

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

**Applicant/Program:** Ministries United of South Central Louisville, Inc.  
**Applicant Requested Amount:** \$4,500  
**Appropriation Request Amount:** \$4,500

**Executive Summary of Request**

The MUSCL Food Pantry is open to all current clients to assist in stabilizing and emergency food need. It also provides items that are not available for purchase with food stamps, such as toiletries and paper products. On August 15, 2016, the pantries air conditioner went out and it was very damp. The whole pantry and its contents were covered in mold and all the items and products had to be discarded. This grant is to restock the pantry and replace some of the storage items and containers that were being used to display and store items.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<u>24</u> District #	<u>Madonna Food</u> Primary Sponsor Signature	<u>\$2,000</u> Amount	<u>9-19-99</u> Date
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**Primary Sponsor Disclosure**

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

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

Applicant/Program:

### 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	<i>Don P. Anstett</i>	\$ <i>500</i>
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**Program Name and Request Amount** Restock the Pantry!

**Yes/No/NA**

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A

Prepared by: ~~Andrea DeLoe~~ *Andrea DeLoe* Date: 9-19-16

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Ministries United of South Central Louisville, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1207 Hart Ave. 40213			
<b>Website:</b> <a href="https://www.muscl.org">https://www.muscl.org</a>			
<b>Applicant Contact:</b>	Regina Hellems	<b>Title:</b>	Int. Executive Director/EA
<b>Phone:</b>	502-366-9244	<b>Email:</b>	musclea@mw.twcbc.com
<b>Financial Contact:</b>	Suzanne Baker	<b>Title:</b>	Office Manager/Bookkeeper
<b>Phone:</b>	502-367-9993	<b>Email:</b>	musclvc@mw.twcbc.com
<b>Organization's Representative who attended NDF Training:</b> Regina Hellems			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	1207 Hart Ave 40213		
<b>Council District(s):</b>	10	<b>Zip Code(s):</b>	40213
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b>			
<b>Total Request: (\$)</b>	4,500	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Louisville Metro Formulary Grant	<b>Amount: (\$)</b>	130,700
<b>Source:</b>	Louisville Metro E.A.F. Grant	<b>Amount: (\$)</b>	40,000
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 3 – AGENCY DETAILS**

**Describe Agency's Vision, Mission and Services:**

MUSCL is a 501-C-3, Non Profit & One of the 15 Louisville Community Ministries.

Our vision at MUSCL is to create a safety net for our neighbors in need; To assist keeping families intact and to offer stability through our services, direction and programs while maintaining individual dignity and strength.

MUSCL's mission is to help meet the basic human needs of neighbors in crisis through direct services, practical education, and advocacy. Our desire is to reach out to others while maintaining the personal dignity of the individual and to foster a continued spirit of community.

We assist clients in the 40213, 40217, 40219 (East of I-65) and 40229 zip codes with a 30-day safety window for Rent, Utilities, Food, and Clothes. We also have a Senior Wellness Center located at 1016 East Burnett Street, 40217 - Where we provide a chance for Seniors to share a meal, check on one another, play games, exercise, socialize and gather. This provides an opportunity to enrich their lives mentally, and physically as well as bringing the Community together with a common thread.

MUSCL also provides Volunteers and a large distribution site for Commodities. We also coordinate and deliver Meals On Wheels each weekday to homebound clients in our area. Both of these services also provide our clients with a 'Set of Eyes, Ears & Noses' to check on these clients, often-times being the only visitor a client will have for long stretches of time.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Lisa Harden Tandy	Jun 30, 2017
Bonnie Clark	Jun 30, 2017
Doug Strader	Jun 30, 2017
Peggy French	Jun 30, 2017
Charlene Smith	Jun 30, 2017
Carmen Cunningham	Jun 30, 2017
Roland Cunningham	Jun 30, 2017
Shirley Grimes	Jun 30, 2017
Darrell Brooks	Jun 30, 2017
Margaret Hardesty Johnson	Jun 30, 2017

**Describe the Board term limit policy:**

*NO TERM LIMIT POLICY IN PLACE, ONLY  
END OF EACH FISCAL YEAR. (RH.)*

Three Highest Paid Staff Names	Annual Salary
Regina M Hellems	45,060
Suzanne N Baker	41,217
Karen D Schroan	26,000

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 MUSCL Food Pantry is really not a new project or program - It is an ongoing, continuous service that MUSCL offers to each client throughout the year. Again, every client is offered access to the MUSCL Food Pantry. The MUSCL Food Pantry is open to all current clients to assist in stabilizing an emergency Food Need. We also provide items that are not available to be purchased with Food Stamps; Cleaning Supplies, Soap, Shampoo, Toothpaste, Toilet Paper, Laundry Soap, Deodorant, Feminine Hygiene Products, Diapers, Baby Wipes.

