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

Applicant/Program: United Crescent Hill Ministries
Evacutive Summary of Doguest
Executive Summary of Request: Funding to purchase a new printer and three new computers for United Crescent Hill Ministries (UCHM). UCHM serves D9 neighborhoods, Butchertown, Clifton, Clifton Heights and Crescent Hill with programs, activities and services.
Is this program/project a fundraiser?  Is this applicant a faith based organization?  Does this application include funding for sub-grantee(s)?  Yes No  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.
9 Buttlebut \$9,797.00 Mount \$9,797.00 Date   5   5   5   5   5   5   5   5   5
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.  **Mathematical Company Sponsor Disclosure**  **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.  **Mathematical Company Sponsor Disclosure**  **Mathematical Company Sponsor Disclos
Approved by:
Appropriations Committee Chairman Date
Clerk's Office Only:
Request Amount: Committee Amended Appropriation: Council Amended Appropriation:

1 | Page Effective February 2014

Legal Name of Applicant Organization: United Crescent Hill Ministries	a managaman ang managan ang ang ang ang ang ang ang ang a
Program Name and Request Amount: New printer and computers	Sharpeshy attitish ridenti temberini
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with:  • Kentucky Secretary of State?  • Louisville Metro Revenue Commission?  • Louisville Metro Government?  • Internal Revenue Service?  • Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	Yes
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	No
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?  Prepared by:  Date: 09   5     5	[No ]
	3



		SECTION 1 - APPU	CANT INFORMATI	ON 1
Legal Name of Applic		IIIIII	d Cresce	ent Hill Ministrie
Main Office Street &	Mailing A	ddress: 150 South State	Street, Louisville,	KY 40206
Website: http://www.	uchmlouk	y.org/		
Applicant Contact:	Mark H	lowell	Title:	Executive Director
Phone:	502-89	3-0346	Email:	mhowell@uchmlouky.org
Financial Contact:	Bobbe	Crouch	Title:	Financial Consultant/Accountant
Phone:	502-43	36-8761	Email:	crouchbobbe@gmail.com
Organization's Repre	sentative	who attended NDF Train	ing: Gayle Collins	s and Mark Howell
	•	L AREA(S) WHERE PROG		
Program Facility Loca	anners converses and a contract of the	150 South State Stree	Antonio de La Caracterio de La Caracterio de	
Council District(s):		District 9	Zip Code(s):	40206
	SECTI	ON 2 - PROGRAM REQU		NFORMATION
PROGRAM/PROJECT	NAME: Te	echnology Upgrade for Si	ustainability and E	nvironment
Total Request: (\$)	12,000	Total Metro A	ward (this progran	n) in previous year: (\$)
Programmi Capital Pro The Following are Re IRS Exempt Status De Current Year Project List of Board of Dire Current financial state Most recent IRS For Articles of Incorporation Cost estimates from capital expense	runds (gen ng/service ject of the equired At etermination ted Budget ctors (inclu- atement m 990 or 12 ation	erally cannot exceed 33% s/events for direct benef organization (equipment tachments:  In Letter  de term & term limits  120-H  vendor if request is for	it to community or, furnishing, buildi  Signed lease if IRS Form W9 Evaluation form Annual audit (if Faith Based Org	requalified individuals  ng, etc)  rent costs are being requested  ns if used in the proposed program  required by organization)  ganization Certification Form, if required the 3 highest paid staff
Government for this from any department sheet if necessary.	or any oth t or Metro	er program or expense, ir Council Appropriation (N	ncluding funds rece eighborhood Deve	or received from Louisville Metro eived through Metro Federal Grants, elopment Funds). Attach additional
Source:		Comm Srvcs (formula)	and the second s	29,400.00
Source:		o Comm Srvcs (EAF)	Amount: (\$)	12400.00
Source:	L	o Comm Srvcs (EAF)	Amount: (\$)	2,500.00
• •		e BBB Charity Review for p Charity Review Standards	:	Yes No



## **SECTION 3 - AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

MISSION STATEMENT: United Crescent Hill Ministries, created and sustained by neighborhood communities of faith, in relationship with organizations, individuals, and businesses, builds better community by serving our neighbors in Butchertown, Clifton, Clifton Heights, and Crescent Hill with programs, activities, and services that enrich their lives physically, mentally, spiritually, and socially.

SERVICES: UCHM offers emergency assistance for our neighbors in crisis with financial assistance for rent/mortgage payments, utility bills, prescription medicines, and food supplies. Other programs include an after-school and summer youth program (1st-9th grades); an active senior program providing health & well-being, interactive socialization. and continuing education programs for participating seniors; and meals on wheels for homebound seniors and a congregate meal for ambulatory seniors, which is served at UCHM. We bring community resources together to address community residents' needs. Our current programs offer services to individuals and families living in the 40206 zip code for food, financial assistance (medications, rent/mortgage pmts, and/or utility bills); as well as meals on wheels (delivered to homebound seniors in 40206). Congregate meals are available to any eligible senior. Our Youth program (after-school and summer out of school time) serves any child or young person in 1st-9th grades who wishes to attend, does not have access to a similar program in his/her own neighborhood, and would benefit from a structured program designed to increase academic performance and positive socialization. Seniors from "not-quite-offical senior" age to those in their 90s come from all over the greater Louisville area to play bingo or card games, exercise, line-dance, participate in arts & crafts sessions, health screenings, and informative Listen & Learn programs. Periodic computer classes are available to all community members. We also sponsor seasonal programs, e.g., \* Back-To-School supplies for area children to put them on equal footing with their classmates so they arrive at school with the same supplies and a good backpack, increasing their chance of a successful academic experience; \* Christmas Connection that ensures area children experience the joy of Christmas when Santa comes to their homes just as he does to their peers; and holiday baskets to give area families the supplies they need to prepare a wonderful holiday meal.



