

O-104-23

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

**Applicant/Program:** South Louisville Community Ministries, Inc. / Families Helping Families 2023  
**Applicant Requested Amount:** \$9,500  
**Appropriation Request Amount:** ~~\$2,500~~ \$9,000

### Executive Summary of Request

This NDF Request is for the South Louisville Community Ministries (SLCM) Families Helping Families Annual Dinner on at Kosair Shrine Ballroom (i.e. cost of meal, space, event program materials, pledge cards, special signs, and invitations) which supports SLCM's emergency rental assistance and programming.

Is this program/project a fundraiser?

☒ Yes ☐ No

Is this applicant a faith based organization?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

District #

Primary Sponsor Signature

\$2,500  
Amount

May 8, 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.

Approved by:

5/30/2023

Appropriations Committee Chairman

Date

Final Appropriations Amount: \$9,000

Approved Committee  
Date: 5/25/23

**Applicant/Program:**

South Louisville Community Ministries, Inc. / Families Helping Families 2023

**Additional Disclosure and Signatures****Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	<u>Bash Dho</u>	\$ <u>250</u>
District 3	<u>Kumar Rashad</u>	\$ <u>250</u>
District 4	<u>Jeomey Arthur</u>	\$ <u>1,000</u>
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	<u>Ben Reno-Weber</u>	\$ <u>500</u>
District 9	<u>Andrew Owen</u>	\$ <u>500</u>
District 10	<u>Simon M. Smith</u>	\$ <u>250</u>
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<u>Dan Seum</u>	\$ <u>500</u>
District 14	_____	\$ _____
District 15	<u>J. Chappell</u>	\$ <u>1,500</u>

**Applicant/Program:**

South Louisville Community Ministries, Inc. / Families Helping Families 2023

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

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

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

District 18 Marky Puck \$ 250

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

District 20 Stuart Benson \$ 250

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

District 22 Robin J. Engel \$ 500

District 23 Jeff Hudson \$ 500

District 24 Madonna Flood \$ 250

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

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

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** South Louisville Community Ministries, Inc.

**Program Name and Request Amount** Families Helping Families 2023 / \$9,500

	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="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="Yes"/>
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="N/A"/>
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: Rebecca Katz District 21 Legislative Aide      Date: May 8, 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> ) South Louisville Community Ministries, Inc			
<b>Main Office Street &amp; Mailing Address:</b> 415 1/2 West Ashland Avenue, 40214			
<b>Website:</b> www.slcm.org			
<b>Applicant Contact:</b>	Clare Rutz Wallace	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 361-7763	<b>Email:</b>	clarewallace@slcm.org
<b>Financial Contact:</b>	Kate Husk	<b>Title:</b>	Assistant Director
<b>Phone:</b>	(502) 361-7763	<b>Email:</b>	katehusk@slcm.org
<b>Organization's Representative who attended NDF Training:</b> Clare Rutz Wallace or Kate Husk			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	415 1/2 West Ashland Ave		
<b>Council District(s):</b>	3,6,12,13,15,21,25	<b>Zip Code(s):</b>	40208,09,14,15,40118
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Families Helping Families			
<b>Total Request: (\$)</b>	\$ 9,500.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 9,200.00
<b>Purpose of Request (check all that apply):</b>			
<input 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 checked="" 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>	Metro Council EAF	<b>Amount: (\$)</b>	\$ 188,400.00
<b>Source:</b>	NDF - Taste of South Louisville	<b>Amount: (\$)</b>	\$ 9,500.00
<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:**

SLCM provides emergency assistance and compassionate advocacy to low-income neighbors in crisis. We address immediate needs of hunger and stable housing while creating lasting community.

SLCM serves our neighbors residing in 40118, 40208, 40209, 40214, and 40215 in their greatest time of need to prevent their crisis from turning into catastrophe. Our community extends to more than 80,000 people, and we face the second highest poverty rates in Louisville, but we believe that through collaboration and kinship, we can be a compassionate home base to everyone.

We do this by providing the following services:

1. Emergency Food Assistance through monthly groceries and weekly produce boxes
2. Meals on Wheels deliveries to homebound seniors
3. Utility Assistance by helping to pay for late LG&E and water bills to avoid disconnection
4. Rent Assistance through our project, StopMyEviction.org
5. Financial Assistance for Basic Needs such as medication, home repair, and transportation
6. Household Supplies such as personal hygiene and cleaning supplies
7. Clothing and Furniture Vouchers
8. Infant Supplies such as diapers, wipes, and formula
9. Computer Class and Equipment including a refurbished computer
10. Case Management through our social enterprise, The Rosewater bookstore, and other programs

Last year we prevented hunger for 5,101 families with over 30,000 boxes of food, we delivered 13,170 meals to 148 homebound seniors, we kept 274 infants safe and healthy by providing diapers and formula to their parents, and we prevented utility disconnection from happening to 940 families by providing financial assistance,

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Michael Chinigo, President	06/30/2024
Jeffrey Oeswein, Vice-President	06/30/2024
Terry Conway, Secretary	06/30/2024
Theresa Batliner, Treasurer	06/30/2024
Cortez Hampton Sr.	06/30/2023
Drew Tucker	06/30/2023
Chatoya Porter	06/30/2024
Rev. Dr. James Dewey	06/30/2023
Shane Fitzgerald	06/30/2023
Kathryn Matheny	06/30/2024
Joseph Twagilimana	06/30/2023
Ahmed Farah	06/30/2023
Jasmine Curtis	06/30/2024
Mikal Forbush	06/30/2024
Tammie Haynes	06/30/2023

**Describe the Board term limit policy:**

Officers-The officers shall serve for a one year term of office or until their successor shall have been elected and installed. No officer may serve more than three (3) consecutive years in any given office. (Bylaws, Article VIII, Section 6)

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

Three Highest Paid Staff Names	Annual Salary
Clare Rutz Wallace	\$ 65,000.00
Kate Husk	\$ 57,000.00
Rebecca Lumbrich and Jerry Englehart	\$ 36,000.00

## 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.):**

This funding request is for the 2023 annual dinner, Families Helping Families, which will be held March 22, 2023 at Kosair Shrine Ballroom. This special dinner is an opportunity for families, friends, community and business leaders to celebrate the uniqueness and diversity of South Louisville. We'll hear from and lift-up local heroes who have given so much of themselves to keep neighbors housed and healthy. We hope you and your guests can be there to honor their generosity and compassion. Metro Council's support will be highlighted throughout the evening, but will also be acknowledged as a partner in this important work in all publicity efforts.

The purpose of this event is to raise funds to support the ministries work of supporting neighbors during times of crisis, providing compassionate advocacy, emergency financial services, and extensive programming to prevent food insecurity in the South End.

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

Families Helping Families Dinner: Cover cost of the meal and space, event program materials and pledge cards, special signs, and invitations.

None of the funds allocated will be used for sub grantee.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

All proceeds made from the annual Families Helping Families dinner will go directly to SLCM's programming. SLCM provides nutritional food from our pantry, delivers hot meals to homebound seniors daily, prevents eviction/homelessness by providing financial assistance for housing, eliminates families living in dangerous housing conditions by assisting with utilities to avoid disconnection, helps with purchasing life-saving medication, and connects individuals and families with additional community services to address their challenges in a holistic manner.

We are relying on this event so that we may tackle the increasing need in our community. Just last month alone we saw a 50% increase in requests for food alone, 90% of which are neighbors that have never asked for assistance from the Community Ministries before. We are trying to keep people fed and housed, but now need your support now more than ever.

**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:**

SLCM is currently collecting a thorough client satisfaction survey that will help us better determine continued needs and how our services have changed their lives. For all of our clients that we "coach" through more than one immediate crisis (ie. water is being disconnected), we use a thorough common needs assessment to gauge where they start and where they end.

The assistance provided stabilizes families in crisis situations for at least 30 days. We do not contribute funds to outstanding bills unless we are certain it will stabilize the situation for that period of time. Emergency assistance helps avoid eviction from one's home, prevents utilities from being shut-off or disconnected and purchases medication for individual wellness issues. Our utilities assistance prevents 100% of clients from having their services shut off or disconnected. Records are maintained of all checks written on behalf of clients showing how grant funds were allocated.

**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.**

South Louisville Community Ministries has existing collaborative relationship with organizations that support some of the services offered by our agency and to also address needs beyond our programs. Dare to Care provides food for our food pantry. UofL Health and Metro Senior Nutrition Program/KIPDA supports our Meals-On-Wheels program. Kosair Charities grant provides baby diapers and other necessary infant supplies. LG&E and Louisville Water Company support assisting families to pay their extreme weather bills.