We have been unable to use the MUSCL Food Pantry since August 15, 2016 due to mold. The air conditioning compressor went out causing humidity to build and mold to grow on everything. This was both a very hazardous and unhealthy situation but also yet another blow to our clients in need as we were not able to save anything from our pantry. We have been very saddened to repeatedly explain our problems by not being available to offer food assistance to a client who is looking to us to assist them with these basic Food Pantry needs. Lost to us was the entire contents of the Food Pantry as well as School supplies, bags/boxes, and particle board shelves. Typically we keep these items on hand - Canned Vegetables, Canned Meats, Peanut Butter, Jelly, Crackers, Soups, Pasta, Pasta Sauce, Cereal, Cereal Bars, Canned Milk, Canned Fruit, Macaroni & Cheese, Beans, Rice, and again the items mentioned above that can't be purchased with Food Stamps.

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

Purchase Food Pantry items. It also may be necessary to replace the particle board shelving or at the very least paint with KILZ paint. (A mold prevent paint product) Also it may become necessary purchase bleach to clean the floor mats, metal shelves, refrigerator, upright freezer & additional misc items.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

N/A

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
  - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

N/A

- 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.

N/A



**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:**

Benefits of the MUSCL Food Pantry are that each current client at MUSCL has the opportunity to obtain Non-Perishable food items to assist with what is typically a very limited food budget. FOOD INSECURITY is a real & tangible issue for many of the clients here at MUSCL.

The MUSCL Food Pantry also strives to provide a limited number of "Basic" items that cannot be purchased with Food Stamps. Because not only is it extremely difficult for our clients to Ask / Receive assistance but then heap on the additional indignity of having to choose between Shampoo, TP or soap instead of a meal, Paying an LG&E bill or medicine - These taxable items tend to be a very welcome & oft-times tear inducing bonus for our clientele.

Here at MUSCL we track the Food Pantry usage through reports with data on number of households we service in a given month, number of bags of items given, number of persons in each household, and approximate dollar amount of items given per month.

We RARELY have a client to turn down a trip through our Food Pantry!

**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.**

MUSCL is one of the 15 Community Ministries here in Louisville - So, we are a part of the A.C.M. Association of Community Ministries and as such, have a strong bond with the other 14 Ministries.

We have a small, but loyal group of MUSCL-Member Churches, who assist in providing donations of Food, Toiletries, and school supplies that have been accumulated over a long period of time. We pride ourselves on keeping the Food Pantry in date order - so that waste or expiration is non-existent.

MUSCL is partnering with the Panera Bread Co through the Dough Nation Program - Each Thursday a MUSCL Volunteer collects all the Day-Old baked items; Breads, Cookies, Pastries. We then bring these items back to MUSCL & separate, bag & freeze for our clients. A treat many clients have never experienced! This partnership with Panera Bread has been so successful that it has enabled us to expand our donations not only to our current clients here at MUSCL, but also to our Meals On Wheels clients, Commodities clients and even one of our Member churches who hosts a 'Homeless Luncheon' each month. Even the folks at the MUSCL Senior Wellness Center benefit from this gift too. This Panera partnership provides a very Far-Reaching service - Without the MUSCL Food Pantry it would not be a possibility.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>	4500	471	4971
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	4500	471	4971
<b>% of Program Budget</b>	%	%	<b>100%</b>

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	471.00
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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
Non-parishable food- buy from grocery stores, general stores	1,800		1,800
Toiletry items -buy from general stores, grocery stores	1,100		1,100
Cleaning supplies - buy from general store, grocery stores	1,100		1,100
School supplies -buy from general stores, grocery stores	500		500
Donated Food/toiletries/Cleaning & School Supplies		200	200
Money donation from Individual		200	200
Volunteer hours		71	71
<b>Total</b>	4,500	471	4,971

**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).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Church-Food	60.00	receipt
Church-food/toiletries/cleaning&school supplies +	140.00	receipt
Money Donation-Individual	200.00	Check
2 Volunteer - total 4 hour @ \$17.83 an hour	71.00	Reported
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	471.00	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** July 1, 2016

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

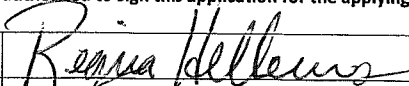
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

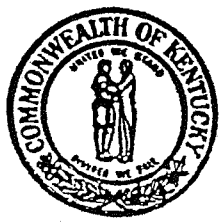
I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	September 14, 2016
<b>Legal Signatory: (please print):</b>	Regina M Hellemus	<b>Title:</b>	Int. Ex. Director / EA
<b>Phone:</b> 502-366-9244	<b>Extension:</b>	<b>Email:</b>	musclea@mw.twcbc.com

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

DREXELL R. DAVIS  
Secretary



FRANKFORT,  
KENTUCKY

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

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

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

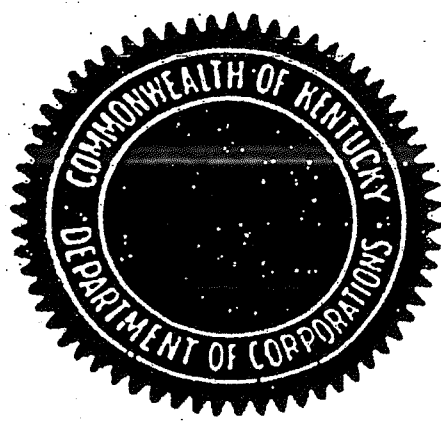
THOMAS E. BOX JR.

