


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

Applicant/Program: Miracle League of Louisville/Electrostatic Sanitizing Equipement and Supplies
Applicant Requested Amount: \$1,042.99
Appropriation Request Amount: District 22 for a Total of \$1,042.99

Executive Summary of Request
The Miracle League of Louisville will utilize the Electrostatic Sanitizing Equipement and Supplies to help sanitize the outside baseballfields, duggouts and playground areas at Fern Creek Park, in an effort to combat germs spreading COVID-19 and/or other diseases that would threaten the participants and families in the Miracle League who have an increased risk of contracting and having more sever reactions to disease.

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.

22  1,042.99 4/15/2021
District # Primary Sponsor Signature Amount 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.
NA

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:
Miracle League of Louisville/Electrostatic Sanitizing Equipement and Supplies

Additional Disclosure and Signatures

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

Council Member Signature and Amount

- District 1 _____ \$ _____
- District 2 _____ \$ _____
- 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:

Miracle League of Louisville/Electrostatic Sanitizing Equipement and Supplies

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 Robin J. Engel _____ \$ 1,042.99

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Miracle League of Louisville

Program Name and Request Amount Electrostatic Sanitizing Equipment and Supplies \$1,042.99

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 <input checked="" 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 <input checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
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"/> N/A <input checked="" type="checkbox"/> No

Prepared by: Jared M. Townes Legislative Assistant District 22

Date: 4/15/2021

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		The Mircale Leauge of Louisville	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address:		800 Lilly Creek Road Louisville Ky 40243 SR/JT	
Website: www.miracleleagueoflouisville.org			
Applicant Contact:	Stan Raley	Title:	Director of Operations
Phone:	502-445-9430	Email:	stan.barbraley@gmail.com
Financial Contact:	Shawn Woosley	Title:	Treasurer
Phone:	502-905-8862	Email:	shawn@wehrconstructors.com
Organization's Representative who attended NDF Training: Stan Raley			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):		8703 Ferndale Road, Louisville, KY 40291	
Council District(s):		22	Zip Code(s): 40291
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Electrostatic Sanitizing Equipment and Supplies			
Total Request: (\$)	1,042.99	Total Metro Award (this program) in previous year: (\$)	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input 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 <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SR/JT			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SR/JT			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Miracle League of Louisville is a baseball league and complex for children with physical, cognitive, and/or emotional disabilities. This one-of-a-kind, fully-inclusive complex allows children of all abilities to safely play baseball in an organized league. Our Miracle League field features a specially designed, rubberized surface designed to prevent injuries and accommodate wheelchairs, walkers, and other devices. It also allows sufficient cushioning to aid in injury prevention should a player fall. The field and dugouts are barrier-free and completely flat. The adjacent playground has brought children, families and the community to the Miracle League for a common goal...to play together.

**MIRACLE LEAGUE OF LOUISVILLE
BOARD OF DIRECTORS
(January 2021)**

EXECUTIVE COMMITTEE

Dan McDonnell, Honorary Chair

Head Coach

University of Louisville Baseball Team

Shawn Freibert, Board Chair

Founder/Partner

Freibert & Mattingly Title Group, LLC
800 Lily Creek Road, Suite #102, Louisville, KY 40243

Doug Whyte, Vice President

President/CEO, Board Member and Corporate Officer

Performance Capital Partners
9219 US Hwy 42, Suite D-284, Prospect KY 40059

James Breeding, Secretary

Financial Adviser

Northwestern Mutual
140 Whittington Parkway, Louisville, KY 40222

Shawn Woosley, Treasurer

Chief Financial Officer
Senior Vice President, Finance

Wehr Construction
2517 Plantside Drive, Louisville, KY 40299

DIRECTORS

Rodney Brewer

Retired - Kentucky State Police Commissioner

3017 Ann Trese Cove
Crestwood, KY 40014

Craig DeSensi

Sales Manager

Medtronic Spine and Biologics
5804 Mt. Pleasant Dr., Prospect, Ky. 40059

Shelby Harding

Enrollment Counselor, Campbellsville University – Louisville

2300 Greene Way, Suite 100
Louisville, KY 40220

Mary A. Hums, Ph.D.

Department of Health & Sport Sciences

University of Louisville
2301 South 3rd Street
Louisville, KY 40208

Randy Mills

Program Director, Louisville Adaptive Rowing Program
1501 Fulton Street, Louisville, KY 40206

Retired, JCPS Resource Teacher of Adapted Physical Education

Martha Maloney

Board Member, Fern Creek Babe Ruth
8703 Ferndale Road, Louisville, KY 40291

Becky Montague

President, Mercy Academy

5801 Fegenbush Lane
Louisville, KY 40218

Jack Will

President, Will & Associates, Inc.

1905 Lowell Avenue
Louisville, KY 40205

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.):

The Miracle League of Louisville serves individuals with developmental or physical disabilities by offering them the chance to play on a specially designed baseball field. The 2021 Spring Season will begin on May 8, due to COVID-19 and to follow recommended state and federal guidelines the Miracle League of Louisville will need to purchase the Health Shield/ Lastgerm sanitizing system. We serve a unique population, often times our players come to us with a multi- and varied list of medical conditions and needs, but each Saturday we strive to give them a safe place to play baseball. Now because of COVID making it even safer is our top priority.

We have players from every Louisville Metro Council District that play each week in the Miracle League.

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

Metro Council neighborhood development funds will be used to purchase the Health Shield/Lastgerm sanitizing system to insure that we are able to properly disinfect the facility and equipment to ensure the safety of our players in this post-COVID climate.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This is not a request for a fundraiser.

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

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

$\frac{SR}{JT}$ ✓ 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 purchase of the Health Shield/Lastgerm sanitizing system will benefit our players by helping our league to follow CDC guidelines. Because this is for the purchase of sanitizing equipment there is no real way to measure the outcomes or success. We will be keeping track of sanitizer used before, during and after baseball games.

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 Miracle League Of Louisville has partnered with the Crusade for Children and Kosiar Charites to help make our field and program a success for all those who wish to play in our league. These partnerships have been for capital resources to help us make our field and facilities accessible.

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	0	0	
B: Rent/Utilities	0	0	
C: Office Supplies	0	0	
D: Telephone	0	0	
E: In-town Travel	0	0	
F: Client Assistance (See Detailed List on Page 8)	0	0	
G: Professional Service Contracts	0	0	
H: Program Materials	0	0	
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	
J: Machinery & Equipment	\$1,042.99	0	\$1,042.99
K: Capital Project		0	
L: Other Expenses (See Detailed List on Page 8)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	\$1,042.99	0	\$1,042.99
% of Program Budget	100 %	%	100%

5/16
ST

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)	0.00
Fees Collected from Program Participants	0.00
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

*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
N/A			
Total			

Applicant's Initials SR

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
<p style="text-align: center;"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

* 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

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

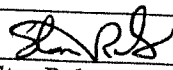
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:				Date:	3/15/2021
Legal Signatory: (please print):		Stan Raley		Title:	Director of Operations
Phone:	502-445-9430	Extension:		Email:	stan.barbraley@gmail.com



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Miracle League of Louisville

Grantee Representative Name: Charles Stanley Raley (Stan Raley)

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

Please check:



I viewed the NDF training material on the website

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

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
CLIENT ASSISTANCE, COMMUNITY-
EVENTS & FESTIVALS and OTHER EXPENSES
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
WHO, WHAT, WHEN and WHERE
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Stan Raley

Grantee Representative Signature

3/15/2021

Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

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

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

DEPARTMENT OF THE TREASURY

Date:

NOV 24 2014

MIRACLE LEAGUE OF LOUISVILLE INC
800 LILY CREEK RD STE 102
LOUISVILLE, KY 40243

Employer Identification Number:

61-1740095

DLN:

17053254317034

Contact Person:

RICHARD COMBS

ID# 31024

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

March 7, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Sincerely,



Director, Exempt Organizations

Letter 947

Miracle League of Louisville
Operating Budget
2021

Revenue

League Dues	\$ 4,000
Sponsorships	\$ 5,000
Donations	<u>\$ 20,000</u>

Total Revenue \$ 29,000

Expenses

League Commissioner	\$ 12,000
PPE	\$ 3,500
Uniforms	\$ 6,000
Dues	\$ 500
Maintenance	\$ 3,000
Grant Writing	\$ 3,000
Insurance	<u>\$ 500</u>

Total Expenses \$ 28,500

Increase in Fund Balance \$ 500

21 financials.xls

Open with

Miracle League of Louisville

Financial Report: 12/31/2021

Shawn C. Woosley, Treasurer

491-9250

Checking Account

Beginning Balance: 1/1/2021 \$ 281,101.97

Plus Receipts:

Misc	\$ -
Donation	\$ 37,353.48
Move from Investment Acct	
Construction Draw	\$ (23,829.67)

Total 13,523.81

Less Checks:

Date	Payable To:	Check #		
2/1/2021	Stan Raley	1100	\$	1,000.00
3/2/2021	Stan Raley	1101	\$	1,000.00
3/2/2021	Ashley Rountree	1102	\$	948.00
		1103		
		1104		
		1105		
		1106		
		1107		
		1108		
		1109		
		1110		
		1111		
		1112		
		1113		

2021 Balance Sheet Donations

20 financials.xls

Open with

Miracle League of Louisville

Financial Report: 12/31/2020

Shawn C. Woosley, Treasurer
491-9250

Checking Account

Beginning Balance: 1/1/2020 \$ 91,172.82

Plus Receipts:

Misc	\$ -
Donation	\$ 310,938.52
Move from Investment Acct	
Construction Draw	\$ -

Total 310,938.52

Less Checks:

Date	Payable To:	Check #		
1/30/2020	Stan Raley	1081	\$	1,202.36
3/2/2020	Stan Raley	1082	\$	1,060.92
3/10/2020	Ashley Rountree	1083	\$	570.00
3/10/2020	Landscape Structures	1084	\$	45,736.50
3/11/2020	AD Starr	1085	\$	2,867.07
3/16/2020	James Breeding	1086	\$	588.00
4/1/2020	Stan Raley	1087	\$	1,836.99
4/1/2020	Miracle League	1088	\$	45.99
5/6/2020	Stan Raley	1089	\$	1,000.00
5/6/2020	Landscape Structures	1090	\$	25,000.00
6/4/2020	Stan Raley	1091	\$	1,000.00
8/1/2020	Player Refund	1092	\$	45.00
9/24/2020	Secura	1093	\$	459.28
10/10/2020	Miracle League (to Fund)	1094	\$	45.00

2020 Balance Sheet Donations

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIRACLE LEAGUE OF LOUISVILLE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 LILY CREEK ROAD 102 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40243	D Employer identification number 61-1740095 E Telephone number 5024919250
F Name and address of principal officer: SHAWN WOOSLEY 800 LILY CREEK ROAD SUITE 102, LOUISVILLE, K		G Gross receipts \$ 336,392. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.MIRACLELEAGUELOUISVILLE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2014 M State of legal domicile: KY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE MIRACLE LEAGUE PROVIDES THE OPPORTUNITY FOR CHILDREN AND ADULTS WITH DISABILITIES A CHANCE TO			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	100	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		0.	336,377.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	15.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	336,392.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	37,535.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	37,535.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	0.	298,857.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	76,362.	571,219.	
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	196,000.	
		76,362.	375,219.	

Part II Signature Block

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

Sign Here	Signature of officer SHAWN WOOSLEY, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name	Date
	Firm's address	Check if self-employed <input type="checkbox"/> PTIN
		Firm's EIN
		Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MIRACLE LEAGUE PROVIDES THE OPPORTUNITY FOR CHILDREN AND ADULTS WITH DISABILITIES A CHANCE TO PLAY BASEBALL, MAKE NEW FRIENDS, AND BUILD SELF ESTEEM. THE FIELD IS CONSTRUCTED USING A CUSHIONED RUBBER SURFACE WITH EVERYTHING FLAT AND LEVEL SO THERE IS NOTHING TO TRIP

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

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

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

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

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

4a (Code:) (Expenses \$ 37,535. including grants of \$) (Revenue \$ 15.)

THE MIRACLE LEAGUE PROVIDES THE OPPORTUNITY FOR CHILDREN AND ADULTS WITH DISABILITIES A CHANCE TO PLAY BASEBALL, MAKE NEW FRIENDS, AND BUILD SELF ESTEEM. THE FIELD IS CONSTRUCTED USING A CUSHIONED RUBBER SURFACE WITH EVERYTHING FLAT AND LEVEL SO THERE IS NOTHING TO TRIP OVER.

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

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

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

4e Total program service expenses 37,535.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and gambling winnings.

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

Form with questions 2a through 16 and Yes/No columns. Includes sub-questions like 2a, 2b, 3a, 3b, etc. up to 16.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **►KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**
MIRACLE LEAGUE OF LOUISVILLE - 5024919250
800 LILY CREEK ROAD SUITE 102, LOUISVILLE, KY 40243

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BREEDING SECRETARY	1.00	X						0.	0.	0.
(2) J. SCOTT DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(3) CRAIG DESENSI BOARD MEMBER	1.00	X						0.	0.	0.
(4) NICK EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(5) SHAWN FREIBERT PRESIDENT	1.00	X						0.	0.	0.
(6) MARY A HUMS BOARD MEMBER	1.00	X						0.	0.	0.
(7) DOUG WHYTE BOARD MEMBER	1.00	X						0.	0.	0.
(8) SHAWN WOOSLEY TREASURER	1.00	X						0.	0.	0.
(9) JEFFREY HAMILTON BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	336,377.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		336,377.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code				
	b	900099	15.	15.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		15.			
12 Total revenue. See instructions		336,392.	15.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,500.	2,500.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,086.	6,086.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	23,393.	23,393.		
b GRANT WRITING	5,556.	5,556.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,535.	37,535.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	59,728.	1	91,173.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 463,412.			
	b Less: accumulated depreciation	10b 0.	0.	10c	463,412.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	16,634.	12	16,634.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)		76,362.	16	571,219.	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24	196,000.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		0.	26	196,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	76,362.	27	375,219.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	76,362.	32	375,219.	
33 Total liabilities and net assets/fund balances	76,362.	33	571,219.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	336,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	298,857.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,362.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	375,219.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

MIRACLE LEAGUE OF LOUISVILLE

Employer identification number

61-1740095

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

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

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

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					336,377.	336,377.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					336,377.	336,377.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						336,377.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4					336,377.	336,377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					15.	15.
11 Total support. Add lines 7 through 10						336,392.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required; explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

MIRACLE LEAGUE OF LOUISVILLE

61-1740095

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

MIRACLE LEAGUE OF LOUISVILLE

61-1740095

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL 10100 LINN STATION ROAD LOUISVILLE, KY 40223	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MACKIN FOUNDATION 545 S 3RD STREET LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WHAS CRUSADE 520 W CHESTNUT STREET LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JEFF BROHM 900 JOHN R WOODEN DRIVE WEST LAFAYETTE, IN 47907	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DAN MCDONNELL 2100 S FLOYD STREET LOUISVILLE, KY 40208	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BUILDING INDUSTRY ASSOCIATION 1000 N HURSTBOURNE PARKWAY LOUISVILLE, KY 40223	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MIRACLE LEAGUE OF LOUISVILLE

61-1740095

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
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	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

Employer identification number

MIRACLE LEAGUE OF LOUISVILLE

61-1740095

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

MIRACLE LEAGUE OF LOUISVILLE

Employer identification number
61-1740095

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance _____
- d Additions during the year _____
- e Distributions during the year _____
- f Ending balance _____
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		463,412.		463,412.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				463,412.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal lines provided for entering supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MIRACLE LEAGUE OF LOUISVILLE

Employer identification number
61-1740095

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PLAY BASEBALL, MAKE NEW FRIENDS, AND BUILD SELF ESTEEM. THE FIELD IS
CONSTRUCTED USING A CUSHIONED RUBBER SURFACE WITH EVERYTHING FLAT AND
LEVEL SO THERE IS NOTHING TO TRIP OVER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OVER.

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

A COPY OF FORM 990 WILL BE PROVIDED TO THE BOARD BEFORE FILING WITH THE
IRS.

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

THE BOARD SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND IN THE
CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE
AUTHORIZED AS JUST, FAIR, AND REASONABLE TO MIRACLE LEAGUE OF LOUISVILLE.
THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE
DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF MIRACLE LEAGUE OF
LOUISVILLE AND THE ADVANCEMENT OF ITS PURPOSE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. MIRACLE LEAGUE OF LOUISVILLE	Taxpayer identification number (TIN) 61-1740095
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 800 LILY CREEK ROAD, NO. 102	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40243	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MIRACLE LEAGUE OF LOUISVILLE

- The books are in the care of ▶ **800 LILY CREEK ROAD SUITE 102 - LOUISVILLE, KY 40243**
Telephone No. ▶ **5024919250** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

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

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

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2018 Form 990-N (e-Postcard)

Tax Period:
2018 (01/01/2018 - 12/31/2018)

EIN:
61-1740095

Legal Name (Doing Business as):
Miracle League Of Louisville Inc

Mailing Address:
800 lily creek road
louisville, KY 40243
United States

Principal Officer's Name and Address:
shawn woosley

2517 plantside drive
louisville, KY 40243
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:
Wehr Constructors



**COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

0881401.09 dcornish
ADD
 Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 3/7/2014 12:50 PM
 Fee Receipt: \$8.00

Division of Business Filings
 Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

**Articles of Incorporation
 Non-profit Corporation**

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Miracle League of Louisville, Inc.