We are also working with multiple nonprofit partners including the Coalition for the Homeless, Americana Community Center, Louisville Urban League, and many more to create citywide safety nets to help neighbors maintain or find housing. We are also a member of the Association of Community Ministries that strives to better serve our neighbors through systemic change and collaboration.

We are also a grantee and partner of the Office of Resilience and Community Services, and work closely with the Office of Housing, Office for Women, Office for Civic Innovation & Technology, Center for Health Equity, Office of Safe and Healthy Neighborhoods, and the Office of Globalization to help implement and lead initiatives that connect multiple efforts!

## 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>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 9,500.00	\$ 4,554.50	\$ 14,054.50
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 9,500.00	\$ 4,554.50	\$ 14,054.50
<b>% of Program Budget</b>	67.59%	32.41%	<b>100%</b>

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 4,554.50
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>\$ 4,554.50</b>

\*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

<b>Detail for Client Assistance, Community Events &amp; Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)</b>	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Kosair Shrine Center - Food	\$ 3,000.00	\$ 807.00	\$ 3,807.00
Kosair Shrine Center - Venue	\$ 5,000.00	\$ 1,747.50	\$ 6,747.50
Printing for mailing, signage, and day-of material	\$ 1,500.00	\$ 2,000.00	\$ 3,500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	\$ 9,500.00	\$ 4,554.50	\$ 14,054.50

## 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
Volunteer Hours (200 hours @ \$24.69)	\$ 4,938.00	calculated national value
<b>Total Value of In-Kind</b> <b>(to match Program Budget Line Item.</b> Volunteer Contribution & Other In Kind)	\$ 4,938.00	

\* 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: 07/01/~~2023~~<sup>2022</sup>

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:

## 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>	<i>Clare Rutz Wallace</i>	<b>Date:</b>	2/14/23
<b>Legal Signatory: (please print):</b>	Clare Rutz Wallace	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 361-7763	<b>Extension:</b>	
<b>Email:</b>	clarewallace@slcm.org		

**Internal Revenue Service**

Date: August 16, 2004

South Louisville Community Ministries Inc.  
4803 Southside Dr.  
Louisville, KY 40214

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

**Person to Contact:**  
Ms. Julius 3108345  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
31-0891259

Dear Sir or Madam:

This is in response to your request of August 16, 2004, regarding your organization's tax-exempt status.

In June 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

*Janna K. Skufca*

Janna K. Skufca, Director, TE/GE  
Customer Account Services

ATTACHMENT B

Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2508  
Cincinnati, OH 45201

Date: "JAN" 10 1992

Person to Contact:

Gordon Schnur

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Employer Identification Number:

31-0891259

South Louisville Community  
Ministries Inc.  
801 Camden Ave.  
Louisville, KY 40215-2817

Dear Sir or Madam:

This is in response to your letter of September 9, 1991, requesting a copy of your determination letter.

Our records indicate that by a determination letter issued in September, 1976 your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

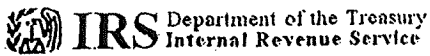
The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248367569  
Mar. 20, 2012 LTR 4168C E0  
31-0891259 000000 00  
00017552  
BODC: TE

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

012242

Employer Identification Number: 31-0891259  
Person to Contact: Mrs. Black  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

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

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

Expenses	Projected Total 2022-23	Income	
			Projected Total 2022-23
Executive Director	48750	Metro's External Agency Fund	188,400
Assistant Director	42750	ACM Utilities	150,000
Financial Assistance Coordinator	27050	Winterhelp	30,000
MOW and Volunteer Coordinator	27050	Meals on Wheels	25,000
Food Pantry Coordinator	23400	Church Pledges	45,000
Development Assistant and Resource Coordinator	23400	Sponsors	50,000
Case Services Manager	22000	Rosewater Bookstore	30,000
Health/Life/Disability	60000	Donations	100,000
Payroll Taxes	71634	Organizations (w/o grant agreement)	20,000
Retirement	6000	Grants	225,000
Workers' Compensation	1750	Total Income	869,400
Payroll Service Fee	3600		
Holiday Bonus	1400		
Janitorial Services	7800		
Interpretation and Delivery - Contractor Labor	28000		
Accounting - Contractor Labor	9325		
<b>TOTAL PERSONNEL</b>	<b>404,909</b>		
Audit Fees	10,500		
Bank Services Fees	250		
Office Supplies	2000		
Directors and Officers Insurance	2248		
Copier Expenses	4280		
Carbonite - Cloud Backup	900		
Janitorial Supplies	500		
Postage	2000		
<b>TOTAL ADMINISTRATIVE</b>	<b>22,678</b>		
Program Equipment	1200		
Background Checks	1000		
Telephone/Internet	5700		
Mileage Reimbursement	700		
Rethink Louisville (LRAN)	43,250		
Neighbor Network Assistance	88,740		
Nutritious Food Assistance & Produce Program	25,300		
LG&E Assistance	120,000		
Water Assistance	43,000		
Infant Supplies	10,000		
Partner Agency Support	1000		
Community Events (incl. Food/Beverages)	1000		
<b>TOTAL PROGRAM</b>	<b>340890</b>		
Rent/Utilities	18560		
Internet	1425		
Supplies	600		
Vendor/Taxes	3500		
<b>TOTAL ROSEWATER</b>	<b>25085</b>		
Dues and Subscriptions	580		
Professional Development	1500		
Volunteer/Partner Appreciation	1000		
<b>TOTAL DEVELOPMENT</b>	<b>3080</b>		
Rent	6600		
Electricity	10000		
General Liability & Building Insurance	4688		
Equipment and Building Repair	12455		
<b>TOTAL BUILDING</b>	<b>33943</b>		
Marketing - Printing/Video/Facebook Ad	1500		
Online Support - Website/Domain/Donorbox/GLL	1,000		
Taste of South Louisville	9,500		
Mallings	1,000		
Families Helping Families	10,000		
<b>TOTAL MARKETING/FUNDRAISING</b>	<b>23,000</b>		
Reserve Payments	8400		
<b>TOTAL MISC</b>	<b>8,400</b>		
<b>Total Expenses / Allocations</b>	<b>861,988</b>		

South Louisville Community Ministries  
Statement of Activities  
For the Seven Months Ending January 31, 2023

	YTD Actual Current Year	Annual Budget	Variance	% of Budget Collected/Spent	YTD Actual Prior Year
Individual Giving	\$ 62,148	\$ 100,000	\$ (37,852)	62.15%	\$ 36,944
Business/Corporation Giving	\$ 39,855	\$ 20,000	\$ 19,855	199.27%	\$ 5,844
Memorial Giving	\$ -	\$ 0	\$ (0)	0.00%	\$ 35
Church Giving	\$ 40,877	\$ 45,000	\$ (4,123)	90.84%	\$ 22,692
Fundraising (Net) and Misc. Income	\$ 26,668	\$ 30,500	\$ (3,832)	87.44%	\$ 59,286
Grants	\$ 479,896	\$ 467,398	\$ 12,498	102.67%	\$ 555,972
Rosewater Bookstore (Less COS)	\$ 17,464	\$ 26,500	\$ (9,036)	0.00%	\$ 16,656
Program Pass-Thru: Net Donations/Expense	\$ 91,300	\$ 150,000	\$ (58,700)	0.00%	\$ 85,433
Other Income	\$ 34	\$ -	\$ 34	0.00%	\$ 17
<b>Total Revenue</b>	<b>\$ 758,241</b>	<b>\$ 839,398</b>	<b>\$ (81,157)</b>	<b>90.33%</b>	<b>\$ 782,878</b>
Personnel Expenses	\$ 195,606	\$ 355,184	\$ 159,578	55.07%	\$ 389,394
Professional Fees	\$ 41,513	\$ 60,475	\$ 18,962	68.64%	\$ 18,736
Supplies/Services	\$ 6,554	\$ 10,880	\$ 4,326	60.24%	\$ 6,711
Telephone	\$ 3,826	\$ 7,125	\$ 3,299	53.71%	\$ 3,513
Postage & Shipping	\$ 809	\$ 3,000	\$ 2,191	26.95%	\$ 1,202
Occupancy Expenses	\$ 22,699	\$ 47,615	\$ 24,916	47.67%	\$ 22,052
Rentals & Technology	\$ 3,641	\$ 4,100	\$ 459	88.80%	\$ 14,633
Printing Expenses	\$ 773	\$ 1,500	\$ 727	51.52%	\$ 1,942
Travel Expenses	\$ 1,228	\$ 700	\$ (528)	175.44%	\$ 146
Client Services	\$ 130,011	\$ 331,290	\$ 201,279	39.24%	\$ 266,796
Grant Related Expense	\$ 1,578	\$ -	\$ (1,578)	N/A	\$ -
Dues & Subscriptions	\$ 724	\$ 580	\$ (144)	124.83%	\$ 300
Insurance	\$ 2,106	\$ 7,136	\$ 5,030	29.51%	\$ 4,692
Interest	\$ -	\$ -	\$ -	0.00%	\$ -
Misc. Expenses	\$ 160	\$ 1,000	\$ 840	16.00%	\$ 399
Depreciation	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Expenses</b>	<b>\$ 411,229</b>	<b>\$ 830,585</b>	<b>\$ 419,356</b>	<b>49.51%</b>	<b>\$ 730,516</b>
Revenue in Excess (Deficit) of Expenses	\$ 347,012	\$ 8,815	\$ 338,199		\$ 52,363
In Kind Income	\$ -	\$ -	\$ -		\$ -
In Kind Expense	\$ -	\$ -	\$ -		\$ -
Net In-Kind Activity	\$ -	\$ -	\$ -		\$ -
Net Agency Activity	\$ 347,012	\$ 8,815	\$ 338,199		\$ 52,363

