

0-190-26

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

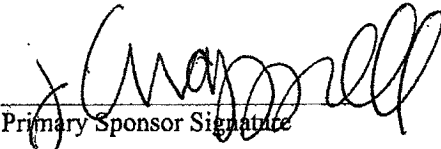
Applicant/Program: Ministries United of South Central Louisville, Inc/ Jim King Senior Wellness Center
Applicant Requested Amount: 18,000
Appropriation Request Amount: ~~\$10,000~~ ~~\$15,000~~ \$18,000

Executive Summary of Request

NDF funds to support the operation of the Senior Center. Funding to go towards a portion of rent, salaries, phone, and copier. The Jim King Senior Wellness Center is open to the public and free for participants to attend. Programming includes events, games, programming, and other activities for seniors every Monday, Wednesday, and Friday.

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

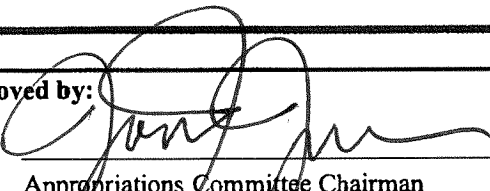
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree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

<u>...15</u> District #	 Primary Sponsor Signature	<u>\$10,000</u> Amount	<u>6/18/26</u> Date
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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.
 NA

Approved by:


 Appropriations Committee Chairman

Date

Final Appropriations Amount: \$18,000

7/22/26

Applicant/Program:

Ministries United of South Central Louisville, Inc/ Jim King Senior Wellness Center

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

NA

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	<i>Josie Raymond</i>	\$ <i>5,000</i>
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Ministries United of South Central Louisville, Inc/ Jim King Senior Wellness Center

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

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

NA

District 16 _____ \$ 500

District 17 _____ \$ 500

District 18 _____ \$

District 19 _____ \$

District 20 _____ \$

District 21 _____ \$ 1,000

District 22 _____ \$

District 23 _____ \$ 1,000

District 24 _____ \$

District 25 _____ \$

District 26 _____ \$

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Ministries United of South Central Louisville, Inc	
Program Name and Request Amount Jim King Senior Wellness Center	<i>/\$ 18,000</i>
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	☒ Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	☒ Yes
Is the proposed public purpose of the program viable and well-documented?	☒ Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	☒ Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	☐ N/A
Has prior Metro Funds committed/granted been disclosed?	☐ N/A <i>yes</i>
Is the application properly signed and dated by authorized signatory?	☒ Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	☒ Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	☐ N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	☒ Yes
Is the current Fiscal Year Budget included?	☒ Yes
Is the entity's board member list (with term length/term limits) included?	☒ Yes
Is recommended funding less than 33% of total agency operating budget?	☒ Yes
Does the application budget reflect only the revenue and expenses of the project/program?	☒ Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	☐ N/A
Is the most recent annual audit (if required by organization) included?	☐ N/A
Is a copy of Signed Lease (if rent costs are requested) included?	☒ Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	☐ N/A
Are the Articles of Incorporation of the Agency included?	☒ Yes
Is the IRS Form W-9 included?	☒ Yes
Is the IRS Form 990 included?	☒ Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	☒ Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	☐ 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?	☒ No
Prepared by: <i>Dmy. Luckett</i>	Date: <i>6/22/2026</i>

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) Ministries United of South Central Louisville, Inc			
Main Office Street & Mailing Address: 1207 Hart Avenue, Louisville, KY 40213			
Website: muscl.org			
Applicant Contact:	Karen Schroan	Title:	Program Director
Phone:	(502) 718-5430	Email:	kschroan@gmail.com
Financial Contact:	Suzanne Baker	Title:	Executive Director/Financial
Phone:	(502) 931-6989	Email:	musclvc@mw.twcbb.com
Organization's Representative who attended NDF Training: Karen Schroan			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1016 East Burnett Avenue, Louisville, KY 40217		
Council District(s):	15	Zip Code(s):	40217
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Jim King MUSCL Senior Wellness Center			
Total Request: (\$)	\$ 18,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 52,500.00
Purpose of Request (check all that apply):			
☒ Operating Funds (generally cannot exceed 33% of agency's total operating budget) ☒ Programming/services/events for direct benefit to community or qualified individuals ☐ Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
☒ IRS Exempt Status Determination Letter ☒ Current year projected budget ☒ Current financial statement ☐ Most recent IRS Form 990 or 1120-H ☒ Articles of Incorporation (current & signed) ☐ Cost estimates from proposed vendor if request is for capital expense		☒ Signed lease if rent costs are being requested ☒ IRS Form W9 ☒ Evaluation forms if used in the proposed program ☐ Annual audit (if required by organization) ☐ Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF/NDF	Amount: (\$)	\$ 52,500.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mission Statement:

The Jim King MUSCL Senior Wellness Center in Schnitzelburg strives to offer on going services and activities that support our Clients / Members in achieving long-term personal goals that contribute to their self-sufficiency, wellness and spirit of community.

Services:

Many and various types of interactive opportunities designed to promote wellness and prevent exploitation are available. Elder Law Workshops, Support Groups, Fall Prevention, Insurance Workshops, Visiting Nurses, Safety Classes, Directed Exercises Walking Clubs, Flu Clinics, Aerobics, Chair Volleyball, Table Tennis, Computer Lab, Card and Board Games, Music Activities, Arts& Crafts, Serving Club and as many social activities as we can plan, The Senior Center is opened each Monday, Wednesday, and Friday from 9:00am-3:30pm.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Josh Watkins - President	06/30/2027
Michelle Gilroy-Edwards -Vice President	06/30/2027
Jerry Franklin	06/30/2027
(3) New additional Board Members possible in July 2026	

Describe the Board term limit policy:

2 years in 1 position unless Board vote.

Three Highest Paid Staff Names	Annual Salary
Karen Schroan	\$ 28,042.04
Suzanne Baker	\$ 3,241.16

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.):

July 1, 2026 through June 30, 2027.

Age 50+ are welcome, from any area (Senior Center is not zip code bound)
Senior Community Center offering activities for physical, mental, and overall wellness of the Louisville Senior Population.

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

Monies will be spent for the operation of the Senior Center; NDF Funds toward Rent, portion of salaries, Phone.
MUSCL Senior Wellness Center funds raised toward salary portion not covered by NDF. Insurance, Copier.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

- ☒ 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:

The Jim King MUSCL Senior Wellness Center offers many benefits to our Seniors- both measurable and immeasurable. Keeping Seniors active both with body and mind is paramount. For the greater majority of our participants- the interactions at our Center is at the heart of their overall health and wellbeing. Even if a member is unable to attend an event-phone calls and visits will be made to ensure that "All is Well" for that person- Community is so important and with Seniors, their Community tends to shrink with the passage of time. Our Center provides another layer of important connectivity to Family, Friends, and Associates - Community.

For measurable outcomes- There are Sign-In sheets at each entrance and quarterly participation surveys. 100% of the Seniors will participate in a social activity of some sort within the year that benefits their mental health. 67% will participation in a physical activity at the center within the year.

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

The Jim King MUSCL Senior Wellness Center has an ongoing relationship with the Bellarmine School of Nursing – they keep us up to date / inform us on current illnesses, vaccines, the importance of "Know your health numbers" and check Blood Pressure and Blood Sugar levels.

The Louisville Metro Office of Aging assists with two events a year – One is centered around 'Fall Prevention' and a Fan Fair to assist with higher utility bill reduction costs.

Walgreens sends a Pharmacy Tech once a year to administer Flu Shots.

We have a booth at the Holy Family Health Fair in the fall – to make our Neighbors aware of the MUSCL Senior Wellness Center & all the benefits – health, wellness & community that we offer.

