

O-203-22
(as amended)**NEIGHBORHOOD DEVELOPMENT FUND**
Not-for-Profit Transmittal and Approval Form

Applicant/Program: Louisville Independent Business Alliance, Inc. / 2022 Buy Local Fair
Applicant Requested Amount: ~~\$10,500~~
Appropriation Request Amount: ~~\$1,000~~ ~~\$5,575~~ **\$10,500**

Executive Summary of Request

Funding for the Annual Buy Local Fair scheduled on Saturday, July 30, from Noon - 6 p.m. at the Louisville Water Tower Park, 3005 River Road. Event promotes locally owned and independent businesses. Event is free and open to the public. Funds will be used for rentals, bathrooms, trash/recycling, shirts, food/drinks, printing, licenses, bike parking, advertisement, security and ambulance/EMT services. 9

Is this program/project a fundraiser?	☒ Yes	☐ No
Is this applicant a faith based organization?	☐ Yes	☒ No
Does this application include funding for sub-grantee(s)?	☐ Yes	☒ No

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

9
District #

Bill Hollander
Primary Sponsor Signature

\$1,000
Amount

6/15/2022
Date

Primary Sponsor Disclosure

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

Approved by:Paul Blum7/25/2022

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

Applicant/Program:

Louisville Independent Business Alliance, Inc. / 2022 Buy Local Fair

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	<u>Barkley</u>	\$ 500
District 3	<u>Keisha Dorsey</u>	\$ 250
District 4	_____	\$ 1,900
District 5	_____	\$ _____
District 6	<u>Dan Doran</u>	\$ 350
District 7	_____	\$ _____
District 8	_____	\$ 500
District 9	_____	\$ _____
District 10	<u>Emmanuel</u>	\$ 850
District 11	_____	\$ _____
District 12	<u>Rick Blackwell</u>	\$ 350
District 13	_____	\$ _____
District 14	_____	\$ 500
District 15	_____	\$ _____

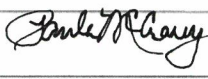
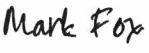
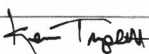
Applicant/Program:

Louisville Independent Business Alliance, Inc. / 2022 Buy Local Fair

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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Council Member Signature and Amount

District 1		\$ 350
District 2		\$
District 3		\$
District 4		\$
District 5		\$
District 6		\$
District 7		\$ 475 \$1,000
District 8		\$
District 9		\$
District 10		\$
District 11		\$
District 12		\$
District 13		\$ 500
District 14		\$
District 15		\$ 500

Applicant/Program:

Louisville Independent Business Alliance, Inc. / 2022 Buy Local Fair

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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

District 16 _____ \$ _____

District 17 M. W. \$ 350

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 Stuart Benson \$ 300District 21 Neole D. George \$ 450

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ 500District 25 Amy Holton Stewart \$ 350

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Louisville Independent Business Alliance, Inc.

Program Name and Request Amount 2022 Buy Local Fair / \$10,500

	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?	☒ Yes
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?	☐ N/A
Is the most recent annual audit (if required by organization) included?	☐ N/A
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?	☐ N/A
Are the Articles of Incorporation of the Agency included?	☒ Yes
Is the IRS Form W-9 included?	☒ Yes
Is the IRS Form 990 included?	☒ Yes
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?	☐ No
Prepared by: <i>Kyle Ehridge</i>	Date: 6/15/2022

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: Louisville Independent Business Alliance, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1219 W. Jefferson St. Ste. 205, 40203/PO Box 4579, 40204			
Website: www.keepsloisvilleweird.com			
Applicant Contact:	Jennifer Rubenstein	Title:	Executive Director
Phone:	502-500-4669	Email:	jennifer@keepsloisvilleweird.com
Financial Contact:	same	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: Jennifer Rubenstein			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Water Tower Park, 3005 River Road		
Council District(s):	9 (but booths from all over)	Zip Code(s):	40207 (but booths from all over)
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 2022 Buy Local Fair			
Total Request: (\$)	10,500	Total Metro Award (this program) in previous year: (\$)	9525
Purpose of Request (check all that apply):			
☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget) ☒ Programming/services/events for direct benefit to community or qualified individuals ☐ Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
☒ IRS Exempt Status Determination Letter ☒ Current year projected budget ☒ Current financial statement ☒ Most recent IRS Form 990 or 1120-H ☒ Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested ☒ IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Louisville Forward (21/22)	Amount: (\$)	20,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