NAME  
1207 HART AVENUE

STREET ADDRESS  
LOUISVILLE, KENTUCKY 40213

CITY, STATE

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



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

*Drexell R. Davis*

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

Internal Revenue Service  
District Director

Department of the Treasury

Date: APR 16 1986

Our Letter Dated:

September 11, 1985

Person-to-Contact:

Helen A. Miley

Contact Telephone Number:

513 684-3578

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

Dear Sir or Madam:

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

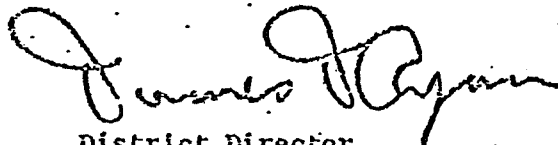
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) \*\*. Your exempt status under section 501(c)(3) of the Code is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

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

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

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

Sincerely yours,



District Director

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

SEP 11 1984

Employee Identification Number: [REDACTED]

Advance Ruling Period Ends: December 31

Foundation Status Classification: 509(a)(1) and 170(b)(1)(A)(vi)

Advance Ruling Period Ends: December 31, 1985

Person to Contact: Cindy Perry

Contact Telephone Number: 513-684-3578

Case No. 314173011E0

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

Applicant:

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

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

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

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

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

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

(over)

Box 2508, Cincinnati, Ohio 45201

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



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

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

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

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

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

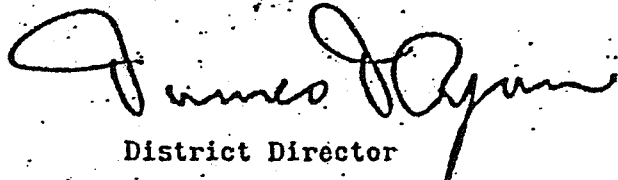
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are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

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

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

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

Sincerely yours,

  
District Director

**LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - WORK PROGRAM AND BUDGET**

Every External Agency Funding (EAF) grant recipient will be required to comply with the following grant conditions. EAF recipients that fail to comply with these conditions may cause their EAF grant awards to be withheld or terminated. Information provided in this Work Program and Budget must coincide with the grant application submitted to the Community Services EAF and as approved by Louisville Jefferson County Metro Council unless requested changes submitted to and approved by Metro EAF staff. Information provided here will be incorporated into the scheduled program reports and subject to any and all monitoring activities conducted.

**Budget Limitation**

Total grant funds provided from all eaf grant awards combined cannot exceed 25% of the grantee's total cash budget. Agency is subject to providing documentation upon request that grant(s) does/do not exceed 25%.

**Unallowable Costs**

Complete list of unallowable costs is provided in the Grantee Handbook. Reference Grantee Handbook for items.

**Religious Activities**

Religious activities such as proselytizing, prayer, religious study, distribution of religious materials, etc. may not be included, or required, for participation in any program funded by Metro funds.

**Agency Legal Name:**

**Ministries United of South Central Louisville, Inc.**

*(As listed on application - if not correct contract will be returned)*

**Agency Program:**

**Emergency Assistance**

*(As listed on KY Secretary of State website- if not correct contract will be returned)*

**I. AGENCY FY BUDGET INFORMATION AND DOCUMENTS REQUIRED WITH CONTRACT**

What is agency's Fiscal Year (FY)?                      Start date: July 1, 2016    End Date: June 30,2016

What is agency's current FY projected cash budget: \$ 498,636.00

What was agency's most recent final cash budget: \$ 323,152.00

**Provide** all the following with contract: 1) Annual Audit/990 IRS tax form; 2)Current Board Listing; 3) IRS determination letter; 4)Articles of Incorporation and; 5)IRS W-9 form (most current)

**LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - WORK PROGRAM AND BUDGET**

**II. GRANTEE REPORTING CONTACT**

This is the person responsible for submitting program reports

Name	<u>Gina Hellems</u>	Title	<u>Interim Director/Ea Supervisor</u>
Phone Number	<u>502-366-9244</u>	Fax	<u>502-363-0447</u>
Email	<u>musclea@mw.twcbc.com</u>		

**III. GRANTEE FINANCIAL CONTACT**

This is the person responsible for maintaining financial records

Name	<u>Suzanne Baker</u>	Title	<u>Office Manager/Bookkeeper</u>
Phone Number	<u>502-367-9993</u>	Fax	<u>502-363-0447</u>
Email	<u>musclvc@mw.twcbc.com</u>		

**IV. GRANT PAYMENTS TO BE RECEIVED BY**

Name	<u>Gina Hellems</u>	Title	<u>Interim Director/EA Supervisor</u>
Address	<u>1207 Hart Ave Louisville, Ky 40213</u>		
(Street Address or PO Box, City, State and Zip Code)			

**LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - WORK PROGRAM AND BUDGET**

**V. CLIENT/PARTICIPANT ELIGIBILITY CRITERIA - For the FUNDED PROGRAM:** Indicate the (a.) targeted population and (b.) describe any requirements/ restrictions or other criteria used in determining eligibility for participation in your program (include age, income geographic area, etc.)  
*Click "Alt" & "Enter" to enter a hard carriage-return.*

**a. Targeted Population (for the FUNDED PROGRAM):**

MUSCL serves anyone who lives in our designated zip code areas (40213, 40217, 40219 east of I-65, and 40229) 1 time during a 12 month period with "ministry dollars" [money given to MUSCL in the form of pledges or other cash donations from churches, businesses, individuals, civic organizations, or any other source that designates the donation for emergency assistance] The assistance we provide helps families in crisis and supports toward financial stability. If our clients have received ministry dollar assistance for the past 2 consecutive years, they are referred to the Financial Empowerment Services Center Program or another free certified financial counseling service to help them gain financial stability. The only exceptions to this policy are clients who are elderly or disabled with no possible means of increasing their financial income.