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
A: Personnel Costs Including Benefits	\$ 2,385.40	\$ 38,130.40	\$ 40,515.80
B: Rent/Utilities	\$ 14,000.00	\$ 0.00	\$ 14,000.00
C: Office Supplies	\$ 0.00	\$ 0.00	\$ 0.00
D: Telephone	\$ 1,614.60	\$ 0.00	\$ 1,614.60
E: In-town Travel	\$ 0.00	\$ 0.00	\$ 0.00
F: Client Assistance (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
G: Professional Service Contracts	\$ 0.00	\$ 0.00	\$ 0.00
H: Program Materials	\$ 0.00	\$ 0.00	\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
J: Machinery & Equipment	\$ 0.00	\$ 0.00	\$ 0.00
K: Capital Project	\$ 0.00	\$ 0.00	\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 0.00	\$ 1,001.25	\$ 1,001.25
*TOTAL PROGRAM/PROJECT FUNDS	\$ 18,000.00	\$ 39,131.65	\$ 57,131.65
% of Program Budget	31.51%	68.49%	100%

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

Other State, Federal or Local Government	\$ 0.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 10,000.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify) Fundraising	\$ 29,131.65
Total Revenue for Columns 2 Expenses **	\$ 39,131.65

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
West Bend D&O, E&O	\$ 0.00	\$ 237.75	\$ 237.75
Hartford Mutal	\$ 0.00	\$ 663.50	\$ 663.50
Central Business Systems	\$ 0.00	\$ 100.00	\$ 100.00
			\$ 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
Total	\$ 0.00	\$ 1,001.25	\$ 1,001.25

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
78 volunteers per year	\$ 52,950.00	3530 hrs X \$15.00
St Elizabeth Church donation of Electric, Gas, Water (Utilities)	\$ 35,000.00	St Elizabeth Church shared the information.
St Elizabeth Rent of Space not covered by Grant Funds	\$ 23,000.00	Realtor office gave estimate of rent for area and size.
Misc. Items donated by members decor, Food, supplies, small appliance and etc....	\$ 4,000.00	online search of cost of items and a few receipts.
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 114,950.00	

*** 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: 07/01/2026

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:

N/A

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.

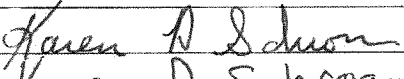
Standard Certifications

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.

Signature of Legal Signatory:		Date:	06/17/2026
Legal Signatory: (please print):	Karen D. Schroan	Title:	Program Director
Phone:	(502) 718-5430	Extension:	
Email:	kschroan@gmail.com		

Internal Revenue Service
District Director

Department of the Treasury

Date: SEP 11 1984

Ministries United of South Central
Louisville, Inc. (M.U.S.C.L.)
1207 Hart Avenue
Louisville, KY 40213

Employer Identification Number:
31-1104-241
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(1) and 170(b)(1)(A)(vi)
Advance Ruling Period Ends:
December 31, 1985
Person to Contact:
Cindy Perry
Contact Telephone Number:
513-684-3578
Case No. 314173011E0

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

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

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) * organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) * status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) * organization.

(over)

* and 170(b)(1)(A)(vi)
P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1045(DO) (Rev. 10-83)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the 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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

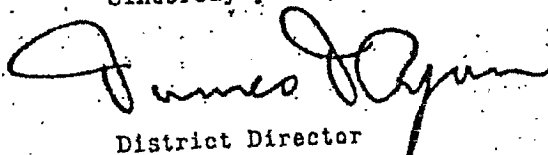
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

Internal Revenue Service
District Director

Department of the Treasury

te: APR 16 1986

Our Letter Dated:

September 11, 1986

Person-to-Contact: _____

Helen A. Miley

Contact Telephone Number:

513 684-3578

Ministries United of South Central
Louisville, Inc. (MUSCL)
1207 Hart Avenue
Louisville, KY 40213

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in a section 509(a)(1) organization. Your exempt status under section 501(c)(3) of the Code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

**and 170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

EXHIBIT "A" - ATTACHMENT 4
LOUISVILLE METRO GOVERNMENT
OFFICE OF RESILIENCE AND COMMUNITY SERVICES
EXTERNAL AGENCY FUND, HOMELESS INITIATIVE, SPECIAL PROJECT
WORK PROGRAM AND BUDGET

Provide a line item budget. Any line item expense not explicitly listed below needs prior approval from RCS. Please be sure to include all funding for the Project in the "Other" column(s).

Expense Categories	EAFF/HI/Special Project	Other	Other	Total
<u>Direct Personnel Service Expenses:</u>				
Salaries - Operational	\$ 75,272.08		\$ 7,286.30	\$ 82,558.38
Fringe Benefits, Operational				
Overtime				
Other Personnel Services (Please Specify)				
Volunteer Contributions-\$26.85 per hour	\$ 99,157.05			\$ 99,157.05
Total Direct Personnel Service Expenses	\$ 75,272.08	\$ 99,157.05	\$ 7,286.30	\$ 181,715.43
<u>Direct Operating Expenses:</u>				
Professional Service Contracts			\$ 5,444.00	\$ 5,444.00
Rent	\$ 28,000.00	\$ 24,846.69		\$ 52,846.69
Telephone	\$ 1,727.92		\$ 654.09	\$ 2,382.01
Utilities		\$ 10,823.00		\$ 10,823.00
Local Travel			\$ 4,765.45	\$ 4,765.45
Office Supplies			\$ 4,860.32	\$ 4,860.32
Program Materials		\$ 1,000.00	\$ 3,802.00	\$ 4,802.00
Small Equipment				
Client Assistance				
HMIS licenses				
Other Direct Operating Expenses (Please Specify)				
In kind donations	\$ 29,727.92	\$ 3,529.80	\$ 19,525.86	\$ 52,783.58
Total Direct Operating Expenses	\$ 29,727.92	\$ 40,199.49	\$ 24,113.31	\$ 94,040.72
Indirect Admin (for HIF ONLY) - 10% max				
TOTAL PROGRAM BUDGET	\$ 105,000.00	\$ 139,356.54	\$ 26,812.16	\$ 267,638.90

12:13 PM

06/22/26

Accrual Basis

M.U.S.C.L. Inc.
Balance Sheet
As of June 22, 2026

	Jun 22, 26
ASSETS	
Current Assets	
Checking/Savings	
109 - SYB - EA	5,738.20
110 - SYB - GENERAL	103,310.74
111 - PNC - General	43.95
Total Checking/Savings	109,092.89
Total Current Assets	109,092.89
Fixed Assets	36,397.02
TOTAL ASSETS	145,489.91
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	3,426.80
Total Liabilities	3,426.80
Equity	
3900 - Net Assets	115,296.90
Net Income	26,766.21
Total Equity	142,063.11
TOTAL LIABILITIES & EQUITY	145,489.91

Form

990

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:

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

C Name of organization

ASSOCIATION OF COMMUNITY MINISTRIES INC

Doing business as

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

PO BOX 99545

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

LOUISVILLE, KY 40269

F Name and address of principal officer:

LINETTE LOWE

809 S 4TH STREET

LOUISVILLE, KY 40203

D Employer identification number

61-1361750

E Telephone number

(502) 267-1055

G Gross receipts \$ 1,387,305

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.

