

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	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

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

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NA

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization	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?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A <i>yes</i>
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> <i>Yes</i>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> <i>No</i>
Prepared by: <i>Amy Lockett</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: <i>(as listed on: http://www.sas.ky.gov/business/records)</i> 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.twcbc.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):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 Column 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
			\$ 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:	<i>Karen D Schroan</i>	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.

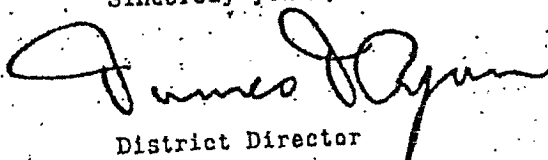
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are 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.

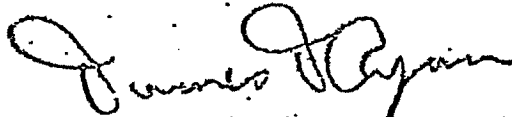
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in a section 509(a)(1) ~~is~~. Your exempt status under section 501(c)(3) of the Code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

F9, 26
1, 25-26

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

LINE ITEM 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	EA/FH/Special Project	Other	Other	Total
Direct Personnel Service Expenses:				
Salaries - Operational	\$ 75,272.08		\$ 7,286.30	\$ 82,558.38
Fringe Benefits, Operational				
Overtime				
Other Personnel Services (Please Specify)		\$ 99,157.05		\$ 99,157.05
Volunteer Contributions-\$26.85 per hour		\$ 99,157.05	\$ 7,286.30	\$ 181,715.43
Total Direct Personnel Service Expenses	\$ 75,272.08	\$ 99,157.05	\$ 7,286.30	\$ 181,715.43
Direct Operating Expenses:				
Professional Service Contracts	\$ 28,000.00	\$ 24,846.69	\$ 5,444.00	\$ 52,846.69
Rent	\$ 1,727.92		\$ 654.09	\$ 2,382.01
Telephone		\$ 10,823.00		\$ 10,823.00
Utilities				
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		\$ 3,529.80		\$ 3,529.80
Other Direct Operating Expenses (Please Specify)				
In kind donations	\$ 28,727.92	\$ 40,199.49	\$ 19,525.86	\$ 88,923.47
Total Direct Operating Expenses	\$ 28,727.92	\$ 40,199.49	\$ 19,525.86	\$ 88,923.47
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	
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

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

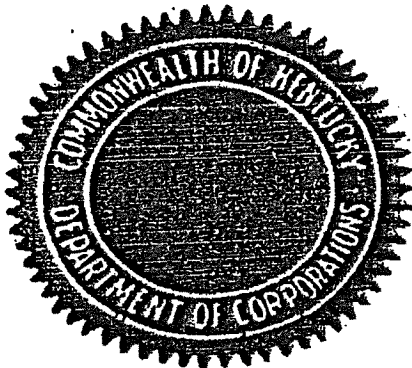
1207 HART AVENUE

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
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

