

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

Applicant/Program: Ministries United of South Central Louisville, Inc/MUSCL Senior Center
Applicant Requested Amount: \$12,500
Appropriation Request Amount: \$12,500

Executive Summary of Request
Annual Operating, Programming and Capital expenses associated with the annual operation of the Senior Center located at 1016 E. Burnett Ave. Louisville, KY 40217

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.

10 District #  Primary Sponsor Signature \$12,500 Amount 09/15/2016 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Ministries United of South Central Louisville

Program Name and Request Amount MUSCL Senior Center / \$12,500

	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"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
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"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ 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"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
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"/> Yes
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"/> No

Prepared by: **Geoff Wohl D10 LA**

Date: 09/15/2016

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Ministries United of South Central Louisville, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1207 Hart Ave Louisville Ky, 40213			
Website:			
Applicant Contact:	Karen Schroan	Title:	Program Director
Phone:	502-634-3221	Email:	kschroan@gmail.com
Financial Contact:	Suzanne Baker	Title:	Bookkeeper
Phone:	502-367-9993	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 E Burnett Ave. Louisville, Ky 40217		
Council District(s):	10	Zip Code(s):	40217
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: MUSCLE Senior Wellness Center			
Total Request: (\$)	12,500	Total Metro Award (this program) in previous year: (\$)	12500
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 checked="" 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 Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) 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:	Louisville Metro Government	Amount: (\$)	40,000
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:

Vision:To help non-homebound aging adults keep their minds and bodies active for a healthier,happier life after 50 years of age. Some older adults need to participate in activities to promote wellness and prevent exploitation. Our Center is the perfect place.

Mission:To seek to meet the basic human needs of senior adults by offering services, providing opportunities and activities which improve their lives mentally,physically, economically and socially thereby enhancing their feelings of well being, maintaining their sense of self worth and meeting one of their greatest needs-that of the community.

Services:We have books, puzzles, games and computers to help keep our minds active. We have several exercise groups, an exercise room with equipment, chair volleyball, darts, ping pong table, Wii bowling and corn hole to keep them active. We have adult coloring and painting, crafts and sewing for artistic development. We have seasonal parties, potlucks, movie days, bingo and doughnut Fridays for social activities. Which can be just as important to some seniors who have lost their loved ones and would be likely to develop loneliness and depression.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member			Term End Date
Lisa Harden-Tandy	President	4th Presbyterian	2013-?
Bonnie Clark	Vice President	Messiah-Trinity Church	2013-?
Doug Strader	Treasurer	Farmdale Baptist	2014-?
Charlene Smith	Secretary	Cooper Memorial UMC	
Shirley Grimes		Audubon Park UMC	
Kim Elzy		Green Acres Baptist	2009-?
Margaret Hardesty		Maple Grove Baptist	2009-?
Carman & Short Cunningham		Newburg Christian	2011-?
Rev. Peggy French		Okolona Presbyterian	2013-?
Darrel Brooks		Parkland Baptist	
Gina Hellems		MUSCL Exective Director	
Suzanne Baker		MUSCL Bookkeeper	
Karen Schroan		MUSCL Senior Wellness Center Program Director	

Describe the Board term limit policy:

The Board is a volunteer position without pay. There are no term limits. If someone resigns or has a debilitating illness, the Board chooses someone to replace them.

Three Highest Paid Staff Names	Annual Salary
Karen Schroan - Program Director	26,000
Suzanne Baker-Bookkeeper- only included Center's amount	3,727

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.):

We opened in August 2007 and hope to stay open as long as there is a need in the community. We are open to anyone 50 years and older.

Book club is once a month, enrollment is always open and it started several years ago. Computer classes are once a week for six weeks. We try to do this at least twice a year. It is tentative for November this year, waiting for the outreach program of the Library to finalize. We have quilting classes for eight weeks the months of September and October. Directed exercise is three times a week, 50 weeks out of the year. Enrollment is always open and it started in 2009. Chair volleyball started in 2008. It is on Mon, Wed and Friday everyone is welcome. The visiting Bellarmine nurses usually come a couple times a year. Take blood sugars, do blood pressures, maybe have a mini health fair with lots of information about staying well. It's still in planning stages for this semester so I don't know exact dates yet. The exercise room is always open with equipment so everyone is free to exercise anytime we're open. Parties and potlucks are usually scheduled around a holiday of some sort. We have a Movie matinée one Friday a month. Bingo is every Wed.

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

The center is in need of a chair lift repaired or replaced, air conditioner/heater, computer, gym equipment repair or replaced, office supplies, program materials and operating cost (need a part-time person with good computer skills).