We serve anyone who lives in our designated zip code areas (40213, 40217, 40219 east of I-65, 40229) 1 time during a 12 month period with "grant dollars" [money given to MUSCL from Louisville Gas & Electric Company, Louisville Water Company and Metropolitan Sewer District, Winterhelp Program, and Louisville Metro Formulary Client Assistance Grant portion] Clients may receive assistance 1 time per 12 month period from each of these grants for either rent assistance to secure 30 days of residency and for utility services to secure 30 days of utility service or to restore services.

**b. Eligibility Requirements/Restrictions (For the FUNDED PROGRAM)**

We serve anyone without prejudice or discrimination who lives in our designated zip code areas (40213, 40217, 40219 east of I-65, and 40229) . MUSCL is an Emergency Assistance program. MUSCL assists with utility bills that are in danger of disconnect or utilities that are disconnected. We also assist with rent to secure 30 days of residency. We provide financial assistance along with food and clothing assistance to help support individuals and families toward stability. We require picture ID, social security cards , proof of income, proof of need - disconnect bill, lease agreement or proof of residency. Most of our clients are in or below the 250% poverty income guidelines of which some of our grants we receive require income eligibility.

**LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - WORK PROGRAM AND BUDGET**

**VI. ELIGIBLE SERVICES - For the FUNDED PROGRAM:** Indicate the overall, primary qualified service/activity provided for your targeted population and provide a brief description. Also describe how often and for how long recipients will be involved in the program or receive services.

We serve anyone who lives in our designated zip code areas 1 time during a 12 month period with "ministry dollars" [money given to MUSCL in the form of pledges or other cash donations from churches, businesses, individuals, civic organizations, or any other source that designates the donation for emergency assistance] UNLESS they have received ministry dollar assistance for the past 2 consecutive years. If they have utilized ministry dollars for assistance the 2 previous consecutive years they are referred to the Financial Empowerment Services Center Program or another free certified financial counseling service to help them gain financial stability. The only exceptions to this policy are clients who are elderly or disabled with no possible means of increasing their financial income.

We serve anyone who lives in our designated zip code areas 1 time during a 12 month period with "grant dollars" [money given to MUSCL from Louisville Gas & Electric Company, Louisville Water Company and Metropolitan Sewer District, Winterhelp Program, and Louisville Metro Formulary Client Assistance Grant portion] Clients may receive assistance 1 time per 12 month period from each of these grants for either rent assistance to secure 30 days of residency and for utility services to secure 30 days of utility service or to restore services.

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
 DEPARTMENT OF COMMUNITY SERVICES  
 EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
 EXHIBIT A - FORMULA WORK PROGRAM AND BUDGET

**VII. PROGRAM SCOPE.** - Complete the following information for specific components of emergency and crisis financial assistance (including food) to clients. Include everything the agency considers emergency assistance even though Louisville Metro only tracks rent, utilities and prescriptions.

Program Component	What is eligible amount of dollars provided per unit (client) per FY *	List Estimated Percent of TOTAL program funds used for each component	List Estimated Percent of Metro Dollars for each component	Number Estimated UN-DUPLICATED Clients to be Served	# Estimated DUPLICATED Clients to be Served	Data Collection Method Used (to be used for monitoring purposes)
1. Rent	\$ -	0%	0%	43	2	Database
2. Utilities (LG&E, Water Only)	\$ -	0%	0%	347	111	Database
3. Prescriptions	\$ -	0%	0%	0	0	
4. Food	\$ -	N/A	N/A	294	53	Database

\* If program provides only a "lump amount" among the various components list total amount here that clients are eligible for:

When seeking utility assistance, a client seeks to raise the amount in pledges necessary to secure utility services for 30 days. When seeking rental assistance, a client seeks to raise the amount in pledges necessary to secure 30 days of residency, or the amount agreed upon by the landlord to prevent eviction. In regards to ministry funds for each service, a cap of \$300 for rent and \$250 for utilities has been set in place. MUSCL also receives Grants through programs from LGE and Water for Emergency Assistance. The client can receive up to \$300 from the LGE Grant. The client can receive up to \$200 from the Water Grant. Amount of food/toiletries/household items received is based on need and size of household.

Comments:

66% Client Assistance Rule:

Agency is to ensure that at least 66% of the amount of the Metro award is being expended on client assistance using the total client assistance line item (this is column 3 which combines column 1/Metro dollars and column 2/Non-metro dollars on the budget page. See handbook page 3 for an example.