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3)
☐ 501(c) () (insert no.)
☐ 4947(a)(1) or
☐ 527

J Website:

HTTPS://WWW.LOUISVILLEMINISTRIES.ORG/

K Form of organization:

☒ Corporation
☐ Trust
☐ Association
☐ Other

L Year of formation: 2000

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

THE ASSOCIATION OF COMMUNITY MINISTRIES (ACM) IS AN UMBRELLA ORGANIZATION BRINGING 13 LOUISVILLE, KENTUCKY-BASED COMMUNITY MINISTRIES TOGETHER TO SERVE RESIDENTS ON A NEIGHBORHOOD LEVEL. THE ACM NETWORK IS PROUD TO BE A NATIONAL MODEL PROVIDING EMERGENCY ASSISTANCE (UTILITIES, RENT, FOOD, ETC.) TO NEIGHBORS IN CRISIS ACROSS THE ENTIRETY OF OUR COMMUNITY. WE PRIMARILY SECURE FUNDS AND DISTRIBUTE THEM TO OUR MEMBER ORGANIZATIONS WHO PROVIDE THE DIRECT SERVICES.

2 Check this box ☐ 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)

313

4 Number of independent voting members of the governing body (Part VI, line 1b)

413

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

50

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,235,402

9 Program service revenue (Part VIII, line 2g)

2,055

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

7,493

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,242,895

1,387,305

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,049,015

1,304,228

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

0

16a Professional fundraising fees (Part IX, column (A), line 11e)

32,688

0

b Total fundraising expenses (Part IX, column (D), line 25) 126

67,208

75,829

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,148,911

1,380,057

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

93,984

7,248

19 Revenue less expenses. Subtract line 18 from line 12

379,174

386,422

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

379,174

386,422

21 Total liabilities (Part X, line 26)

0

22 Net assets or fund balances. Subtract line 21 from line 20

379,174

386,422

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

LINETTE LOWE PRESIDENT

Type or print name and title

Date

2025-07-07

Print/Type preparer's name

Preparer's signature

Date

2025-07-07

Check ☐ if self-employed

PTIN

P01964378

Firm's name

RIEDEL HOGAN CPA

Firm's EIN

81-2219387

Firm's address

111 W WASHINGTON ST STE 100

LOUISVILLE, KY 40202

Phone no.

(502) 708-1118

Paid Preparer Use Only

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1 Briefly describe the organization’s mission:

THE ASSOCIATION OF COMMUNITY MINISTRIES (ACM) IS AN UMBRELLA ORGANIZATION BRINGING 13 LOUISVILLE, KENTUCKY-BASED COMMUNITY MINISTRIES TOGETHER TO SERVE RESIDENTS ON A NEIGHBORHOOD LEVEL. THE ACM NETWORK IS PROUD TO BE A NATIONAL MODEL PROVIDING EMERGENCY ASSISTANCE (UTILITIES, RENT, FOOD, ETC.) TO NEIGHBORS IN CRISIS ACROSS THE ENTIRETY OF OUR COMMUNITY. WE PRIMARILY SECURE FUNDS AND DISTRIBUTE THEM TO OUR MEMBER ORGANIZATIONS WHO PROVIDE THE DIRECT SERVICES.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,371,411 including grants of \$ 1,304,228) (Revenue \$)
Description: See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,371,411

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

		Yes	No
22	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>	Yes	
23	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>		No
24a	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		No
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>		No
26	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>		No
27	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>		No
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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>		No
33	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>		No
34	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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	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>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a 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)?	4a			No
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).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a 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?	6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?	7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a 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		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 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 in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	No
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a 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	No
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 Form 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 in Schedule O)

19 Describe in 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:
MARLON CUMMINGS 10617 TAYLORSVILLE RD LOUISVILLE, KY 40299 (502) 267-1055

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) LINETTE LOWE PRESIDENT	3.00			X				0	0	0
(2) SARAH LANGMEYER SECRETARY	3.00			X				0	0	0
(3) TROY BURDEN VICE PRESIDE	3.00			X				0	0	0
(4) MARLON CUMMINGS TREASURER	3.00			X				0	0	0
(5) RENEE BRYANT DIRECTOR	3.00	X						0	0	0
(6) MARK HOWELL DIRECTOR	3.00	X						0	0	0
(7) CLARE WALLACE DIRECTOR	3.00	X						0	0	0
(8) CARRIE GERARD DIRECTOR	3.00	X						0	0	0
(9) SUZANNE BAKER DIRECTOR	3.00	X						0	0	0
(10) MARK SHIRCLIFFE DIRECTOR	3.00	X						0	0	0
(11) CHARLES TURNER JR DIRECTOR	3.00	X						0	0	0
(12) JULIE ABBOTT DIRECTOR	3.00	X						0	0	0
(13) PARIS SLAPIKAS DIRECTOR	3.00	X						0	0	0
(14) GINA HELLEMS DIRECTOR	3.00	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				
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A . . .											
d Total (add lines 1b and 1c)											

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	17,925		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,349,443		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		1,367,368		
	Program Service Revenue	2a TOGETHER FEST	Business Code	2,055	
b					
c					
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.			2,055		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,882	17,882	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	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			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	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				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
12 Total revenue. See instructions		1,387,305	17,882		2,055

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	1,275,816	1,275,816		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,412	28,412		
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	45,428	42,303	3,125	
b Legal				
c Accounting	2,685		2,685	
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)				
12 Advertising and promotion				
13 Office expenses	81		81	
14 Information technology	24,880	24,880		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	805		805	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND MEMBERSHIPS	1,675		1,675	
b BANK SERVICE CHARGE	134		109	25
c PROGRAM EXPESNE	74			74
d PAYPAL FEE	40		40	
e All other expenses	27			27
25 Total functional expenses. Add lines 1 through 24e	1,380,057	1,371,411	8,520	126
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 ☐ 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 IX

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		379,174	1	386,422
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		379,174	16	386,422
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		379,174	27	386,422
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		379,174	32	386,422
	33	Total liabilities and net assets/fund balances		379,174	33	386,422

Part XIReconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,387,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,380,057
3	Revenue less expenses. Subtract line 2 from line 1	3	7,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	379,174
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	386,422

Part XIIFinancial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 61-1361750
Name: ASSOCIATION OF COMMUNITY MINISTRIES
INC

Form 990 (2024)

Form 990, Part III, Line 4a:
GATHER FUNDS FOR DISTRIBUTION TO NON-PROFIT ORGANIZATIONS.

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 for instructions and the latest information.**2024****Open to Public
Inspection****Name of the organization**
ASSOCIATION OF COMMUNITY MINISTRIES
INC**Employer identification number**

61-1361750

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		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,686,594	6,215,846	1,660,320	1,235,402	1,367,368	16,165,530
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	5,686,594	6,215,846	1,660,320	1,235,402	1,367,368	16,165,530
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						16,165,530

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. . .	5,686,594	6,215,846	1,660,320	1,235,402	1,367,368	16,165,530
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .		65	27	7,493	17,882	25,467
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .					2,055	2,055
11 Total support. Add lines 7 through 10						16,193,052
12 Gross receipts from related activities, etc. (see instructions)					12	17,882
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	99.830 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	99.950 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Part IIISupport 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests-2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, 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.		

Section C. Type II Supporting Organizations

	Yes	No
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).		

Section D. All Type III Supporting Organizations

	Yes	No
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 in 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.		

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 government entity (see instructions)
- 2** Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
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.		

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 Adjusted Net Income (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):	1		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (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 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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).