#### SECTION 4 - 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.):

40 Years Old & Going Strong: In April 2014, UCHM celebrated its 40th anniversary. Over the years, we have made a strong and positive contribution to the community. We realize we've grown shabby and operate with outdated and less than functional equipment. Two of three HVAC systems were dying; the hard drive of our donated, never new to us, phone system chose this moment to die; our aging copier jams regularly and barely handles routine tasks; our interior walls haven't been painted in almost 12 yrs; and our hand-me-down furniture and equipment grows less functional daily. We applied to the Gheens Fdn for funds to replace the 2 HVAC systems, replace some of our non-functional furniture/equipment, repair other items, paint every surface, and give ourselves a much needed face-lift to increase functionality and effectiveness. With an award of approximately 50% of ask, we redefined our plans, honed the budget, and moved forward. In June, we replaced the 2 HVAC systems and have other project items in progress.

- \* Timeline for all aspects of project: The copier and computers will be purchased before December 31, 2015.
- \* NDF portion of project: Purchase new copier and 3 computers for the computer lab within next 45-60 days.
- \* Client Population addressed: Directly &/or indirectly, the larger project and the specific components of this request will benefit all of our clients.
- B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Funds will be used to purchase:
- \* Savin C4503SP copier this machine will serve day-to-day copying and printing needs as well as allow us to do in-house some printing that has been to date been outsourced. For example, we pay a printer to print our newsletter, which we distribute 3-4 times a year. With the per page (\$.008 black/white and \$.058 color) maintenance fee for the proposed copier, we will cut printing costs by more than 50% per publication. The copier has both black & white and color printing capability at an extremely favorable per page rate. The machine will change our operation to be more environmentally friendly by scanning in documents to keep digital copies. See attached specifications and quote.
- \* Dell All-In-One computers (3030 AIO BTX) The computers in our computer lab are outdated; none are less than 7-8 years old. Their processors will not support current OS (operating systems) nor software packages. The lab is used by our youth program, computer classes offered to area residents (seniors & others; 2-3 times a year; 6-8 sessions per offering), and the VITA tax return program. The open source software packages are seriously outdated and no longer compatible with the software used by UCHM and the machines lack the memory and OS capacity to support software upgrades. Some have damaged clusters on hard-drives and cannot support any type of upgrades. We may be able to upgrade 2-3 of the remaining machines; they will need new OS, additional memory, and new software packages. We have already purchased 2 new computers and need to purchase at least 3 more so that the lab can function optimally. See attached specifications and quote.

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Applicant's Initials MA



C: If this request is	a fundraise	er, pleas	e detail hov	w the pro	ceeds w	ill be spe	ent:			
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Applicant's Initials MA



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 items proposed to be purchased with a Neighborhood Development award will significantly enhance UCHM's infrastructure. The change in a copier and scanner will immediately begin savings for clients in our administrative costs to allow UCHM to expend resources more directly on services. This will create a 50% reduction in our printing and copying expenses. In addition, youth in the after-school and summer youth program will be able to:

- (1) perform better searches to support their academic work,
- (2) use word processing & spreadsheet software to complete assignments, and
- (3) learn how to find constructive games and recreational activities.

Seniors and others in computer classes will have the proper equipment to

- (1) learn to use word processing and spreadsheet software, and
- (2) learn to use internet searches to find needed information.

Volunteers working in the VITA Low-Income Tax Return program will be able to

(1) more quickly complete the tax returns with equipment that functions properly.

## Measuring benefits:

- \* Reduction of printing and copying expenses by +/-50%.
- \* Youth report cards, academic performance
- \* Computer class participants class evaluations, pre- & post tests
- \* VITA tax program volunteers anecdotal reports and records of completed tax returns
- 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.

Collaborative relationships & partnerships:

- \* Association of Community Ministries work together to advocate for & serve Louisville's most vulnerable citizens.
- \* Dare To Care Food Bank serve as distribution center for area residents to address food insecurity.
- \* Neighborhood associations/councils & business association (Butchertown, Clifton, Clifton Heights, Crescent Hill, Frankfort Avenue) the neighborhood/community associations support our events & programs with food drives, collection of school supplies, etc.; Frankfort Avenue Business Association is primary sponsor for our Santa Sprint each winter; members serve as volunteers in agency programs.
- \* Area churches are agency members & partners offering regular financial support, event support, many volunteers, food drives & other collections, supporting holiday programs (Christmas Connection & Thanksgiving baskets).
- \* East Louisville Lions Club Partnering with rehab project, providing financial resources and volunteers with Anthem to pay for and paint the entire interior of the facility.
- \* Downtown Lions Club Contributed \$2000 toward the new phone system
- \* Second Presbyterian Church Contributed \$5000 toward the overall rehab project The last three partners are enhancing the capacity for UCHM to stretch the Gheens Fdn award to address many of the essential upgrades for operations.



# SECTION 5 - 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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			•
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			·
G: Professional Service Contracts		,	
H: Program Materials	· .		•
I: Community Events & Festivals (Attach Detail List)		,	
J: Small Equipment			
K: Capital Equipment	11,356	0.00	11,356
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	11,356	0.00	11,356
% of Program Budget	100 %	%	100%

# 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)	·	
Fees Collected from Program Participants		•
Other (please specify)		٠
Total Revenue for Columns 2 Expenses **	0.00	

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.



**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 Contribut	ion	Value of Contribut	tion I	Method of Val	uation
See (F) fo	r info on partner	s in				•
overall pro	ect to improve					•
infrastruct	ure, operational				. ,	
efficiency	& efficacy.		,			
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#### **SECTION 6 - 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**

- 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.
- 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.
- 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.