Article II: The purpose for which the corporation is organized charitable benevolent, recreational

Article III: The name of the registered agent is Shawn R. Freibert

and the street address of the corporation's initial registered office in Kentucky is

<u>800 Lily Creek Rd #102</u>	<u>Louisville</u>	<u>KY</u>	<u>40243</u>
Street Address (No Post Office Box Numbers)	City	State	Zip Code

Article IV: The mailing address of the corporation's principal office is

<u>800 Lily Creek Rd #102</u>	<u>Louisville</u>	<u>KY</u>	<u>40243</u>
Street or PO Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Shawn R. Freibert</u>	<u>800 Lily Creek Rd #102</u>	<u>Louisville</u>	<u>Ky</u>	<u>40243</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>James Breeding</u>	<u>401 E. Main Street</u>	<u>Louisville</u>	<u>Ky</u>	<u>40202</u>
Name	Street or PO Box Number	City	State	Zip Code
<u>William C. DeSensi, Jr</u>	<u>5804 Mt. Pleasant Drive</u>	<u>Prospect</u>	<u>Ky</u>	<u>40059</u>
Name	Street or PO Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is

<u>Shawn R. Freibert</u>	<u>800 Lily Creek Rd #102</u>	<u>Louisville</u>	<u>Ky</u>	<u>40243</u>
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

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

	<u>Shawn R. Freibert</u>	<u>3/6/14</u>
Signature of Incorporator	Print Name & Title	Date

I, Shawn R. Freibert, consent to serve as the registered agent on behalf of the corporation.

	<u>Shawn R. Freibert</u>	<u>3/6/14</u>
Signature of Registered Agent	Print Name & Title	Date

Cost Estimate
of Project



From the Desk of
Rusty Hardison

Bid to THE MIRACLE LEAGUE, Stan & Barbara Raley

Vital Oxide 2 gals	
Bio Protect 2 gals	\$538.00
Cordless, Backpack Electrostatic fogger 1	\$429.99
Cordless Handheld Electrostatic fogger 1	\$175.00
3 oz. Vital Oxide 10	\$50.00
4 Decals	\$10.00
Vital Oxide 1 gal	\$84.95
Shipping	\$85.00
	TOTAL \$1,372.94
No charge shipping	-\$85.00
No charge Vital Oxide 1 gal	-\$84.95
No charge Decals	-\$10.00
Discount for Goodness	-\$150.00

TOTAL DUE \$ 1,042.99

I should be able to pass to do the same for all organization of your choice.

1.502.592.8236 • RustyHardison46@gmail.com

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Miracle League of Louisville</u></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><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 FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <u>800 Lily Creek Road #102</u></p> <p>6 City, state, and ZIP code <u>Louisville Ky 40243</u></p>	<p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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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	<p>Signature of U.S. person ► <u>[Handwritten Signature]</u></p>	<p>Date ► <u>3-15-21</u></p>
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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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Kentucky Secretary of State Michael G. Adams

MIRACLE LEAGUE OF LOUISVILLE, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

General Information

Organization Number	0881401
Name	MIRACLE LEAGUE OF LOUISVILLE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/7/2014
Organization Date	3/7/2014
Last Annual Report	1/11/2021
Principal Office	800 LILY CREEK RD #102 LOUISVILLE, KY 40243
Registered Agent	SHAWN R. FREIBERT 800 LILY CREEK RD #102 LOUISVILLE, KY 40243

Current Officers

President	Shawn Friebert
Secretary	James Breeding
Treasurer	Shawn Woosley
Director	Shawn Friebert
Director	Shawn Woosley

Individuals / Entities listed at time of formation

Director	SHAWN R FREIBERT
Director	JAMES BREEDING
Director	WILLIAM C DESENSI JR
Incorporator	SHAWN R FREIBERT

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	1/11/2021	1 page	PDF	
Annual Report	1/20/2020	1 page	PDF	
Annual Report	1/8/2019	1 page	PDF	
Annual Report	1/11/2018	1 page	PDF	
Annual Report	1/16/2017	1 page	PDF	
Annual Report	1/25/2016	1 page	PDF	
Annual Report	3/6/2015	1 page	PDF	
Amendment	7/15/2014	3 pages	tiff	PDF
Articles of Incorporation	3/7/2014	1 page	tiff	PDF

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/11/2021 9:16:13 AM	1/11/2021 9:16:13 AM	
Annual report	1/20/2020 1:20:33 PM	1/20/2020 1:20:33 PM	
Annual report	1/8/2019 7:51:05 AM	1/8/2019 7:51:05 AM	
Annual report	1/11/2018 2:14:23 PM	1/11/2018 2:14:23 PM	
Annual report	1/16/2017 9:32:05 AM	1/16/2017 9:32:05 AM	
Annual report	1/25/2016 3:19:56 PM	1/25/2016 3:19:56 PM	
Annual report	3/6/2015 1:36:41 PM	3/6/2015 1:36:41 PM	
Amendment - Miscellaneous amendments	7/15/2014 10:49:39 AM	7/15/2014	
Add	3/7/2014 12:50:48 PM	3/7/2014	

Microfilmed Images

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

0881401

Michael G. Adams
 KY Secretary of State
 Received and Filed

1/11/2021 9:16:13 AM

Fee receipt: \$15.00

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

**Annual Report
 Online Filing**

ARP

Company: MIRACLE LEAGUE OF LOUISVILLE, INC.
Company ID: 0881401
State of origin: Kentucky
Formation date: 3/7/2014 12:00:00 AM
Date filed: 1/11/2021 9:16:13 AM
Fee: \$15.00

Principal Office

800 LILY CREEK RD
 #102
 LOUISVILLE, KY 40243

Registered Agent Name/Address

SHAWN R. FREIBERT
 800 LILY CREEK RD
 #102
 LOUISVILLE, KY 40243

Current Officers

President	Shawn Friebert	800 Lily Creek Rd, Louisville KY 40243
Secretary	James Breeding	401 E Main Street, Louisville, KY 40202
Treasurer	Shawn Woosley	2517 Plantside Drive Louisville, KY 40299

Directors

Director	Shawn Friebert	800 Lily Creek rd, Louisville, KY 40243
Director	Shawn Woosley	2517 Plantside Drive, Louisville KY 40299
Director	James Breeding	401 E Main Street, Louisville, KY 40202

Signatures

Signature	shawn woosley
Title	treasure

Kentucky Unbridled Spirit

Form 1023 Checklist

(Revised December 2013)

Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

Note. Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order:
 - Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.

- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.

- Employer Identification Number (EIN)

- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
 - You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.

- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A	Yes ___ No <input checked="" type="checkbox"/>	Schedule E	Yes ___ No <input checked="" type="checkbox"/>
Schedule B	Yes ___ No <input checked="" type="checkbox"/>	Schedule F	Yes ___ No <input checked="" type="checkbox"/>
Schedule C	Yes ___ No <input checked="" type="checkbox"/>	Schedule G	Yes ___ No <input checked="" type="checkbox"/>
Schedule D	Yes ___ No <input checked="" type="checkbox"/>	Schedule H	Yes ___ No <input checked="" type="checkbox"/>

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) _____
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law _____
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

(00) OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Miracle League of Louisville, Inc.			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
800 Lily Creek Road	#102	61-1740095	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Louisville KY 40243		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone:	
a Name: Shawn C Woosley		502 491 9250	
		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website:			
b Organization's email: (optional)			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		03/07/2014	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **Yes** **No**
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. **Yes** **No**
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. **Yes** **No**
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. **Yes** **No**
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. N/A **Yes** **No**
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. SEE ATTACHMENT 2 **Yes** **No**

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): See attached Amendment To Articles
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. See attached Amendment To Articles
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

SEE ATTACHMENT 6

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<u>See attached sheet</u>			<u>NONE</u>
<u>ATTACHMENT 3</u>			<u>NONE</u>
			<u>NONE</u>
			<u>NONE</u>
			<u>NONE</u>

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<u>NONE</u>			<u>0</u>
			<u>0</u>
			<u>0</u>
			<u>0</u>
			<u>0</u>

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<u>None currently known</u>			<u>0</u>
			<u>0</u>
			<u>0</u>
			<u>0</u>
			<u>0</u>

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. SEE ATTACHMENT 4 Yes No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties. Yes No
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use. No Compensation paid
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c. No Compensation

- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No SEE ATTACHMENT 5
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at **arm's length**.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

T
NONE
I

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No *SEE ATTACHMENT G*
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) **Yes** **No**
- mail solicitations
 - email solicitations
 - personal solicitations
 - vehicle, boat, plane, or similar donations
 - foundation grant solicitations
 - phone solicitations
 - accept donations on your website
 - receive donations from another organization's website
 - government grant solicitations
 - Other
- SEE ATTACHMENT 7*
- Attach a description of each fundraising program.
- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you. *Louisville KY Fundraise for own organization*
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

- 7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**
- b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**
- c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements. *NONE*

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). *N/A* **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

11 Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. Yes No

12a Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
b Name the foreign countries and regions within the countries in which you operate.
c Describe your operations in each country and region in which you operate.
d Describe how your operations in each country and region further your exempt purposes.