LIBA's mission is to preserve the unique community character of the Metro Louisville area by promoting locally-owned, independent businesses and to educate citizens on the value of purchasing locally. In order to pursue its mission, LIBA focuses on:

- Informing citizens of the value provided by locally-owned businesses, including their importance to the local economy, culture, and social fabric. The goal is to encourage area residents to view themselves as citizens -- as members of a community rather than merely as consumers.
- Offering group branding, promotion and advertising to LIBA members to elevate the individual and collective profiles of locally-owned businesses in order to provide marketing and exposure advantages that chains routinely enjoy.
- Creating strong relationships with local government and media in order to inform local decision-making and give voice to the locally-owned independent business community, and to promote policies that support community-rooted enterprise.

LIBA is also responsible for the Buy Local First and 'keep Louisville weird' campaigns, publishing the Buy Local Guide, Louisville Local Business Expo (usually January), the Buy Local Fair (usually May, but July this year), South Points Buy Local Fair (usually September) LIBA Member Summit (usually October), hoLOUdays campaign (December) and efforts of the LIBA West and LIBA South committees.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Ashley Parker	January 2024
Chuck Slaughter	January 2025
Nachand Trabue	January 2025
Lauren Hendricks	January 2025
Barbara Nichols	January 2024
Adam Robinson	January 2023
Medora Safai	January 2024
Patrick Schmidt	January 2025
Raegan Stremel	January 2023
Di Tran	January 2023
Matt Stack	January 2023
Cynthia Brown	January 2024
Mary Ellen Weiderwohl	January 2024

Describe the Board term limit policy:

Board members are elected to a 3 year term by the membership. After their term ends, they have the option to run for re-election.

Three Highest Paid Staff Names	Annual Salary
Jennifer Rubenstein	48,100
Leslie Spanyer	25,272
Jordan Sangmeister	9,360



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 Louisville Independent Business Alliance will host the Buy Local Fair on Saturday, July 30, from 12n-6pm. Website printout is attached. The Fair will host a variety of local businesses, artist and craftsmen, chefs, community organizers, and farmers. The Fair connects customers of local businesses, music fans, foodies, local agriculture supporters and local arts patrons in celebration of Louisville's vast selection of unique offerings.

The Buy Local Fair Mission: To provide a venue that fosters cooperation, cross-pollination and strength in numbers for locally-owned, independent entities. By bringing together customers of various businesses, farms, craftspeople and artists unique to the Louisville-area, we expose a variety of endeavors to new audiences and increase business for all.

We have been a unique promoter of local businesses throughout the pandemic, emphasizing both the importance of, and specifically how, to support our local businesses.

This event is open and free to the public (\$6 advance/\$8 day of parking charge per carload, bicycles park at no charge). Buy Local Fairs have historically attracted 4,000-8,000 attendees from across the Louisville Metro area. Vendor participation is significant, with 100-200 local businesses participating, and most council districts were represented. LIBA has members in 100% of all council districts, and all are invited to participate and benefit from the exposure at the event.

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

NDF funds will be spent on various expenses, budget attached. This includes renting various equipment for a smooth, safe event: walkie talkies, tables, audio equipment, trash/recycling, portable bathrooms. Tshirts, soft drinks and ice for our volunteers, printing our vendor maps and signage, city licensing and permits, bike parking equipment, advertising, having security and an ambulance/EMTs on standby are also part of a successful event.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Funds raised from this event will continue LIBA's "keep Louisville weird" and "Buy Local First" education efforts. We have over 800 members and have focused the public's attention on the benefits of buying locally through our major events and campaigns, including the release of the Indie Impact Study, showing the positive financial impact (specific to the Louisville area) of buying locally. This study showed that for every \$100 spent at a Louisville-area independent business, \$55 remains in the local economy, whereas only \$14 remains when spent at a chain.