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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:

90% of responding seniors will attend activities, report increased knowledge about how to live more productive lives and report increased feelings of safety as a result of daily contact.

Every year we have a survey that we have the members take. We ask questions about the general satisfaction of the services of the center. If there are programs we don't offer that they are interested in, and if they would recommend the center to friends.

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 Free Public Library is scheduling a computer class in our computer lab. Helps the seniors keep their minds active. We set up a booth at the Saint Stephen Martyr's Health Fair. The community becomes aware of the health benefits of keeping our minds and bodies active in our elder years. Helps us, get the word out about our program. Bellermine nursing program visit, taking blood pressure, sugar levels etc. Helps train the student nurses and has the benefit of free testing for seniors. We distribute SACC (Schnitzelburg Area Community Council) newsletters at our Center so members can keep up with neighborhood events, they in turn print articles about the center in their newsletters. It helps us advertise fundraisers and such.

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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	3290.	9326.	12616.
B: Rent/Utilities		65184.	65184.
C: Office Supplies	800.		800.
D: Telephone	1100.		1100.
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	950.		950.
H: Program Materials	1615.		1615.
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment	4395.		4395.
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	350.		350.
*TOTAL PROGRAM/PROJECT FUNDS	12500.	74510.	87010.
% of Program Budget	14 %	86 %	100%

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

Other State, Federal or Local Government	40000.	
United Way		
Private Contributions (do not include individual donor names)	6800.	
Fees Collected from Program Participants		
Other (please specify)	6428.	fundraisers
Total Revenue for Column 2 Expenses **	53228.	

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

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

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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
Other Expenses: Cleaning Supplies	350		350
Total	350		350

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
St Elizabeth/Part of rent	29184.	Looked up similar rentals in area with same sq.footage.
St Elizabeth/Part of utilities	36000.	Called LG&asked average yearly bill for same sq footage.
Fundraising events and Individual donations	13228.	
Members/Volunteers hours a year.	64723.	
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	143135.	I have 6 volunteers that average about three hrs a day three times a week. Some answer the phone or help with office work,some help teach a class,others help with fundraisers.On sale fundraiser days about 3x a year have average of 8 volunteers working about 4 hrs. Luncheons 4x a year x 3hrs x 5 volunteers. Bake Sales 6x a year x2hrs x5 volunteers 1 cashier x 6 bake sales x 7 hrs. 17.83 an hour.

*** 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: July 1 2016

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:

(This area is currently blank for explanation.)

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 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.
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 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.

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:	9-8-2016
Legal Signatory: (please print):	Karen D Schroan	Title:	Program Director
Phone:	502-634-3221	Extension:	
Email:	kschroan@gmail.com		

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

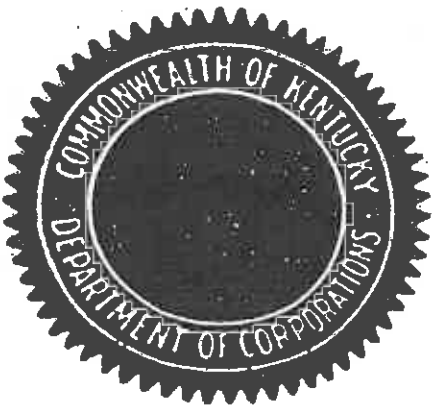
1207 HART AVENUE

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.



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

Drexell R. Davis

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

Internal Revenue Service
District Director

Department of the Treasury

Date: 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 section 509(a)(1) ~~**~~. 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)

District Director

te: SEP 11 1984

Industries United of South Central
Louisville, Inc. (M.U.S.C.L.)
207 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 the Service 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.

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

(over)

Box 2508, Cincinnati, Ohio 45201

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

If your sources of support, or your purposes, character, or location of operations 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.

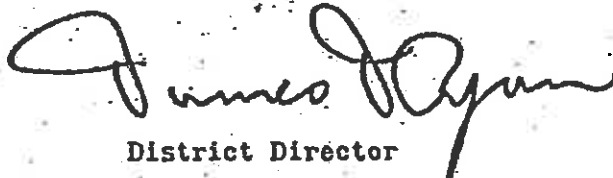
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are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

For the period 07/30/2016 to 08/31/2016

003406



MUSCL INC
1207 HART AVE
LOUISVILLE KY 40213-1347

Primary account number [REDACTED]

Page 1 of 10

Number of enclosures: 0

For 24-hour banking sign on to
PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch.