13a Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
b Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
c Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
d Identify each recipient organization and any **relationship** between you and the recipient organization.
e Describe the records you keep with respect to the grants, loans, or other distributions you make.
f Describe your selection process, including whether you do any of the following:
 (i) Do you require an application form? If "Yes," attach a copy of the form. Yes No
 (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
g Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.

14a Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
b Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
c Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
d Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
e Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
f Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No

Part VIII Your Specific Activities (Continued)

- 15 Do you have a **close connection** with any organizations? If "Yes," explain. Yes No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain. Yes No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. Yes No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. Yes No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. Yes No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C. Yes No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly** or **handicapped**? If "Yes," complete Schedule F. Yes No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. Yes No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		Current tax year	(a) From... To...	(b) From... To...	(c) From... To...	
			(a) From <u>3-2014</u> To <u>12-2014</u>	(b) From To <u>2015</u>	(c) From To <u>2016</u>	(d) From To
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	100,000	750,000	50,000		
	2 Membership fees received					
	3 Gross investment income					
	4 Net unrelated business income					
	5 Taxes levied for your benefit					
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					
	8 Total of lines 1 through 7	100,000	750,000	50,000		
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10 Total of lines 8 and 9	100,000	750,000	50,000		
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12 Unusual grants					
	13 Total Revenue Add lines 10 through 12	100,000	750,000	50,000		
Expenses	14 Fundraising expenses		20,000			
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16 Disbursements to or for the benefit of members (attach an itemized list)					
	17 Compensation of officers, directors, and trustees					
	18 Other salaries and wages					
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)					
	21 Depreciation and depletion		20,000	20,000		
	22 Professional fees					
	23 Any expense not otherwise classified, such as program services (attach itemized list)					
	24 Total Expenses Add lines 14 through 23	0	40,000	20,000		

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End:
(Whole dollars)

Assets		
1	Cash	1 0
2	Accounts receivable, net	2 0
3	Inventories	3 0
4	Bonds and notes receivable (attach an itemized list)	4 0
5	Corporate stocks (attach an itemized list)	5 0
6	Loans receivable (attach an itemized list)	6 0
7	Other investments (attach an itemized list)	7 0
8	Depreciable and depletable assets (attach an itemized list)	8 0
9	Land	9 0
10	Other assets (attach an itemized list)	10 0
11	Total Assets (add lines 1 through 10)	11 0
Liabilities		
12	Accounts payable	12 0
13	Contributions, gifts, grants, etc. payable	13 0
14	Mortgages and notes payable (attach an itemized list)	14 0
15	Other liabilities (attach an itemized list)	15 0
16	Total Liabilities (add lines 12 through 15)	16 0
Fund Balances or Net Assets		
17	Total fund balances or net assets	17 0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18 0

N/A start-up

19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. Yes No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. Yes No
If you are unsure, see the instructions.
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

.....
(Signature of Officer, Director, Trustee, or other authorized official)

.....
(Type or print name of signer)

.....
(Date)

.....
(Type or print title or authority of signer)

For IRS Use Only

.....
IRS Director, Exempt Organizations

.....
(Date)

b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).

- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

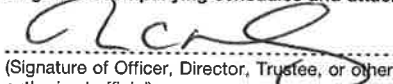
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here


(Signature of Officer, Director, Trustee, or other authorized official)

Shawn C Woosley
(Type or print name of signer)
Treasurer
(Type or print title or authority of signer)

7-12-14
(Date)

ATTACHMENT 1

Articles of Incorporation

And

**Amendments to Articles of
Incorporation**



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0881401.09 dcornish
ADD
Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/7/2014 12:50 PM
Fee Receipt: \$9.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Incorporation Non-profit Corporation NAI Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.
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Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Miracle League of Louisville, Inc.

Article II: The purpose for which the corporation is organized charitable benevolent, recreational

Article III: The name of the registered agent is Shawn R. Freibert

and the street address of the corporation's initial registered office in Kentucky is
800 Lily Creek Rd #102 Louisville KY 40243
 Street Address (No Post Office Box Numbers) City State Zip Code

Article IV: The mailing address of the corporation's principal office is
800 Lily Creek Rd #102 Louisville KY 40243
 Street or PO Box Number City State Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Shawn R. Freibert	800 Lily Creek Rd #102	Louisville	Ky	40243
Name	Street or PO Box Number	City	State	Zip Code
James Breeding	401 E. Main Street	Louisville	Ky	40202
Name	Street or PO Box Number	City	State	Zip Code
William C. DeSensi, Jr	5804 Mt. Pleasant Drive	Prospect	Ky	40059
Name	Street or PO Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is
Shawn R. Freibert 800 Lily Creek Rd #102 Louisville Ky 40243
 Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____ (Delayed effective date and/or time)

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

Signature of Incorporator Shawn R. Freibert 3/6/14
 Print Name & Title Date

I, Shawn R. Freibert, consent to serve as the registered agent on behalf of the corporation.
 Print Name of Registered Agent

Signature of Registered Agent Shawn R. Freibert 3/6/14
 Print Name & Title Date

(01/12)

To download full page copies of the document, please visit our web site at www.sos.ky.gov. If you would like to request copies of the document from our office, please download the Records Request Form at www.sos.ky.gov and submit to our Records department.



0881401.09 mstratton
AMD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
7/15/2014 10:49 AM
Fee Receipt: \$8.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
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Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Miracle League of Louisville, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted:

See attached for Addition to and Purpose Clauses for
the Articles of Incorporation of Miracle League of Louisville, Inc.

3. The date of adoption of each amendment was

July 10, 2014

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board

Shawn C Woosley Treasurer
Printed Name Title

7-10-14
Date

**Addition to and Purpose Clauses for the Articles of Incorporation of
Miracle League of Louisville, Inc.**

FIRST: The Corporation is organized exclusively for religious, educational, scientific and/or charitable purposes, including, but not limited to the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue law) (the "Code"). The charitable purposes of the Corporation include the following: (a) to solicit, manage and distribute financial and other contributions for the construction and operation of baseball facilities for physically and mentally challenged children, and (b) to do such other lawful acts or activities to accomplish its religious, educational, scientific and/or charitable purposes as contemplated by Section 501(c)(3) of the Code and the nonprofit corporation laws of the State of Kentucky.

SECOND: The Corporation is a nonprofit corporation under Kentucky law and shall not have capital stock.

THIRD: No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part or the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Code.

FOURTH: Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the

payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, education, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the Court in which the principal office of the Corporation is then located, exclusively for such purpose or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

FIFTH: If, at any time or times, the Corporation shall be classified as a private foundation under United States Internal Revenue laws, then at such time or times the Corporation shall be subject to the following restrictions:

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

ATTACHMENT 2

BYLAWS

BY-LAWS
of
MIRACLE LEAGUE OF LOUISVILLE, INC.

ARTICLE I
BOARD OF DIRECTORS

1.1 BOARD OF DIRECTORS

The Board of Directors of the Miracle League of Louisville, Inc. [also referred to herein as the “Miracle League”] is comprised of individuals originally appointed and elected by the founding incorporator, Shawn R. Freibert, at the first meeting of the Board held on July 10, 2014. The Board of Directors is empowered to exercise the management of the business and affairs of the Company. Notice of any action taken by the Board of Directors shall be communicated to the community as determined by the Board to be appropriate.

1.2 COMPOSITION

The Board of Directors shall be comprised of a maximum of 11 members, comprised of up to Eleven (11) voting members. The members of the Board of Directors shall be referred to as Directors of the Company. An elected Director is defined as an individual having a current fiduciary, management, instructional or oversight role with the Board at the time of their election.

1.3 TERM

Members of the Board of Directors shall each serve an initial 3 year term. A second 3 year term may be served by Director so long as Board approves. The terms of all directors, shall be staggered so that the terms of half of the directors shall begin at the Annual General Meeting in even numbered years and the other half shall begin in odd-numbered years.

1.4 RESPONSIBILITIES OF THE BOARD OF DIRECTORS

Responsibilities of the Board of Directors include, but are not limited to:

- a. Approval of annual budget.
- b. Review financial statements and annual audit.
- c. Appointment of Executive Director.
- d. Overall management and strategic direction.
- e. Review By-laws and organizational structure.
- f. Elect officers.

- g. Establish committees and their membership.
- h. Review proposals presented to Board of Directors for change or adoption.
- i. Review project proposals.
- j. Any other matters brought before the Board of Directors.

1.5 VACANCIES

A vacancy in any Director position because of death, resignation, removal, disqualification, or otherwise, shall be filled by the Board of Directors at their next meeting.

1.6 REMOVAL AND DISQUALIFICATION

A Director may be removed by a two-thirds (2/3) vote of the Board of Directors at any duly scheduled meeting where notice is given. Directors against whom removal is contemplated shall be given the opportunity to be heard before any such vote takes place. A Director who misses more than two (2) consecutive Board of Directors meetings without communication will lose their position on the Board of Directors; however, the Board of Directors may waive this provision if a failure to attend is beyond the control of such member. The President shall notify the member of the Board of Directors of their dismissal from the Board under this paragraph.