**Balance Sheet**  
**As of 1/31/2023**

**So. Louisville Community Ministries (SLC)**

	Year to Date	Prior Year to Date
<b>Assets</b>		
<b>Current Assets</b>		
Cash-Republic xx7196	69,594.19	20,204.44
Cash - Republic Bank Operating	729,167.61	357,620.82
Cash - Emergency Assistanc 769	34,925.55	9,658.83
Cash - Republic Bk Reserve Fund xxx3778	13,310.46	5,600.23
Cash-Republic Bank-Emer Assistance	35,568.85	72,842.01
Republic Bank-Gaming-xx9574	521.35	521.35
Petty Cash	50.00	50.00
Accounts Receivable	0.95	1.48
Accts Rec Metro MOW	0.00	2,180.00
Acct Rec	0.00	31,714.00
Health Ins-Dependent	7,996.84	6,678.74
G/R UL Hospital MOW Reimbursement	6,000.00	6,000.00
Prepaid Rent	1,500.00	1,500.00
<b>Total Current Assets:</b>	<b>898,635.80</b>	<b>514,571.90</b>
<b>Other Assets</b>		
Inventory - Books	27,000.00	22,750.00
Deposits	1,500.00	1,500.00
<b>Total Other Assets:</b>	<b>28,500.00</b>	<b>24,250.00</b>
<b>Fixed Assets</b>		
Furniture & Fixtures	6,691.62	4,046.92
Accum. Depr. - Furn & Fixtures	-8,266.40	-8,266.40
Equipment	4,880.13	4,880.13
Accum. Depr. - Equipment	-3,612.00	-3,612.00
Leasehold Improvements	54,175.32	54,175.32
Accum. Depr. - Leasehold Imprv	-24,275.00	-24,275.00
<b>Total Fixed Assets:</b>	<b>29,593.67</b>	<b>26,948.97</b>
<b>Total Assets:</b>	<b>956,729.47</b>	<b>565,770.87</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable	6,979.63	3,027.00
Roth 401k Withholding	715.04	193.60
Accrued Sales Tax	161.22	0.00
<b>Total Current Liabilities:</b>	<b>7,855.89</b>	<b>3,220.60</b>
<b>Total Liabilities:</b>	<b>7,855.89</b>	<b>3,220.60</b>
<b>Equity</b>		
Net Assets - Temp Restricted	18,630.44	18,630.44
Retained Earnings-Current Year	347,012.06	52,362.76
Net Assets	583,231.08	491,557.07
<b>Total Equity:</b>	<b>948,873.58</b>	<b>562,550.27</b>
<b>Total Liabilities &amp; Equity:</b>	<b>956,729.47</b>	<b>565,770.87</b>

No CPA provides any assurance on these financial statements.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021****Open to Public Inspection****A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**South Louisville Community Ministries, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**415-1/2 West Ashland Avenue**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Louisville****KY 40214****D** Employer identification number**31-0891259****E** Telephone number**502-681-4983****G** Gross receipts \$ **1,719,252****F** Name and address of principal officer:**Clare Rutz Wallace****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **slcm.org****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation:**M** State of legal domicile:**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:			
	<b>To empower our neighbors in crisis to move toward stability and self-sufficiency.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
	Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)	2,581,428	1,622,803
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,801	60,047
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,628,229	1,682,850
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,070,236	788,346
	<b>Expenses</b>	14	Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	252,914	554,100
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	26,581	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	89,882	129,066
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,413,032	1,471,512
19		Revenue less expenses. Subtract line 18 from line 12	215,197	211,338
<b>Net Assets or Fund Balances</b>		Beginning of Current Year		End of Year
		20	Total assets (Part X, line 16)	507,670
	21	Total liabilities (Part X, line 26)	2,471	7,296
	22	Net assets or fund balances. Subtract line 21 from line 20	505,199	716,537

**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.

**Sign Here**

Signature of officer

Date

**Clare Rutz Wallace****Executive Director**

Type or print name and title

**Paid****Preparer****Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**Christopher Hatcher****Christopher Hatcher****01/20/23**

self-employed

**P00340931**

Firm's name ▶

**Baldwin CPAs, PLLC**

Firm's EIN ▶

**20-1416603**

Firm's address ▶

**10180 Linn Station Road Suite 200**

Phone no.

**502-584-9793**

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2021)

**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:**See Schedule O****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 \$ **1,285,133** including grants of \$ **788,346** ) (Revenue \$ )**See Schedule O****4b** (Code: ) (Expenses \$ **102,090** including grants of \$ ) (Revenue \$ )**See Schedule O****4c** (Code: ) (Expenses \$ **25,012** including grants of \$ ) (Revenue \$ )**2021-2022 ROSEWATER BOOKSTORE:****The Rosewater bookstore is a volunteer-powered social enterprise that provides free community space, workforce development opportunities, and emergency assistance to neighbors in crisis.****4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **1,412,235**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<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>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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>79</b>	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>0</b>	
<b>1c</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>	<b>29</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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</b>	<b>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>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<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>	<b>X</b>
<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>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</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>X</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>X</b>
<b>8</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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>	<b>X</b>
<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 instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<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>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in 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>	

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**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**

	1a	10	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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.		10		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b	4		
<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?			2	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?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	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?			7a	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?			7b	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?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	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			9	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?	10a	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?	10b	
<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?	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	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	15a	X
<b>b</b> Other officers or key employees of the organization	15b	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?	16a	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?	16b	

**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 ►

Clare Rutz Wallace  
Louisville

415 1/2 Ashland Ave

KY 40214

502-681-4983

**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 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, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Clare Rutz Wallace</b>	40.00									
<b>Executive Director</b>	0.00			X				61,700	0	10,239
(2) <b>Theresa Batliner</b>	2.00									
<b>Treasurer</b>	0.00	X		X				0	0	0
(3) <b>Stephanie Carr</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(4) <b>Michael T. Chinigo</b>	2.00									
<b>President</b>	0.00	X		X				0	0	0
(5) <b>Terry Conway</b>	2.00									
<b>Secretary</b>	0.00	X		X				0	0	0
(6) <b>Shireen Deobhakta</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(7) <b>Rev. Dr. James A. Dewey</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(8) <b>Shane Fitzgerald</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(9) <b>Nicole George</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(10) <b>Kathryn Matheny</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(11) <b>Jeffery V. Oeswein</b>	2.00									
<b>Vice President</b>	0.00	X		X				0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Cortez Hampton Sr.</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(13) <b>Drew Tucker</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(14) <b>Joseph Twagillimana</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
(15) <b>Joyce Whalin</b>	2.00									
<b>Board Member</b>	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>61,700</b>		<b>10,239</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>61,700</b>		<b>10,239</b>

**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 **0**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**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>	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,622,803		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 335,344		
	h Total. Add lines 1a-1f			1,622,803		
			Business Code			
<b>Program Service Revenue</b>	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g Total. Add lines 2a-2f					
<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				
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Rental inc. or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	7a			
	b	Less: cost or other basis and sales exps.	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	67,864		
	b	Less: direct expenses	8b	20,665		
	c	Net income or (loss) from fundraising events		47,199		47,199
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	10a	28,585			
b	Less: cost of goods sold	10b	15,737			
c	Net income or (loss) from sales of inventory		12,848	12,848		
<b>Miscellaneous Revenue</b>	11a					
	b					
	c					
	d	All other revenue				
	e Total. Add lines 11a-11d					
			Business Code			
12	Total revenue. See instructions		1,682,850	12,848	0	47,199