Funds raised will support our efforts to strengthen and grow independent businesses in areas that are historically underserved, particularly in West and South Louisville. Our partnerships with AMPED, MELANnaire Marketplace, LUL Center for Entrepreneurship and more help us act as a marketing arm and community connection maker for Black-owned businesses. We are also renewing our focus on reaching youth with the buy local message, encouraging future entrepreneurship, and ensuring the diversity of the city is reflected in our membership. Funds raised will also be used for such efforts as materials for our member businesses, community outreach that educates the public about the benefits of buying locally, support for our member businesses, etc.

This fundraiser also demonstrates the other main thrust of our message: that independent businesses contribute to our culture, social fabric and what makes our city distinctive.

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.

City permits, graphic designer, advertising, insurance, printing, parking & traffic vendors, security, event electrician, supplies, audio equipment, entertainment, rentals (ie. port o potties & wash, radios, tables, tents, etc.), volunteer t-shirts, first aid/EMT, recycling services, contractors for event day..

☐ 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.

JBK

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The Fair will lead to a shift towards spending at locally-owned businesses, which will benefit our local economy. A study funded by LIBA focused on the economic impact of Louisville-area retailers and restaurants. The results show that for every \$100 spent at a locally-owned, independent business, \$55 is reinvested locally, whereas only \$14 is reinvested when that same money is spent at a national chain. The additional amount that would stay in the Louisville economy if citizens made just a 10% shift from chains to independents would be \$416 million.

The event has been very popular with area farmers, restaurant/food trucks and businesses, who continue to return to the Fair because it is effective at driving business to their unique-to-Louisville establishments, which in turn supports our local economy. The public continues to attend in large numbers because the event strengthens the fabric of the community. Attendees gather a sense of pride in their city as they sample from vendors that can't be found in any other city, while they run into old friends and make new ones. We are also happy to be partnering with the MELANNAire Marketplace to highlight more Black-owned businesses, and will be joined by entrepreneurs participating in the Russell Tech Business Incubator program, who have recently received LIBA memberships to continue to connect to customers and businesses throughout the city.

Consistently strong numbers of attendance and vendors (and the diversity of vendors) has been a measure of success in the past, and will continue to be this year. Media Library will again give us specific numbers on the value and reach of our promotional efforts.

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.

LIBA collaborates with various other local organizations to put on a successful event that furthers everyone's goals. Louisville Water Company will be providing PureTap to fair goers. We make sure participation is attainable for even the smallest of businesses – LIBA members participate at no charge. (Everyone who will be selling items will also pay \$20 to cover the city's Master Vendor permits.) And of course, we have had wonderful support from Metro Council in the past. We will continue to spotlight the Council Members who support the event with signage recognition, banners and booth space (optional to staff).

Besides those listed above, LIBA also partners with other area organizations throughout the year, including Louisville Forward, the Center for Neighborhoods, Buy Black Lou, AMPED/Russell Technology Business Incubator, LUL Center For Entrepreneurship, many neighborhood business organizations, the Small Business Administration, Small Business Development Center, SCORE, Louisville Free Public Library, Navigate/Jewish Family & Career Services, the Family Business Center, University of Louisville and others.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	\$10,500	19500	30000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$10,500	19500	30000
Total Program Budget	35 %	65 %	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)	\$13,000 (sponsors)
Fees Collected from Program Participants	\$10,000 (parking & concessions)
Other (please specify)	\$6,500 (booth fees, silent auction)
Total Revenue for Column 2 Expenses	\$29,500