1.7 Place of Meetings

All meetings of the Board shall be held at the principal business office of the Company ("Company") being at 800 Lily Creek Rd #102, Louisville, Kentucky 40243, except such meetings as shall be held elsewhere by the express determination of a majority of the Board. Notice of the time, date and place of such meetings shall be sent to all Board at least ten [10] days prior to such meeting but no more than 14 days. Any meeting may be held at any place and time, and for any purpose, if consented to in writing by all of the Board entitled to vote at the meeting.

1.8 Annual Meetings

An annual meeting of the Board shall be held on the 1st day of March each year, if not a legal holiday, and if a legal holiday, then on the next secular day, or in such date as agreed upon by all of the Board, at 12:00 p.m., or such other date as the Board may decide. In addition, the Board may call such other meetings at times and intervals in the best interest of the purposes of the Company. At the annual meeting, the Board shall elect a President and a Secretary and Treasurer and such other positions deemed important to review the operations of the Company for the prior year, transact such other business as may be properly brought before the meeting.

1.9 Agenda of for Annual and other Board Meetings

The following shall be the agenda of the meeting of Board of the Company:

- Call meeting to order
- Ascertain the existence of a quorum
- Reading and approval of minutes of prior meeting
- Election of President, Secretary and Treasurer, as needed
- Review of the financial report on Company operations
- Committee reports
- Old business
- New business
- Adjournment

1.10 Special Meetings

Special meetings of the Board may be held for any purpose or purposes. Special meetings may be called by the President or a majority of the members of the Board. Written notice shall be given according to 1.6 of this Article I.

1.11 Action in Lieu of Meeting

Any action required to be taken at any annual or special meeting of the Board or any other action which may be taken at any annual or special meeting of Board may be taken without a meeting if consent in writing setting forth the action to be taken shall be signed by all Board members entitled to vote with respect to the subject matter thereof.

1.12 Notice

Written notice of each meeting of the Board, whether annual or special, stating the place, date and hour of the meeting, and the purpose or purposes thereof shall be delivered or given to each member entitled to vote at it, not less than 10 days but no more than 14 days prior to the meeting unless, as to a particular matter, other or further notices are required by law, in which case such other or further notice shall be given. Any notice of a Board meeting shall be sent electronically or by US mail and shall be deemed to be delivered when sent electronically or when deposited in the United States Mail with postage prepaid, whichever is applicable and addressed to the member at the address as it appears on the records of the Company.

1.13 Waiver of Notice

The Board may waive the required notice in a writing signed by the person or persons entitled to such notice, whether before or at the meeting. Attendance at any meeting shall constitute a waiver of notice of such meeting except when the person attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened, and such person so states such purpose at the opening of the meeting.

1.14 Presiding Officials

All meetings of the Board of the Company shall be convened by the President, or by the member who called the meeting by notice as above provided; provided, however, it shall be presided over by the President. The Board at any meeting, by a majority vote of the Board represented at it, notwithstanding anything to the contrary, may select any person of their choice to act as President and Secretary of such meeting or any adjournment thereof.

1.15 Quorum

At all meetings of the Board, a majority of the Board present, whether in person or by proxy, shall constitute a quorum for the transaction of business, unless a greater number as to any particular matter is required by law or the prior written agreement of the Board. The act of a majority of the Board present at any meeting at which there is a quorum shall be the act of the Board. If there is less than a quorum present at the meeting, it shall be declared adjourned until a quorum is present and no notice of adjournment shall be required.

1.16 Proxies

At any meeting of the Board every member having the right to vote shall be entitled to vote in person, or by proxy executed in writing by such member. No proxy shall be valid after one month from the date of its execution.

1.17 Voting

Each Board member shall have one vote for each individual matter brought before the Board at a meeting.

1.18 Meetings by Telephone or similar Communications Equipment

The Board, or any committee thereof designated by the Board, may participate in a meeting of such Board or committee by means of a telephone conference or similar communications equipment whereby all persons participating in the meeting can hear and speak to each other, and participation in such meeting

shall constitute a duly constituted meeting as though all participants were present in person at such meeting.

ARTICLE II COMMITTEES

2.1 COMMITTEES

The Board of Directors may establish one or more committees, each committee to consist of at least three (3) voting Directors appointed by the President. The President may appoint one or more of its members as alternate members of any such committee who may take the place of any absent member or members at any meeting of such committee. Each such committee shall fix its own rules governing the conduct of its activities and shall make such reports to the Board of Directors. The President and Executive Director are ex-officio members of all Committees. The designation of a committee and the delegation of authority to that committee do not relieve the Board of Directors or any Director of any responsibility imposed upon the Board of Directors or any Director by law.

2.2 THE EXECUTIVE COMMITTEE

The Executive Committee consists of the Officers of the Company and the Past President (if one exists). The Executive Committee is responsible for the development of a budget with the Executive Director for presentation to the Board of Directors, to provide ongoing direction and guidance to the Executive Director, to consider compensation matters and other human resource issues in confidence as well as to consider ethical or conduct matters for internal redress and to refine policies and procedures as established or where delegated by the Board of Directors. The Executive Committee is responsible for ongoing issues as they arise between meetings of the Board of Directors and acts on behalf of the full Board in this context, subject to the policies and direction given by the Board. The Board reserves the ability to reconsider decisions made by the Executive Committee at its next meeting, as necessary.

ARTICLE III OFFICERS

3.1 Officers

The Company shall have a President, Vice-President, Secretary and Treasurer, who shall be elected at any special or annual meeting of the Board. By agreement of the Board of the company, the same person may hold both offices. Other positions may be determined and elected by the Board, as deemed important to the purposes of the Company.

3.2 Term of Office

Each officer of the Company shall hold his or her office for the term for which such person was elected or, until the officer resigns or is removed by the Board, whichever first occurs.

3.3 Compensation

There shall be no compensation for any elected officers of the Company.

3.4 Removal

Any officer elected or appointed by the Board, and any employee, may be removed or discharged by the Board whenever in their judgment the best interests of the Company would be served, but such removal shall be without prejudice to the contract rights, if any, of the person so removed.

3.5 President

The President is the senior officer of the Company and shall preside at all meetings of the Board of Directors. The President shall not have the right to carry on the general and active management of the business. The President, subject to the control of the Board of Directors, may execute all bonds, notes, debentures, mortgages, security agreements, and other contracts of the Company and all other instruments for and in the name of the Company. The President have general supervision, direction and control of the business and officers of the Company and shall have such authority, responsibility, and duties as may be granted to or imposed upon him/her by the Board of Directors.

3.6 Vice-President

The Vice-President, in the absence or disability of the President, shall perform the duties of the President, and shall have all the powers and restrictions of the President. The Vice President shall ascend to the Office of President upon the President's completion of term as Board President, unless the Board elects another President at its discretion.

3.7 Secretary

The Secretary shall attend all sessions of the Board and shall record or cause to be recorded all votes taken and the minutes of all proceedings in a minute book of the Company. The Secretary, upon the direction of the Board or the President, shall execute on behalf of the Board any bonds, notes, debentures, mortgages, security agreements or other contracts of the Company and all other instruments for and in the name of the Company.

3.8 Treasurer

The Treasurer shall attend all sessions of the Board. The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct books and records of accounts of the business transactions of the Company, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital and earnings. The Treasurer shall render to the President and Board of Directors, whenever they request, an account of the Company's transactions and of the financial condition of the Company. Together with the President, the Treasurer shall be responsible for assuring the Company's non-profit tax-exempt status is maintained and the requirements imposed by federal and state laws for nonprofit, tax-exempt status are at all times satisfied. The Treasurer shall have such other powers and perform such other duties as from time to time may be delegated or assigned by the President or by the Board of Directors. *Ref: see Article VII.*

ARTICLE IV GENERAL

4.1 Property

Subject to the Articles of Incorporation of the Company filed with the Kentucky Secretary of State, all real or personal property owned or purchased by the Company shall be held and owned, and conveyance made, in the name of the Company. The instruments and documents providing for the acquisition, mortgage, or disposition of the Company shall be valid and binding upon the Company if such instruments and documents had been executed by the President and/or Secretary of the Company.

4.2 Annual Report

The Company shall make an annual report in writing to all of the Board summarizing the activities of the Company during that year. The financial report shall be a part of the report and shall consist of a balance sheet dated as of the end of the tax year used by the Company, and a report of the results of operation for the calendar year there ended. The financial report shall include a listing of the capital accounts of all Board as of the date the end of the tax year. The financial report shall include the capital accounts valued on a cost basis at any fair market value basis.