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at PNC.com/mybusiness/

TDD terminal: 1-800-531-1648
For hearing impaired clients only

IMPORTANT INFORMATION ABOUT ATM TRANSACTIONS AND PURCHASES

Under certain conditions we may allow you to complete a transaction that may cause an overdraft to your business checking or money market account when using your PNC Bank Business Visa® Debit Card at PNC Bank ATMs, non-PNC ATMs, and for merchant purchases. At PNC Bank ATMs we can give you the choice to cancel the transaction if it would cause an overdraft. We are not able to provide you this choice at a non-PNC Bank ATM or when making merchant purchases.

If you would prefer that we not allow overdrafts for card transactions at the ATM or merchant, please call us at 1-877-222-5401, Monday - Friday, 7 a.m. - 10 p.m.; Saturday and Sunday, 8 a.m. - 5 p.m. (ET), to opt-out. If you do so, we will decline transactions if your available funds are not sufficient to cover them.

If you have called previously to opt-out, you do not need to call again.

For more information, please see our Business Checking Accounts and Related Charges and /or Account Agreement for Business Accounts, Payment of Overdrafts for Card Transactions section.

Non-Profit Checking Summary

MUSCL Inc

Account number: [REDACTED]

Overdraft Protection has not been established for this account.

Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
25,932.53	7,903.00	4,573.37	29,262.16
		Average ledger balance	Average collected balance
		24,611.48	24,611.48



For the period 07/30/2016 to 08/31/2016

003405



MUSCL INC
1207 HART AVE
LOUISVILLE KY 40213-1347

Primary account number [REDACTED]

Page 1 of 10

Number of enclosures: 0

For 24-hour banking sign on to
PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch.

Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738

Visit us at PNC.com/mybusiness/

TDD terminal: 1-800-531-1648
For hearing impaired clients only

IMPORTANT INFORMATION ABOUT ATM TRANSACTIONS AND PURCHASES

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If you would prefer that we not allow overdrafts for card transactions at the ATM or merchant, please call us at 1-877-222-5401, Monday - Friday, 7 a.m. - 10 p.m.; Saturday and Sunday, 8 a.m. - 5 p.m. (ET), to opt-out. If you do so, we will decline transactions if your available funds are not sufficient to cover them.

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For more information, please see our Business Checking Accounts and Related Charges and /or Account Agreement for Business Accounts, Payment of Overdrafts for Card Transactions section.

Non-Profit Checking Summary

MUSCL Inc

Account number: [REDACTED]

Overdraft Protection Provided By: XXXXXX4402

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
17,807.60	34,958.89	24,918.24	27,848.25

Deposits and Other Additions

Description	Items	Amount
Deposits	6	34,958.89

Checks and Other Deductions

Description	Items	Amount
Checks	29	15,069.66
ACH Deductions	1	2,595.58
Service Charges and Fees	1	3.00
Other Deductions	1	7,250.00



	Budget with 40,000 Metro Grant	Budget Needed	Proposed budget Funds from Metro	Out of Pocket	Budget	In-Kind Donations	Grand Totals
Paid Personnel	32,713	38,616	29,290	9,326	38,616	64,723	103,339
Rent	14,000	14,000	14,000		14,000	29,184	43,184
Utilities						36,000	36,000
Office Supplies	600	800	800		800		800
Program Materials	1,165	1,615	1,615		1,615		1,615
Telephone	1,100	1,100	1,100		1,100		1,100
Taxes & Insurance	3,154	3,154		3,154	3,154		3,154
Small Equipment	2,400	4,395	4,395		4,395		4,395
Other Expenses	1,250	1,300	1,300		1,300		1,300
Sub Totals	56,382	64,980	52,500	12,480	64,980	129,907	194,887
Donations & Fundraisers						-13,228	-13,228
Grand Totals					64,980	116,679	181,659

Columns 3+4=5

Columns 5+6=7

ARTICLES OF INCORPORATION

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC. (M.U.S.C.L.)

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

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.

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

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1207 HART AVE

6 City, state, and ZIP code
LOUISVILLE, Ky 40213-1347

7 List account number(s) here (optional)

Print or type
 See Specific Instructions on page 2.

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

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 on page 3.

