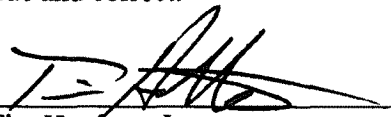
Sixth: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not

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

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

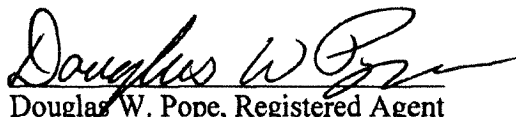
Eighth: This application will be effective upon filing.

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

  
Tim Hartlage, Incorporator

6-4-14  
Date

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

  
Douglas W. Pope, Registered Agent

6-4-14  
Date

**SOUTHWEST FAMILY MINISTRIES, INC.**  
**dba Exodus Family Ministries**

**ARTICLES OF INCORPORATION AND BYLAWS**

Southwest Family Ministries, Inc. a/k/a Exodus Family Ministries (collectively, hereinafter “Exodus”, or, the “Corporation”) is a Kentucky nonprofit Corporation validly organized under the provisions of Kentucky Revised Statutes and formed for the charitable and educational purposes as set forth in its Articles of Incorporation. In the manner prescribed by law, it has adopted and does hereby certify the following as and for its Bylaws. The Corporation’s mission statement is, as follows:

*“Exodus Family Ministries seeks to guide our neighbors in Southwest Louisville out of captivity – whether it be poverty, addiction, lack of education, hunger, or other forms of oppression – by offering support, prayer, and services to address these needs.”*

**ARTICLE I**

**PRINCIPAL OFFICE**

The principal office as well as mailing address for the transaction of the business of the Corporation is hereby fixed and located at: 6501 Bethany Lane, Louisville KY 40272. The Board of Directors of the Corporation may at any time, from time to time, change the location of the principal office or mailing address from one location to another in Jefferson County, Commonwealth of Kentucky.

**ARTICLE II**

**BOARD OF DIRECTORS**

Section 1. Number and Tenure of Directors. The Board of Directors shall consist of not fewer than five (5) members, but no more than nine (9) members. Each Director shall hold office for a two-year term, at which time the other Directors currently in office may nominate the Director’s name for election to another term.

- (a) After serving one term (2 years) each board member may be renominated and/or elected by the current board members.

Section 2. Election. Directors may be elected at each annual meeting of the Board of Directors. At least ten (10) days prior to the annual meeting, the Directors currently in office shall place nominations for the Directors for the ensuing year.

- (a) For the initial election year, 2022, two of the present board members will be removed either through volunteering or by draw. The two present board members that are removed must sit out a year unless renominated and elected by the current board members.

- (b) Two of the present board members will be drawn to serve a full-term until 2024 at which point, they will come off the board unless renominated and reelected.
- (c) Three of the present board members will be drawn to serve two full terms until 2026 at which point, they will come off the board unless renominated and reelected.

Section 3. Vacancies. Any vacancy occurring in the Board of Directors that results in less than a quorum may be filled by affirmative vote of the majority of the remaining directors even though less than a quorum of the Board of Directors. A Director elected to fill a vacancy shall be elected for the unexpired term of his/her predecessor in office. Any Directorship to be filled by reason of an increase in number of Directors may be filled by the Board of Directors for the remaining term of the vacant position.

Section 4. Authority and Duties of Directors. The business and affairs of the Corporation shall be managed by its Board of Directors. The Board of Directors is the policy-making body and may exercise all the powers and authority granted to the Corporation by law and these Bylaws. A majority of the Directors at any meeting which a quorum is present shall act as the full Board of Directors, unless the act requires a greater number according to law or these Bylaws. Without limiting the foregoing articles, the Board of Directors shall have the following powers and duties:

- (a) To change the principal office for the transaction of the business of the Corporation from one location to another within Jefferson County, Commonwealth of Kentucky.
- (b) To nominate and elect board members at annual meetings or to fill any vacancies that may present themselves outside of this time. Each board member may nominate a maximum of two individuals for voting consideration. Board members may not nominate themselves.
- (c) To nominate and elect special officers such as President of the Board, Vice President of the Board, Secretary and the Treasurer.
- (d) To plan for President of Operations succession and oversee management development.
- (e) To adopt a clear statement of the Exodus mission, vision, and strategic goals and establish policies and plans consistent with this statement.
- (f) To accept accountability for both the financial stability and the financial future of Exodus, engaging in strategic financial planning, assuming primary responsibility for the preservation of capital assets, overseeing operating budgets, and participating actively in the overall well-being of Exodus.
- (g) To engage proactively with the President of Operations in cultivating and maintaining good relations with sponsors, artists, the media and the broader community, as well as exhibit best practices relevant to stewardship, and equity.