*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
Advertising & Tracking	500	1,700	2,200
Contractor: Designer	500	150	650
Contractors Day Of: concessions, clean up, logistics	1,500	2,500	4,000
Composting Incentives	0	150	150
Electrician	1,500	700	2,200
Entertainment	700	0	700
First Aid	300	500	800
Insurance	0	2,000	2,000
Liquor	0	5,000	5,000
Liquor Licensing	0	500	500
Merchandise	0	1,000	1,000
Parking Attendants, Traffic & Security Personnel	1,500	1,200	2,700
Permits: Special Event & Master Temporary	1,000	100	1,100
Recycling & Compost services	200	0	200
Rentals	1,000	2,000	3,000
Supplies & Printing (flyers, signage, etc.)	1,000	2,000	3,000
Volunteer t-shirts	800	0	800
Total	10,500	19,500	30,000



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers: 96	3840	\$10 per hour, 4 hours each
Advertising (LEO, LPM, Al Dia, etc.)	6000	market rate
Venue Rental	2400	market rate
audio equipment	300	market rate
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	12,540	

*** 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: January 1

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

Barbara Nichols (board member) is an Administrative Asst. for District 13 Office.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	6-14-22
Legal Signatory: (please print):	Jennifer Rubenstein	Title:	Exec Director
Phone:	502-500-4669	Extension:	
Email:	jennifere.kaplan@brillewcard.com		



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

DEPARTMENT OF THE TREASURY

Date: **OCT 07 2009**

LOUISVILLE INDEPENDENT BUSINESS
ALLIANCE, INC.
1534 BARDSTOWN RD
LOUISVILLE, KY 40205

Employer Identification Number:
20-5025267
DIN:
309173012
Contact Person:
SUSAN Y MALONEY ID# 31210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
March 19, 2008
Contribution Deductibility:

~~No~~

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Louisville Independent Business Alliance

Budget Overview: Fiscal Year 2022 - FY22 P&L

January - December 2022

	JAN - MAR, 2022	APR - JUN, 2022	JUL - SEP, 2022	OCT - DEC, 2022	TOTAL
Revenue					
Direct Public Grants	0.00	0.00	0.00	15,000.00	\$15,000.00
Indirect Public Support					\$0.00
Buy Local Louisville Foundation	0.00	0.00	0.00	6,000.00	\$6,000.00
Total Indirect Public Support	0.00	0.00	0.00	6,000.00	\$6,000.00
Investments					\$0.00
Interest-Savings, Short-term CD	0.00	0.00	0.00	3.00	\$3.00
Total Investments	0.00	0.00	0.00	3.00	\$3.00
Merchandise Income	0.00	0.00	0.00	400.00	\$400.00
Program Income					\$0.00
Affinity Programs	0.00	125.00	0.00	125.00	\$250.00
Business Membership Dues	23,750.00	23,750.00	23,750.00	23,750.00	\$95,000.00
Directory	0.00	0.00	0.00	22,000.00	\$22,000.00
Email Advertising	0.00	0.00	0.00	50.00	\$50.00
Indiv Membs aka Buy Local Besti	10.00	10.00	10.00	20.00	\$50.00
Member Event Fees	250.00	250.00	250.00	250.00	\$1,000.00
Member Event Sponsorships	600.00	800.00	800.00	800.00	\$3,000.00
ShopLocalLou	0.00	0.00	0.00	2,500.00	\$2,500.00
South Louisville Efforts	0.00	0.00	2,500.00	0.00	\$2,500.00
Supporter Status	600.00	600.00	600.00	700.00	\$2,500.00
West Louisville Efforts	0.00	1,250.00	0.00	1,250.00	\$2,500.00
Total Program Income	25,210.00	26,785.00	27,910.00	51,445.00	\$131,350.00
Special Events Income					\$0.00
Buy Local Fair	0.00	0.00	35,000.00	10,000.00	\$45,000.00
Louisville Local Business Expo	0.00	0.00	0.00	10,000.00	\$10,000.00
Mayoral Forum	0.00	0.00	1,000.00	0.00	\$1,000.00
South Points Buy Local Fair	0.00	0.00	0.00	10,000.00	\$10,000.00
Total Special Events Income	0.00	0.00	36,000.00	30,000.00	\$66,000.00
Total Revenue	\$25,210.00	\$26,785.00	\$63,910.00	\$102,848.00	\$218,753.00
GROSS PROFIT	\$25,210.00	\$26,785.00	\$63,910.00	\$102,848.00	\$218,753.00
Expenditures					
Credit Card Fees					\$0.00
Fees from credit card companies	875.00	875.00	875.00	875.00	\$3,500.00
Total Credit Card Fees	875.00	875.00	875.00	875.00	\$3,500.00
Facilities and Equipment					\$0.00
Fixtures and Office Environment	0.00	750.00	0.00	750.00	\$1,500.00
Office Cleaning	159.00	159.00	159.00	159.00	\$636.00
Rent and Electricity	4,200.00	4,200.00	4,200.00	4,200.00	\$16,800.00
Total Facilities and Equipment	4,359.00	5,109.00	4,359.00	5,109.00	\$18,936.00
Merchandise Expense	0.00	125.00	0.00	125.00	\$250.00
Sales And Use Tax	0.00	125.00	0.00	125.00	\$250.00
Total Merchandise Expense	0.00	250.00	0.00	250.00	\$500.00