Sign Here Signature of U.S. person ▶ Regina Helbers Date ▶ July 1, 2016

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

MUSCL SENIOR WELLNESS CENTER AT SCHNITZELBURG
Member Feedback – June 2016

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 are your favorite activities at the Center (choose up to four)

- | | | |
|--|---|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Nursing Student Activities | <input type="checkbox"/> Craft Classes |
| <input type="checkbox"/> Directed Exercise | <input type="checkbox"/> Wii Game | <input type="checkbox"/> Memoirs Class |
| <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Physical Therapy Student Activities | <input type="checkbox"/> Computer Class |
| <input type="checkbox"/> Jigsaw Puzzles | <input type="checkbox"/> Reading Our Senior Center Newsletter | <input type="checkbox"/> Self-defense class |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Making Lap Quilts/Toboggans | <input type="checkbox"/> Pinochle |
| <input type="checkbox"/> Chair Volleyball | <input type="checkbox"/> Ping Pong Pong/Pool/Corn Hole | <input type="checkbox"/> Movie Matinee |
| <input type="checkbox"/> Card Bingo | <input type="checkbox"/> Bingo | <input type="checkbox"/> Potlucks |
| <input type="checkbox"/> Other Card/Board Games | <input type="checkbox"/> Water Color Painting Classes | |
| <input type="checkbox"/> Sewing Room | <input type="checkbox"/> Visiting with Friends | |
| <input type="checkbox"/> Other Activity (please specify) _____ | | |

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

- No Yes (if no, please explain):

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

- No Yes

7. 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 2016

**MUSCL SENIOR WELLNESS CENTER
SURVEY**

Please help us make plans for this fiscal year by checking off any additional classes/topics, etc. that would interest you as a participant. Place completed form in box.

- Trivia
- Shuffle Board
- Learning to knit/crochet
- Photography
- Walking club in and around the community
- Poetry, drama
- Meditation
- Music: listen to, dance, sing
- Learn another language such as Spanish or French
- Travel talks, videos about other countries, planning a trip
- Intergenerational activities
- Other _____

Check off those topics that hold interest for you and that you would attend:

- Insurance, Medicare, Medicaid
 - Going to the doctor/hospital
 - Avoiding scams
 - Grief
 - Help with taxes
 - Retirement
 - Safety in the home, when traveling, etc.
 - Gardening
 - Health issues: signs of strokes, heart attacks, etc.
 - Legal matters: wills, long-term care, funerals, etc.
 - How to cook for one or two
 - Other _____
-

MULLIGAN, HILL, CLEMENTS & Co., PSC

CERTIFIED PUBLIC ACCOUNTANTS
231 BRECKENRIDGE LANE
LOUISVILLE, KENTUCKY 40207
(502) 893-2565 • FAX (502) 893-8960
www.mhccpa1.com

WM. B. MULLIGAN, JR., CPA 1937~2005
STEPHEN L. HILL, CPA 1933~1996
FRANK X. CLEMENTS, CPA
SALLY M. MUDD, CPA
ASSOCIATE:
BRIAN A. WILLIS, CPA

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
KENTUCKY SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
Ministries United of South Central Louisville, Inc.
Louisville, Kentucky

INDEPENDENT ACCOUNTANTS REVIEW REPORT

We have reviewed the accompanying statement of assets, liabilities, and equity - cash basis of Ministries United of South Central Louisville, Inc. (a nonprofit organization) as of June 30, 2014, and the related statement of revenues, expenses, and other changes in net assets-cash basis for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the cash basis of accounting, as described in Note (B).

Certified Public Accountants

February 5, 2015

**MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
STATEMENT OF REVENUES, EXPENSES AND
NET ASSETS - CASH BASIS
YEAR ENDED JUNE 30, 2014**

REVENUES

Louisville Metro Government	
Emergency assistance	\$ 130,700
Senior wellness	50,000
Church contributions	69,277
WinterHelp	17,390
Sr. Wellness Center	3,495
Utility match	40,754
Contributions	17,912
Recycling	228
Fundraising	19,248
Other income	<u>1,777</u>
	350,781

EXPENSES

Program	302,315
Administrative	51,038
Fundraising	<u>36</u>
	353,389

EXPENSES IN EXCESS OF REVENUES (2,608)

NET ASSETS - beginning of year (25,238)

NET ASSETS - end of year \$ (27,846)

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2014

5. CONTINGENCIES

The Organization received 51% of its revenues from the Metro Revenue Governments grant. These grants are funded annually. Should any of the grants not be renewed, it could affect the Organization's ability to continue its service work.

6. RETIREMENT

The Organization maintains a Simple IRA Plan. The Organization matches 3%. Total employer contributions to the plan are \$ 4,206. Paid contributions as of February 5, 2015 is \$ 2902.08.

7. OPERATING LEASE

The Organization entered into a lease agreement to operate the Senior Citizens Program effective August 29, 2010. It has a one year terms with an option for annual renewal with rent at \$14,000 per year. The rent for fiscal year ended June 30, 2014 is \$18,300. As all rental payments have for the fiscal year ended June 30, 2014 as of February 5, 2015.