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**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	788,346	788,346		
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				
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	472,137	432,086	18,483	21,568
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,845	43,094	1,376	1,375
10 Payroll taxes	36,118	33,951	1,084	1,083
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,219	13,118	4,737	364
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 Schedule O.)	19,636	14,401	5,031	204
12 Advertising and promotion				
13 Office expenses	32,018	30,258	880	880
14 Information technology				
15 Royalties				
16 Occupancy	36,032	35,028	502	502
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	422	397	13	12
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,204	3,952	126	126
23 Insurance	10,641	10,070	285	286
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 Repairs & Maintenance	2,755	2,591	82	82
b Rosewater - Assistance	1,642	1,642		
c Bank Fees	1,073	1,008	32	33
d Dues and subscriptions	880	839	21	20
e All other expenses	1,544	1,454	44	46
25 Total functional expenses. Add lines 1 through 24e	1,471,512	1,412,235	32,696	26,581
26 Joint costs. 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 .....	<b>407,556</b>	<b>1</b>	<b>513,941</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	<b>44,139</b>	<b>3</b>	<b>137,811</b>
	<b>4</b> Accounts receivable, net .....	<b>5,682</b>	<b>4</b>	<b>5,685</b>
	<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 .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>17,750</b>	<b>8</b>	<b>17,750</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>3,000</b>	<b>9</b>	<b>3,000</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>61,333</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>35,943</b>	<b>10c</b>	<b>25,390</b>
	<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>2,594</b>	<b>15</b>	<b>20,256</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>507,670</b>	<b>16</b>	<b>723,833</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>2,471</b>	<b>17</b>	<b>7,296</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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>2,471</b>	<b>26</b>	<b>7,296</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		<b>486,569</b>	<b>27</b>	<b>487,425</b>
<b>28</b> Net assets with donor restrictions .....		<b>18,630</b>	<b>28</b>	<b>229,112</b>
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<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> .....		<b>505,199</b>	<b>32</b>	<b>716,537</b>
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>507,670</b>	<b>33</b>	<b>723,833</b>	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,682,850</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,471,512</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>211,338</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>505,199</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>716,537</b>

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		



**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

**2021****Open to Public  
Inspection**

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259****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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	780,984	831,172	1,127,123	2,581,428	1,622,803	6,943,510
<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</b> <b>Total.</b> Add lines 1 through 3	780,984	831,172	1,127,123	2,581,428	1,622,803	6,943,510
<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</b> <b>Public support.</b> Subtract line 5 from line 4						6,943,510

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	780,984	831,172	1,127,123	2,581,428	1,622,803	6,943,510
<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.)	85,772	89,441	7,609	21,168	28,585	232,575
<b>11</b> <b>Total support.</b> Add lines 7 through 10						7,176,085
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	190,562
<b>13</b> <b>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 2021 (line 6, column (f) divided by line 11, column (f))	14	96.76 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	95.81 %
<b>16a</b> <b>33 1/3% support test—2021.</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</b> <b>33 1/3% support test—2020.</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</b> <b>10%-facts-and-circumstances test—2021.</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</b> <b>10%-facts-and-circumstances test—2020.</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</b> <b>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"/>	

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 ( <i>explain in detail in Part VI</i> ):		
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).		

**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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Part II, Line 10 - Other Income Detail

**\$ 232,575**



**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

**2021**Open to Public  
Inspection

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259****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.

	Held at the End of the Tax Year
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.	
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 7/25/06, 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 .....	▶ \$ .....

**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:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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

**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.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		54,175	31,497	22,678
<b>d</b> Equipment		7,158	4,446	2,712
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,390

**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> (Column (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> (Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	1,682,850
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	1,682,850
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	1,682,850

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	1,471,512
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,471,512
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,471,512

**Part XIII Supplemental Information.**

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.

**Part X - FIN 48 Footnote**

SLCM is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. SLCM qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2). Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statements of activities or accrued in the statements of financial position.

**Part XIII** Supplemental Information *(continued)*

**SCHEDULE G  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

**2021**Open to Public  
Inspection

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> ▶						

**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>Taste of South</b> (event type)	(b) Event #2 <b>Families Helpin</b> (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	44,931	22,933		67,864
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	44,931	22,933		67,864
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses	9,383	11,282		20,665
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				20,665
11 Net income summary. Subtract line 10 from line 3, column (d) .....				47,199	

**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 .....				
Direct Expenses	2 Cash prizes .....				
	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.



**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☐ Yes ☒ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**3** Enter total number of other organizations listed in the line 1 table**For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) (2021)**

DAA

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 Food Pantry</b>	<b>4259</b>		<b>319,607</b>	<b>FMV</b>	<b>Food</b>
<b>2 Emergency Assistance</b>	<b>2003</b>	<b>468,739</b>			
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>Part IV</b> <b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

**Part IV – Additional Information**

**Emergency Assistance/Food Pantry – Includes payments for rent, utilities, prescriptions**

**and managing a Dare to Care Food Pantry for qualified low-income residents.**

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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. 1545-0074

**2021****Open To Public  
Inspection****Ministries, Inc.**

Employer identification number

**31-0891259****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	X		15,737	
5 Clothing and household goods				
6 Cars and other vehicles				
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	1	319,607	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	X	1	15,737	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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.

	Yes	No
30a		X
31		X
32a		X

**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

**2021****Open to Public  
Inspection**

Name of the organization

**South Louisville Community  
Ministries, Inc.**

Employer identification number

**31-0891259****Form 990 - Organization's Mission**

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

- Emergency assistance with food, medicine, housing and utilities
- Comprehensive referral services and partnerships (individual, family and marriage counseling)
- Daily enrichment services for senior adults

**Form 990, Part III, Line 4a - First Accomplishment****Emergency Assistance Program and Neighbor Network**

The Emergency Assistance Program works to meet the basic individual needs of those families in the South End who are facing financial crisis. The program works to stabilize the family's by providing financial assistance with utility bills and housing payments, as well as payment assistance for medical needs. Occasionally we are able to provide assistance for additional needs such as transportation and items needed for work placement. In addition, the program maintains an extensive Dare to Care pantry that distributes canned goods, frozen meat products, refrigerated dairy products, fresh produce, infant supplies and personal items. The COVID pandemic has created a dramatic increase in the need for assistance as well as the availability of funding for such assistance. The Emergency Assistance program receives inquiries for financial assistance from around 200 families each month, and this program assists in providing extensive financial assistance or referral services to those families. Additionally,

Name of the organization

Employer identification number

South Louisville Community

31-0891259

South Louisville Community Ministries assists several families monthly by providing funds for necessary medications and medical expenses. Over the last year, the food pantry has been serving around 354 food orders monthly.

Funding and in-kind donations for this Emergency Assistance Program comes from supporting churches, Metro Louisville government, Dare to Care Food Bank, special grants, local businesses and foundations, and individuals.

#### 2021-2022 EMERGENCY ASSISTANCE PROGRAM:

The Emergency Assistance Program (EA) served (number of households and total amount of assistance):

-Neighbor Network discretionary funds (housing/transportation/etc.)- 223:

\$180,303.70

-Water - 37: \$6,562

-LGE -158: \$14,468

-Medication - 45: \$2547.15

-Special Utility Grants -915: \$260,973.68

-Food (orders) - 4259

-Clothing/Furniture Vouchers - 139

-Baby supplies -412

-Bus passes-74

#### Form 990, Part III, Line 4b - Second Accomplishment

##### Program for Homebound Seniors

Meals on Wheels provides meals and friendly visits to homebound seniors in South Louisville with a goal to increase nutritional health and provide personal interaction. This program relies on volunteers who deliver approximately 1750 lunches a month. Additionally, we deliver boxes of

Name of the organization

South Louisville Community

Employer identification number

31-0891259

non-perishable USDA commodities to approximately 25 seniors each month.

2021-2022 HOME DELIVERED MEALS PROGRAM (MEALS ON WHEELS):

Throughout the year, SLCM volunteers delivered frozen meals to our frail, home bound elderly in the south end of Louisville. During the year, 155 seniors were provided a total of 21,565 meals. For two routes, the food and funding is provided by Mary and Elizabeth Hospital/University of Louisville Health, while for the other seven routes the food is provided by Mastersons' Catering with coordination and funding provided by the Louisville Metro Senior Nutrition Program and KIPDA. We also provided 212 senior commodity boxes to our home-bound seniors in partnership with Dare to Care and USDA.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Executive Director and Board Treasurer.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board Members complete a conflict of interest form annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents available upon request, 990 available upon request and via Guidestar's website

**AMENDED AND RESTATED ARTICLES OF INCORPORATION**  
**OF**  
**SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.**

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

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

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

**ARTICLE I**

The name of the Corporation shall be

South Louisville Community Ministries, Inc.

**ARTICLE II**

The corporation shall have perpetual existence.