ARTICLE V OFFICERS' AND DIRECTORS' LIABILITY AND INDEMNITY

TRANSACTIONS WITH COMPANY AND CODE OF CONDUCT

5.1 LIABILITY OF DIRECTORS AND OFFICERS

No person shall be liable to the Company for any loss or damage suffered by it on account of any action taken or omitted to be taken by them while serving as a director or officer of the Company, or of any other Company, which they serve as a director or officer at the request of the Company, in good faith, if such person (a) exercised and used the same degree of care and skill as a prudent person would have exercised or used under the circumstances in the conduct of their own affairs, or (b) took or omitted to take such action in reliance upon advice of counsel for the Company or upon statements made or information held by officers or employees of the Company which they had reasonable grounds to believe to be true. The foregoing shall not be exclusive of other rights and defenses to which they may be entitled as a matter of law or to which the Company may be entitled if the foregoing conditions are not met.

5.2 INDEMNITY OF DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES

a. The Company shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative or against whom liability of any character, whether statutory or at common law, is or is threatened to be asserted or imposed by reason of the fact that they are or were a director, officer, committee member, employee, or agent of the Company or is or was serving at the request of the Company as a Director, officer, committee member, employee, or agent of another Company, partnership, joint venture, trust, or other enterprise, against all expenses (including attorneys' fees), judgments, settlements, penalties, assessments, forfeitures, and fines actually and reasonably incurred by them in connection with such action, suit, or proceeding, to the fullest extent permitted, by Kentucky Corporation Law, as amended from time to time.

b. The Company shall also reimburse any such person for all expenses, costs, and other payments actually and reasonably incurred by them in connection with any action, suit, proceeding, or liability described above to the fullest extent permitted by Kentucky Corporation Law, as amended from time to time.

c. Indemnification hereunder shall include, without limitation, indemnification of the directors, officers, employees, or agents of the Company with respect to all potential liability arising under the Employee Retirement Income Security Act of 1974 (the "Act") and the Internal Revenue Code of 1986 (the "Code"), as the Act and the Code may be, from time to time, amended.

d. Indemnification under this Section shall not be deemed exclusive of any other right provided for or available to such person under any law agreement, vote or otherwise, or under insurance purchased and maintained by the Company on behalf of such person against liability to an extent greater than the power

of the Company to indemnify such person under the provisions of Kentucky Company Law, as amended from time to time. The indemnification provided or permitted by this Section shall continue as to a person who has ceased to be a director, officer, employee, or agent of the Miracle League of Louisville. These By Laws adopted at the execution hereof (as may be amended from time to time) and shall inure to the benefit of the heirs, executors, and administrators of such. The provisions of this Section shall be given retroactive effect.

e. No right of indemnification shall apply in the following instances in regard to the person seeking indemnification: (i) a willful failure to deal fairly with the Company or its Members in connection with a matter in which such person has a material conflict of interest; (ii) a violation of the criminal law, unless such person had reasonable cause to believe that his/her conduct was lawful or no reasonable cause to believe that his/her conduct was unlawful; (iii) a proceeding brought by or on behalf of the Company naming the person as a defendant or respondent in which the person is found liable to the Company (iv) a transaction from which such person derived an improper personal profit or benefit; or (v) willful misconduct on the part of such person.

5.3 CODE OF CONDUCT FOR DIRECTORS

The Board of Directors expects of itself and its members ethical and business-like conduct consistent with involvement in a youth-based, educational non-profit organization. This commitment includes use of appropriate decorum in group and individual behavior when acting as Board members or when perceived to be representing the Company and participating in its activities. Directors must represent, with loyalty, the interests of the Miracle League while participating in meetings and in their decision-making within the organization. This accountability supersedes any conflicting loyalty such as that to individual units. Members of the Board of Directors must avoid any conflict of interest with respect to their fiduciary responsibility. There must be no conduct of private business or personal services between any Director and The Miracle League except as procedurally controlled to assure openness, competitive opportunity and equal access to information.

ARTICLE VI EXECUTIVE DIRECTOR

6.1 EXECUTIVE DIRECTOR

Although the Board is not required to appoint an Executive Director, when one is appointed by the Board, the Executive Director shall be the Chief Executive Officer of the Company. Compensation and other

terms of employment for the Executive Director shall be established by the President and approved by the Executive Committee. The Executive Director shall in general supervise and control all of the business and affairs of the Company subject to the parameters set forth by the Executive Committee and/or the Board of Directors as well as such other duties as prescribed by the Board of Directors from time to time.

6.2 GENERAL RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR

- a. Translation of the mission and strategic plan through collaboration with both internal and external constituencies;
- b. Development of collaborative partnerships with other national performing arts organizations, foundations, Companies or other entities relevant to the mission of the Miracle League of Louisville, Inc.;
- c. Oversight of marketing and public relations strategies;
- d. Oversight of the regional and world championship events;
- e. Development of an annual business plan for the Company that reflects balancing of annual needs and long-term planning; and
- f. Supervision and development of the capacities of WGI staff to carry out the strategic plan of the Company.

6.3 ANNUAL EVALUATION

The Executive Director reports to the Executive Committee through the President of the Board. An annual evaluation of the performance of the Executive Director will be conducted by the President based on criteria developed by the Board of Directors and will be reported to the Board of Directors on an annual basis.

6.4 REMOVAL

The Executive Director may be removed by the Board of Directors whenever in its judgment the best interests of the Company would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the Executive Director.

6.5 VACANCY

A vacancy of the Executive Director because of death, resignation, removal, disqualification or otherwise shall be filled by appointment of the Board of Directors.

ARTICLE VII FINANCIAL CONTROLS

7.1 TAX-EXEMPT STATUS

Notwithstanding any other provision in these By-Laws, The Miracle League of Louisville, Inc. shall conduct its business and affairs at all times in a manner consistent with its status as a tax-exempt Company under Section 501(c)(3) of the Internal Revenue Code (“Code”) having public charity status under said Section of the Internal Revenue Code of 1986, as may be amended.

7.2 FISCAL YEAR

The fiscal year of the Company shall commence on January 1 and end on December 31 each year.

7.3 BUDGET

The Executive Director shall be responsible for the preparation of a budget for the fiscal year to be reviewed by the Executive Committee and presented to the Board of Directors for approval at the Annual General Meeting of the Board.

7.4 ANNUAL AUDIT

The Executive Director will insure that an audit of the financial records is performed annually and presented to the Board of Directors for approval.

7.5 LOANS

No indebtedness or borrowed money shall be contracted on behalf of the Company and no evidences of such indebtedness shall be issued in its name unless authorized by or under the authority of a resolution of the Board of Directors. Such authorization may be general or confined to specific instances.

7.6 CHECKS, DRAFTS, ETC.

All checks, drafts, or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Company, shall be signed by such officer or officers, agent or agents, of the Company and in such manner, including by means of facsimile signatures, as shall from time to time be determined by or under the authority of a resolution of the Executive Committee but in all events requiring two signatures on such instruments.

7.7 DEPOSITS

All funds of the Company not otherwise employed shall be deposited in a timely manner to the credit of the Company in such banks, trust companies, or other depositories as may be selected by or under the authority of a resolution of the Executive Committee.

ARTICLE VIII
AMENDMENT OF BY-LAWS

8.1 METHOD

These By-Laws may be amended by majority vote of the Board of Directors at the Annual General Meeting, a Special Meeting or any scheduled Board meeting.

ATTACHMENT 3

Board of Directors

Miracle League Board of Directors

James Breeding

James Breeding is currently the Vice President of Business Operations for the Louisville Bats Minor League Baseball team, the Triple-A affiliate of the Cincinnati Reds. Following six years of service in the United States Air Force, James earned his Bachelor of Science in Sport Administration with Highest Honors from the University of Louisville in 1998. James started that same year with the Louisville Redbirds as a sales intern and accepted a full-time position as an account executive when the franchise received approval to build Louisville Slugger Field in downtown Louisville. Since that time, James has held the positions of Senior Account Executive, Director of Group Sales and Director of Ticket Sales before being promoted to Vice President of Business Operations on January 1, 2012.

In addition to the Miracle League of Louisville board, James serves on the Friends of the Waterfront Board of Directors and is actively involved at Northeast Christian Church.

J. Scott Davis

Scott has been married to his wife, Krissy, for sixteen years, and together they have three children, ages 13, 10, and 6. Scott has been a state and federal prosecutor in the Louisville, KY area since 1998, focusing on violent and complex criminal cases. Scott has always participated in sports and truly values the lessons of sport such as hard work, accountability, achievement and team building. He is passionate about sharing those lessons with his and other children.

Scott earned his undergraduate degree from Centre College in 1994, and his juris doctor from the Brandeis School of Law at University of Louisville in 1997. In 1998 he also attended the University of Louisville's Master's in Sport Administration program completing all class room requirements. In the fall semester of 2011, Scott was an adjunct professor for that program's Sport Law class.

Scott is currently a "pee wee" football coach with the OC Tigers in the Louisville Youth Football League, and has coached youth football five years. He has also coached soccer and flag football at the YMCA.