#### 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 7 - 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.

Signatur	e of Legal Signatory:	In An	w/		Date: 9/10/2015
Legal Sig	natory: (please print): Ma	rk Howell	,	1000 TO 1000 T	Title: Executive Director
Phone:	502-893-0346	Extension:	110	Email:	mhowell@uchmlouky.org

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Effective April 2014





831 E. Broadway Louisville, KY 40204 502.589.5555 2308 Versailles Road Lexington, KY 40504 859.373.0065 540 West Dixie Elizabethtown, KY 42701 270.765.2553

# United Crescent Hill Ministries Savin C4503SP US Communities

	Purchase Price	<u>48 Mo</u> .	<u>60 Mo</u> .
I. Savin C4503SP	\$ 7,790.00	\$183.06	\$156.57
3 Hole Punch Postscript (MAC) PB3160 Paper Bank SR3140 Finisher/stapler SR3150 Booklet/stapler	\$ 490.00 \$ 390.00 \$ 890.00 \$ 1190.00 \$ 1890.00	\$ 11.51 \$ 9.16 \$ 20.91 \$ 27.96 \$ 44.41	\$ 9.60 \$ 7.64 \$ 17.44 \$ 23.32 \$ 37.04

- Includes Copier, SPDF (220 Sheets), Print/Scan Option, (2) Paper Sources, Fax Option, 100 Sheet By Pass Tray, USB/SD Card, Wireless Bridge,
- \$79.00 filing fee, billed with first payment
   May upgrade/ downgrade anytime with no penalties

Minimum 25% down, you may pay balance over 12 months interest free

II. Maintenance/Supply Contract (Includes all service, parts, drums, toner, developer)

\$.008 black/white

\$.058 color



Your UNDUPLICATED
Office Technology and Equipment Professionals





# **Your Dell Quote**

Thank you for your interest in Dell. This message contains all of the information regarding your products and/or services. Please verify that this quote is accurate and contact your sales professional if you would like to place this order. If you have any further questions regarding our products or services, please visit <a href="https://www.dell.com">www.dell.com</a>.



## Thanks again for choosing Dell.

**Quote Information** 

**Customer Number:** 

86400861

**Customer Name:** 

UNITED CRESCENT HILL MINISTRIES

Your Sales Professional:

Neelam Lakshminadh

<u>Lakshminadh</u> N@DELL.com (800) 456-3355x 4161479

**Quote Number:** 

715051260

**Quote Date:** 

09/10/2015

**Estimated Delivery Date:** Learn More

If you place your order today, it is estimated to be delivered

on or before 9/22/2015. \*

**Customer Information** 

**Billing Contact:** 

GAYLE COLLINS

**Billing Phone Number:** 

(502) 893-0346 150 S STATE ST

**Billing Address:** 

LOUISVILLE, KY 40206-3169

**Delivery Contact:** 

**GAYLE COLLINS** 

**Delivery Phone Number:** 

(502) 893-0346x 103

**Delivery Address:** 

150 STATE ST LOUISVILLE, KY 40206-3169

**Quote Details** 

**Quote Number: 715051260** 

Item Number Quantity Item Description

210-ACEY

OptiPlex 3030 AIO BTX

370-AAPD

4 4GB Single Channel DDR3L 1600MHz (4GBx1)

580-AAQX	4	US English (QWERTY) Dell KB212-B QuietKey USB Keyboard Black
490-BBFG	4	Intel Integrated Graphics, Dell OptiPlex
555-BBNI	4	No Wireless LAN Card
400-AAYF	4	500GB 2.5inch Serial ATA (7,200 Rpm) Hard Drive
536-BBBJ	4	Windows 7 Professional English/French 64bit (Includes Windows 8.1 Pro license)
570-AADU	4	Dell Logitech USB Optical Mouse
429-AAMW	4	No Optical Drive
555-BBFO	4	No Wireless
450-AAOJ	4	System Power Cord (Philipine/TH/US)
340-AGIK	4	Safety/Environment and Regulatory Guide (English/French/Dutch
319-BBBL	4	Software for Integrated Camera
340-ABMZ	4	1-Watt BIOS
803-8604	4	Onsite Service After Remote Diagnosis 3 Years
803-8584	4	Dell Limited Hardware Warranty Plus Service
338-BEEC	4	Intel Celeron G1840 Processor (Dual Core, 2.8GHz, 2MB Cache, w/HD Graphics)
630-AABP	4	Microsoft Office Trial, MUI, OptiPlex, Precision, Latitude
954-3465	4	No DDPE Encryption Software
391-BBDM	4	Non-Touch LCD, Dell OptiPlex AIO
525-0013	4	McAfee SecurityCenter 12 month
620-AASU	4	Windows 8.1 DVD OS Recovery(English)
321-BBGU	4	Up to 90% efficient PSU Base 49.5cm (19.5 INCH) Non-touch with Camera, Integrated
412-AADE	4	Heat Sink for Integrated Graphics
575-BBCG	4	AIO Stand OptiPlex 3030
389-BECP	4	Regulatory Label OptiPlex 3030, Non Touch
329-BBJL	4	TPM Enabled
422-0008	4	Dell Data Protection System Tools Digital Delivery/DT
632-BBBZ	4	Visit www.dell.com/encryption
632-BBCB	4	Thank you for buying Dell
640-BBDF	4	Adobe Reader 11
640-BBEV	4	Dell Data Protection   Protected Workspace
640-BBJB	4	ODM Info
640-BBLW	4	Dell(TM) Digital Delivery Cirrus Client
658-BBMQ	4	Enable Low Power Mode
658-BBMR	4	Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps),OptiPlex
658-BBNF	4	Waves Maxx Audio Royalty
658-BBVM	4	MY DELL
632-BBBJ	4	PowerDVD Software not included
637-AAAS	4	Dell Backup and Recovery Basic
998-BLQO	4	Fixed Hardware Configuration
340-ABJI	4	No Diagnostic/Recovery CD media
332-1286	4	US Order
338-BDXI	4	Intel(R) Celeron(R) Label

340-AINQ 389-BBUU	4 4	Shipping Material, Direct Shipping Label for DAO	
340-ABKW	4	No Quick Reference Guide	
387-BBEZ 389-BCGW	4	ENERGY STAR Version 6.0  No UPC Label	
551-BBBJ	4	No Intel Responsive	
800-BBIO	4	Desktop BTO Standard shipment	
610-BBEQ	4	Flexible Catalog Config 01, OptiPlex 3030 AIO	
634-BENZ	4	No DDPJESS Software	
817-BBBC	4	Not Selected in this Configuration	
*		-DISCOUNT/COUPON APPL	
	Subtot		\$2,676.00
Shipping & H		<u> </u>	\$0.00
<b>.</b> .		IX: fal	\$0. <b>0</b> 0 \$0.00
State Enviro	IIIIICII	<u>Lai</u>	φυ.ασ
State Enviro	Fe	e:	

<sup>\*</sup> Orders with Configuration Services might require additional processing time.