**ARTICLE III**

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



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

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

#### ARTICLE IV

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

#### ARTICLE V

The principal office of the Corporation is located at:

415 ½ West Ashland Avenue  
Louisville, KY 40214

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

#### ARTICLE VI

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

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

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

#### ARTICLE VII

The Corporation shall be governed by the Bylaws.

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

#### ARTICLE VIII

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

(2) The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its Bylaws or a resolution adopted after notice to members entitled to vote.

(3) The Corporation hereby eliminates the personal liability of a director to the Corporation for monetary damages for breach of his or her duties as a director, provided that this provision shall not eliminate the liability of a director in the following circumstances:

A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;

B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

C. For any transaction from which the director derived an improper personal benefit.

## ARTICLE IX

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

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

**ARTICLE X**

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

IN TESTIMONY WHEREOF, witness the signature of the secretary of this Corporation this 28 day of August, 2014.

Joyce Whalin  
Joyce Whalin, Secretary

STATE OF KENTUCKY    )  
                                  )  
COUNTY OF JEFFERSON )

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 28 day of August, 2014, by Joyce Whalin, Secretary of South Louisville Community Ministries, Inc., on behalf of the Corporation.

Witness my signature and seal of office this 28 day of August, 2014

My Commission Expires: August 27, 2016

Notary Public, State at Large, KY  
My commission expires Aug. 27, 2016  
Notary ID# 473862

William J. Gorman  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

## 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.

**South Louisville Community Ministries**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or 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) ►

**501(c)3**

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.

**415 1/2 W Ashland Avenue**

6 City, state, and ZIP code

**Louisville, KY 40214**

7 List account number(s) here (optional)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

3 1 - 0 8 9 1 2 5 9

### 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 ►

*Clare Rugg Wallock*

Date ►

*2/14/23*

### 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-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

## SLCM Client Survey 2023

Hello! You are receiving this survey because you have requested SLCM services in the last year. SLCM invites you to give us feedback about our programs, services, and your experience seeking assistance. The results of the survey will be used to better serve you and meet your needs and to help our agency get additional funds to meet those needs. Please note that:

- 1.) This survey is completely confidential and will only take a few minutes to complete
- 2.) Your participation is voluntary. You do not need to participate if you do not want to
- 3.) Your responses are anonymous so you do not need to put your name anywhere on the survey
- 4.) Your answer will NOT affect your ability to access services at SLCM
- 5.) If you have filled out one in past years, we would love to get your feedback for this year also
- 6.) Please complete by Sunday, March 5th

If you have any questions about this survey, please contact us at [slcm@slcm.org](mailto:slcm@slcm.org)

Thank you!

\* Required

### 1. How often to you get help from SLCM? \*

Mark only one oval.

- ☐ First visit
- ☐ Once a month
- ☐ A few times a year
- ☐ Once a year
- ☐ Less than once a year

### 2. What services have you received? (check all that apply) \*

Check all that apply.

- ☐ Food Box
- ☐ Fresh Produce
- ☐ Medication/medical bills/medical equipment
- ☐ Financial Assistance (i.e. utilities)
- ☐ Household items
- ☐ Baby supplies
- ☐ Clothing or furniture vouchers
- ☐ TARC tickets
- ☐ Other: \_\_\_\_\_

### 3. How long have you been getting help here? \*

Mark only one oval.

- ☐ First visit
- ☐ Less than 1 Year
- ☐ 1-3 Years
- ☐ 4-6 Years
- ☐ 7+ Years

### 4. What is the primary reason you needed help? \*

Mark only one oval.

- ☐ Loss of income (job, spouse moved out, etc.)
- ☐ Unexpected expense (funeral, car repair)
- ☐ Ongoing expense that exceeds income (medication, food, etc.)
- ☐ Barriers to working (no childcare, transportation, etc.)
- ☐ Other

5. Source of your household income (check all that apply) \*

Check all that apply.

- ☐ Wages (full or part-time)  
☐ Unemployment  
☐ Social Security  
☐ Pension  
☐ SSI/disability  
☐ Child support  
☐ Other: \_\_\_\_\_

About SLCM

6. Are you aware of all of the services that SLCM offers? \*

Mark only one oval.

- ☐ Yes  
☐ No

7. What services do you think SLCM provides? \*

Check all that apply.

- ☐ Food  
☐ Financial assistance with utilities/housing  
☐ Medication assistance  
☐ Family counseling  
☐ Baby supplies  
☐ Furniture/clothing vouchers  
☐ Pet supplies  
☐ Meals on Wheels  
☐ Finding temporary/permanent housing  
☐ Signing up for food stamps/Medicaid  
☐ Computer/Google Suite classes

8. Do you feel you understand the process to receive help? \*

Mark only one oval.

- Not at all  
1 ☐  
2 ☐  
3 ☐  
4 ☐  
5 ☐  
Definitely

9. Do you feel like you can ask SLCM about all your needs? \*

Mark only one oval.

Not at all

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Definitely

10. Do you think that you will need help from SLCM in the future? \*

Mark only one oval.

☐ Yes

☐ No

11. What might you need help with from SLCM in the future? (check all that apply) \*

Check all that apply:

☐ LG&E or water bills

☐ Food assistance

☐ Baby Supplies

☐ Medication

☐ Case Management

☐ TARC passes

☐ Household/Hygiene Items

☐ Access to furniture/clothing

☐ Other: \_\_\_\_\_

12. Have you received food from SLCM in the past year? \*

Mark only one oval.

☐ Yes

☐ No Skip to question 22

Food Assistance

13. If yes, where else do you get food? (check that apply)

Check all that apply:

☐ Purchase at a store

☐ Friends and Family

☐ Other pantries/soup kitchens

☐ Food stamps

☐ No other regular food source



14. Before coming to SLCM, how often did you NOT know where your next meal was coming from or did you have to eat less than you needed?

Mark only one oval.

- ☐ Never  
☐ Once every few months  
☐ Once a month  
☐ Weekly  
☐ Daily

15. After coming to SLCM, how often did you NOT know where your next meal was coming from or did you have to eat less than you needed?

Mark only one oval.

- ☐ Never  
☐ Once every few months  
☐ Once a month  
☐ Weekly  
☐ Daily

16. How do you normally prepare food?

Mark only one oval.

- ☐ Microwave  
☐ Oven/stovetop  
☐ No cooking  
☐ Other: \_\_\_\_\_

17. Do you have any dietary restrictions or health needs?

Mark only one oval.

- ☐ Low sugar  
☐ Low sodium  
☐ vegan  
☐ vegetarian  
☐ no dairy  
☐ gluten free  
☐ Other: \_\_\_\_\_

18. Is there anything that you normally get in your monthly food order that you don't use/or items at the produce distribution that you do not take?

\_\_\_\_\_

19. If you don't use certain foods in your order/at the give away, why not?

Mark only one oval.

- ☐ Do not like it  
☐ Do not know how to prepare it  
☐ Have too much of it already  
☐ Other: \_\_\_\_\_

20. Are there any kitchen tools that would make cooking easier for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 21. How do you store your food?

Check all that apply.

- ☐ Refrigerator  
☐ Freezer  
☐ No cold storage available  
☐ Other: \_\_\_\_\_

## Financial Assistance

## 22. Have you received financial assistance from SLCM in the past year? \*

Mark only one oval.

- ☐ Yes  
☐ No

## 23. What did you receive financial assistance with? (check all that apply)

Check all that apply.

- ☐ LG&E bill  
☐ Water bill  
☐ Medication/Medical bill/Medical equipment  
☐ Transportation (fees, repairs, etc)  
☐ Housing  
☐ Other: \_\_\_\_\_

About you and your feedback...

## 24. Did SLCM refer you to another agency?

Mark only one oval.

- ☐ Yes  
☐ No

## 25. How would you describe your financial situation/stability? \*

Mark only one oval.

Unstable/very worrying

- 1 ☐  
2 ☐  
3 ☐  
4 ☐  
5 ☐

Very stable/little worry

## 26. How do you think SLCM can serve neighbors in crisis better?

Check all that apply.

- ☐ More opportunities for asking questions  
☐ More information on SLCM services  
☐ More information on other agencies' services  
☐ Meeting neighbors/building community  
☐ Ability to choose food items  
☐ More financial assistance  
☐ Access to furniture  
☐ Other: \_\_\_\_\_

## 27. Would meeting with someone to discuss goals, challenges and resources be helpful to you?

If interested, sign up using this link. Or, ask a staff member during your visit.

Mark only one oval.

- ☐ Yes  
☐ No

## 28. Any other questions, comments, suggestions or concerns?

---

---

---

---

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## 29. Can you describe a time that SLCM made a difference in your life (it can be as simple as receiving a certain item)?

---

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---

## 30. What is your age? \*

Mark only one oval.