Section 5. Regular Meetings. – The Board shall hold regular annual meetings set and announced at least fifteen (15) days in advance. When the board is not actively organizing a new or existing service, the Board shall meet no less than once a quarter. Meetings may take place by in person, phone conference or video conference.

Section 6. Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President of the Board or any five (5) directors. These special meetings of the Board of Directors may fix any place, either within or without the State of Kentucky, as the place for holding any special meeting of the Board of Directors.

Section 7. Notice. Notice of any special meeting shall be given at least five (5) days prior thereto. And notice of any regular meeting at least fifteen (15) days prior to, by written notice delivered personally or mailed to each director at his business or residential address, or by email. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. If notice be given by email, such notice shall be deemed to be delivered when the email is sent

Section 8. Quorum. Fifty Percent (50%) but no less than five of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board. In the absence of a quorum at any meeting, a majority of the Directors who are present may adjourn the meeting, and may also schedule a special meeting. All absent Directors will be given forty-eight (48) hours advance notice of the special meeting.

Section 9. Removal. Each Director shall be subject to removal by affirmative vote of a majority of the Board of Directors at any regular meeting of the Board after at least five (5) days prior notice in writing, given personally, or by mail or email, to all the Directors of the Corporation that the removal of such Director at such meeting is purposed. Such removal of a Director may be for any reason, including the failure of such Director to attend three (3) consecutive meetings of the Board of Directors, or may be without cause.

Section 10. Compensation. No Director shall receive compensation for his or her services as a Director; however, any reasonable expenses incurred by any Director for any reason due to his or her duties or responsibilities as a Director may be paid by the Corporation if such expenses are in the annual budget.

### **ARTICLE III**

#### **OFFICERS**

Section 11. Officers. The officers of this Corporation shall be a President of the Board, one or more Vice Presidents of the Board, a Secretary, a Treasurer, and such other officers

as the Board of Directors may appoint. When the duties do not conflict, one person, other than the Chair, may hold more than one of the offices of the Corporation.

Section 12. Elections. At the annual meeting, the Board of Directors shall elect officers of the Corporation for specifically determined terms.

Section 13. Vacancies. A vacancy in any office, for any reason, shall be filled by the Board of Directors, if necessary. These nominations can be made during a special, regular, or annual meeting.

Section 14. President of the Board. The President shall be the principal executive officer of the Corporation and shall in general be subject to the control of the Board of Directors, supervise and control all of the business and affairs of the Corporation. He or she shall preside at all meetings of the Board of Directors. He or she may sign, with the Secretary, or any other proper officer of the Corporation thereunto authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by the Bylaws to some other officer or agent of the Corporation, or shall be required by law to be otherwise signed and executed; and in general shall perform all duties incident to the office of the President and such other duties as may be prescribed by the Board of Directors from time to time. The President may appoint and/or employ a President of Operations and staff to serve at the discretion of the President and Board of Directors. Termination of the President of Operations requires a vote from no less than 80% of the board. The President of the Board is elected at the annual meeting by a quorum and may serve a term of one year. After the term of one year has expired, they can renominate and elect The President of the Board for no more than one additional term.

Section 15. Vice President of the Board. In the absence or disability of the President of the Board, a predesignated Vice President of the Board shall perform all the duties of the President of the Board, and in so acting shall have all the powers of the President of the Board. The Vice President of the Board is elected at the annual meeting by a quorum and may serve a term of one year. After the term of one year has expired, they can renominate and elect The Vice President of the Board for no more than one additional term.