Louisville Independent Business Alliance

Budget Overview: Fiscal Year 2022 - FY22 P&L

January - December 2022

	JAN - MAR, 2022	APR - JUN, 2022	JUL - SEP, 2022	OCT - DEC, 2022	TOTAL
Operations					\$0.00
Bank Fees	200.00	200.00	200.00	200.00	\$800.00
ACH Activity Fee	200.00	200.00	200.00	200.00	\$800.00
Total Bank Fees	400.00	400.00	400.00	400.00	\$1,600.00
Business Registration Fees	0.00	0.00	30.00	0.00	\$30.00
Email Distribution Service	100.00	100.00	100.00	150.00	\$450.00
Internet Service	216.00	216.00	216.00	216.00	\$864.00
Postage, Mailing Service	350.00	350.00	350.00	350.00	\$1,400.00
Printing and Copying	250.00	250.00	250.00	250.00	\$1,000.00
Software	250.00	500.00	4,000.00	250.00	\$5,000.00
Supplies	250.00	250.00	250.00	250.00	\$1,000.00
Telephone, Telecommunications	400.00	400.00	400.00	400.00	\$1,600.00
Website Domain Names	0.00	100.00	0.00	0.00	\$100.00
Total Operations	2,216.00	2,566.00	5,996.00	2,266.00	\$13,044.00
Other Types of Expenses					\$0.00
Advertising Expenses					\$0.00
Copywriting	0.00	200.00	0.00	0.00	\$200.00
Total Advertising Expenses	0.00	200.00	0.00	0.00	\$200.00
Insurance - Liability, D and O	0.00	3,300.00	0.00	0.00	\$3,300.00
Membership Materials	0.00	0.00	500.00	0.00	\$500.00
Memberships and Dues	0.00	600.00	0.00	600.00	\$1,200.00
Staff/Board Development	2,000.00	0.00	500.00	0.00	\$2,500.00
Total Other Types of Expenses	2,000.00	4,100.00	1,000.00	600.00	\$7,700.00
Payroll Expenses					\$0.00
Contract Services					\$0.00
Accounting Fees	0.00	500.00	0.00	0.00	\$500.00
Commission Membership New/Renew	375.00	375.00	375.00	375.00	\$1,500.00
Graphic Design	0.00	150.00	0.00	150.00	\$300.00
IT Support	600.00	100.00	100.00	100.00	\$900.00
Total Contract Services	975.00	1,125.00	475.00	625.00	\$3,200.00
Neighborhood Initiative Contrac	2,925.00	2,925.00	2,925.00	2,925.00	\$11,700.00
Salary	20,683.00	20,683.00	20,683.00	20,683.00	\$82,732.00
Taxes	2,306.00	2,306.00	2,306.00	2,306.00	\$9,224.00
Total Payroll Expenses	26,889.00	27,039.00	26,389.00	26,539.00	\$106,856.00
Program Expenses					\$0.00
Directory	0.00	0.00	0.00	18,000.00	\$18,000.00
Member Event Expenses	562.50	562.50	562.50	562.50	\$2,250.00
South Louisville Programs	0.00	0.00	2,000.00	500.00	\$2,500.00
West Louisville Efforts	0.00	1,000.00	1,000.00	500.00	\$2,500.00
Total Program Expenses	562.50	1,562.50	3,562.50	19,562.50	\$25,250.00
ShopLocalLou	0.00	0.00	0.00	2,500.00	\$2,500.00
Special Event Expenses					\$0.00