Facts And Circumstances Test

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
ASSOCIATION OF COMMUNITY MINISTRIES
INC

Employer identification number
61-1361750

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 ▶

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ACM CONFERENCE		8,449			
(2) COATS FOR KIDS		1,203			
(3) GO FUND ME		34			
(4) AC UNIT GIVE AWAY		17,925			
(5) UTILITY ASSISTANCE		801			
(5)					
(6)					
(7)					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 61-1361750
Name: ASSOCIATION OF COMMUNITY MINISTRIES
INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LOUISVILLE COMMUNITY MIN 809 S 4TH STREET LOUISVILLE, KY 40203	61-1082337		96,973				
EAST AREA COMMUNITY MINISTRIES 9104 WESTPORT ROAD LOUISVILLE, KY 40242	61-0891896		117,595				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERN CREEKHIGH VIEW UNITED MIN 9300 BEULAH CHURCH RD LOUISVILLE, KY 40291	61-1148234		116,973				
HIGHLANDS COMMUNITY MINISTRIES 1140 CHEROKEE RD LOUISVILLE, KY 40204	61-0708776		65,595				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSONTOWN AREA MINISTRIES PO BOX 99545 LOUISVILLE, KY 40269	61-1285769		119,423				
MINISTRIES UNITED SOUTH CENTRAL LOU 1207 HART AVE LOUISVILLE, KY 40213	31-1104241		100,140				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHIVELY AREA MINISTRIES 4415 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1134579		112,045				
SOUTH LOUISVILLE COMMUNITY MIN 4803 SOUTHSIDE DR LOUISVILLE, KY 40214	31-0891259		114,994				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEWS AREA MINISTRIES 201 BILTMORE RD LOUISVILLE, KY 40207	61-0735861		70,050				
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY RD LOUISVILLE, KY 40258	62-1257195		92,263				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTER VISITOR 2235 WEST MARKET ST LOUISVILLE, KY 40212	61-1239600		103,050				
UNITED CRESCENT HILL MINISTRIES 150 STATE ST LOUISVILLE, KY 40206	51-0016679		60,620				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST LOUISVILLE COMM MIN PO BOX 2676 LOUISVILLE, KY 40201	61-1107555		103,595				

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
**Open to Public
Inspection**

Name of the organization ASSOCIATION OF COMMUNITY MINISTRIES INC	Employer identification number 61-1361750
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE ASSOCIATION OF COMMUNITY MINISTRIES (ACM) IS AN UMBRELLA ORGANIZATION BRINGING 13 LOUISVILLE, KENTUCKY-BASED COMMUNITY MINISTRIES TOGETHER TO SERVE RESIDENTS ON A NEIGHBORHOOD LEVEL. THE ACM NETWORK IS PROUD TO BE A NATIONAL MODEL PROVIDING EMERGENCY ASSISTANCE (UTILITIES, RENT, FOOD, ETC.) TO NEIGHBORS IN CRISIS ACROSS THE ENTIRETY OF OUR COMMUNITY. WE PRIMARILY SECURE FUNDS AND DISTRIBUTE THEM TO OUR MEMBER ORGANIZATIONS WHO PROVIDE THE DIRECT SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS REVIEWS AND APPROVES 990 BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST TO THE BOARD THE GOVERNING DOCUMENTS WILL BE SUPPLIED.

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

DREXELL R. DAVIS
Secretary



FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky,
certify that there has been delivered to my office articles of incorporation of
MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC. (M.U.S.C.L.)

The name and address of the registered agent of this corporation is

THOMAS E. BOX JR.

NAME

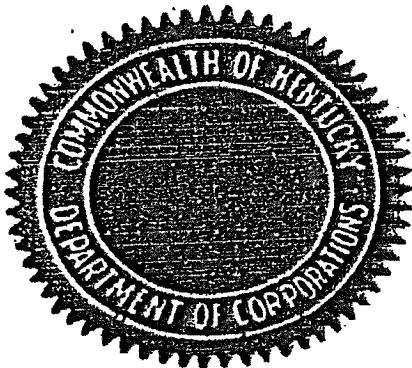
1207 HART AVENUE

STREET ADDRESS

LOUISVILLE, KENTUCKY 40213

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and
that all fees therefore having been paid as prescribed by law, I, DREXELL R. DAVIS,
Secretary of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

Issued this 2nd day of APRIL, 19 84,
at Frankfort, Kentucky.

Drexell R. Davis

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

Know all people by these present:

That the undersigned natural persons of legal age do hereby associate ourselves for the purpose of forming a non-stock, non-profitable, charitable and educational corporation, pursuant to Chapter 273 of the Kentucky Revised Statutes, and we hereby declare our Articles of Incorporation.

SECRETARY OF STATE

ARTICLE I

The name of the corporation shall be MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC. (M.U.S.C.L.).

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The purpose of the corporation shall be to provide a Christian ministry to persons in the south-central area of Louisville, to enable them to gain a mature and meaningful self-image as God's creatures, and to provide programs and activities that will foster human growth and development without regard to race, creed or color.

ARTICLE IV

The members of the corporation shall consist of those congregations, institutions and organizations in the area which desire to affiliate with the corporation.

ARTICLE V

The place in Kentucky where the principal office of the corporation is to be located is 1207 Hart Avenue, Louisville, Ky, 40213. The name and address of its resident agent for service of process is Thomas E. Box Jr., 1207 Hart Avenue, Louisville, Ky., 40213.

ARTICLE VI

The following 3 individuals shall comprise the initial Board of Directors of the corporation, to serve until such time as they may be removed or replaced from office in accordance with the provisions of the By-Laws.

Thomas Box - 4118 Shady Villa Dr., Louisville, Ky., 40219
Ova Thompson - 971 Pikeview Dr., Louisville, Ky., 40213
Martha Raley - 1047 Ardmore Dr., Louisville, Ky., 40217

The number of directors, their qualifications, terms of office, manner of election, removal, change in number, filling of vacancies and of newly created directorships, powers, duties and liabilities, shall except as otherwise provided in these articles or by the laws of the State of Kentucky be as prescribed by the By-Laws.

The directors shall elect the regular officers of the corporation in the manner provided in the By-Laws. The directors and officers shall serve without compensation.

ARTICLE VII

No part of the net earnings of the corporation shall be distributed to or insure to the benefit of any member, director or officer of this corporation, contributor, or private individual. In the event of dissolution winding up or other liquidation of the assets of this corporation, its assets shall be distributed to non-profit and charitable corporations or institutions as may qualify for exemption under the provisions under Section 501 of the Internal Revenue Code and as may be designated by the directors to be used for the purpose similar to those of this corporation.

ARTICLE VIII

These Articles of Incorporation may be amended, by the majority vote of the members of the Board of Directors, having the right to vote, present at a duly called meeting of the Board of Directors, at which a quorum is present, and of which at least 10 days written notice has been given.

In witness whereof, we have here unto subscribed our names, this 21st
day of March, 1984.

Ministries United South Central Louisville, Inc. (M.U.S.C.L.)

Mr. Thomas Box
Mr. Thomas Box - 4118 Shady Villa Drive, Lou, KY 40219

Mr. Ova Thompson
Mr. Ova Thompson - 871 Pikeview Dr., Louisville, KY 40213

Mrs. Martha Raley
Mrs. Martha Raley - 1047 Ardmore Dr., Lou., KY 40217

Subscribed and sworn to before me, a notary public, by Thomas Box, Ova

Thompson, Martha Raley on this the 21st day of March, 1984.

My commission expires: ^{Notary Public, State at Large, KY}
~~My commission expires Feb. 22, 1988~~

Ova O. Thompson
Notary Public

Prepared by:
A. Duane Schwartz

200 West Broadway; suite 504
Louisville, Kentucky 40202

Senior Copy

LEASE

THIS AGREEMENT BETWEEN:

Saint Elizabeth of Hungary Catholic Church
1020 East Burnett Avenue
Louisville, Kentucky 40217
hereinafter referred to as "Landlord";

and

Ministries United of South Central Louisville (MUSCL)
1207 Hart Avenue
Louisville, Kentucky 40213
hereinafter referred to as "Tenant";

WITNESSETH:

The Landlord hereby leases to the Tenant the following premises:

The first floor of the school space located in the former St. Elizabeth's School at 1020 East Burnett Avenue, Louisville, Kentucky 40217. The

second floor is specifically excluded from this lease. The school cafeteria and kitchen, and the parking lot are included in this lease as set out in the provisions contained herein.