Section 16. Secretary. The Secretary shall: (a) keep the minutes of the Board of Directors meetings in one (1) or more books provided for that purpose; (b) see that all notices are duly given in accordance with the provisions of the Bylaws or as required by law; (c) be custodian of the corporate records and of the seal of the Corporation and see that the seal of the Corporation is affixed to all documents, the execution of which on behalf of the Corporation under its seal is required and duly authorized in accordance with the provisions of these Bylaws; (d) in general, perform all duties incident to the office of the Secretary and such other duties as from time to time may be assigned to him or her by the President or by the Board of Directors.

Section 17. Treasurer. If required by the Board of Directors, the Treasurer shall give a bond for the faithful discharge of his or her duties in such sum and with such surety or sureties as the Board of Directors shall determine. He or she shall: (a) have charge and custody of and be

responsible for all funds and securities of the Corporation; receive and give receipts for monies due and payable to the Corporation from any source whatsoever, and deposit all such monies in the name of the Corporation in such banks, trust companies or other depositories as shall be selected in accordance with the provisions of these Bylaws; (b) in general, perform all duties incident to the office of Treasurer and such other duties as from time to time may be assigned to him or her by the President or the Board of Directors. The Treasurer shall furnish regular investment reports to the Board of Directors to ensure that the Corporation has invested its investment assets at a reasonable rate of return.

## **ARTICLE IV**

### **EXECUTIVE DIRECTOR**

Section 18. Appointment. There shall be a Executive Director. Although an officer of the Corporation, the Executive Director shall not be a voting member of the Corporation. The Executive Director may be called to any board meeting by the President of the Board.

Section 19. Responsibilities. The Executive Director shall be responsible for providing advice and assistance to the Corporation, the Board of Directors, the President of the Board and other officers. They shall be responsible for administering the total operations of the Corporation. The Executive Director shall have such other powers and perform such other duties as may be provided by the Board of Directors/or and the President of the Board.

## **ARTICLE V**

### **COMMITTEES OF THE BOARD**

Section 20. The Board may from time to time establish a committee of the Board, as it deems necessary or appropriate for such purposes and with such powers as the Board sees fit. The Board must maintain a list of each committee, its duties and terms of reference. The Board may also appoint individual participants to a committee by a motion passed by the majority of the Directors.

Section 21. The chair of each committee may appoint individual participants to the committee who need not be Directors or Members.

Section 22. The Board may dissolve any committee of the Board or remove any individual participant of a committee of the Board, by a motion passed by the majority of the Directors.

Section 23. Any such committee may formulate its own rules of procedure, subject to such rules or directions as the Board may make from time to time.

Section 24. Unless appointed by the Board, each committee must elect or appoint a chair.

Section 25. Each committee chair must ensure that a report on the work of their committee is presented to the Directors at intervals determined by the Board. The committee chair may also receive direction and guidance from the Board and shall seek Board approval of actions proposed by the committee.

## **ARTICLE VI**

### **FINANCE**

Section 26. Fiscal Year. The fiscal year of the Corporation shall be the calendar year.

Section 27. Solicitations. Contributions and gifts shall be solicited by representatives selected and approved by The President of Operations and the Board of Directors to promote, sponsor and carry out the purposes of the Corporation.

Section 28. Deposit and Use of Contributions. Unless otherwise provided by the donor, all contributions received by the Corporation shall be deposited and held by the Treasurer of the Corporation and may be used and disbursed by the Board of Directors to promote, sponsor, develop, expand and carry out objectives of the Corporation.

Section 29. Restricted Gifts. The limitations and restrictions in IRS Code, Section 170(c)(2) upon any grant, gift, donation, bequest or devise shall be observed strictly except and unless it shall be determined by the Board of Directors that changed conditions or other reasons shall have rendered the one application unnecessary or other reasons shall have been fulfilled or become impossible for fulfillment, in which event said funds shall be administered for such other purpose of the Corporation as will best carry out the intentions of the donor or testator and may be sanctioned by the provisions of the IRS Code Section 501(c)(3) or succeeding code provision.

Section 30. Operating Expenses. The operating expenses of the Corporation shall be defrayed by funds received from contributions and/or other income producing vehicles as sanctioned by the Board of Directors.