PAGE 5 OF 10

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - FORMULA WORK PROGRAM AND BUDGET

VIII. PROGRAM BUDGET - Total Metro and Non-Metro program expenses are to be provided in column 1 (Metro) or column 2 (Non-Metro). ITEMIZED LIST REQUIRED FOR MOST LINE ITEMS. Budget line items not to include "in-kind" value. Include "in-kind" on line item D2, specifics detailed in Section X. **DO NOT USE CENTS. USE WHOLE DOLLARS ONLY.**

Line Item	Column 1 Metro Funds*	Column 2 Non-Metro Funds	Column 3 Total Program Cost
<b>A. Operating Expenses:</b>			
<b>Paid Personnel (COLUMN 1 Metro Funds NEXT PAGE ONLY)</b>			
Contracted labor put in "Other Expenses" line item/ Additional Info Requested Sec XII	\$ 67,865.00	\$ 29,468.00	\$ 97,333
<b>Rent</b> (Rent may not be charged to Metro funds for space owned by the Grantee - attach copy of lease - only percentage as used by program may be charged)	\$ 18,000.00	\$ -	\$ 18,000
<b>Utilities</b> (Only the percentage used by specific program funded may be charged to Metro funds)	\$ 4,644.00	\$ -	\$ 4,644
<b>Office Supplies</b> (For those items to be used by specific program funded by Metro funds) PROVIDE DETAILS ON NEXT PAGE	\$ -	\$ 1,000.00	\$ 1,000
<b>Program Materials</b> (including educational and informational materials) PROVIDE DETAILS ON NEXT PAGE	\$ -	\$ 1,000.00	\$ 1,000
<b>Telephone/Cell Phone</b> (only for specific program usage/only percentage of telephone expense may be charged)	\$ 3,482.00	\$ -	\$ 3,482
<b>In-town travel</b> - Agency reimbursement rate \$.00 per mile (Jefferson County only - agency rate to be used, but no more than \$.40 per mile of Metro funds)	\$ -	\$ -	\$ -
<b>Small equipment</b> (including electronic) PROVIDE DETAIL ON NEXT PAGE	\$ -	\$ 6,000.00	\$ 6,000
<b>B. Client Assistance</b> - PROVIDE DETAIL ON NEXT PAGE	\$ 29,000.00	\$ -	\$ 29,000
<b>C. Other Expenses</b> (not to include any of the items listed above) PROVIDE DETAIL ON NEXT PAGE	\$ 7,709.00	\$ 1,300.00	\$ 9,009
<b>SUBTOTAL (CASH BUDGET)</b>	\$ 130,700.00	\$ 38,768.00	\$ 169,468
<b>% of Program Budget</b>	77%	23%	100%
<b>D1. Volunteer Contribution (\$17.83/hr)</b> (detail to be provided in Section X)	N/A	\$ 42,302.00	\$ 42,302
<b>D2. Other In-kind</b> (detail to be provided in Section X)	N/A	\$ 286,866.00	\$ 286,866.00
<b>TOT PROGRAM FUNDS</b> (Col 3 to equal Tot in Section X)	\$ 130,700.00	\$ 367,936.00	\$ 498,636

\*During the contract year agencies may move a maximum of 20% of funds within the approved line items (see handbook - GRANT EXPECTATIONS for specifics)

IX. LINE ITEM BUDGET ITEMIZED LISTING/OTHER\*

LINE ITEM	ITEM TO BE PURCHASED	ESTIMATED METRO COST	ESTIMATED NON-METRO COST	ESTIMATED TOTAL COST
Office Supplies - see handbook for definition and type	Requires Copy of Lease - attach to	n/a	n/a	n/a
		\$ -	\$ 1,000.00	\$ 1,000.00
Program Materials - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ 1,000.00	\$ 1,000.00
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Small Equipment - see handbook for definition and type		\$ -	\$ -	\$ -
		\$ -	\$ 6,000.00	\$ 6,000.00
Client Assistance - see handbook for definition and type	Rent, Mortgage, Utilities	\$ 29,000	\$ 103,500.00	\$ 132,500.00
		\$ -	\$ -	\$ -
Other Expenses - see handbook for definition and type	Audit	\$ 1,500	\$ 1,300.00	\$ 2,800.00
	SEC (IT Support)	\$ 2,250	\$ -	\$ 2,250.00
	Insurance - Liability & Workman's Comp.	\$ 7,709	\$ -	\$ 7,709.00

\*Above each line, within the column, to match the amount listed in each total line section as listed in Section IX Program Budget



LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
 DEPARTMENT OF COMMUNITY SERVICES  
 EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
 EXHIBIT A - FORMULA WORK PROGRAM AND BUDGET

X. RESOURCE/REVENUE/IN-KIND INFORMATION - Provide information on all sources of funding associated with THIS PROGRAM'S BUDGET (be specific). Provide donor information (Total to match Column 3 Section X above). Volunteer hours are to be grouped together on line 2.