Louisville Independent Business Alliance

Budget Overview: Fiscal Year 2022 - FY22 P&L

January - December 2022

	JAN - MAR, 2022	APR - JUN, 2022	JUL - SEP, 2022	OCT - DEC, 2022	TOTAL
Buy Local Fair	0.00	10,000.00	20,000.00	0.00	\$30,000.00
hoLOUdays Expenses	0.00	0.00	0.00	200.00	\$200.00
Louisville Local Business Expo	0.00	0.00	0.00	4,500.00	\$4,500.00
Mayoral Forum	0.00	500.00	0.00	0.00	\$500.00
South Points Buy Local Fair Exp	0.00	0.00	3,000.00	1,500.00	\$4,500.00
Total Special Event Expenses	0.00	10,500.00	23,000.00	6,200.00	\$39,700.00
Total Expenditures	\$36,901.50	\$52,001.50	\$65,181.50	\$63,901.50	\$217,986.00
NET OPERATING REVENUE	\$ -11,691.50	\$ -25,216.50	\$ -1,271.50	\$38,946.50	\$767.00
NET REVENUE	\$ -11,691.50	\$ -25,216.50	\$ -1,271.50	\$38,946.50	\$767.00

Louisville Independent Business Alliance

Statement of Activity

January 1 - June 14, 2022

	TOTAL
Revenue	
Direct Public Grants	22,542.24
Investments	
Interest-Savings, Short-term CD	0.89
Total Investments	0.89
Merchandise Income	172.39
Program Income	
Affinity Programs	250.00
Business Membership Dues	46,213.00
Directory	4,471.00
Indiv Membs aka Buy Local Besti	60.00
Member Event Fees	518.00
Member Event Sponsorships	1,315.00
Profiles	-125.00
South Louisville Efforts	1,385.76
Supporter Status	1,375.00
Total Program Income	55,462.76
Special Events Income	500.00
Buy Local Fair	5,380.00
hoLOUdays Contest	138.00
Mayoral Forum	1,375.00
Total Special Events Income	7,393.00
To Be Classified	200.00
Total Revenue	\$85,771.28
GROSS PROFIT	\$85,771.28
Expenditures	
Credit Card Fees	
Fees from credit card companies	1,513.57
Total Credit Card Fees	1,513.57
Facilities and Equipment	400.00
Rent and Electricity	7,000.00
Total Facilities and Equipment	7,400.00
Merchandise Expense	228.50
Sales And Use Tax	44.78
Total Merchandise Expense	273.28
Operations	
Bank Fees	335.75
ACH Activity Fee	372.60
Total Bank Fees	708.35
Books, Subscriptions, Reference	80.00