- ☐ 0-20 Years  
☐ 21-30 Years  
☐ 31-40 Years  
☐ 41-50 Years  
☐ 51-60 Years  
☐ 60+ Years

## 31. Race/Ethnicity \*

Mark only one oval.

- ☐ White  
☐ Black/African American  
☐ American Indian/Alaskan native  
☐ Asian  
☐ Native Hawaiian or other Pacific Islander  
☐ Hispanic/Latino/or Spanish origin  
☐ Other: \_\_\_\_\_

32. Gender \*

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Non-binary/third gender
- ☐ Prefer to self-describe
- ☐ Prefer not to say

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**South Louisville**  
**Community Ministries, Inc.**  
**Independent Auditors' Report**  
**And Financial Statements**  
**For the Years Ended**  
**June 30, 2022 and 2021**

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## **Independent Auditors' Report**

To the Board of Directors  
South Louisville Community Ministries, Inc.

### **Opinion**

We have audited the accompanying financial statements of South Louisville Community Ministries, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of South Louisville Community Ministries, Inc. as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of South Louisville Community Ministries, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about South Louisville Community Ministries, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of South Louisville Community Ministries, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about South Louisville Community Ministries, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Baldwin CPAs, PLLC

Louisville, Kentucky  
January 21, 2023



South Louisville Community Ministries, Inc.  
Statements of Financial Position  
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<b>Assets</b>		
Cash	\$ 474,989	\$ 345,646
Restricted cash	59,208	64,504
Employee receivable	5,685	5,682
Grants receivable	13,282	44,139
Promises to give	124,529	-
Prepaid expenses	3,000	3,000
Inventory	17,750	17,750
Furniture, equipment, & leasehold improvements, net	<u>25,390</u>	<u>26,949</u>
<b>Total Assets</b>	<u><u>\$ 723,833</u></u>	<u><u>\$ 507,670</u></u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	<u>\$ 7,296</u>	<u>\$ 2,471</u>
<b>Total Liabilities</b>	<u>7,296</u>	<u>2,471</u>
<b>Net Assets</b>		
Without donor restriction	487,425	486,569
With donor restriction	<u>229,112</u>	<u>18,630</u>
<b>Total Net Assets</b>	<u>716,537</u>	<u>505,199</u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 723,833</u></u>	<u><u>\$ 507,670</u></u>

South Louisville Community Ministries, Inc.  
Statements of Activities  
For the Years Ended June 30, 2022 and 2021

	2022			2021		
	Without Donor Restriction	With Donor Restriction	Total	Without Donor Restriction	With Donor Restriction	Total
<b>Revenue and Support:</b>						
Contributions of cash and other financial assets	\$ 1,058,347	\$ 229,112	\$ 1,287,459	\$ 2,315,762	\$ 18,630	\$ 2,334,392
Contributions of nonfinancial assets	335,344	-	335,344	247,036	-	247,036
Book sales	28,585	-	28,585	21,168	-	21,168
Cost of book sales	(15,737)	-	(15,737)	(21,168)	-	(21,168)
Special events	67,864	-	67,864	51,190	-	51,190
Special events expense	(20,665)	-	(20,665)	(4,389)	-	(4,389)
	1,453,738	229,112	1,682,850	2,609,599	18,630	2,628,229
Net Assets Released from Restrictions:						
Restrictions satisfied by payments	18,630	(18,630)	-	17,617	(17,617)	-
	1,472,368	210,482	1,682,850	2,627,216	1,013	2,628,229
<b>Total Revenue and Support</b>						
<b>Expenses:</b>						
Program services	1,412,235	-	1,412,235	2,374,175	-	2,374,175
Management and general	32,696	-	32,696	22,579	-	22,579
Fund raising	26,581	-	26,581	16,278	-	16,278
<b>Total Expenses</b>	1,471,512	-	1,471,512	2,413,032	-	2,413,032
<b>Change in Net Assets</b>	856	210,482	211,338	214,184	1,013	215,197
Net Assets at Beginning of Year	486,569	18,630	505,199	272,385	17,617	290,002
<b>Net Assets at End of Year</b>	<u>\$ 487,425</u>	<u>\$ 229,112</u>	<u>\$ 716,537</u>	<u>\$ 486,569</u>	<u>\$ 18,630</u>	<u>\$ 505,199</u>

The accompanying notes are an integral part of these financial statements

South Louisville Community Ministries, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2022

	Food Pantry	Emergency Assistance	Meals on Wheels	Volunteer Services	Rosewater Bookstore	Total Program	Management and General	Fund Raising	Total
Salaries and wages	\$ 90,296	\$ 248,409	\$ 65,670	\$27,711	\$ -	\$ 432,086	\$ 18,483	\$21,568	\$ 472,137
Employee benefits and payroll taxes	18,032	40,982	13,114	4,918	-	77,046	2,459	2,458	81,963
Assistance to individuals	319,607	468,739	-	-	1,642	789,988	-	-	789,988
Professional fees and contract services	4,168	9,473	12,707	1,137	34	27,519	9,768	568	37,855
Supplies	476	1,083	346	130	384	2,419	65	65	2,549
Telephone and IT	4,465	10,149	3,248	1,218	2,290	21,370	609	608	22,587
Utilities	2,229	5,066	1,621	608	-	9,524	304	304	10,132
Postage and printing	1,514	3,441	1,101	413	-	6,469	206	207	6,882
Occupancy	1,452	3,300	1,056	396	19,300	25,504	198	198	25,900
Repair and maintenance	605	1,374	440	165	7	2,591	82	82	2,755
Travel, training and conferences	92	209	67	25	4	397	13	12	422
Insurance	2,091	4,753	1,521	570	1,135	10,070	285	286	10,641
Bank fees	236	536	172	64	-	1,008	32	33	1,073
Dues and subscriptions	154	351	112	42	180	839	21	20	880
Interest expense	-	-	-	-	-	-	-	-	-
Miscellaneous	332	753	242	90	36	1,453	45	46	1,544
Depreciation	925	2,102	673	252	-	3,952	126	126	4,204
Direct costs of book sales	-	-	-	-	15,737	15,737	-	-	15,737
Direct costs of special events	-	-	-	-	-	-	-	20,665	20,665
Total expenses by function	446,674	800,720	102,090	37,739	40,749	1,427,972	32,696	47,246	1,507,914
Less direct costs of book sales	-	-	-	-	(15,737)	(15,737)	-	-	(15,737)
Less direct costs of special events	-	-	-	-	-	-	-	(20,665)	(20,665)
Total expenses included in expense section of statement of activities	\$ 446,674	\$ 800,720	\$ 102,090	\$ 37,739	\$ 25,012	\$ 1,412,235	\$ 32,696	\$ 26,581	\$ 1,471,512

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

South Louisville Community Ministries, Inc.  
Statement of Functional Expenses  
For the Year Ended June 30, 2021

	Food Pantry	Emergency Assistance	Meals on Wheels	Volunteer Services	Rosewater Bookstore	Total Program	Management and General	Fund Raising	Total
Salaries and wages	\$30,899	\$ 110,894	\$22,472	\$11,332	\$ -	\$ 175,597	\$ 10,023	\$12,928	\$ 198,548
Employee benefits and payroll taxes	11,961	27,183	8,699	3,262	-	51,105	1,631	1,630	54,366
Assistance to individuals	-	2,065,181	-	-	5,055	2,070,236	-	-	2,070,236
Professional fees and contract services	3,700	8,410	2,691	1,009	-	15,810	9,705	505	26,020
Supplies	284	645	206	77	89	1,301	39	38	1,378
Telephone and IT	1,393	3,165	1,013	380	1,710	7,661	190	189	8,040
Utilities	1,442	3,277	1,049	393	-	6,161	197	196	6,554
Postage and printing	809	1,840	589	221	450	3,909	110	110	4,129
Occupancy	1,452	3,300	1,056	396	18,000	24,204	198	198	24,600
Repair and maintenance	197	448	143	54	2,044	2,886	27	26	2,939
Travel, training and conferences	138	314	100	38	24	614	19	18	651
Insurance	1,765	4,012	1,284	481	909	8,451	241	241	8,933
Bank fees	209	475	152	57	-	893	29	29	951
Dues and subscriptions	98	224	71	27	-	420	13	12	445
Interest expense	166	377	121	45	-	709	23	22	754
Miscellaneous	76	172	55	21	-	324	10	12	346
Depreciation	911	2,071	663	249	-	3,894	124	124	4,142
Direct costs of book sales	-	-	-	-	21,168	21,168	-	-	21,168
Direct costs of special events	-	-	-	-	-	-	-	4,389	4,389
Total expenses by function	55,500	2,231,988	40,364	18,042	49,449	2,395,343	22,579	20,667	2,438,589
Less direct costs of book sales	-	-	-	-	(21,168)	(21,168)	-	-	(21,168)
Less direct costs of special events	-	-	-	-	-	-	-	(4,389)	(4,389)
Total expenses included in expense section of statement of activities	\$55,500	\$2,231,988	\$40,364	\$18,042	\$ 28,281	\$2,374,175	\$ 22,579	\$16,278	\$2,413,032