Craig DeSensi

Craig DeSensi currently is a Sales Manager For Medtronic Spine and Biologics a Medical Device Company. He has had a successful Sales career in the Medical Industry for close to 20 years. Craig is a Graduate of the University of Notre Dame with a degree in Science Business. He attended Notre Dame on a Baseball Scholarship where he was a Four Year Letter winner, earning multiple All Conference awards. He was named Captain his Senior year. Craig played one year professionally for the Butte Cooper Kings. In addition to serving on the Miracle League Board, Craig is active in Coaching his children at Lyndon Recreation and St. Mary Academy Catholic Community.

A native of Louisville, Craig is a graduate of Trinity High School where he was selected to the school's Hall of Fame in 2012. Craig is married to Dr. Krista M. DeSensi, a Pediatrician in Louisville, and has three children, Emma, Will and Isabella.

Nick Evans

Nick Evans is currently the Social Media Manager at Republic Bank. Prior to joining the Marketing Department at Republic Bank in 2013, Nick spent nine years with the Louisville Bats, serving as the Director of Media and Public Relations from 2010 to 2012. He is the founder of StraitPinkie.com and co-host of the Sunday Morning Hangover with StraitPinkie.com, which airs every Sunday morning on ESPN 680 in Louisville.

Nick earned his Bachelor of Arts in Business Administration from Bellarmine University in 2003 and his Masters of Science in Sports Administration from the University of Kentucky in 2004.

Shawn Freibert

Shawn Freibert obtained a Bachelor Degree in Business Administration from the University of Louisville in 1995 and a Juris Doctor from the University of Louisville Brandeis School of Law in 1998.

Shawn was admitted to practice law in Kentucky and Indiana in 1998, and to the U.S. District Court for the Eastern and Western Districts of Kentucky in 1998. He founded a real estate law firm/title company in 1999, is currently a partner in Freibert & Mattingly Title Group, LLC, and was honored with the prestigious Top 40 Under 40 award from Business First magazine in Louisville, Kentucky, in 2008. He is also certified as a contract advisor by the National Football League Players Association and the Major League Baseball Players Association.

Shawn played baseball at the University of Louisville and was the Metro Conference Student-Athlete of the year at the University in 1995.

Shawn and his wife, Stacy, have three children, Nicholas, Addison and Jacob. In addition to the Miracle League of Louisville, LLC, Shawn currently serves on the Trinity High School Foundation Board, The Meredith Dunn School Board of Directors, and the St. Michael Revenue Committee. Shawn has previously served on the Boards for Families for Effective Autism Treatment, the Trinity High School Alumni Board and the March of Dimes.

Mary A. Hums, Ph.D.

Mary A. Hums holds a Ph.D. in Sport Management from Ohio State University, an M.A. in Athletic Administration as well as an M.B.A. from the University of Iowa, and a B.B.A. in Management from the University of Notre Dame. In 2009, Hums was selected as the North American Society for Sport Management (NASSM) Earle F. Zeigler Lecturer, the organization's most prestigious academic honor. In 2014, she received the NASSM Diversity Award and also the Southern Sport Management Association Sport Management Scholar Lifetime Achievement Award. In 2008, Hums was an Erasmus Mundus Visiting International Scholar at Katholieke Universitat in Leuven, Belgium. In 2006, she was selected by the United States Olympic Committee to represent the United States at the International Olympic Academy Educators Session in Olympia, Greece. She worked as a volunteer for the 1996 Summer Paralympic Games in Atlanta, 2002 Winter Paralympic Games in Salt Lake City, and 2010 Winter Paralympic Games in Vancouver. In 2004, she lived in Athens, Greece, working both the Olympic (Softball) and Paralympic (Goalball) Games.

Dr. Hums has co-authored/co-edited 5 Sport Management textbooks, over 100 articles and book chapters and made over 150 presentations to various scholarly associations both in the United States and abroad. Her main research interest is policy development in sport organizations, especially in regards to inclusion of people with disabilities and also sport and human rights. She is a Research Fellow for the Institute for Human Centered Design (Boston, MA) and previously was a Senior Research Fellow for the Northeastern University Center for Sport and Society's Disability Sport Program and Athletes for Human Rights Initiative.

Dr. Hums is a monogram letter winner in Field Hockey at the University of Notre Dame. She is a 1996 inductee in the ASA Indiana Softball Hall of Fame and a 2009 inductee into the Marian High School (Mishawaka, IN) Athletic Hall of Fame.

Doug Whyte

Doug Whyte, a native of Louisville, KY, is a proven executive professional with over 25 years of domestic and international business experience as a President / CEO and corporate officer for public and private equity owned companies. He has worked for companies headquartered in America, Europe, and Australia. His career experiences encompass various roles of increasing levels of responsibility in manufacturing, operations, supply chain, product innovation and development, and sales and marketing.

Doug has extensive experience with companies that manufacture, engineer, source, market, and distribute products to Consumer, Retail, Automotive, Truck, Industrial, Marine, RV, Agricultural, Aftermarket, Hospitality, and e-Commerce partners. Utilizing private label, owned brands, and licensed brands, his experience includes sourcing products from low cost countries such as China and Mexico, as well as high value products from Europe and Australia. He has experience growing, operating, managing, and transacting companies to and from private and private equity owners as well as leadership within publicly traded companies. In 2011 Doug and the executive management team successfully transacted Dometic Group to private equity owner EQT Partners in Stockholm, Sweden.

Doug has a history of restoring companies to profitability with a focus on enhancing enterprise value by implementing improved and sustainable processes, leading new products innovation, improving market and brand positioning and customer relations. Additionally, he drives organizational excellence by implementing winning culture behaviors and values that position companies for sustainable future growth and succession planning. In his most recent role, he served as President, The Americas, for Dometic Group a Swedish based global company. In this role, Doug led Dometic's Consumer, Automotive, Truck, Marine, RV, Lodging, Medical and Retail products business units. He was also responsible for numerous Manufacturing and Distribution operations within North and South America with over 1,200 employees.

Doug currently serves on the Board of Advisors, *University of Louisville* School of Business; the Board of Trustees, *Bellarmino University*; the Board of Directors; *Enterprise Angels Community Fund* and the Board of Directors of the *Sequel Fund*, both are venture capital funds that invest in early stage companies; the Board of Directors *Boys and Girls Haven* a private, non-profit foster care home and school; and the Board of Directors – *The Miracle League of Louisville*. He is also involved in many philanthropic causes including *The Wounded Warrior Project*, the *Boys and Girls Clubs of Kentuckiana*, *The Parklands of Floyd*, and others.

Doug has also been honored as a *Kentucky Colonel*, The Honorable Order of Kentucky Colonels, by Governor of the Commonwealth of Kentucky.

Shawn Woosley

Shawn Woosely joined Wehr Constructors in 2004 as the Chief Financial Officer and was promoted 3 years later to Vice President of Finance at which time he joined the Board of Directors. He holds a BS in Business Administration from the University of Louisville. He has 18 years of accounting experience and holds the following certifications: Certified Public Accountant, Certified Construction Industry Financial Professionals, Chartered Global Management Accountant and Construction Risk and Insurance Specialist. Previous to joining Wehr Constructors, Shawn worked in public accounting for both a large regional firm and a Big 4 Accounting Firm.

Allison Woosley

Allison Woosley is a CPA and the CFO of Dant Clayton Corporation, the second largest sports seating manufacturing company in the country. Allison worked at Dant from 2000-2010, and returned to her role as CFO in January of 2014. Prior to her work with Dant Clayton, Allison worked in public accounting for Deloitte. She holds a BS in Accounting from WKU.

Allison is also the founder and owner of Happy Dog Positive Reinforcement Training. Allison is a nationally certified dog trainer and a member of the Victoria Stilwell Positively network.

Jeffrey A. Hamilton, Member/Partner, Reed Weitkamp Schell & Vice PLLC, Louisville, Kentucky.

Graduated *Cum Laude* from Xavier University, Cincinnati, Ohio in 1987 with a BSBA degree in Economics after completing the program in only 3 years. Graduated *Cum Laude* from the University of Notre Dame Law School in 1990. Started his legal practice in Chicago, Illinois with Chapman & Cutler before returning to his hometown of Louisville, Kentucky. He has been a member of Reed Weitkamp for 17 years and his law practice is concentrated in the areas of commercial real estate and finance. He is a member of the Kentucky, Illinois, American, Louisville and American Bars and the Legal Counsel Division of the Kentucky Bankers Association. Jeff has been involved with the Kentucky-Southeast Indiana Chapter of the National MS Society since 1998 serving as Chapter Board Chair for several years and holding various other regional and national positions within the NMSS. His other civic involvement includes serving several years as board member of St. Matthew's Little League and RESOLVE.

ATTACHMENT 4

Part V Question 2a

In response to question 2a in Part V of the FORM 1023, Allison Woosley is the spouse of Shawn Woosley.