**Please save this Quote Confirmation.** To ensure that your quote is complete and accurate, please verify the configuration meets your needs. Learn more about the <u>Estimated Delivery Date.</u>

## **Terms of Sale**

This quote is valid for 30 days unless otherwise stated. Unless you have a separate written agreement with Dell that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request:

Dell Small Business collects tax on all orders.

Delf, the Delf logo, Axim, CompleteCare, Dimension, Inspiron, Latifude, OptiPlex, PowerEdge, PowerConnect, PowerVault, Delf Precision and TrueMobile are trademarks of Delf Inc. Intel. Intel Inside, Intel Inside logo, Intel Centrino, Intel Centrino logo. Celeron, Intel Xeon, Intel SpeedStep, Itanium, Pentium, and Pentium III Xeon are trademarks or registered trademarks of Intel Corporation or its subsidiaries in the United States and other countries. Microsoft and Windows are registered trademarks of Microsoft Corporation in the United States and/or other countries. Other trademarks and tradenames are the property of their respective owners.

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referred telasique Internal Revenue Service.

FIDV 0 7 1975

in reply seles to:

CIN:EO: '75 1 4 5 9

D United Crescent Hill Ministries, Inc. 1860 Frankfort Ave. Louisville, Ky. 40206

## - Dear Applicant:

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

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(i) and 509(a)(1).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, logacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

You are not required to file Form 990, Return of Organization Exempt From Income Tax.

(2)

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. 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.

Please keep this determination letter in your permanent records.

Sincerely yours,

District Director

Inquiries may be directed to: June Smallwood 513-684-3578

# **United Crescent Hill Ministries Budget**

# July 2015 to June 2016

# Income

income	
Church Budget Pledges Donors: Individuals, Organizations, Businesses, Foundations Metro Grant (EAP) Nutrition Grant Program Youth Income Youth Grant – Metro Health & Wellness Rental Income Senior Metro Grant Endowment Transfer Emergency Assistance Program Churches/Grants	\$57,000 \$122,000 \$29,400 \$8,000 \$500 \$12,400 \$3000 \$9600 \$2500 \$8000 \$70,000
Total Income	\$322,400
Expenses	
Salaries Pension Medical/Dental Insurance Payroll Taxes Travel Life and Disability Insurance Senior Center – Supplies/Equip/Food Supplies/Postage/Printing Telephone Utilities General Insurance Fundraising Volunteer Dinner/Appreciation Accounting	\$103,897 \$2820 \$15,068 \$7643 \$100 \$1792 \$2100 \$7000 \$6000 \$27,000 \$15,000 \$28,000 \$800 \$9000
Memberships Miscellaneous Youth Program – Supplies/Equipment/Food	\$670 \$1200 \$6000

Total Expenses \$322,400

Van Expenses

Health & Wellness

**Emergency Assistance Program Designated** 

\$510

\$2800

\$70,000

# UNITED CRESCENT HILL MINISTRIES, INC - BOARD OF DIRECTORS - 2015



Board members may serve 2 consecutive terms.

# **Statement of Revenue Collected and Expenses Paid**For the Month and twelve Months Ended June 30, 2015

	For the Moi	nth and twelve	Months Ended	June 30, 2015	i
	Current Month	Current Month	Year to Date	Year to Date	Year to Date
n.	Actual	Budget	Actual	Budget	Variance
Revenues	17 700 15	4,750.00	71,086.93	57,000.00	14,086.93
Church Budget Pledges	17,709.15 35,575.68	13,750.00	137,010.10	165,000.00	(27,989.90)
Donors Mature Count	0.00	2,450.00	31,730.05	29,400.00	2,330.05
Metro Grant	604.29	0.00	1,929.49	0.00	1,929.49
EAP Administrative	502.40	666.67	6,438.80	8,000.00	(1,561.20)
Nutrition Program Grant	4,214.62	1,000.00	11,940.79	12,000.00	(59.21)
Net Income - Trips	3,462.19	41.67	3,861.19	500.00	3,361.19
Youth Income	0.00	1,033.33	12,400.00	12,400.00	0.00
Youth Grant-City	0.00	0.00	0.00	0.00	0.00
Miscellaneous Income		250.00		3,000.00	(400.00)
Health & Wellness	0.00		2,600.00	8,000.00	(800.00)
Rental Income	790.00	666.67	7,200.00		
EAP Income	7,246.96	6,041.66	71,931.62	72,500.00	(568.38)
Total Budgeted Revenues	70,105.29	30,650.00	358,128.97	367,800.00	(9,671.03)
Unbudgeted Revenues	•	•			
Net-Sr. Center Activities	0.00	0.00	0.00	0.00	0.00
Interest Income	0.00	0.00	470.16	0.00	470.16
					<del></del>
Total Unbudgeted Revenues	0.00	0.00	470.16	0.00	470.16
Total All Revenues	70,105.29	30,650.00	358,599.13	367,800.00	(9,200.87)
100011111110101000				-	
Expenses					
EAP Expenses	9,246.91	5,833.33	64,148.09	70,000.00	(5,851.91)
Salaries	25,797.64	11,416.65	154,373.87	137,000.00	17,373.87
Pension	285.45	330.82	3,425.44	3,970.00	(544.56)
Medical/Dental Insurance	1,265.17	1,933.32	19,837.76	23,200.00	(3,362.24)
Payroll Taxes	1,897.08	868.98	13,313.09	10,428.00	2,885.09
Continuing Education	0.00	0.00	1,442.72	0.00	1,442.72
Travel	0.00	8.32	0.00	100.00	(100.00)
Life and Disability Insurance	210.02	223.98	2,641.77	2,688.00	(46.23)
Supplies - Senior Center	191.66	175.00	2,084.49	2,100.00	(15.51)
Supplies/Postage/Printing	(224.27)	583.32	5,379.32	7,000.00	(1,620.68)
Telephone	637.48	500.00	6,942.52	6,000.00	942.52
Newsletters	0.00	0.00	589.58	0.00	589.58
Utilities-UCHM	1,645.88	2,250.00	27,047.81	27,000.00	47.81
Equipment Repairs/Maint.	1,691.47	1,250.00	11,701.36	15,000.00	(3,298.64)
General Insurance	850.99	1,125.00	14,434.68	13,500.00	934.68
Fundraising	4,626.70	3,000.00	30,508.48	36,000.00	(5,491.52)
Volunteer Appreciation	(640.00)	66.67	0.00	800.00	(800.00)
C.P.A. Audit	0.00	0.00	0.00	0.00	0.00
Business Licenses & Permits	(137.42)	0.00	(122.42)	0.00	(122.42)
Legal and Accounting	350.00	583.32	9,150.00	7,000.00	2,150.00
Memberships	50.00	0.00	270.00	0.00	270.00
Miscellaneous	132.32	87.00	1,303.17	1,044.00	259.17
Van Expenses	(123.82)	41.67	308.40	500.00	(191.60)
Youth Program Expenses	365.47	500.00	3,143.03	6,000.00	(2,856.97)
	332.73	0.00	370.15	0.00	370.15
Interest Expense	0.00	233.33	2,900.00	2,800.00	100.00
Health & Wellness	0.00				
Total Expenses Net Income(Loss) before	48,451.46	31,010.71	375,414.31	372,130.00	3,284.31
Depreciation and Endowment	21,653.83	(360.71)	(16,815.18)	(4,330.00)	(12,485.18)
Depreciation and Amortization	(2,296.95)	0.00	(27,563.41)	0.00	(27,563.41)