I. Tenant shall lease the premises referred to above for a term of one (1) year to commence on the 1st day of July, 2007. Said Lease will be renewable for an additional two (2) year option unless the Tenant notifies the Landlord of its intention to not renew the Lease and said notice is delivered to the Landlord more than thirty (30) days prior to the termination of any annual period. If the rent referred to herein is not paid by the fifteenth (15th) day of the month, said event shall be deemed a material breach of this Lease for which the Landlord shall have the right to evict the Tenant from the premises and collect in addition to the remaining rental payments referred to in Paragraph XIX the damages referred to in Paragraph XIII herein and attorney's fees and costs referred to in Paragraph XXVII. At the end of the first year of this lease and thirty days prior to exercising the renewable option, Landlord and Tenant will renegotiate this lease in part or in whole. If the Parties are unable to reach agreement, Tenant may not exercise the renewable option without the consent of the Landlord.

II. Tenant shall pay monthly rent for the leased premises in the amount of one thousand two hundred and ninety dollars and eighty-four cents (\$1,290.84) for the original term of this Lease. Rent shall be paid in advance monthly on the first of each month. In the event the Lease is renewed for the two (2) year option referred to above, the Parties may increase the rental rate upon mutual agreement.

III. Tenant shall take good care of the premises and shall not alter or add to the building and structures on the premises without the written consent of the Landlord; and at the end or other expiration of the term, shall deliver up the demised premises in good order or condition, damages by the elements excepted; provided, that all buildings and structures placed on the premises by the Tenant shall become and remain property of the Landlord.

IV. Tenant shall promptly comply with all statutes, ordinance, rules, order, regulations and requirements of the Federal, State, and Local Government and of any and all of their Departments and Bureaus applicable to said premises, for the correction, prevention, and abatement of nuisances or other grievances, in, upon, or connected with said premises during said term; and shall also comply promptly with all rules, orders, and regulations of the Board of Fire Underwriters, or any other similar body, at the Tenant's own cost and expense.

V. Tenant, or its successors, shall not assign this Agreement, or underlet or under lease the

LEASE
St. Center

NOW, THEREFORE, this Agreement shall be subject to the following terms and conditions, to-wit:

1. Designated Space: The area provided under this lease shall be the first floor of the original building Mondays, Wednesdays and Fridays; in addition to the cafeteria and kitchen of the annex and the parking lot (see exhibit "A") as set out in the provisions contained herein and other areas as agreed upon from time to time, in writing, between LESSOR and LESSEE, which is located at 1016 E. Burnett Avenue, Louisville, Kentucky 40217. (the "LEASED PREMISES")
2. Term: The initial term of this Lease is one (1) year and shall be retroactive to the 1st day of July, 2012, and terminate on the 30th day of June, 2013, (the "Initial Term").
3. Automatic Renewals and Rights of Termination: If LESSEE shall not be in default in the performance of any obligation(s) under this Lease, the Lease will be automatically renewed and extended for an additional term of one (1) month, and each subsequent month thereafter, unless LESSEE gives LESSOR written notice of cancellation on or before thirty (30) days from the current lease expiration date. LESSOR will have the right to terminate the Lease during the initial term, with three (3) months written notice to LESSEE, or thirty (30) days written notice for any subsequent term thereafter.
4. Rents: During the Initial Term, LESSEE shall pay rent to LESSOR of \$1,166.67 per month during the initial term. All payments shall be made monthly to the LESSOR at 747 Harrison Ave., Louisville, Kentucky 40217 or to such other person(s) as LESSOR may from time to time designate in writing, or to the legal representatives of LESSOR, on or before the first (1st) day of each month. If rent payment is not received by the seventh (7th) day of the then month, a \$50 late fee will be due in addition to the rent. The dollar amount of rent per month, for all subsequent terms shall be agreed upon by LESSOR and LESSEE thirty (30) days prior to the end of the Initial Term or any Subsequent Terms. The new rent amount, when agreed upon, shall be on an annual basis, while the subsequent term(s) remain Month-To-Month. In no circumstances shall the increase be more than the Consumer Price Index (CPI) for that calendar year. No demand of rent need at any time be made on the LEASED PREMISES or elsewhere, but it shall be the obligation of LESSEE to pay the same without demand.
5. Rental Deposit: LESSEE shall make a separate security deposit payment of \$0.
6. Special Conditions: LESSOR and LESSEE agree to the following Special Conditions:
 - A. LESSEE must obtain permission, in writing, from LESSOR to use any space other than the LEASED PREMISES as described on page one (1) above, and shall be subject to the following conditions:

- i. LESSEE must ask, in writing, for permission to use any space outside of the LEASED PREMISES.
 - ii. Written permission will be granted by LESSOR to LESSEE for use of any space outside of the LEASED PREMISES on an event by event basis; and,
 - iii. Written permission for use of any space outside of the LEASED PREMISES will be granted for monetary consideration, in kind trade and/or cooperative effort as mutually agreed on by both parties; and,
- B. LESSEE acknowledges it shall not engage in any activity, of any kind, in the LEASED PREMISES, outside of the LEASED PREMISES or any where on the LESSOR's campus, including any space used from time to time as permitted by LESSOR, which would adversely affect the Liquor and Charitable Gaming Licenses held by the LESSOR. LESSEE further agrees not to seek a separate Liquor and/or Charitable Gaming License to be used anywhere on the LESSOR's premises.
- C. LESSEE's use of LESSOR's maintenance staff is subject to the prior approval of the LESSOR's Business Manager during normal business hours.
- D. Light bulbs in the LEASED PREMISES are the LESSEE's responsibility.
- E. LESSOR will provide three (3) exterior door keys to LESSEE at no cost to LESSEE. Any subsequent need for keys should be addressed to the LESSOR's Business Manager. Any additional key(s) will be issued at cost and payable upon receipt of said key(s). Lost or stolen keys should be reported immediately to the LESSOR's Business Manager. Lost keys will require LESSEE to reimburse LESSOR for any associated replacement costs for, but not limited to; lock changes, losses, thefts, etc.
- F. Use of Space: LESSOR shall remain the primary user of the cafeteria, kitchen and parking lot. LESSEE shall have the secondary use of same under the following terms.
 - 1. LESSEE is responsible for providing the LESSOR's Business Manager with a schedule of requested use.
 - 2. Providing there is no conflict with LESSOR's schedule, LESSEE may use the cafeteria and kitchen Mondays, Wednesdays and Fridays with the understanding that LESSEE is responsible for cleaning and returning the cafeteria to its original state prior to LESSEE's use.
 - 3. Providing there is no conflict with the LESSOR's schedule, LESSEE may have use of the asphalt parking lot for parking. In the event there is a conflict in scheduling, LESSEE may have a barricaded area of the parking lot for parking as approved by the LESSOR's Business Manager.

- 7. Assigning or Subletting: The LEASED PREMISES shall not be sublet, nor shall this Lease be assigned, transferred or set over by act of LESSEE, by process or operation of law, or in any other manner whatsoever, without the written consent of LESSOR. Any attempted subletting, assignment or transfer hereof without such written consent shall be

wholly null and void. Any permitted assignment or subletting shall not release LESSEE of liability under the terms of this Lease.