Louisville Independent Business Alliance

Statement of Activity

January 1 - June 14, 2022

	TOTAL
Business Registration Fees	15.00
Email Distribution Service	100.00
Internet Service	360.00
Postage, Mailing Service	389.09
Software	367.24
Telephone, Telecommunications	544.54
Website Domain Names	44.34
Total Operations	2,608.56
Other Types of Expenses	
Insurance - Liability, D and O	3,374.02
Membership Materials	429.17
Memberships and Dues	1,943.00
Staff/Board Development	2,781.16
Total Other Types of Expenses	8,527.35
Outreach & Sponsorships	573.00
Payroll Expenses	
Contract Services	
Event Planning	125.00
IT Support	616.00
Total Contract Services	741.00
Neighborhood Initiative Contrac	1,855.00
Payroll Processing Fees	101.25
Salary	33,697.65
Taxes	2,746.62
Total Payroll Expenses	39,141.52
Program Expenses	
Member Event Expenses	1,616.56
West Louisville Efforts	1,700.00
Total Program Expenses	3,316.56
ShopLocalLou	207.47
Special Event Expenses	
Mayoral Forum	2,778.45
Total Special Event Expenses	2,778.45
Total Expenditures	\$66,339.76
NET OPERATING REVENUE	\$19,431.52
NET REVENUE	\$19,431.52

Client Copy

2020

Prepared for:

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

PO BOX 4759

LOUISVILLE KY 40204

**Following is a copy of your 2020 Federal and State Income Tax Returns.
Please review the returns, and keep your copy along with your supporting
documents in a safe location.**

Return Printed on 02/11/2022 at 03:52:34 PM

February 11, 2022

**SKS ACCOUNTING AND CONSULTING FIRM
812 LYNDON LANE SUITE 210
LOUISVILLE, KY 40222
502-425-5483**

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC
PO BOX 4759
LOUISVILLE, KY 40204

Dear Client,

Please find enclosed your 2020 Federal 990. We prepared your return based on the information provided. Please review the return carefully to ensure that there are no omissions. You should retain a copy of your return, along with any supporting documents, for a minimum of three years from the filing date.

Your return was filed electronically. You do not have a refund or a balance due this year.

As your Electronic Return Originator, we will forward your required supporting documents to the IRS.

If you have any questions about your return, please feel free to contact our office. Remember that we are here throughout the year to assist you with all of your financial and tax consulting needs.

Sincerely,



Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>PO BOX 4759</u> City or town, state or province, country, and ZIP or foreign postal code <u>LOUISVILLE KY 40204</u> F Name and address of principal officer: <u>JENNIFER RUBENSTEIN</u> <u>PO BOX 4759 LOUISVILLE KY 40204</u> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number ▶ _____
D Employer identification number <u>20-5025267</u>	E Telephone number <u>502-500-4669</u>
G Gross receipts \$ <u>192,428</u>	
I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) () (Insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ <u>www.keeploouisvilleweird.com</u>	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: <u>2008</u> M State of legal domicile: <u>KY</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Informing citizens of the value provided by locally owned businesses.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>850</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>4</u>
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>94,367</u>	<u>89,551</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>146,595</u>	<u>102,877</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>240,962</u>	<u>192,428</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>95,143</u>	<u>78,344</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>148,752</u>	<u>91,639</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>243,895</u>	<u>169,983</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>(2,933)</u>	<u>22,445</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	<u>6,036</u>	<u>28,483</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>6,036</u>	<u>28,483</u>

Part II Signature Block

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

Sign Here	<u>XXXXXXXXXXXXXXXXXXXX</u>	
	Signature of officer	Date
	<u>JENNIFER RUBENSTEIN</u>	<u>DIRECTOR</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	<u>ALISA BRADY</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>02/11/22</u>		<u>P00693177</u>
	Firm's name ▶ <u>SKS ACCOUNTING AND CONSULTING FIRM</u>	Firm's EIN ▶ <u>61-1375736</u>	Firm's address ▶ <u>812 LYNDON LANE SUITE 210 LOUISVILLE KY</u>	Phone no. <u>502-425-5483</u>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SPA For Paperwork Reduction Act Notice, see the separate instructions.