ATTACHMENT 5

Part V Question 5a

Conflict of Interest Policy

Miracle League of Louisville

CONFLICT OF INTEREST POLICY

SECTION 1. PURPOSE:

Miracle League of Louisville is a nonprofit, tax-exempt organization. Maintenance of its tax-exempt status is important both for its continued financial stability and for public support. Therefore, the IRS as well as state regulatory and tax officials view the operations of Miracle League of Louisville as a public trust, which is subject to scrutiny by and accountable to such governmental authorities as well as to members of the public.

Consequently, there exists between Miracle League of Louisville and its board, officers, and management employees and the public a fiduciary duty, which carries with it a broad and unbending duty of loyalty and fidelity. The board, officers, and management employees have the responsibility of administering the affairs of Miracle League of Louisville honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of Miracle League of Louisville. Those persons shall exercise the utmost good faith in all transactions involved in their duties, and they shall not use their positions with Miracle League of Louisville or knowledge gained therefrom for their personal benefit. The interests of the organization must be the first priority in all decisions and actions.

SECTION 2. PERSONS CONCERNED:

This statement is directed not only to directors and officers, but to all employees who can influence the actions of Miracle League of Louisville. For example, this would include all who make purchasing decisions, all persons who might be described as "management personnel," and anyone who has proprietary information concerning Miracle League of Louisville.

SECTION 3. AREAS IN WHICH CONFLICT MAY ARISE:

Conflicts of interest may arise in the relations of directors, officers, and management employees with any of the following third parties:

1. Persons and firms supplying goods and services to Miracle League of Louisville.
2. Persons and firms from whom Miracle League of Louisville leases property and equipment.
3. Persons and firms with whom Miracle League of Louisville is dealing or planning to deal in connection with the gift, purchase or sale of real estate, securities, or other property.
4. Competing or affinity organizations.
5. Donors and others supporting Miracle League of Louisville.
6. Agencies, organizations, and associations which affect the operations of Miracle League of Louisville.
7. Family members, friends, and other employees.

SECTION 4. NATURE OF CONFLICTING INTEREST:

A conflicting interest may be defined as an interest, direct or indirect, with any persons or firms mentioned in Section 3. Such an interest might arise through:

1. Owning stock or holding debt or other proprietary interests in any third party dealing with Miracle League of Louisville.
2. Holding office, serving on the board, participating in management, or being otherwise employed (or formerly employed) with any third party dealing with Miracle League of Louisville.
3. Receiving remuneration for services with respect to individual transactions involving Miracle League of Louisville.
4. Using Miracle League of Louisville's time, personnel, equipment, supplies, or good will for other than Miracle League of Louisville -approved activities, programs, and purposes.
5. Receiving personal gifts or loans from third parties dealing or competing with Miracle League of Louisville. Receipt of any gift is disapproved except gifts of a value less than \$50, which could not be refused without discourtesy. No personal gift of money should ever be accepted.

SECTION 5. INTERPRETATION OF THIS STATEMENT OF POLICY:

The areas of conflicting interest listed in Section 3, and the relations in those areas which may give rise to conflict, as listed in Section 4, are not exhaustive. Conflicts might arise in other areas or through other relations. It is assumed that the directors, officers, and management employees will recognize such areas and relation by analogy.

The fact that one of the interests described in Section 4 exists does not necessarily mean that a conflict exists, or that the conflict, if it exists, is material enough to be of practical importance, or if material, that upon full disclosure of all relevant facts and circumstances it is necessarily adverse to the interests of Miracle League of Louisville.

However, it is the policy of the board that the existence of any of the interests described in Section 4 shall be disclosed before any transaction is consummated. It shall be the continuing responsibility of the board, officers, and management employees to scrutinize their transactions and outside business interests and relationships for potential conflicts and to immediately make such disclosures.

SECTION 6. DISCLOSURE POLICY AND PROCEDURE:

Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

1. The conflicting interest is fully disclosed;

2. The person with the conflict of interest is excluded from the discussion and approval of such transaction;
3. A competitive bid or comparable valuation exists; and
4. The [board or a duly constituted committee thereof] has determined that the transaction is in the best interest of the organization.

Disclosure in the organization should be made to the chief executive officer (or if she or he is the one with the conflict, then to the board chair), who shall bring the matter to the attention of the [board or a duly constituted committee thereof]. Disclosure involving directors should be made to the board chair, (or if she or he is the one with the conflict, then to the board vice-chair) who shall bring these matters to the [board or a duly constituted committee thereof].

The [board or a duly constituted committee thereof] shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to Miracle League of Louisville. The decision of the [board or a duly constituted committee thereof] on these matters will rest in their sole discretion, and their concern must be the welfare of Miracle League of Louisville and the advancement of its purpose.

Miracle League of Louisville

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Preliminary note: In order to be more comprehensive, this statement of disclosure/questionnaire also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following:

- a. your spouse, domestic partner, child, mother, father, brother or sister;
- b. any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. NAME OF EMPLOYEE OR BOARD MEMBER: (Please print)

2. CAPACITY: _____ board of directors
 _____ executive committee
 _____ officer
 _____ committee member
 _____ staff (position): _____

3. Have you or any of your affiliated persons provided services or property to Miracle League of Louisville in the past year?

_____ YES _____ NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Have you or any of your affiliated persons purchased services or property from Miracle League of Louisville in the past year?

_____ YES _____ NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which Miracle League of Louisville was or is a party?

YES NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. Were you or any of your affiliated persons indebted to pay money to Miracle League of Louisville at any time in the past year (other than travel advances or the like)?

YES NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from Miracle League of Louisville or as a result of your relationship with Miracle League of Louisville, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to Miracle League of Louisville?

YES NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving Miracle League of Louisville?

YES NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by Miracle League of Louisville's [board or a duly constituted committee thereof] in accordance with the terms and intent of Miracle League of Louisville's conflict of interest policy?

YES NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand Miracle League of Louisville's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify [designated officer or director] immediately.

Signature

Date

Miracle League of Louisville

GIFT POLICY AND DISCLOSURE FORM

As part of its conflict of interest policy, Miracle League of Louisville requires that directors, officers and employees decline to accept certain gifts, consideration or remuneration from individuals or companies that seek to do business with Miracle League of Louisville or are a competitor of it. This policy and disclosure form is intended to implement that prohibition on gifts.

Section 1. “Responsible Person” is any person serving as an officer, employee or a member of the board of directors of Miracle League of Louisville.

Section 2. “Family Member” is a spouse, domestic partner, parent, child or spouse of a child, or a brother, sister, or spouse of a brother or sister, of a Responsible Person.

Section 3. “Contract or Transaction” is any agreement or relationship involving the sale or purchase of goods, services or rights of any kind, receipt of a loan or grant, or the establishment of any other pecuniary relationship. The making of a gift to Miracle League of Louisville is not a “contract” or “transaction.”

Section 4. Prohibited gifts, gratuities and entertainment. Except as approved by the Chairman of the Board or his designee or for gifts of a value less than \$50 which could not be refused without discourtesy, no Responsible Person or Family Member shall accept gifts, entertainment or other favors from any person or entity which:

1. Does or seeks to do business with Miracle League of Louisville or,
2. Does or seeks to compete with Miracle League of Louisville or,
3. Has received, is receiving, or is seeking to receive a Contract or Transaction with Miracle League of Louisville.

GIFT STATEMENT

I certify that I have read the above policy concerning gifts, and I agree that I will not accept gifts, entertainment or other favors from any individual or entity, which would be prohibited by the above policy. Following my initial statement, I agree to provide a signed statement at the end of each calendar year certifying that I have not received any such gifts, entertainment or other favors during the preceding year.

Signature

Date

ATTACHMENT 6

Part VI 1a

Description of services

The Miracle League provides the opportunity for children and adults with disabilities a chance to play baseball, make new friends, and build self esteem. The field is constructed using a cushioned rubber surface with everything flat and level so there is nothing to trip over.

The initial funds collected will be used for construction of the field, dugouts and bleachers.

The Miracle League removes the barriers that keep anyone with a disability off the baseball field and lets them experience the joy of this great pastime. Our Players may not be able to run the bases as well as their peers, but they have an equal amount of love and determination to play the game. We want to help them achieve that dream.

"Everyone deserves a chance to Play Baseball"

ATTACHMENT 7

Part VIII 4a

Description of fundraising

The Miracle League provides the opportunity for children and adults with disabilities a chance to play baseball, make new friends, and build self-esteem. The field is constructed using a cushioned rubber surface with everything flat and level so there is nothing to trip over.

The initial funds collected will be used for construction of the field, dugouts and bleachers. Once the field construction is complete, remaining funds raised each year will be for maintenance of field and surrounding area and running the league.

In order to raise sufficient funds for the construction of the field, bleachers and surrounding area, the Board of The Miracle League of Louisville will rely heavily on community support. We plan on individually asking key members of the Community to support this cause. We will make presentations to key area businesses. We will mail out requests for donations to select individuals. Once construction starts and we have a product people can see and touch, we will ask for donations from the general public on our web-site. We also plan to review and research any possible grants from foundations in order to raise the required capital to construct this field.