8. Damage or Destruction of the LEASED PREMISES: In case the LEASED PREMISES, the improvements thereon, or any part thereof, shall be destroyed or damaged by fire, or other casualty, to such extent that the same thereby be rendered unfit for occupancy, which is to be determined by LESSOR, then and in that event, LESSOR may, at its option, within sixty (60) days after the happening of such casualty, terminate this Lease by notice in writing to LESSEE and/or any other person(s) or entity(ies) having estate in the LEASED PREMISES. In any event the rents hereinbefore stipulated to be paid shall continue until said Lease termination is made official by LESSOR. LESSOR and LESSEE, as necessary for the mutual benefit of each, shall execute any and all documents in order that insurance proceeds may be utilized for said repairs or demolition to compensate LESSOR for its loss should it elect not to repair or rebuild.
9. Eminent Domain:
 - A. If the whole of the demised Leased Premises shall be acquired or condemned by eminent domain for any public or quasi-public purpose, then the term of this Lease shall cease and terminate as of the date title vests in the public body and all rentals shall be paid up to that date. LESSEE shall have no claim against LESSOR for the value of any unexpired term of this Lease, but shall nonetheless have the right, if any, to claim and recover such value from the condemning authority.
 - B. If part of the demised Leased Premises shall be acquired or condemned by use of the power of eminent domain for any public or quasi-public purpose and if such partial taking shall render the demised LEASED PREMISES unusable for the business of LESSEE, in the sole judgment of LESSOR, it may terminate this Lease as of the date title vests in the public body. LESSEE shall have no claim against LESSOR for the value of any unexpired term of this Lease, but shall nonetheless have the right, if any, to claim and recover such value from the condemning authority. If such partial taking is not sufficiently extensive to render the demised LEASED PREMISES unusable for the business of LESSEE, LESSOR may, at its option, restore the demised Leased Premises to a condition comparable to its condition at the time of such condemnation and the rentals shall be adjusted to take into account the loss suffered as a result of the taking.
10. LESSOR'S Right of Entry: LESSOR shall have free access to the LEASED PREMISES to examine or exhibit the same to prospective tenants or purchasers, to ascertain that LESSEE is carrying out the terms, conditions and provisions hereof, and to make any needful repairs or alterations of the LEASED PREMISES which said LESSOR may deem necessary; provided, that such entry or repairs shall not unreasonably interfere with the conduct of LESSEE'S business.

11. Surrender of Possession: LESSEE shall, upon termination of this Lease by lapse of time or otherwise, surrender up and deliver the LEASED PREMISES and all improvements thereon in as good order and repair as when first received, reasonable wear and use thereof accepted.
12. Holding Over: In the event LESSEE remains in possession of the LEASED PREMISES after the Initial Term of this Lease (including any extended term), they shall be deemed a tenant from month to month only, at the monthly rental payment provided for in this Lease and governed in all things except as to the duration of the term by the provisions of this Lease.
13. LESSORS Remedies: If default be made in the payment of rent, or any part thereof, or in LESSEE'S observance or performance of any of the terms, conditions or agreements herein contained, LESSOR shall have the following remedies; provided that it has first given LESSEE written notice specifying such default (other than the nonpayment of rent as to which no notice shall be required) and LESSEE has failed to cure such default within ten (10) days after receiving such notice:
 - A. LESSOR may, at its option, immediately terminate this Lease as fully as though the term thereof had expired, by mailing of written notice to LESSEE, which shall be immediately binding upon LESSEE; and LESSOR or its agents may reenter the LEASED PREMISES, and LESSEE shall not thereby be released from the rent past due, or future rent, or from payment of damages for the breach of this Lease by LESSEE, or for payment of damages including reasonable fees for LESSOR'S attorney for breach of this Lease by LESSEE.
 - B. LESSOR shall also have the option, without terminating this Lease, to re-let the LEASED PREMISES for such term and at such rental and upon such other terms and conditions as LESSOR, in its sole discretion, may deem advisable. In the event that the rent received from such re-letting is less than the amount of rent agreed to be paid under this Lease, then LESSEE shall pay to LESSOR any such deficiency. Such deficiency shall be calculated and paid monthly. In addition, if repairs to the LEASED PREMISES and advertising are necessary in order to re-let the LEASED PREMISES, LESSEE shall pay to LESSOR the cost of said repairs and advertising.
 - C. LESSOR may use such other remedies as are available at law or in equity.
14. Waiver of Exemption: LESSEE hereby waives the right to claim any of their property as exempt from execution, distress warrant or attachment, or exempt by any law from the payment of debts, and all such property shall be held and considered subject to and responsible for the payment of the money agreed to be paid by LESSEE, and for the discharge of any liabilities created under this Lease.
15. Abandonment of the LEASED PREMISES: LESSEE shall not vacate or abandon the LEASED PREMISES at any time during the term of this Lease; and if LESSEE shall abandon, vacate or surrender the LEASED PREMISES, or be dispossessed by process of law or otherwise, LESSOR may, at its option, exercise any or all of the remedies set forth in Section 11, above.

16. Scheduling Use of the LEASED PREMISES: LESSEE is responsible for planning, coordinating, organizing, and overseeing the activities of all groups visiting the LEASED PREMISES.
17. Repairs and Capital Improvements: LESSEE shall, at their own expense, make all repairs and capital improvements necessary to maintain the LEASED PREMISES in a good state of repair. In the event LESSEE wishes to make any repairs or capital improvements to the LEASED PREMISES, LESSEE must obtain written consent of LESSOR if said repairs or capital improvement exceed \$500.00. All repairs and capital improvements so made by LESSEE shall become part of the Real Property and shall remain and be surrendered with the LEASED PREMISES at the termination of the lease. Any trade fixtures, equipment, furnishings and machinery placed on the LEASED PREMISES by LESSEE as a part of the repairs, maintenance or capital improvements for the LESSEE'S sole operations, may be removed by LESSEE; provided, however, that at the time of such removal LESSEE has fully complied with all of the terms of this Lease, and provided further, that LESSEE shall repair at their expense, any damages to the LEASED PREMISES caused by such removal.
18. Maintenance and Upkeep: LESSEE will ensure that all areas used by groups visiting the LEASED PREMISES are kept clean and in good order after every use. LESSEE will ensure that its groups do not leave any trash inside or outside the LEASED PREMISES. LESSEE will be responsible for all interior maintenance and upkeep of the LEASED PREMISES; including, but not limited to, painting, decorating, cleaning, waste removal, etc. LESSEE acknowledges that it has inspected/examined the property and determined that it is suitable for its intended use.
19. Remodeling and New Equipment: LESSEE will maintain the LEASED PREMISES in its current condition, with normal wear and tear expected. LESSEE will not modify the facilities without the prior written consent of LESSOR. Facility upgrades, repairs, and remodeling that would normally be considered fixtures once completed will become the property of LESSOR. LESSEE will be responsible for the repair or replacement of any and all equipment or appliances. All equipment and appliances purchased by LESSEE that can be removed easily (including but not limited to: room window air conditioners, refrigerators, stoves, microwaves, etc.) will remain LESSEE'S property; such equipment and appliances will be for the use of LESSEE and their invited guests. All kitchen equipment and appliances already on the LEASED PREMISES at the time of occupancy shall remain the property of the LESSOR; however, such equipment and appliances will be for the use of LESSEE and their invited guests.