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

South Louisville Community Ministries, Inc.  
Statement of Cash Flows  
For the Year Ended June 30, 2022 and 2021

	2022	2021
<b>Cash Flow From Operating Activities:</b>		
Change in net assets	\$ 211,338	\$ 215,197
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	4,204	4,142
(Increase) decrease in operating assets:		
Employee receivable	(3)	(2,192)
Grants receivable	30,857	(37,529)
Promises to give	(124,529)	5,000
Inventory	-	(7,750)
Increase in operating liabilities:		
Accounts payable and accrued expenses	4,825	1,112
<b>Net Cash Provided by Operating Activities</b>	<u>126,692</u>	<u>177,980</u>
<b>Cash Flows From Investing Activities:</b>		
Purchase of fixed assets	<u>(2,645)</u>	<u>-</u>
<b>Net Cash Used by Investing Activities</b>	<u>(2,645)</u>	<u>-</u>
<b>Cash Flows From Financing Activities:</b>		
Payments on note payable	<u>-</u>	<u>(19,868)</u>
<b>Net Cash Used by Financing Activities</b>	<u>-</u>	<u>(19,868)</u>
<b>Net Increase in Cash</b>	124,047	158,112
Cash at Beginning of Year	<u>410,150</u>	<u>252,038</u>
<b>Cash at End of Year</b>	<u><u>\$ 534,197</u></u>	<u><u>\$ 410,150</u></u>
<b>Supplemental Disclosures:</b>		
Cash	\$ 474,989	\$ 345,646
Restricted cash	<u>59,208</u>	<u>64,504</u>
Total cash	<u><u>\$ 534,197</u></u>	<u><u>\$ 410,150</u></u>
Cash paid for interest	<u><u>\$ -</u></u>	<u><u>\$ 754</u></u>

South Louisville Community Ministries, Inc.  
Notes to Financial Statements  
June 30, 2022 and 2021

**Note 1 - Summary of Significant Accounting Policies**

South Louisville Community Ministries, Inc. (SLCM), located in Louisville, Kentucky, is a not-for-profit organization founded in 1975. SLCM's mission is to empower neighbors in crisis to move toward stability and self-sufficiency by demonstrating respectful compassion; practicing faithful stewardship; and providing the following programs:

Emergency Assistance: SLCM aids individuals who are facing crisis to help ease a significant burden that is preventing them from being happy, healthy, and safe. This includes payments for housing, utilities, and prescriptions, and managing a Dare to Care Food Pantry and Meals on Wheels routes. SLCM also provides household items such as diapers, toiletries, and cleaning products.

Referral Services and Connecting Resources: SLCM builds and maintains partnerships with other local agencies and community services as they help meet the ongoing needs of neighbors. SLCM collects relevant and timely information about available resources and programs while connecting individuals with opportunities that fit their specific needs. We assist in making the connection by hosting programs, helping with transportation and language barriers, and providing information about eligibility requirements and other important details. The referrals we provide are for financial literacy, job training, computer and internet access, legal aid, free clothing and furniture, temporary housing, healthcare information, support during the holidays, free family-learning activities, and much more.

Coaching and Case Management: SLCM serves as an advocate for our neighbors through relationship and compassion. Volunteers and staff listen to clients and help them on their way to self-identified goals through coaching which includes support with finding employment, setting up counseling appointments, following through with referrals, and marking progress toward goals. Every individual is provided with a different set of tools and timeline for their own journey towards a happy, healthy, and safe home.

Rosewater Bookstore: SLCM operates the bookstore as volunteer-powered social enterprise that provides free community space, workforce development opportunities, and emergency assistance to neighbors in crisis.

SLCM's service area is an area rich in diversity that encompasses all of zip codes 40214, 40215, 40219 for those families that live west of I-65, 40118 and 40209, and those families in 40208 who live south of Eastern Parkway.

**Basis of Accounting**

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

**Estimates**

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

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 1 - Summary of Significant Accounting Policies (continued)**

Basis of Presentation

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

Net assets without donor restriction: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Net assets with donor restriction: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Cash

For the purposes of the statement of cash flows, restricted cash, limited in use to payment of costs in support of emergency assistance, is considered cash.

Restricted Cash

SLCM currently provides emergency assistance for housing and utilities. Included in reserved cash, which are kept in a separate bank account, are amounts received from various donors in support of SLCM's emergency assistance program. Reserved cash at June 30, 2022 and 2021 was \$59,208 and \$64,504 respectively.

Employee Receivable

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

Grants Receivable

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

Promises to Give

Unconditional promises to give are classified as net assets with donor restriction in the statement of activities. Promises to give are recorded after being discounted to the anticipated net present value of the future cash flows. Uncollectible promises are expected to be insignificant.

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 1 - Summary of Significant Accounting Policies (continued)**

Inventory

Inventory consists of items held for retail sale at SLCM's Rosewater Bookstore. Inventory is stated at the lower of cost or net realizable value. Donated books are valued at fair value at the date of donation.

SLCM believes the value of donated books for resale is not easily measurable. Accordingly, book inventory value is estimated at year-end based on estimated books on hand and average value of books sold. Inventory consists of the following:

	<u>2022</u>	<u>2021</u>
Rosewater book inventory	<u>\$ 17,750</u>	<u>\$ 17,750</u>

Furniture, Equipment, and Leasehold Improvements

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

Revenue and Support

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest, is received and are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Contributions of nonfinancial assets are recorded at their fair values during the period the contribution is received.

Special events revenue is recognized when the event takes place.

Bookstore revenue is recognized when items are sold.

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, occupancy expense, office expense and contract expense, which are allocated based on estimates of time and effort.



South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 1 - Summary of Significant Accounting Policies (continued)**

Income Tax Status

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

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

Recently Issued Accounting Standards

For the year ended June 30, 2022, SLCM adopted the Financial Accounting Standards Board's Accounting Standards Update (ASU) No. 2020-07 – Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (ASU 2020-07), requiring an entity to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. ASU 2020-07 includes additional disclosure requirements about contributed nonfinancial assets for not-for-profit entities, including additional disclosure requirements for recognized contributed services. The standard is required to be adopted on a retrospective basis.

Reclassifications

Certain reclassifications may have been made in the prior years' amounts to conform with current year statement presentation.

**Note 2 - Concentrations of Credit Risk**

Cash - SLCM maintains cash balances at a financial institution located in Louisville, Kentucky. Accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times during the year, the cash balance may exceed amounts federally insured. The risk is managed by maintaining all deposits in high quality financial institutions. As of June 30, 2022 and 2021 cash held in excess of insured limits was \$289,235 and \$199,233, respectively.

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 3 - Promises to Give**

Promises to give are unconditional and consist of the following as of June 30, 2022 and 2021:

	2022	2021
Metro United Way	113,000	-
KY Colonels	1,529	-
Sisters of Charity of Nazareth	10,000	-
	<u>124,529</u>	<u>-</u>
Total unconditional promises to give	<u>\$ 124,529</u>	<u>\$ -</u>
Receivable in less than one year	\$ 68,029	\$ -
Receivable in one to five years	56,500	-
	<u>124,529</u>	<u>-</u>
Total unconditional promises to give	<u>124,529</u>	<u>\$ -</u>

**Note 4 – Furniture, Equipment, and Leasehold Improvements**

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated useful lives on a straight-line basis. On June 30, 2022 and 2021 the cost and accumulated depreciation of such assets were as follows:

	2022	2021
Furniture and fixtures	\$ 3,775	\$ 4,047
Equipment	3,383	4,880
Leasehold improvements	54,175	54,175
	<u>61,333</u>	<u>63,102</u>
Total costs	61,333	63,102
Less accumulated depreciation	(35,943)	(36,153)
	<u>25,390</u>	<u>26,949</u>
Furniture, equipment, and leasehold improvements, net	<u>\$ 25,390</u>	<u>\$ 26,949</u>

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 5 - Net Assets with Donor Restriction**

Net assets with donor restrictions are restricted to certain programs or by the passage of time, and consist of the following on June 30, 2022 and 2021:

	2022	2021
Subject to specified purpose:		
Emergency assistance	\$ 59,208	\$ -
Special events	8,000	11,000
Annual conference	6,908	-
Kosair - baby supplies	-	7,630
J. G. Brown - Stop My Eviction	30,467	-
Subject to the passage of time:		
Metro United Way	113,000	-
KY Colonels	1,529	-
Sisters of Charity of Nazareth	10,000	-
Total net assets with donor restrictions	<u>\$ 229,112</u>	<u>\$ 18,630</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by the passage of time, or other events specified by the donor(s).