Resource/Revenue*	Dollars/Value Received	% of Program Budget
1. EAF Formula Emergency Assistance Fund	\$ 130,700	26%
2. Volunteer Contribution (calculated at \$17.48/hr)		
Number of Vol  26		
Number of hours 2420	\$ 42,302	8%
3. Other In-kind contributions - List below	\$ 189,167	38%
4. Fundraising Events & Individual Donations (List below fundraising events; include name of event, anticipated date of event and amount of dollars expected to support this program - list below total of Individual Donations)	\$ 9,844	2%
5. Corporate Donations and Grants (besides this one) - List below NOTE IF DONATION/GRANT IS "PENDING"	\$ 61,585	12%
6. Other i.e. Agency Income (total, but records to be available)	\$ 65,038	13%
<b>Total</b>	<b>\$ 498,636</b>	<b>100%</b>

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Must equal total in Program Budget column 3 total Program Funds

3. Itemize In-Kind Contributions (press Alt and Enter to enter carriage return):

BackSchool Supplies: \$1040.00; Holiday Baskets: \$6,440.00; Clothes Closet Items: \$63,180.00 Food Pantry (consumable items and toiletries): \$ 44,500.00; Meals on Wheels : \$14,927; Commodities: \$17,680; Donated Program Space - Clothes Closet \$41,400.00  
 Total = \$189,167.00

4. Itemize Other - Fundraising Events/Private Donations (press Alt and Enter to enter carriage return):

Photos With Santa - December 2016 - \$200.00 Wii Bowling Tournament- April 2017 \$1000.00; Pancake Breakfast/Yard Sale - Sept 2016 \$1,800.00; Spaghetti Supper April 2017 - \$1059.00 Choir Festival - October 2016 \$1,500.00; Kroger Cards - 2017 \$ 500.00 , Maundy Thursday Service- December 2016-\$1000.00, Give Envelopes - \$785.00 Match-\$2000.00  
 Total=\$9844.00

5. Itemize Corporate Donations and Grants (press Alt and Enter to enter carriage return):

LGE Grant - \$27335.18; LW&MSD Grant - \$18,000.00;  
 Winterhelp Grant -\$15,250.00; Kiwanis Donation-\$1000.00; ; Total =\$61,585.00

6. Other (i.e. program income, etc) -

Direct Client Pledge Money from Churches : \$16,537.59; Individual Donation EA - \$10,250.00 ; Direct Donations from Churches for Administrative Use: \$20,000.00 Individual Donations General - \$ 10,250.00 Business Donations: \$8,000.00 Total = \$65,037.59

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
 DEPARTMENT OF COMMUNITY SERVICES  
 EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
 EXHIBIT A - FORMULA WORK PROGRAM AND BUDGET

**XI. PAID PERSONNEL DETAIL -** Only those positions funded by Louisville Metro are to be listed here. All agencies must maintain a timesheet documenting hours worked on this program and charged to Metro funds.

METRO PERSONNEL LINE ITEM TOTAL	Average Net Pay Per Pay Period (DO NOT USE	
	\$ 67,865	
Gina Hellems- Intrim Director/EA Supervisor	\$ 629.00	<p>"Net Pay", for the purposes of this grant agreement, includes net wages from hours worked, accrued sick and/or accrued vacation time paid, and deductions for savings accounts and retirement accounts deducted and deposited directly on behalf of the employee. No other deductions on behalf of the employee may be claimed as part of net pay.</p> <p>Only those persons considered permanent employees of the agency are to be included in the personnel section. Those persons receiving IRS form 1099 at the end of the year are considered "contracted employees" and expenses related to them are to be listed in the "Other Expense" line item.</p> <p>Employees listed to the left are those that will utilize Metro funds for all or a portion of their total Net Pay. The agency does not have to distinguish how much of the pay is Metro funds, but the total for all employees combined may not exceed the total Metro personnel line item. Funds not utilized during position vacancies are subject to being returned to Metro Government.</p>
Suzanne Baker - Office Manager/Bookkeeper	\$ 592.00	
Call Center Coordinator - hiring	\$ 96.00	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

Should any of positions listed above become vacant the agency is to notify Metro of date of departure. When the position is filled the agency is to notify Metro of the name of the new staff member and the date of hire.

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT  
DEPARTMENT OF COMMUNITY SERVICES  
EXTERNAL AGENCY FUND (EAF) GRANT AGREEMENT  
EXHIBIT A - FORMULA WORK PROGRAM AND BUDGET

**XII. DOCUMENTATION OF NON-PROFIT STATUS**

- A. Articles of Incorporation on file with Louisville Metro Government  
YES  NO  Please provide - such will be put in a master file for future use
- B. 501(c) determination letter, advanced determination letter, or letter of affirmation from IRS on file with Louisville Metro Government  
YES  NO  Please provide - such will be put in a master file for future use

**XIII. RELATIONSHIP DISCLOSURE**

List below any familial or marital relationship any employee has with each other, with agency Board of Directors and/or with any Metro Councilperson, Councilperson's family, Councilperson's staff and/or any Louisville Metro Government employee. In addition, list below any relationship any member of agency Board of Directors has with any Metro Councilperson, Councilperson's family, and/or Councilperson's staff.

**XIV. ACCESSIBILITY**

Are agency facilities accessible to persons with disabilities?

YES  NO

If no, please explain why and what the agency is doing to accommodate those needing such.

Making our Facility handicap accessible is cost prohibitive. Therefore if we have clients who are unable to walk up the 4 steps that lead to our entrance we either see them in their car, meet them in our Food Pantry, and in some instances will make a home visit.