20. Utilities: LESSOR shall pay all utilities on the LEASED PREMISES (including electric, gas and water) and keep utilities in force in their name until this Lease is terminated by either party. LESSEE shall pay all ancillary utilities needed for its day to day operations (such as: phone, cable TV, internet service, etc.).
21. Insurance:
- A. LESSEE shall procure and maintain, at their cost, a policy of public liability insurance, with a company approved by LESSOR, which approval shall not be unreasonably withheld, in which policy LESSOR shall be named as a co-insured. Said policy shall insure against claims for bodily injury, death or property damage occurring upon, in or about the LEASED PREMISES, and shall provide coverage's of not less than One Million Dollars (\$1,000,000.00) in respect to bodily injury or death to any one person, and to the limit of not less than One Million Dollars (\$1,000,000.00) in respect to any one accident, and One Million Dollars (\$1,000,000.00) for property damage. A duplicate copy of the policy or certificate of such insurance shall be delivered to LESSOR within five (5) days after execution of this Lease. Said policy shall include a provision where under the insurance company shall be obligated to send to LESSOR notice of intention to cancel or not renew the policy at least thirty (30) days prior to such cancellation or non-renewal.
 - B. LESSEE shall be responsible to procure and maintain insurance on the LEASED PREMISES for fire, wind, comprehensive risk and such hazards as are included within "extended coverage", which insurance policy shall be for the benefit of LESSEE.
22. Intended use: LESSEE agrees, it, nor any of its volunteers, groups, guests or invitees will utilize the LEASED PREMISES or allow the use of the LEASED PREMISES for any use or purpose which is materially and significantly contrary to the religious teachings of the Roman Catholic Church. LESSOR shall have sole and absolute discretion as to the determination of whether any proposed use is materially and significantly contrary to the religious teachings of the Roman Catholic Church. LESSEE shall have the opportunity to make application to LESSOR to provide its opinion whether the proposed use constitutes a violation of this section.
23. Default: Should either party be in default of any of its obligations hereunder the non-defaulting party shall give written notice specifying the default claimed. If the default is not cured / remedied within thirty (30) days, then the non-defaulting party may terminate the Agreement.
24. Zoning and Governmental Compliance: LESSEE acknowledges they have inspected the LEASED PREMISES, are aware of its condition and accepts same in "AS IS" condition. LESSEE acknowledges that LESSOR makes no warranties of any kind regarding the zoning of the LEASED PREMISES for use by LESSEE, and in the event a zoning change is required, same shall be the sole responsibility of LESSEE. LESSEE further acknowledges LESSOR makes no warranties regarding the LEASED PREMISES being in compliance with any federal, state, county or city code or

building regulations, and if the LEASED PREMISES must be brought into compliance by any of the aforesaid, same shall be the sole cost and responsibility of the LESSEE or the LESSEE may cancel this Agreement with ninety (90) days written notice to LESSOR.

ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH holds certain Liquor and Charitable Gaming Licenses for its fund raising efforts. Therefore, ALL spaces on the ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH campus concerning Liquor and Charitable Gaming are restricted to the license holder only. LESSEE agrees to abide by all laws governing the use of Liquor and Charitable Gaming by the State of Kentucky while on, or about the leased premises. LESSEE is restricted from undertaking any activity on the ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH campus which would adversely affect LESSOR's Liquor and Charitable Gaming Licenses. LESSEE can NOT seek a separate Liquor and/or Charitable Gaming License using the leased premises for such purposes.

25. **Communication:** All notices, demands and requests which may or must be given under this Lease by either party to the other shall be in writing. All such notices, demands and requests shall be sent by registered or certified mail to the following addresses:

LESSOR:

ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH
Attn: Business Manager
747 Harrison Ave.
Louisville, Kentucky 40217

LESSEE:

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
1207 Hart Ave.
Louisville, Kentucky 40213

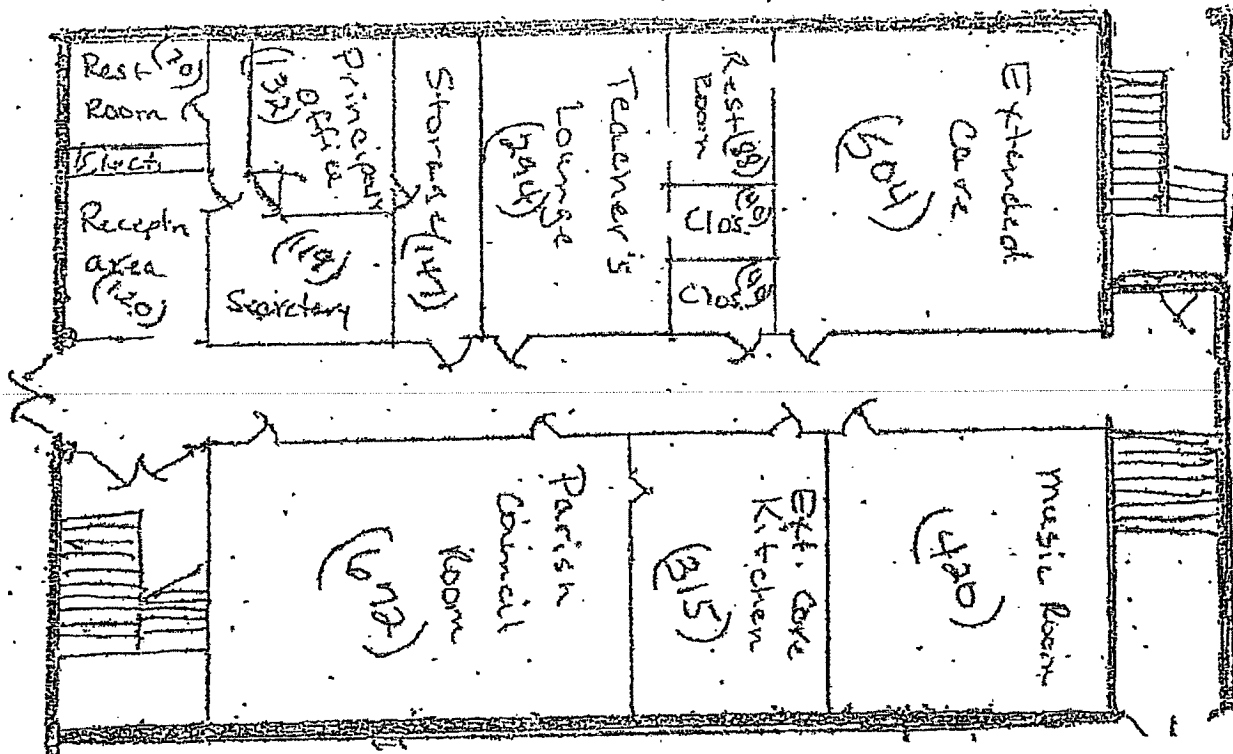
or to such other address or addresses as either party may, in writing, and by registered or certified mail to each other, so direct.

26. **Binding Effect:** The covenants, conditions, warranties and agreements made and entered into by the parties hereto shall be binding on, and shall inure to the benefit of, their respective heirs, successors, representatives and assigns.
27. **Waiver:** The waiver by LESSOR of any breach of any term, covenant or condition herein contained, shall not be deemed to be a waiver of such term, covenant or condition for any subsequent breach of the same, or any other term, covenant or condition contained herein. The subsequent acceptance by LESSOR of rent hereunder shall not be deemed to be a waiver of any

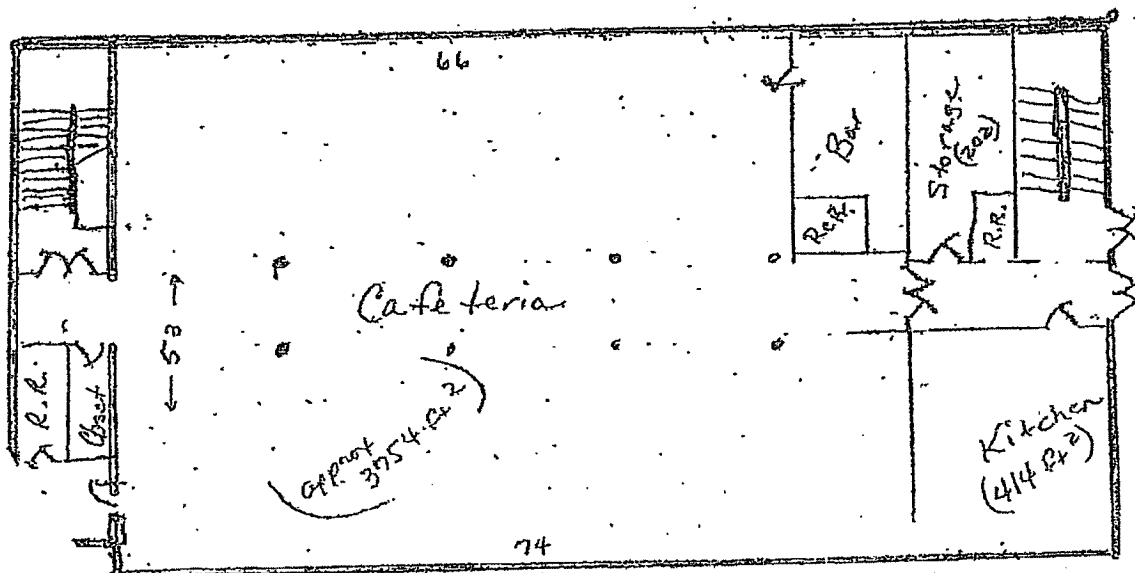
preceding breach by LESSEE of any term, covenant or condition of this Lease, regardless of LESSORS knowledge of such preceding breach at the time of acceptance of such rent.