# Statement of Revenue Collected and Expenses Paid For the Month and twelve Months Ended June 30, 2015 Year to Date Year to Date Year to Date Year to Date

	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Actual	Budget	Variance
Endownment Contributions	50,750.00	416.67	74,058.79	5,000.00	69,058.79
Endowment Fund Gain/(Loss)	0.00	0.00	0.00	0.00	0.00
Investment Fees	0.00	0.00	(1,083.59)	0.00	(1,083.59)
Interest - Endowment	7,559.39	0.00	11,143.10	0.00	11,143.10
Endowment Fund-Net Realize	0.00	0.00	1,841.56	0.00	1,841.56
Endowment Fund-Unrealized	0.00	0.00	2,525.57	0.00	2,525.57
				****	
Net Income (Loss)	77,666.27	55.96	44,106.84	670.00	43,436.84
,					

# Statement of Assets and Liabilities

June 30, 2015

## ASSETS

Current Assets Cash in Bank - Central Office PNC - CD #4085 Cash - Gaming Account Cash - Sr. Citizens Activities Cash - Emerg. Assist. Fund Petty Cash Accounts Receivable Prepaid Expenses Prepaid Senior Trip Expenses	\$ 86,025.82 0.00 72.21 9,238.88 2,323.54 100.00 4,940.35 3,327.72 0.00		
Total Current Assets			106,028.52
Property and Equipment Equipment and Furniture Leasehold Improvements Youth Program Equipment Building & Renovations Land Accumulated Depreciation	104,166.77 15,343.31 18,831.75 1,007,425.84 5,000.00 (425,297.90)		
Total Property and Equipment			725,469.77
Other Assets Comm Foundation of Lou - CC Endowment Investments	249,356.44 0.00		
Total Other Assets			249,356.44
Total Assets		\$ :	1,080,854.73
	LIABILITIES A	ND N	IET ASSETS
Current Liabilities Accounts Payable Due to Nomad AdventuresTrip 64 Senior Trip Deposits Payroll Taxes Payable Accrued Payroll Note Payable - LOC	\$ 977.12 5,000.00 0.00 8,245.51 13,248.11 16,932.73		
Total Liabilities			44,403.47
Net Assets Net Assets-Unrestricted Net Assets - Temp Restricted Net Assets - Restricted Curr Yr Change in Net Assets	837,788.04 15,684.04 138,499.87 45,330.31		
Total Net Assets			1,037,302.26
Total Liabilities & Net Assets		\$	1,081,705.73

#### ARTICLES OF INCORPORATION

OF

UNITED CRESCENT HILL MINISTRIES, INC.

KNOW ALL MEN BY THESE PRESENTS:

THAT the undersigned does hereby form a corporation in accordance with the provisions of Chapter 273 of the Kentucky Revised Statutes and adopt the following as Articles of Incorporation.

#### ARTICLE I

The name of the corporation shall be UNITED CRESCENT HILL MINISTRIES, INC.

#### ARTICLE II

The corporation shall have perpetual existence.

## ARTICLE III

The purpose of the United Crescent Hill Ministries, Inc. shall be to provide a Christian ministry to persons primarily in the Clifton, Clifton Heights, and Crescent Hill areas, 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, color, creed, or national origin.

## ARTICLE IV

The corporation shall be operated as a non-profit corporation, exclusively for charitable and educational purposes within the meaning of Section 501, of the Internal Revenue Code of 1954, as from time to time amended, and shall have and may exercise all powers given to non-profit corporations under the provisions of KRS 273, subject only to the limitation that notwithstanding any other provisions of these articles the corporation shall have only such powers as may be exercised in furtherance of its tax exempt purposes and as may be exercised by an organization for purposes similar to those of this corporation, exempt under Section 501 of the Internal Revenue Code.

# 227 PAGE 558

#### ARTICLE V

The members of the United Crescent Hill Ministries, Inc. shall consist of those religious congregations, institutions, and organizations which desire to affiliate with United Crescent Hill Ministries, Inc. and to work cooperatively for the achievement of its purpose.

## ARTICLE VI

Board of Directors appointed by the members of the corporation.

Each member shall be entitled to appoint at least one member but not more than four members to the Board, each of whom shall serve until his successor is appointed and qualifies. The qualifications of the directors, together with their terms of office, manner of election, removal, change of 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 names and post office address of the persons who shall serve as directors until their successors are duly qualified, are as follows:

<u>Name</u>	Address	
Reverend Mainert J. Peterson	6303 Glen Hill Road Louisville, Kentucky	40222
Carolyn Breen	515 Oxford Place Louisville, Kentucky	40207
Reverend Joseph Kiser	3129 Randolph Avenue Louisville, Kentucky	40206
Reverend Larry McSwain	4010 Gloucester Road Louisville, Kentucky	40207
Paul McGee	1014 Schiller Avenue Louisville, Kentucky	40204
Leslie Bryant	143 N. Hite Avenue Louisville, Kentucky	40206

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 inure 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 of Section 501 of the Internal Revenue Code and as may be designated by the directors to be used for purposes similar to those of this corporation.