8. DATE OF MANAGEMENT'S REVIEW

In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through February 5, 2015, the date that the financial statements were available to be issued.

9. SUBSEQUENT EVENTS

- 1- Organization is at subrecipient of a Grant with LG&E and MSD that is received and distributed by the Association of Community Ministries. The amount received after 6-30-2014 is \$38,600.
- 2- The Louisville Metro Neighborhood Development Grant was renewed for the fiscal year ended June 6, 2015 in the amount of \$52,400.
- 3- Louisville Metro Formulary Grant was renewed for the fiscal year ended June 6, 2015 in the amount of \$130,700.
- 4- The organization has placed its building on the market for \$162,000. The book value of the building is \$30,998. This would result in a gain of \$131,002.

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
SCHEDULES OF EXPENSES - CASH BASIS
YEAR ENDED JUNE 30, 2014

	<u>Program</u>	<u>Administrative</u>	<u>Fundraising</u>	<u>Total</u>
Salaries	\$ 119,915	\$ 32,565		\$ 152,480
Payroll taxes	9,113	2,496		11,609
Fundraising			36	36
EA Expenditures	108,776			108,776
Credit card	3,335	1,453	4,788	
Health Insurance	15,484	4,241		19,725
Depreciation	1,200	600		1,800
Insurance	5,708	1,564		7,272
Retirement	1,038	284		1,322
Office expense	8,827	2,354		11,181
Postage	484	119		603
Program supplies	574	67		641
Rent	18,300			18,300
Other	2,303	1,788		4,091
Telephone	2,140	522		2,662
Utilities	5,118	2,985		8,103
	<u>\$ 302,315</u>	<u>\$ 51,038</u>	<u>\$ 36</u>	<u>\$ 353,389</u>

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Louisville, Kentucky

INDEPENDENT ACCOUNTANTS REVIEW REPORT

We have reviewed the accompanying statement of assets, liabilities, and equity - cash basis of Ministries United of South Central Louisville, Inc. (a nonprofit organization) as of June 30, 2014, and the related statement of revenues, expenses, and other changes in net assets-cash basis for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the cash basis of accounting, as described in Note (B).

Certified Public Accountants

February 5, 2015

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
STATEMENT OF ASSETS, LIABILITIES AND
NET ASSETS - CASH BASIS
JUNE 30, 2014

ASSETS

CURRENT ASSETS

Cash	\$ <u>206</u>
------	---------------

TOTAL CURRENT ASSETS	206
-----------------------------	-----

FIXED ASSETS

Land	7,500
------	-------

Buildings & improvements	92,191
--------------------------	--------

Furniture & fixtures	<u>12,078</u>
----------------------	---------------

	111,769
--	---------

	<u>(80,771)</u>
--	-----------------

Less accumulated depreciation	
-------------------------------	--

	<u>30,998</u>
--	---------------

	\$ <u>31,204</u>
--	------------------

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Notes payable	\$ 9,830
---------------	----------

Note payable - bank	19,788
---------------------	--------

Payroll tax withholding	2,392
-------------------------	-------

Payroll liabilities	9,273
---------------------	-------

Credit Card payable	16,675
---------------------	--------

Emergency assistance payments due	<u>1,092</u>
-----------------------------------	--------------

TOTAL CURRENT LIABILITIES	59,050
----------------------------------	--------

NET ASSETS

Unrestricted	(35,596)
--------------	----------

Temporarily restricted	<u>7,750</u>
------------------------	--------------

	<u>(27,846)</u>
--	-----------------

	\$ <u>31,204</u>
--	------------------

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
STATEMENT OF REVENUES, EXPENSES AND
NET ASSETS - CASH BASIS
YEAR ENDED JUNE 30, 2014

REVENUES

Louisville Metro Government	
Emergency assistance	\$ 130,700
Senior wellness	50,000
Church contributions	69,277
WinterHelp	17,390
Sr. Wellness Center	3,495
Utility match	40,754
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	<u>353,389</u>

EXPENSES IN EXCESS OF REVENUES (2,608)

NET ASSETS - beginning of year (25,238)

NET ASSETS - end of year \$ (27,846)

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2014

1. SUMMARY OF THE ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

A. Organization

The Ministries United of South Central Louisville (M.U.S.C.L., Inc.) was incorporated in the Commonwealth of Kentucky on April 12, 1984. M.U.S.C.L., Inc. was organized by the South Central Ministerial Association for the purpose of assisting neighbors with basic human needs during crisis. Zip codes 40213, 40217, 40219 and 40229 are the ministry service areas.