Section 31. Approved Signatures. Approvals for signatures necessary on contracts, checks, and orders for the payment, receipt or deposit of money, and access to securities of the Corporation shall be provided by resolution of the Board of Directors.

Section 32. Budget. The annual budget of estimated income and expenditures shall be approved by the Board of Directors. No expenses shall be incurred in excess of the budgetary appropriations without prior approval of the Board of Directors.

Section 33. Debts. Debts may be incurred only as directed by resolution of the Board of Directors.

Section 34. Investments. The Treasurer of the Corporation shall monitor investment of the funds of the Corporation in accordance with the direction of the Board of Directors, or any Committee of the Board appointed for such purpose.

## **ARTICLE VII**

### **INDEMNIFICATION**

Each person who is or was a Director, officer or employee of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a member, Director, trustee, or officer of another corporation, whether elected or appointed including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer, or employee or arising out of such person's status as a member, director, trustee, officer, or employee; provided, however, no such person shall be indemnified against any such liability, cost, or expense incurred in connection with any action suit, or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses including reasonable attorney's fees incurred in defending any threatened or pending action, suit, or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeat or modification of this article shall not affect any rights or obligation, then existing. If any indemnification payment required by this article is not paid by the Corporation within 90 days after a written claim has been received by the Corporation, the Director, officer, or employee may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim, including reasonable attorney's fees. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Nonprofit Corporation statutes or under this article, but it shall not be obligated to do so. The indemnification provided by this article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement statute, vote of members or Board of Directors, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law.

## **ARTICLE VIII**

### **BOOKS AND RECORDS**

The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Directors, and shall keep at the principal office a record giving the names and addresses of the Directors entitled to vote. All books and records of the Corporation may be inspected by any Director, or her agent or attorney, for any proper purpose at any reasonable time.

## **ARTICLE IX**

### **WAIVER OF NOTICE**

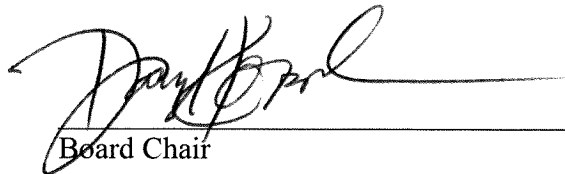
Whenever any notice is required to be given under the provisions of these Bylaws, or under the provisions of the Articles of Incorporation, or under the provisions of the corporation laws of the Commonwealth of Kentucky, waiver thereof in writing, signed by the person, or persons, entitled to such notice whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

## **ARTICLE X**

### **AMENDMENT OF BYLAWS**

These Bylaws may be amended, altered, changed, added to, or repealed by the affirmative vote of a majority of the Directors present at a meeting at which a quorum is present if notice of the proposed amendment, alteration, change, addition, or repeal be contained in the notice of the meeting to the Board of Directors.

The above revised Bylaws of Southwest Family Ministries, Inc. a/k/a Exodus Family Ministries were voted, approved, and adopted on October 23, 2023.

  
\_\_\_\_\_  
Board Chair

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Southwest Family Ministries, Inc.**

2 Business name/disregarded entity name, if different from above  
**Exodus Family Ministries**

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 single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check 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 is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**6501 Bethany Lane**

6 City, state, and ZIP code  
**Louisville, KY 40272**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

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

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

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OR

**Employer identification number**

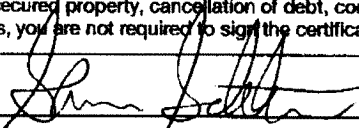
4	7	-	1	3	1	8	0	3	9
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**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here** **Signature of U.S. person**  **Date** 11/21/23

**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](http://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-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.

## Exodus Family Ministries Quarterly Evaluation Sheet

Louisville Metro has given Exodus Family Ministries Neighborhood Development Funds to help us operate the Exodus Community Resource Center. As a condition of this funding, we need to report general demographics, as well as the impact our program is having. These surveys will be tallied, and the results reported in congregate. No personal identifiers will be shared. Please help us continue to receive this funding by answering this survey as completely as possible.