#### ARTICLE VIII

The address of the initial registered office of the corporation is 6303 Glen Hill Road, Louisville, Kentucky, 40222, and the name of its initial registered agent at such address is Mainert J. Peterson.

#### ARTICLE IX

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 ten (10) days written notice has been given.

IN WITNESS WHEREOF, I have hereunto set my hand this

28 day of February, 1975.

MAINERT J. PETERSON

6303 Glen Hild Road

Louisville, Kentucky 40222

STATE OF KENTUCKY )
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public, in and for the State and County aforesaid, do certify that the foregoing Articles of Incorporation were this day produced to me by the said Mainert J. Peterson, party thereto, in said county and state and then and there acknowledged by him to be his act and deed this 28 day of February, 1975.

him to be his act and deed this 28th day of February, 1975

Notary Public, Jefferson County, Ky.

My Commission expires;

7, 1976

N 4 1975

ECRETAIN OF THIS OF KENTUCKY

ORIGINAL COPY. FILED SECRETARY OF STATE OF KENTUCKY FRANKFORT, KENTUCKY

ARTICLES OF AMENDMENT

OCT 13 1975

to the ARTICLES OF INCORPORATION

Themse L. Stovale
SECRETARY OF STATE

of the

- United Crescent Hill Ministries, Inc.

At a duly called meeting on August 7, 1975, the Executive Committee of the United Crescent Hill Ministries did move and unanimously vote to make the following editorial change to add a technical reference to identify the subsection of the IRS Code Section 501 under which these articles were filed:

"(c)(3) shall be added after each reference to Section 501, of the Internal Revenue Code of 1954, in the Articles of Incorporation of the United Grescent Hill Ministries, Inc., Article IV, line three and line ten, and Article VII, line seven. This change is made at the request of the Internal Revenue Service and represents only an editorial clarification, and in no ways is a substantive change of the Articles."

President

Mrs. Julie Bobsin, Secretary

The Reverend Richard Fowler and Ars. Julie Bonsin signed the above instrument in my presence on // day of \*\*Classic\*\* 1975, and stated that it is the Act and Deed of this corporation.

\*\*Notary Public, Jefferson Founty, Ky.\*\*

Communication: 8/16/78

# Form **W-9**

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

IIICITIA	Tievenue del vide		
	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.	
	United Crescent Hill Ministries, Inc  2 Business name/disregarded entity name, if different from above		
ge 2.			
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the found individual/sole proprietor or Corporation Scorporation Scorporation Corporation Scorporation Scorporation Corporation Corporation Corporation Scorporation Corporation Corporation Corporation Scorporation Corporation Corpor		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)
¥ë	Limited liability company. Enter the tax classification (C=C corporation, S=	=S corporation, P=partnership) ►	
Print or type Instructions	<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; che tax classification of the single-member owner.	,, ,	Exemption from FATCA reporting code (if any)
는 다	✓ Other (see instructions) ► Non-profit of	organization	(Applies to accounts maintained outside the U.S.)
ciţi	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)
be	150 South State Street		
See S	6 City, state, and ZIP code		
Š	Louisville, KY 40206	Louisville Metr	o Government
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
Enter	your TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to avoid Social sec	curity number
backu reside	o withholding. For individuals, this is generally your social security nun nt alien, sole proprietor, or disregarded entity, see the Part I instructior s, it is your employer identification number (EIN). If you do not have a r	mber (SSN). However, for a	
	page 3.	or	
	If the account is in more than one name, see the instructions for line 1 nes on whose number to enter.	and the chart on page 4 for Employer	identification number
Pari	II Certification		
Fr	penalties of perjury, I certify that:		
1. The	number shown on this form is my correct taxpayer identification num	ber (or I am waiting for a number to be is	sued to me); and
2. I ar Sei	n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	ckup withholding, or (b) I have not been r	notified by the Internal Revenue
3. I ar	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 exemp	ot from FATCA reporting is correct.	
Certifi becau interes genera	cation instructions. You must cross out item 2 above if you have bees you have failed to report all interest and dividends on your tax return the paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required the tions on page 3.	en notified by the IRS that you are current n. For real estate transactions, item 2 doe of debt, contributions to an individual reti	es not apply. For mortgage rement arrangement (IRA), and
Sign Here	Signature of U.S. person ▶	Date ▶ 9/14/	15
Gen	eral Instructions	• Form 1098 (home mortgage interest), 1098 (tuition)	B-E (student loan interest), 1098-T

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

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

#### Purpose of Form

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

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

- Form 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.

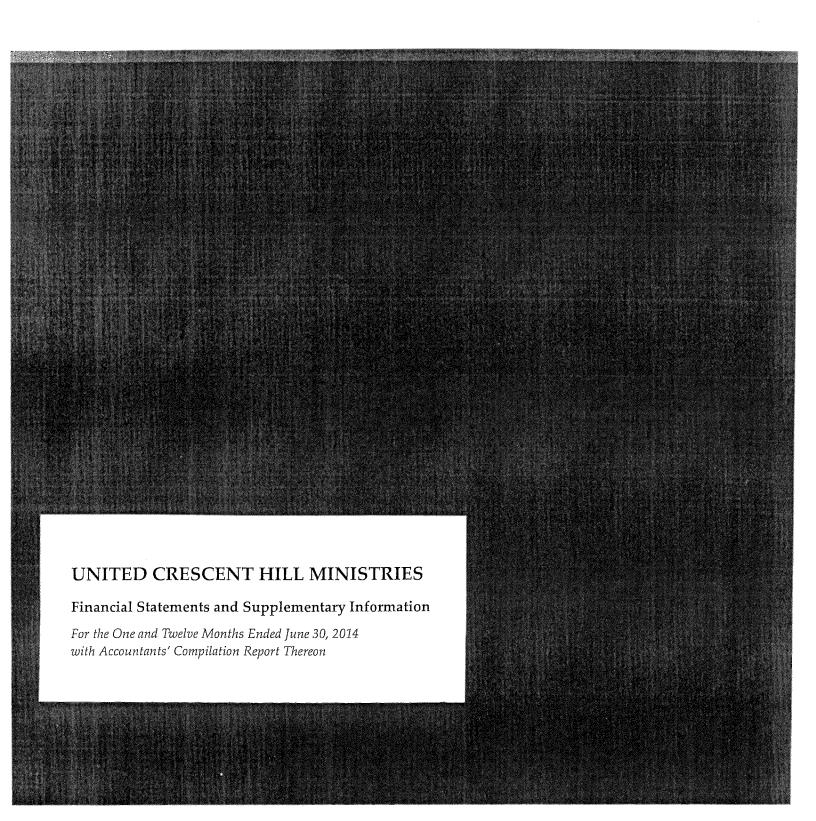
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. 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
- 4. 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.