B. Basics of Accounting

The organization policy is to prepare its financial statements on the cash basis of accounting; consequently, contributions and other revenues are recognized when received rather than when promised or earned, and certain expenses and purchases of assets are recognized when cash is disbursed rather than when the obligation is incurred.

C. Fixed Assets

Fixed assets are recorded at cost and are being depreciated using the straight line method with varying useful lives of 5-27 years. Total depreciation for the fiscal year ended June 30, 2014 is \$1,800.

D. Estimates

The preparation of financial statements in conformity with the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles, require management to make estimates that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. INCOME TAXES

No provision has been made for income taxes because the Organization is exempt from federal income taxes under the provision of the Internal Revenue Code Section 501(c)(3). The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a). Accounting principles generally accepted in the United States of America would require Organization's management to evaluate tax positions taken and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Organization, and has concluded that as of June 30, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial Statements.

3. CHURCH SUPPORT

Church contributions comprise 20% of total revenues for the year ended June 30, 2014. Should the church support discontinue, it could have a long-term effect on the Organization.

4. NOTES PAYABLE

Note payable- bank consists of a line of credit with a maximum amount of \$20,000 and interest at 7.25%. The balance due at June 30, 2014 is \$19,788.

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2014

5. CONTINGENCIES

The Organization received 51% of its revenues from the Metro Revenue Governments grant. These grants are funded annually. Should any of the grants not be renewed, it could affect the Organization's ability to continue its service work.

6. RETIREMENT

The Organization maintains a Simple IRA Plan. The Organization matches 3%. Total employer contributions to the plan are \$ 4,206. Paid contributions as of February 5, 2015 is \$ 2902.08.

7. OPERATING LEASE

The Organization entered into a lease agreement to operate the Senior Citizens Program effective August 29, 2010. It has a one year terms with an option for annual renewal with rent at \$14,000 per year. The rent for fiscal year ended June 30, 2014 is \$18,300. As all rental payments have for the fiscal year ended June 30, 2014 as of February 5, 2015.

8. DATE OF MANAGEMENT'S REVIEW

In preparing the financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through February 5, 2015, the date that the financial statements were available to be issued.

9. SUBSEQUENT EVENTS

- 1- Organization is at subrecipient of a Grant with LG&E and MSD that is received and distributed by the Association of Community Ministries. The amount received after 6-30-2014 is \$38,600.
- 2- The Louisville Metro Neighborhood Development Grant was renewed for the fiscal year ended June 6, 2015 in the amount of \$52,400.
- 3- Louisville Metro Formulary Grant was renewed for the fiscal year ended June 6, 2015 in the amount of \$130,700.
- 4- The organization has placed its building on the market for \$162,000. The book value of the building is \$30,998. This would result in a gain of \$131,002.

SUPPLEMENTAL INFORMATION

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
SCHEDULES OF EXPENSES - CASH BASIS
YEAR ENDED JUNE 30, 2014

	<u>Program</u>	<u>Administrative</u>	<u>Fundraising</u>	<u>Total</u>
Salaries	\$ 119,915	\$ 32,565		\$ 152,480
Payroll taxes	9,113	2,496		11,609
Fundraising			36	36
EA Expenditures	108,776			108,776
Credit card	3,335	1,453	4,788	
Health Insurance	15,484	4,241		19,725
Depreciation	1,200	600		1,800
Insurance	5,708	1,564		7,272
Retirement	1,038	284		1,322
Office expense	8,827	2,354		11,181
Postage	484	119		603
Program supplies	574	67		641
Rent	18,300			18,300
Other	2,303	1,788		4,091
Telephone	2,140	522		2,662
Utilities	5,118	2,985		8,103
	<u>\$ 302,315</u>	<u>\$ 51,038</u>	<u>\$ 36</u>	<u>\$ 353,389</u>

Organization ID # 0188277
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Amended 2016 Annual Report

ARA

Exact organization name and principal office address

MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
1207 HART AVE.
LOUISVILLE KY 40213

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

REGINA M HELLEMS
1207 HART AVE.
LOUISVILLE, KY 40213

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	LISA HARDEN TANDY
Secretary	CHARLENE SMITH
Treasurer	DOUG STRADER
Vice President	BONNIE CLARK