28. Warranty: LESSOR warrants and covenants that it is lawfully seized of the LEASED PREMISES; that it has full right and power to lease same for the term hereof; that during the time when LESSEE shall not be in default hereunder, LESSEE shall have quiet and peaceful possession of the LEASED PREMISES.
29. Governing Law: This Agreement shall be interpreted under, and the laws that shall apply are, the laws of the Commonwealth of Kentucky, and the proper venue for any disagreement shall be Jefferson County, Kentucky.
30. Successors: This Agreement shall be binding upon the parties, their heirs, legal representatives, successors or assigns of the parties herein.
31. Amendments: This Agreement may not be altered or amended unless agreed to in writing by both parties herein.
32. Assignment: This interest of LESSEE may not be assigned, either in whole or in part, without the prior written consent of LESSOR, however, said consent shall not be unreasonably withheld.
33. Severability: If any term or provision of this Agreement or the application thereof to any party where circumstances shall, to any extent, be invalid or unenforceable, the remainder of this Agreement or the application of such term or provision of any party or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby each term and provision of this Agreement shall be valid and be enforced to the fullest extent permitted by law.
34. Construction and Survival: This Agreement is the complete Agreement between the parties.

St. Elizabeth of Hungary; 1016 E. Burnett Avenue



First Floor Original Building



Annex - Ground Level

EXHIBIT "A"

IN WITNESS WHEREOF, our signatures the day and year first above written.

ROMAN CATHOLIC BISHOP OF LOUISVILLE,
A CORPORATION SOLE,
d/b/a ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH

BY: Joseph E. Kurtz
JOSEPH E. KURTZ, D.D., PRESIDENT
PARTY OF THE FIRST PART

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE

BY: Anne H. Smith
NAME: (PRINT) ANNE H. SMITH
TITLE: (PRINT) EXECUTIVE DIRECTOR
PARTY OF THE SECOND PART

STATE OF KENTUCKY)
) SS:
COUNTY OF JEFFERSON)

Acknowledged, subscribed and sworn to before me this 28th day of January, 2013 by JOSEPH E. KURTZ, D.D., as President of ROMAN CATHOLIC BISHOP OF LOUISVILLE, a Corporation Sole, party of the First Part, who acknowledged same to be his free act and deed and the free act and deed of said corporation.

My commission expires: April 11, 2014.

Carla W. Wittenauer
NOTARY PUBLIC, STATE AT LARGE, KENTUCKY

STATE OF KENTUCKY)
) SS:
COUNTY OF JEFFERSON)

Acknowledge, subscribed and sworn to before me this 17 day of Jan., 2013, by ANNE H. SMITH as EXECUTIVE DIRECTOR of Ministries United of South Central Louisville, Inc., Party of the Second Part, who acknowledged same to be their free act and deed and the free act and deed of said corporation.

My commission expires: MAY 30, 2016.

Don W. Casey
NOTARY PUBLIC, STATE AT LARGE, KENTUCKY

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above. Ministries United of South Central Louisville, Inc.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 1207 Hart Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40213		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
3	1	-	1	1	0	4	2	4 1

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 <i>Gina Helton</i>	Date <i>June 18, 2026</i>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

MUSCUL SENIOR WELLNESS CENTER AT SCHNITZELBURG

Date _____

PLEASE SIGN IN

[illegible]

MUSCL SENIOR WELLNESS CENTER AT SCHNITZELBURG
Member Feedback 2027

As a member of the MUSCL Senior Wellness Center at Schnitzelburg, your comments are essential to ensuring that the Center continues to be a vital resource for the people of this community. Please complete this feedback form, fold it and deposit it in the MEMBER FEEDBACK box near the front office. If you have the need to speak with someone about this form please come to the office and you will be directed to the appropriate person.

1. What is your favorite activity at the Center and what do you want to see come back. Choose 3

- | | | |
|------------------------------|------------------------------------|-------------------------|
| ---- Aerobics | ---- Tripoley | ---- Bridge Club |
| ---- Directed Exercise | ---- Card-Making Class | ---- Day Trips |
| ---- Exercise Room | ---- Nursing Student Activities | ---- Canasta |
| ---- Jigsaw Puzzles | ---- Quilting/Knitting/Sewing | ---- Computer Class |
| ---- Book Club | ---- Other Craft Corner Activities | ---- Self-defense class |
| ---- Pinochle | ---- Pool Table | ---- Tea Party |
| ---- Bunco Club | ---- Corn Hole | ---- Bingo |
| ---- Mexican Train | ---- Ping Pong | ---- Wii |
| ---- Potlucks/Parties/Dances | ---- Chair Volleyball | ---- Water Color |

2. On the average, how often do you come to the Center?

- | | |
|-----------------------|--------------------------|
| ---- 3 times per week | ---- once a week |
| ---- 2 times per week | ---- 1-3 times per month |

3. On the average, how long do you stay at the Center each time?

- 0 – 1 hour ---- 2 – 3 hours ---- 3 – 4 hours ---- 5 + hours

4. Do you feel that your quality of life has improved due to your involvement with the Center (Are you happier? Are you healthier? Have you made any new friends? Have you learned any new skills?)?

- Yes ---- No

5. Because of your involvement/participation at the Wellness Center, have you increased your knowledge about how to live a more healthy and productive life?

- _____ No _____ Yes

6. On a scale of 1-5, with 5 being the highest, circle the number that best represents how much safer you feel as a result of having more contact with people at the Center.

1 2 3 4 5

7. On your first visit, did the staff and/ or volunteers greet you in a professional and friendly manner?

- No ---- Yes (if no, please explain)

8. Do you think that you will continue to be involved with the Center indefinitely?

- No ---- Yes

9. Would you recommend the Center to others? ---- No ---- Yes

If you have any other comments or suggestions, please share them on the other side of this sheet. Thank you again for your feedback.

Today's date: _____ Name (optional): _____ June 2024



Kentucky Secretary of State Michael G. Adams



MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.

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General Information

Organization Number :

0188277

Name :MINISTRIES UNITED OF
SOUTH CENTRAL LOUISVILLE,
INC.**Profit or Non-Profit :**

N - Non-profit

Company Type :

KCO - Kentucky Corporation

Industry :

Social Services

Number of Employees :

Small (0-19)

Primary County :

Jefferson

Status :

A - Active

Standing :

G - Good

State :

KY

File Date :

4/2/1984

Organization Date :

4/2/1984

Last Annual Report :

8/19/2025

Principal Office :1207 HART AVE.
LOUISVILLE, KY, 40213



Kentucky Secretary of State Michael G. Adams



MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.

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