**Note 6 - Lease Commitments**

SLCM leases office space, space for the bookstore, and office equipment under operating leases. Monthly lease payments range from \$100 to \$1,600. These leases expire at various times throughout 2023 and 2027. Future minimum payments under the leases are as follows:

6/30/23	\$ 28,096
6/30/24	6,144
6/30/25	2,394
6/30/26	2,394
6/30/27	2,394
Total	<u>\$ 41,422</u>

Lease expense was \$28,946 and \$26,785 for the years ended June 30, 2022 and 2021, respectively.

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 7 – Contribution of Nonfinancial Assets**

For the years ended June 30, 2022 and 2021, contributed nonfinancial assets recognized within the statement of activities included:

	<u>2022</u>	<u>2021</u>
Food	\$ 319,607	\$ 218,118
Books	<u>15,737</u>	<u>28,918</u>
	<u><u>\$ 335,344</u></u>	<u><u>\$ 247,036</u></u>

Contributions of donated nonfinancial assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. The services received by SLCM during the years ended 2022 and 2021 did not meet this criterion, thus no amounts of contributed services were recorded.

SLCM received donated food inventory from Dare-to-Care Food Bank. The food was to be utilized in SLCM's food pantry program for distribution to needy families. The estimated fair market value is determined by using the national average rate per pound of food.

SLCM received donated book inventory from various donors. The books are held in inventory until sold in the Rosewater bookstore. SLCM estimated the fair value on the basis of current rates for similar products.

**Note 8 - Liquidity and Availability**

The following table reflects SLCM's financial assets as of June 30, 2022 and 2021, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid or not convertible to cash within one year.

	<u>2022</u>	<u>2021</u>
Financial Assets		
Cash	\$ 534,197	\$ 410,150
Accounts receivable	5,685	5,682
Grants receivable	13,282	6,610
Promises to give	<u>124,529</u>	<u>-</u>
Financial assets, at year-end	677,693	422,442
Less those unavailable for general expenditure within one year		
Restricted for a specified purpose or the passage of time	<u>(161,083)</u>	<u>(18,630)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u><u>\$ 516,610</u></u>	<u><u>\$ 403,812</u></u>

In addition to financial assets available to meet general expenditures over the year, SLCM operates with a balanced budget and anticipates covering its general expenditures by collecting sufficient revenues and utilizing resources from current and prior years' gifts, as needed.

South Louisville Community Ministries, Inc.  
Notes to Financial Statements - Continued  
June 30, 2022 and 2021

**Note 9 - Accounting Standards Updates**

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

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)* (ASU 2016-02), requiring all leases to be recognized on the SLCM's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short-term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, SLCM will recognize: 1) a lease liability for SLCM's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents SLCM's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, SLCM will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for SLCM for the year ending June 30, 2023, with early adoption permitted. SLCM is currently evaluating the effect that the new standard will have on its financial statements.

**Note 10 - Subsequent Events**

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 21, 2023, which was the date at which the financial statements were available to be issued.

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

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

Legal Name of Applicant Organization:

*South Louisville Community Ministries*

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:

*Clare Rutz Wallace*

Date:

*2/14/23*

Legal Signatory (please print):

*Clare Rutz Wallace*

Title:

*Executive Director*

Phone:

*502-361-7763*

Extension:

Email:

*clarewallace@slcm.org*

## **KOSAIR SHRINE – VENUE RENTAL RATES (NON-MEMBER)**

Company Name: South Louisville Community Ministries

Renter's Name/Position: \_\_\_\_\_

Renter's Mailing Address: \_\_\_\_\_

Number of Guests: 250 5:30-9:00 March 22, 2023

### **MONDAY – THURSDAY**

1200 Ballroom - \$1200

\_\_\_\_\_ Main Dining Room - \$500

\_\_\_\_\_ Side Dining Room - \$250

\_\_\_\_\_ Patio - \$100

\_\_\_\_\_ Parking Lot - \$125 – Specific Area to be Listed

300 Setup - \$300

300 Cleanup \$300

\_\_\_\_\_ Bartender 1 – Provided

120 Bartender 2/Server 2 - \$30 Per hour/4 Hour minimum

250 Provost \$50 for Every 50 Guests

### **FRIDAY - SATURDAY – SUNDAY**

\_\_\_\_\_ Ballroom – \$3000

\_\_\_\_\_ Main Dining Room - \$700

\_\_\_\_\_ Side Dining Room - \$500

\_\_\_\_\_ Patio - \$100

\_\_\_\_\_ Setup - \$300

\_\_\_\_\_ Cleanup \$300

\_\_\_\_\_ Bartender 1 – Provided

\_\_\_\_\_ Bartender 2/Server 2 - \$30 Per hour/4 Hour minimum

\_\_\_\_\_ Provost \$50 for Every 50 Guests

### **OPTIONAL SERVICES**

A Tables/Chairs

- |                                  |               |
|----------------------------------|---------------|
| a. Round Table - \$10 Each       | \$ <u>130</u> |
| b. Rectangular Table - \$10 Each | \$ <u>90</u>  |
| c. Chairs - \$2 Each             | \$ <u>192</u> |

B. A/V Equipment

- |                           |                      |
|---------------------------|----------------------|
| a. Sound System           | \$ <u>          </u> |
| b. Microphone \$75        | \$ <u>75</u>         |
| c. Projector/Screen \$150 | \$ <u>150</u>        |
| d. TV                     | \$ <u>          </u> |

C. Special Lighting (Included with Lease)

- |                    |                      |
|--------------------|----------------------|
| a. Spotlight \$200 | \$ <u>          </u> |
| b. Mirror Ball     | \$ <u>          </u> |

D Drink Package

- |  |                      |
|--|----------------------|
| a. Water, Tea, Coffee, \$4 Per person                | \$ <u>1000</u>       |
| b. Coke Products, Water, Tea, Coffee, \$5 Per person | \$ <u>          </u> |

G Other

- a. If fire alarm is pulled there will be \$300 charge.
- b. No refund will be given is you are asked to leave.
- c. You will need to get renters insurance. If you do  
Not get renters insurance you will be charge \$600.
- D. No Gaming is Allowed. If you want gaming you  
Must have a gaming license or it must be approved  
Though Our Divan (Board).

Total Due Kosair Shrine      3807 + \$228.42(tax) = \$4035.42venue +\$7152.35food= \$11,187.77  
Due 14 days prior to event

Kosair Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Contact Kosair Events by email: [events@kosair.com](mailto:events@kosair.com)

Damage Deposit of \$1000.00 must be paid at signing of contract. As long as no damages it will be returned.

**\_Package 5      \$26.99**

**Ham (light on the sugar)**

**Cheesecake**

**Au Gratin Potatoes**

**tax**

**Green Beans (no meat)**

**\$26.99 X 250 people= \$6747.50+\$404.85=**

**Collard Greens (no meat)**

**Small salad bar**

**Total:    \$7152.35 food**

**Rolls**

**Cobblers (variety)**





# Kentucky Secretary of State

## Michael G. Adams

### SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	File Registered Agent Resignation
Upload a filing		
Printable Forms	Subscribe to changes made to this entity	Certificate of Good Standing

#### General Information

<b>Organization Number</b>	0066952
<b>Name</b>	SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	3/30/1976
<b>Organization Date</b>	3/30/1976
<b>Last Annual Report</b>	5/31/2022
<b>Principal Office</b>	415 1/2 WEST ASHLAND AVENUE LOUISVILLE, KY 40214-2111
<b>Registered Agent</b>	CLARE RUTZ WALLACE Clare Rutz Wallace South Louisville Community Ministries 415 1/2 West Ashland Avenue Louisville, KY 40214

#### Current Officers

<b>President</b>	Mike Chinigo
<b>Vice President</b>	Jeffrey Oeswein
<b>Secretary</b>	Terry Conway
<b>Treasurer</b>	Theresa Batliner

Director	Mike Chinigo
Director	Terry Conway
Director	Theresa Batliner
Director	Jeff Oeswein

## Show Individuals / Entities listed at time Of formation

Director	LOWELL LAWSON
Director	DONNA M MAIER
Director	MICHAEL T PRICE
Director	JOSEPHINE NOEL
Director	PEGGY ANNE KAREM
Incorporator	LOWELL LAWSON

Show Images

Show Assumed Names

Show Activities

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Kentucky Unbridled Spirit