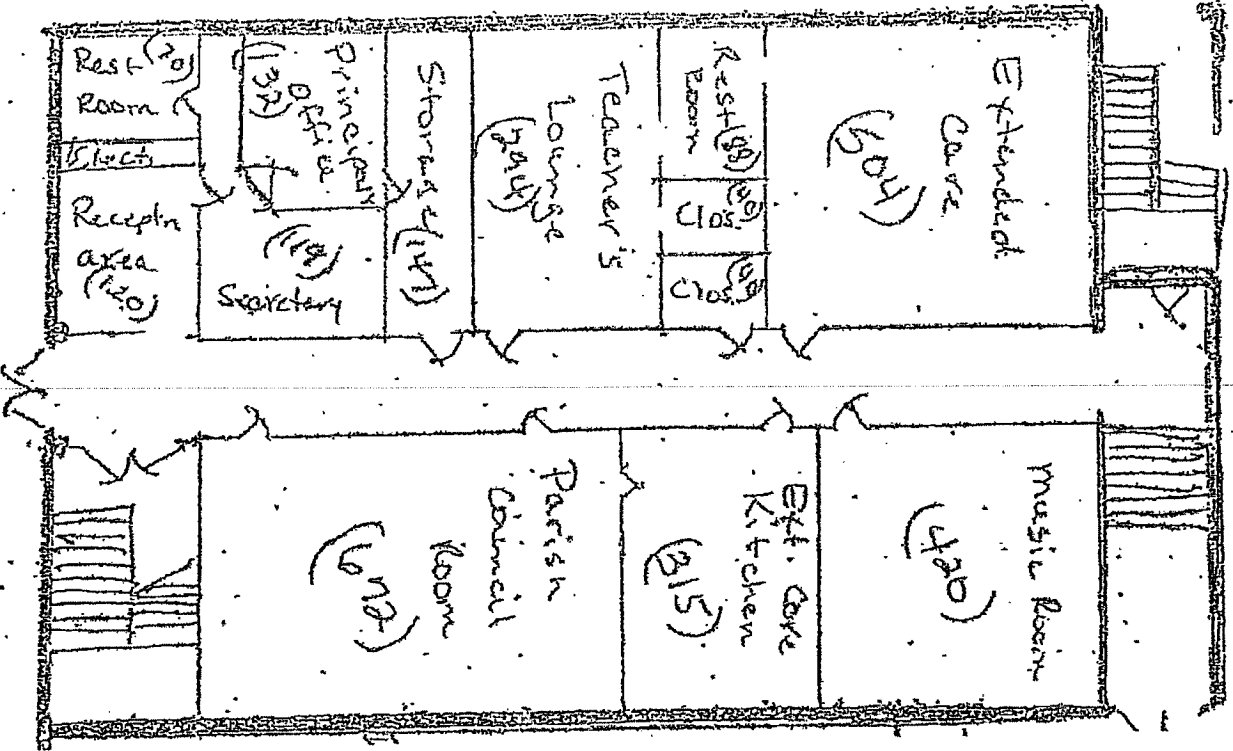
or to such other address or addresses as either party may, in writing, and by registered or certified mail to each other, so direct.

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

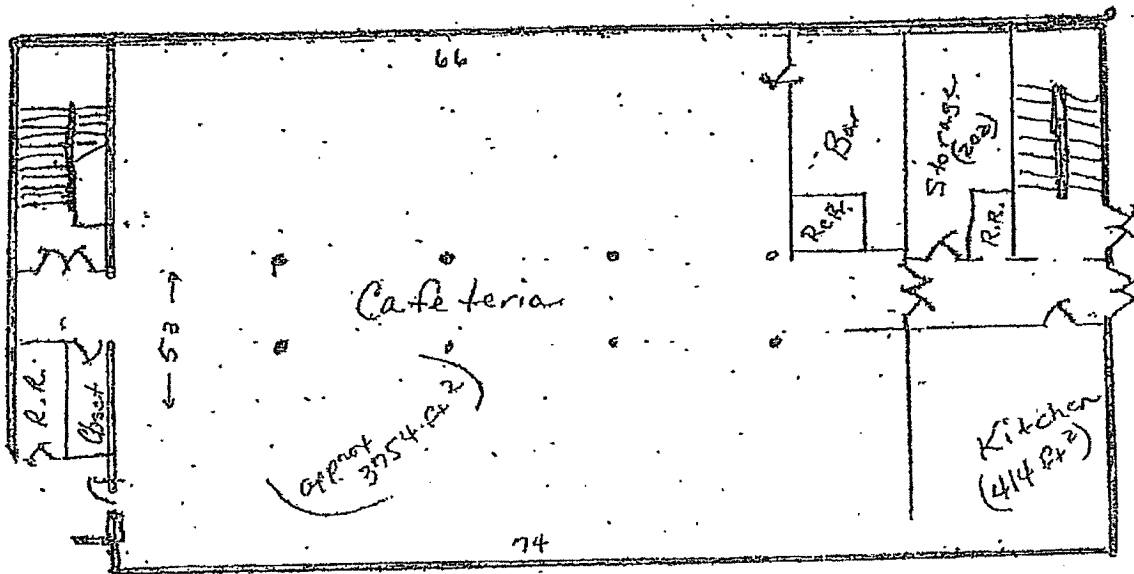
preceding breach by LESSEE of any term, covenant or condition of this Lease, regardless of LESSORS knowledge of such preceding breach at the time of acceptance of such rent.

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"

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.	<p>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.)</p>	
	<p>2 Business name/disregarded entity name, if different from above. Ministries United of South Central Louisville, Inc.</p>	
	<p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>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 <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 1207 Hart Avenue</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code Louisville, KY 40213</p>	
	<p>7 List account number(s) here (optional)</p>	

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:

1. 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
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 Helms</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

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> 3 times per week | <input type="checkbox"/> once a week |
| <input type="checkbox"/> 2 times per week | <input type="checkbox"/> 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.

Business Entity Search

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File LLC

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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