1. ☐ Male ☐ Female ☐ Other
2. ☐ Caucasian ☐ Black ☐ Asian ☐ Hispanic ☐ Mixed ☐ Other
3. ☐ Age 16-24 ☐ 25-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 65+
4. Active Duty or Veteran: ☐ No ☐ Active Duty ☐ Veteran
5. Current Zip Code \_\_\_\_\_
6. ☐ I am living on the streets or in a homeless camp.  
☐ I am living with friends/family temporarily as I try to find a place of my own to live.  
☐ I am living in transitional housing.  
☐ I am living at an addiction recovery center.  
☐ I have a place to live, but am at risk of losing it.  
☐ I have a permanent place to live.  
☐ Other \_\_\_\_\_
7. Amount of time you've been unhoused:  
☐ < 1 month ☐ 1-3 months ☐ 3-6 months ☐ 6-9 months ☐ 9-12 months  
☐ 1-2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years ☐ Not Applicable
8. Please rate the following, with 1 being "not useful" and 5 being "tremendously helpful"
 

a. The services Exodus provides are	1	2	3	4	5
b. The staff at the Exodus Community Resource Ctr	1	2	3	4	5
c. The connections to other resources Exodus provides	1	2	3	4	5
d. The volunteers of Exodus are	1	2	3	4	5
e. The Exodus Community Resource Center facilities	1	2	3	4	5
9. Please rate the following with 1 being "not a fan" and 5 being "love it!"
 

a. The showers	NA	1	2	3	4	5
b. The laundry service	NA	1	2	3	4	5
c. The transportation	NA	1	2	3	4	5
d. The amenities (warming/hygiene items)	NA	1	2	3	4	5
e. The clothes	NA	1	2	3	4	5
10. I would recommend this program to a friend ☐ Yes ☐ No ☐ Undecided

Anything you'd like to share with us (good or bad)? \_\_\_\_\_

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

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

**Legal Name of Applicant Organization:**

*Southwest Family Ministries, Inc.*

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

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

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

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

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


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

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

**SIGNATURE**

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

**Signature of Legal Signatory:**



**Date: Nov 21, 2023**

**Legal Signatory (please print):**

**Shane Schlatter**

**Title: Executive Director**

**Phone: 502.544.9999 Extension:**

**Email: shane@exodusfamilyministries.com**



# Kentucky Secretary of State

## Michael G. Adams



Business Entity  
Search

File Annual  
Report

Form an LLC

Business  
Registration  
Portal

Name  
Availability  
Search

Business  
Forms Library

Prepaid  
Account Status  
Current Officer  
Search

Founding  
Officer Search

Registered  
Agent Search

Validate  
Certificate of  
Existence/Authoriza

## SOUTHWEST FAMILY MINISTRIES, INC.

File Amended Annual Report

Change Address or Registered Agent

File Certificate of Assumed Name (DBA)

File Dissolution

Upload a filing

File Registered Agent Resignation

Manage Assumed Name

Printable Forms ▾

Subscribe to changes made to this entity

Certificate of Good Standing ▾

### General Information

**Organization Number** 0889480  
**Name** SOUTHWEST FAMILY MINISTRIES, INC.  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 6/11/2014  
**Organization Date** 6/11/2014  
**Last Annual Report** 3/23/2023  
**Principal Office** 6501 BETHANY LANE

LOUISVILLE, KY 40272

**Registered Agent** TIM VINCENT  
 3714 LEES LANE  
 LOUISVILLE, KY 40216

Hide Current Officers

### Current Officers

Title	Officer
President	Tim Vincent
Director	Dayrl Koppel

Director	Julie Halbert
Director	Freddie George

[Hide Initial Officers](#)**Individuals / Entities listed at time of formation**

Title	Officer
Director	TIM HARTLAGE
Director	JENNIFER HARTLANGE
Director	DOUGLAS W. POPE
Director	MELANIE POPE
Director	RICHARD SMITH
Director	TIM VINCENT
Incorporator	TIM HARTLAGE

[Show Images](#)[Show Former Names](#)[Hide Assumed Names](#)**Assumed Names**

Name	Status	Expiration Date
EXODUS FAMILY MINISTRIES	Active	8/27/2025
VALLEY STATION HOPE CENTER	Inactive	8/11/2022
THE HOPE CENTER, LOUISVILLE	Inactive	12/9/2021

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