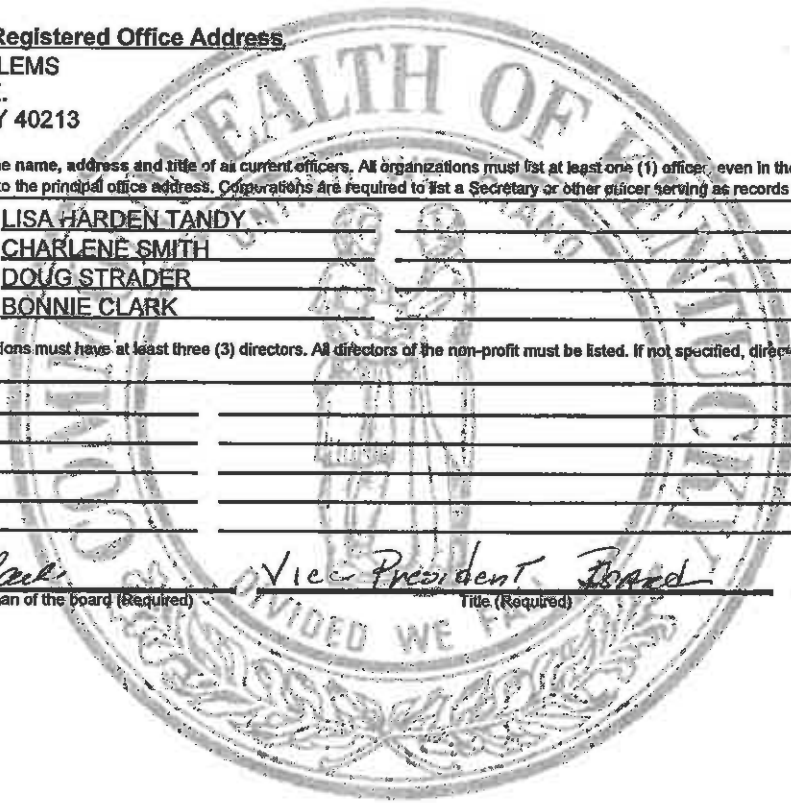
Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

LISA HARDEN TANDY	
BONNIE CLARK	
CHARLENE SMITH	

X *[Signature]*
Signature of officer or chairman of the board (Required)

Vice President Board
Title (Required)

7/13/2016
Date (Required)





Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Ministries United of South Central
Louisville, Inc.

Participant Name: MUSCL Senior Wellness Center

I agree that I am an authorized signatory of the organization named above and attest to having participated in reviewing the PowerPoint and the NDF financial reporting examples. In addition, I understand the requirements of the Neighborhood Development Fund grant process and the financial reporting documentation guidelines.

Karen D Schwan

Participant Signature

9-8-2016

Date

Louisville Metro Council City Agency Request

- Neighborhood Development Fund (NDF)
- Capital Infrastructure Fund (CIF)
- Municipal Aid Program (MAP)
- Paving Fund (PAV)

Primary Sponsor: Councilwoman Cindi Fowler

Amount: \$7000.00 **Date:** Sep 12, 2016

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
 Neighborhood Development Funding will be directed to Public Works for costs associated with the District 14 Fall Community Junk Drop-off. The Junk Drop-off will be held at Sun Valley Park on Saturday, October 29th and is free and open to all residents of Jefferson County.

City Agency: Public Works
Contact Person: Kimberly Sullivan
Agency Phone: 502-574-2781

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose and have the attached documentation from the receiving department concerning the project/expenditure.

14		\$7000.00	Sep 12, 2016
District #	Council Member Signature	Amount	Date

Approved by: _____
 Appropriations Committee Chairman Date

Clerk's Office & OMB Use Only:

Request Amount: _____ Amended Amount: _____

Reference #: _____ To OMB: _____

Budget Revision #: _____

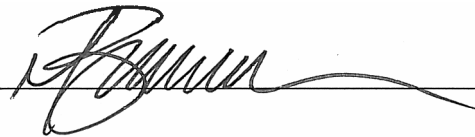
Account #: _____

To Project Manager: _____ Completion Date: _____

Actual Cost: _____ Funds Returned: _____

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Public Works	
Program/Project Name: District 14 Fall Junk Drop-off	
	Yes/No/NA
Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?	Yes
Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?	NA
Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?	NA
Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	NA
Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	NA
Funding Source: If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	NA
Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	Yes
Ordinance Required: Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	NA
Supporting Documentation: Does the attachment include a valid estimate and description of cost?	Yes

Submitted by:  _____

Date: Sep 12, 2016

RE: Sun Valley junk drop off

Sullivan, Kimberly L

Sent: Friday, August 26, 2016 9:14 AM

To: Bowman, Michael

Cc: Fletcher-Thomas, Caroline; Booker, Richmond; Bradley, Maxwell B.