# DORTON

DEAN DORTON ALLEN FORD, PLLC



Statement of Revenue Collected and Expenses Paid

	sidiemem oi	Keveline couc	cted and Expe	iises i ala	
	For the Month	n and twelve Mor			
	Current	Current	Year to Date	Year to Date	Year to
	Month	Month Budget	Actual	Budget	Date
Revenues					Variance
. –	2 204 24	5,047.92	56,270.72	60,575.00	(4.204.20)
Church Budget Pledges	2,804.34		159,814.49	•	(4,304.28)
Donors	62,684.21	13,299.99		159,600.00	214.49
Metro Grant	0.00	2,641.67	31,700.00	31,700.00	0.00
EAP Administrative	0.00	41.67	0.00	500.00	(500.00)
Nutrition Program Grant	2,045.65	666.67	6,756.95	8,000.00	(1,243.05)
Net Income - Trips	2,733.46	1,250.00	10,284.47	15,000.00	(4,715.53)
Youth Income	0.00	166.67	413.00	2,000.00	(1,587.00)
Youth Grant-City	3,100.00	1,033.33	12,400.00	12,400.00	0.00
Miscellaneous Income	0.00	0.00	0.00	0.00	0.00
Health & Wellness	0.00	0.00	2,655.00	0.00	2,655.00
Rental Income	550.00	666.67	7,025.00	8,000.00	(975.00)
EAP Income	446.68	3,500.00	69,247.39	42,000.00	27,247.39
Raffles Gain/Loss	276.00	0.00	(156.79)	0.00	(156.79)
Total Budgeted Revenues	74,640.34	28,314.59	356,410.23	339,775.00	16,635.23
Unbudgeted Revenues	0.00	0.00	0.00	2.22	
Net-Sr. Center Activities	0.00	0.00	0.00	0.00	0.00
Interest Income	0.02	0.00	42.00	0.00	42.00
Grant - NDF	2,500.00	0.00	5,000.00	0.00	5,000.00
Total Unbudgeted Revenues	2,500.02	0.00	5,042.00	0.00	5,042.00
Total All Revenues	77,140.36	28,314.59	361,452.23	339,775.00	21,677.23
Expenses					
EAP Expenses	5,981.11	3,500.00	71,961.40	42,000.00	29,961.40
Salaries	11,204.11	11,033.08	136,757.10	132,397.00	4,360.10
Pension	570.90	330.83	3,575.40	3,970.00	(394.60)
Medical/Dental Insurance	2,687.57	2,808.34	29,861.26	33,700.00	
Payroll Taxes	827.08	843.33			(3,838.74)
			10,432.13	10,120.00	312.13
Continuing Education	5,000.00	0.00	10,843.17	0.00	10,843.17
Travel	0.00	8.32	0.00	100.00	(100.00)
Life and Disability Insurance	223.17	224.01	2,678.04	2,688.00	(9.96)
Supplies - Senior Center	296.08	175.00	1,644.68	2,100.00	(455.32)
Supplies/Postage/Printing	160.50	416.68	7,268.15	5,000.00	2,268.15
Telephone	516.16	441.68	6,012.64	5,300.00	712.64
Newsletters	0.00	100.00	0.00	1,200.00	(1,200.00)
Utilities-UCHM	842.84	2,083.32	26,204.22	25,000.00	1,204.22
Equipment Repairs/Maint.	319.01	1,250.00	10,612.80	15,000.00	(4,387.20)
General Insurance	(21.40)	1,000.00	13,263.48	12,000.00	1,263.48
Fundraising	2,390.50	2,400.00	37,227.47	28,800.00	8,427.47
Volunteer Appreciation	640.00	66.67	826.46	800.00	26.46
C.P.A. Audit	0.00	0.00	0.00	0.00	0.00
Business Licenses & Permits	137.42	0.00	137.42	0.00	137.42
Legal and Accounting					
2	1,948.75	583.32	6,830.20	7,000.00	(169.80)
Memberships	0.00	0.00	670.00	0.00	670.00
Miscellaneous	94.81	41.67	1,073.76	500.00	573.76
Van Expenses	123.82	41.67	309.72	500.00	(190.28)
Youth Program Expenses	(367.54)	500.00	5,948.49	6,000.00	(51.51)
Interest Expense Health & Wellness	9.87 0.00	0.00 0.00	9.87 2,765.00	0.00 0.00	9.87
					2,765.00
Total Expenses Net Income(Loss) before	33,584.76	27,847.92	386,912.86	334,175.00	52,737.86
Depreciation and Endowment	43,555.60	466.67	(25,460.63)	5,600.00	(31,060.63)
	(2,641.39)	0.00	(31,696.68)	0.00	(31,696.68)