**XV. CERTIFIED ANNUAL AUDIT OR MOST RECENT IRS 990 TAX RETURN**

Did Agency provide a copy of latest audit or current IRS 990 tax return with application?  
YES  NO  If no, provide one at this time

**XVI. PROGRAM EVALUATION - Surveys, comment cards, feedback forms, etc.**

An evaluation of program services provided through your organization must be performed prior to the end of funding cycle or specific activity - whichever comes first.

Are program recipients currently provided the opportunity to evaluate your services?

YES  If yes, provide copy of cumulative results prior to end of funding period.

NO  If no, an evaluation must occur and cumulative results provided prior to the end of the funding period.

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ARTICLES OF INCORPORATION

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

Know all people by these present:

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

SECRETARY OF STATE

ARTICLE I

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

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

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

ARTICLE IV

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

ARTICLE V

registered

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

ARTICLE VI

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

Thomas Box - 4118 Shady Villa Dr., Louisville, Ky., 40219

Ova Thompson - 971 Pikeview Dr., Louisville, Ky., 40213

Martha Raley - 1047 Ardmore Dr., Louisville, Ky., 40217

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

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

ARTICLE VII

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

ARTICLE VIII

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

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

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

Mr. Thomas Box

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

Mr. Ova Thompson

Mr. Ova Thompson - 171 Pikeview Dr., Louisville, KY 40213

Mrs. Martha Raley

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

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

Thompson, Martha Raley on this the 21<sup>st</sup> day of March, 1984.

My commission expires: Notary Public, State at Large, KY  
My commission expires Feb. 22, 1988

Ova O. Thompson  
Notary Public

Prepared by:

A. Duane Schwartz  
A. Duane Schwartz

200 West Broadway; suite 504  
Louisville, Kentucky 40202

## Request for Taxpayer Identification Number and Certification

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

Print or type  
 See Specific Instructions on page 2.

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

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

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

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

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

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

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

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

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

### General Instructions

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

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

#### Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

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

Ministries United of South Central Louisville  
MUSCL  
1207 Hart Avenue  
Louisville, Kentucky 40213  
(502) 363-9087

CLIENT SATISFACTION SURVEY

1. AGE

Under 18 \_\_\_\_\_ 18-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 50-60 \_\_\_\_\_ Over 60 \_\_\_\_\_

2. SEX

Female \_\_\_\_\_ Male \_\_\_\_\_

3. ETHNIC GROUP - RACE (OPTIONAL)

African-American \_\_\_\_\_ White \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_

Other - Please Specify \_\_\_\_\_

4. PLEASE RATE HELPFULNESS OF STAFF

Very helpful \_\_\_\_\_ Somewhat helpful \_\_\_\_\_ Not helpful \_\_\_\_\_

5. PLEASE RATE OVERALL SERVICE

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

6. IF YOU RATED SERVICE "Fair" or "Poor", PLEASE TELL US  
HOW WE COULD IMPROVE OUR SERVICES. USE THE BACK  
OF THIS PAPER IF NECESSARY.

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---

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Thank you!

# MULLIGAN, HILL, CLEMENTS & Co., PSC

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

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KENTUCKY SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS

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

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

## INDEPENDENT ACCOUNTANTS REVIEW REPORT

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

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

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

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

---

Certified Public Accountants

February 5, 2015



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

**ASSETS**

**CURRENT ASSETS**

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

<b>TOTAL CURRENT ASSETS</b>	<b>206</b>
-----------------------------	------------

**FIXED ASSETS**

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

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

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

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

Less accumulated depreciation	<u>(80,771)</u>
-------------------------------	-----------------

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

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

**LIABILITIES AND NET ASSETS**

**CURRENT LIABILITIES**

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

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

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

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

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

Emergency assistance payments due	<u>1092</u>
-----------------------------------	-------------

<b>TOTAL CURRENT LIABILITIES</b>	<b>59,050</b>
----------------------------------	---------------

**NET ASSETS**

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

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

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

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

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

**REVENUES**

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

**EXPENSES**

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

**EXPENSES IN EXCESS OF REVENUES**

(2,608)

**NET ASSETS - beginning of year**

(25,238)

**NET ASSETS - end of year**

**\$ (27,846)**

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

**1. SUMMARY OF THE ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

**A. Organization**

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

**B. Basics of Accounting**

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

**C. Fixed Assets**

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

**D. Estimates**

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

**2. INCOME TAXES**

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

**3. CHURCH SUPPORT**

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

**4. NOTES PAYABLE**

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

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

**5. CONTINGENCIES**

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

**6. RETIREMENT**

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

**7. OPERATING LEASE**

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

**8. DATE OF MANAGEMENT'S REVIEW**

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

**9. SUBSEQUENT EVENTS**

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

**SUPPLEMENTAL INFORMATION**

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

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

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

003406



MUSCL INC
1207 HART AVE
LOUISVILLE KY 40213-1347

Primary account number: [redacted]-4402

Page 1 of 10

Number of enclosures: 0

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

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

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

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

Visit us at PNC.com/mybusiness/

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

IMPORTANT INFORMATION ABOUT ATM TRANSACTIONS AND PURCHASES

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

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

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

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

Non-Profit Checking Summary

MUSCL Inc

Account number: 31-1504-4402

Overdraft Protection has not been established for this account.