Michael, I was just informed of the discussion you had with Director Burns on paying the \$7000 for the Sun Valley event in October. We accept the funds for this event. Monies should go to our Special Event account 1101-410-1418-140947-446101.

Thanks

Kimberly Sullivan

Administrative Supervisor II
Louisville Metro Public Works
Solid Waste Management Services
600 Meriwether Avenue
Louisville, KY 40217
Office: (502) 574-2781
Cell: (502) 216-0426
Fax: (502) 574-4155
Website: www.louisvilleky.gov

From: Sullivan, Kimberly L
Sent: Friday, August 26, 2016 9:08 AM
To: Bowman, Michael
Cc: Caroline Fletcher-Thomas; Booker, Richmond
Subject: FW: Sun Valley junk drop off

Hi Michael. The special event cost for the Sun Valley Junk Drop Off on 4/16/2016 was \$9,486.57.

Kimberly Sullivan

Administrative Supervisor II
Louisville Metro Public Works

9/12/2016

RE: Sun Valley junk drop off

Solid Waste Management Services
600 Meriwether Avenue
Louisville, KY 40217
Office: (502) 574-2781
Cell: (502) 216-0426
Fax: (502) 574-4155
Website: www.louisvilleky.gov

From: Fletcher-Thomas, Caroline
Sent: Thursday, August 25, 2016 3:58 PM
To: Sullivan, Kimberly L
Subject: FW: Sun Valley junk drop off

Kim, can you please get the document over to Michael. I don't really know what it is we send them. Thanks.

From: Bowman, Michael
Sent: Thursday, August 25, 2016 3:57 PM
To: Fletcher-Thomas, Caroline
Subject: RE: Sun Valley junk drop off

Great!

All I need is a document with the estimate and that Public Works will accept the \$7000 in funding and I can initiate the funding transfer from the Council.

Thanks!



Michael Bowman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114

e: michael.bowman@louisvilleky.gov

w: www.louisvilleky.gov/district14

City Hall

601 West Jefferson Street, Ste. 307
Louisville, Kentucky 40202

From: Fletcher-Thomas, Caroline
Sent: Thursday, August 25, 2016 3:55 PM
To: Bowman, Michael
Subject: RE: Sun Valley junk drop off

Got it. Perfect, I will schedule. Thanks.

From: Bowman, Michael
Sent: Thursday, August 25, 2016 3:54 PM
To: Fletcher-Thomas, Caroline
Cc: Sullivan, Kimberly L
Subject: RE: Sun Valley junk drop off

My apologies for the confusion.
It should be OCTOBER 29th.

I've apparently got September on my brain.



Michael Bowman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114
e: michael.bowman@louisvilleky.gov
w: www.louisvilleky.gov/district14

City Hall
601 West Jefferson Street, Ste. 307
Louisville, Kentucky 40202

From: Fletcher-Thomas, Caroline
Sent: Thursday, August 25, 2016 3:53 PM
To: Bowman, Michael

Cc: Sullivan, Kimberly L
Subject: RE: Sun Valley junk drop off

Michael, the crew just double checked the date and realized it was a Thursday. This will not work for them. They will be doing their regular junk pick up and definitely will not be able to pull another shift that day. Can the date be changed to a Saturday before or after the 29th on a Saturday.

From: Bowman, Michael
Sent: Thursday, August 25, 2016 3:35 PM
To: Booker, Richmond
Cc: Sullivan, Kimberly L; Fletcher-Thomas, Caroline
Subject: RE: Sun Valley junk drop off

Yes, it was shifted to later due to an event at Sun Valley in the morning.
Thanks!



Michael Bowman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114
e: michael.bowman@louisvilleky.gov
w: www.louisvilleky.gov/district14

City Hall
601 West Jefferson Street, Ste. 307
Louisville, Kentucky 40202

From: Booker, Richmond
Sent: Thursday, August 25, 2016 3:34 PM
To: Bowman, Michael
Cc: Sullivan, Kimberly L; Fletcher-Thomas, Caroline
Subject: Sun Valley junk drop off

September 29, 2016 is a good date for me to have crews work this event, but I noticed that the time is 1pm till 5pm. It's been 10am till 3pm in the past. Is the 1pm the correct date.

RICHMOND L. BOOKER
Operations Manager
Public Works
Project Pickup / Bulk Waste
620 Meriwether Avenue
Louisville, Ky 40217
Office : 502.574.3858
Cell: 502.210.1365
Fax: 502.574.3934
Richmond.booker@louisvilleky.gov