# Statement of Assets and Liabilities

June 30, 2014

		ASSETS		
Current Assets Cash in Bank - Central Office PNC - Money Market 30-20895941 PNC - CD #4085 Cash - Gaming Account Cash - Sr. Citizens Activities Cash - Emerg. Assist. Fund Petty Cash Accounts Receivable Prepaid Expenses Prepaid Senior Trip Expenses	\$	31,765.43 1,598.99 0,00 72.21 13,320.39 8,402.04 100,00 9,740.35 3,327.72 0,00		
Total Current Assets .				68,327.13
Property and Equipment Equipment and Furniture Leasehold Improvements Youth Program Equipment Building & Renovations Land Accumulated Depreciation	_	101,855.06 15,343.31 18,831.75 1,007.425.84 5,000.00 (397,734.49)		
Total Property and Equipment				750,721.47
Other Assets Comm Foundation of Lou - CC Endowment Investments		162,221.43		
Total Other Assets				162,221.43
Total Assets			\$	981,270.03
		LIABILITIES AND NE	T ASSETS	
Current Liabilities Accounts Payable Due to Nomad AdventuresTrip 64 Senior Trip Deposits Payroll Taxes Payable Deferred Grant Revenue Accrued Payroll	\$	7,228.69 5,000.00 0.00 3,928.19 5,112.65 12,248.55	·	
Total Liabilities				33,518.08
Net Assets Net Assets-Unrestricted Net Assets - Temp Restricted Net Assets - Restricted Curr Yr Change in Net Assets		836,075.36 15,684.04 94,279.87 1,712.68		
Total Net Assets				947,751.95
Total Liabilities & Net Assets			\$	981,270.03

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS OR FAITH-BASED ORGANIZATIONS

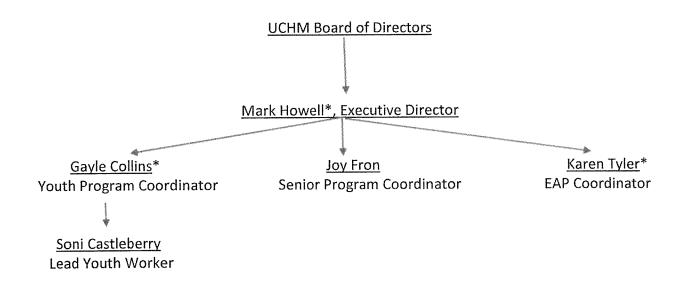
It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

it is committed to compliance with each of the following conditions and requirements.				
Legal Name of Applicant Organization:				
United Crescent Hill Ministries, Inc.	SOCIENTIAN IN INTERNALIS I			
As in the case of all legislative enactments, the appropriation must be for a pappropriation must have a secular legislative purpose to support a program veen, or could be undertaken by the government.	which benefits the public, and which has			
The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.				
The beneficiary activity or program must be open to the public as opposed to members or affiliates.	o being restricted to church or organization			
The grantee church or organization may not use public funds in any way the religious practice.	t involves worship, religious instruction, or			
Public funds involved in the grant may not be used to support a school or an grantee church or organization, or in its name.	y program of instruction operated by the			
The grantee organization may not use public funds in any way that involves organization.	The control of the co			
The grantee church or organization must establish and maintain a system of completely documents its use of the public funds involved in the grant.	recordkeeping which clearly and			
SIGNATURE				
I agree under the penalty of law to comply with all the items in this disclosure decigible for funding if investigation at any time shows falsification. If far approved, any allocations already received and expended are subject to be authorized to sign this disclosure for the applying organization.	disification is shown after funding has been			
Signature of Legal Signatory: Mark Honel	Date: 9-15-2015			
Legal Signatory (please print): Mark Howell	Title: Executive Director			
Phone: 502-893-0346 Extension:	Email: mhowell@uchmlouky.org			



150 S. State Street Louisville, KY 40206 Phone (502) 893-0346 Fax (502) 893-0352 ww.uchmlouky.org

# **UCHM Organizational Chart**



\* Three (3) highest paid staff members

## **General Information**

**Organization Number** 0053051

Name UNITED CRESCENT HILL MINISTRIES, INC.

**Profit or Non-Profit** N - Non-profit

**Company Type** KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 3/4/1975

 Organization Date
 3/4/1975

 Last Annual Report
 3/25/2015

Principal Office 150 SOUTH STATE ST

LOUISVILLE, KY 40206

Registered Agent W. DAVID KISER

ONE RIVERFRONT PLAZA, STE. 1800

LOUISVILLE, KY 40202

#### **Current Officers**

President
DAVID GRAVES
Vice President
Secretary
BETH BERES
Treasurer
RON MURPHY
Director
BETH BERES
Director
SHIRLEY DAVIS
Director
EILEEN BARTLETT

# Individuals / Entities listed at time of formation

**Director** MAINERT I PETERSON

DirectorCAROLYN BREENDirectorJOSEPH KISERDirectorLARRY MCSWAINDirectorPAUL MCGEE

Incorporator <u>MAINERT I PETERSON</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.

Annual Report	3/25/2015	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	4/15/2014	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	3/7/2013	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	3/6/2012	3 pages	tiff	PDF

	Welcome to Fasttrack Org	ganization Search		
Annual Report	3/24/2011	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/4/2010	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	3/26/2009	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	2/5/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/26/2007	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	4/6/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/7/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/5/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/28/2002	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	6/5/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/8/2000	4 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	6/3/1999	4 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	5/12/1998 ·	8 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	5 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	8 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/5/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/5/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	9 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Letters</u>	6/21/1988	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	6/17/1988	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	8/23/1986	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	10/26/1978	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1976	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	10/13/1975	2 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	3/4/1975	5 pages	<u>tiff</u>	<u>PDF</u>

# **Assumed Names**

**Activity History** 

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/25/2015 2:24:23 PM	3/25/2015	
Annual report	4/15/2014 3:02:59 PM	4/15/2014	
Annual report	3/7/2013 8:03:21 AM	3/7/2013	
Annual report	3/6/2012 8:25:43 AM	3/6/2012	
Annual report	3/24/2011 12:19:01 PM	3/24/2011	
Annual report	5/4/2010 8:53:15 AM	5/4/2010	
Annual report	3/26/2009 6:17:44 PM	3/26/2009	
Annual report	2/5/2008 8:33:33 AM	2/5/2008	

Annual report 2/26/2007 2/26/2007 12:37:50 PM

Annual report 4/6/2006 8:40:15 AM 4/6/2006

Amendment - Miscellaneous amendments 10/13/1975 10/13/1975

# **Microfilmed Images**

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

Annual Report	3/15/2005	1 page
Annual Report	6/1/2004	4 pages
Annual Report	5/5/2003	1 page
Annual Report	3/28/2002	3 pages
Annual Report	6/5/2001	1 page
Annual Report	6/8/2000	4 pages
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