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

Balance Summary

Table with 4 columns: Beginning balance, Deposits and other additions, Checks and other deductions, Ending balance. Values include 25,932.53, 7,903.00, 4,573.37, 29,262.16, Average ledger balance 24,611.48, Average collected balance 24,611.48.



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

003405



MUSCL INC
1207 HART AVE
LOUISVILLE KY 40213-1347

Primary account number

Page 1 of 10

Number of enclosures: 0

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FREE Online Bill Pay

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

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

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

Non-Profit Checking Summary

MUSCL Inc

Account number:

Overdraft Protection Provided By: XXXXXX4402

Balance Summary

Table with 4 columns: Beginning balance, Deposits and other additions, Checks and other deductions, Ending balance. Values: 17,807.60, 34,958.89, 24,918.24, 27,848.25

Deposits and Other Additions

Table with 3 columns: Description, Items, Amount. Row: Deposits, 6, 34,958.89

Checks and Other Deductions

Table with 3 columns: Description, Items, Amount. Rows: Checks (29, 15,069.66), ACH Deductions (1, 2,595.58), Service Charges and Fees (1, 3.00), Other Deductions (1, 7,250.00)





## MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.

### General Information

<b>Organization Number</b>	0188277
<b>Name</b>	MINISTRIES UNITED OF SOUTH CENTRAL LOUISVILLE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	4/2/1984
<b>Organization Date</b>	4/2/1984
<b>Last Annual Report</b>	3/8/2016
<b>Principal Office</b>	1207 HART AVE. LOUISVILLE, KY 40213
<b>Registered Agent</b>	REGINA M HELLEMS 1207 HART AVE. LOUISVILLE, KY 40213

### Current Officers

<b>President</b>	<u>Lisa Harden Tandy</u>
<b>Vice President</b>	<u>BONNIE CLARK</u>
<b>Secretary</b>	<u>Charlene Smith</u>
<b>Treasurer</b>	<u>Doug Strader</u>
<b>Director</b>	<u>LISA Harden TANDY</u>
<b>Director</b>	<u>BONNIE CLARK</u>
<b>Director</b>	<u>Charlene Smith</u>

### Individuals / Entities listed at time of formation

<b>Director</b>	<u>THOMAS BOX</u>
<b>Director</b>	<u>OVA THOMPSON</u>
<b>Director</b>	<u>MARTHA RALEY</u>
<b>Incorporator</b>	<u>MR THOMAS BOX</u>
<b>Incorporator</b>	<u>MR OVA THOMPSON</u>
<b>Incorporator</b>	<u>MRS MARTHA RALEY</u>

### 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.

<u>Annual Report</u>	3/8/2016	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	8/12/2015 3:40:22 PM	1 page	<u>PDF</u>
<u>Annual Report Amendment</u>	8/12/2015	1 page	<u>PDF</u>

<a href="#">Annual Report</a>	6/10/2015	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/30/2014	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/20/2013	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/2/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/4/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/12/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/21/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/12/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/7/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/22/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/24/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/23/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/10/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/25/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	11/15/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/23/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/23/1999	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	2/18/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/7/1998	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/21/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Sixty Day Notice</a>	9/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	6/29/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	8/22/1985	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	4/2/1984	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	4/2/1984	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/8/2016 1:27:40 PM	3/8/2016 1:27:40 PM	
Amendment to annual report	8/12/2015 3:47:48 PM	8/12/2015 3:47:48 PM	
Registered agent address change	8/12/2015 3:40:22 PM	8/12/2015 3:40:22 PM	
	6/10/2015		

Annual report	11:14:28 AM	6/10/2015
Annual report	4/30/2014 11:07:01 AM	4/30/2014
Annual report	3/20/2013 4:54:03 PM	3/20/2013
Annual report	4/2/2012 10:01:32 AM	4/2/2012
Annual report	4/4/2011 4:00:11 PM	4/4/2011
Annual report	8/12/2010 3:45:56 PM	8/12/2010 3:45:56 PM
Annual report	1/21/2009 3:37:39 PM	1/21/2009
Annual report	6/12/2008 12:24:26 PM	6/12/2008
Annual report	3/7/2007 11:19:09 AM	3/7/2007
Annual report	2/22/2006 8:22:06 AM	2/22/2006
Registered agent address change	8/23/2000 1:12:03 PM	8/23/2000
Annual report	8/23/2000 1:07:50 PM	8/23/2000
Registered agent address change	2/18/1999	2/18/1999
Amendment - Change purpose	8/22/1984	8/22/1984

## Microfilmed Images

**Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.**

Annual Report	3/9/2005	1 page
Annual Report	4/2/2004	1 page
Annual Report	7/23/2003	1 page
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Statement of Change	8/23/2000	1 page
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Statement of Change	2/18/1999	1 page
Annual Report	7/7/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
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Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	1 page
Statement of Change	7/1/1991	1 page
Annual Report	7/1/1991	1 page

Annual Report	7/1/1990	1 page
Annual Report	9/1/1989	1 page
Sixty Day Notice	9/1/1989	1 page
Annual Report	7/1/1988	1 page
Statement of Change	6/29/1988	1 page
Amendment	8/22/1985	5 pages
Articles of Incorporation	4/2/1984	4 pages
Articles of Incorporation	4/2/1984	4 pages