1037 CPTS 0USXX1

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The mission is to preserve the unique community character of Metro Louisville Area by promoting locally--owned, independent businesses and to educate citizens on the value of purchasing locally.

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

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

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

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

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Informing citizens of the value provided by locally owned-businesses.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Offering group branding, promotion, and advertising to LIBA members.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
creating strong relationships with local government and media.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
b Enter the number of voting members included in line 1a, above, who are independent	850	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 JENNIFER RUBENSTEIN PO BOX 4759 LOUISVILLE KY 40204 502-500-4669

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below solid line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ASHLEY PARKER PRESIDENT	5			X					
(2) PATRICK SCHMIDT SECRETARY	5			X					
(3) LAUREN HENDRICKS VICE PRESIDENT	5			X					
(4) MATT STACK TREASURER	5			X					
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below solid line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	89,551			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		89,551			
Program Service Revenue	2a	PROGRAM SERVICE REV	Business Code 519100	83,180	83,180		
	b	DIRECTORY	519100	19,697	19,697		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		102,877			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		192,428	102,877			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	71,846	71,846		
8 Pension plan accruals and contributions (include section 401(k) and 408(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,498	6,498		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	541	541		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,939	54,939		
12 Advertising and promotion	165	165		
13 Office expenses	13,154	13,154		
14 Information technology	1,240	1,240		
15 Royalties				
16 Occupancy	13,108	13,108		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,875	2,875		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STAFF DEVELOPMENT	2,916	2,916		
b MEMBERSHIP MATERIALS				
c BANK FEES	1,787	1,787		
d ORIENTATION AND TRAINING	914	914		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	169,983	169,983		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	75
	2 Savings and temporary cash investments	5,796	2	28,168
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	240	15	240
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,036	16	28,483	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	6,036	31	28,483
	32 Total net assets or fund balances	6,036	32	28,483
33 Total liabilities and net assets/fund balances	6,036	33	28,483	

SPA

1037 CPTS OUSXXB

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	192,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,983
3	Revenue less expenses. Subtract line 2 from line 1	3	22,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,036
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,481

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SPA

1037 CPTS 0USXXC

Form 990 (2020)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

Employer identification number

20-5025267

990, Part VI, Line 11b

Information is provided at annual meetings.

990, Part VI, Line 12c

Information is provided at annual meetings.

990, Part VI, Line 19

Information is provided at annual meetings.

990, Part IX, Line 11g

Contract Services:

Program services expense \$1455.00

Management and general expense 0

Fundraising expenses 0

990, Part IX, Line 11g

Program Expenses:

Program service expenses \$53484.00

Management and general expense 0

Fundraising expenses 0

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to
Public Inspection

Name of the organization

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

Employer identification number

20-5025267

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) BUY LOCAL LOUISVILLE FOUNDATION INC 197/A DOUGLAS BLVD SUITE 101 LOUISVILLE KY 4020584-2328001	SP/PT LOCAL	KY	501 (c) (3)	ACTIVE		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Client

Copy

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC	20-5025267
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	PO BOX 4759	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE KY 40204	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ► JENNIFER RUBENSTEIN

Telephone No. ► 502-500-4669

Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 11/15, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 20 or
► ☐ tax year beginning / , 20 , and ending / , 20 .

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

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

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

SPA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

1037 CPTS 0BX181

Form **8868** (Rev. 1-2020)

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

Taxpayer identification number

20-5025267

Name and title of officer or person subject to tax

JENNIFER RUBENSTEIN

DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1a Form 990 check here ▶ ☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ ☒	b Balance Due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ ☐	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization), LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, (EIN) 20-5025267 and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KENA J STITH to enter my PIN 25267 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

613205 06069

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ XXXXXXXXXXXXXXXX

Date ▶ 02/11/22

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

0688397.09

mmullins
NAOI

Trey Grayson

Secretary of State

Received and Filed

03/19/2008 3:07:04 PM

Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a non-profit corporation under the laws of the Commonwealth of Kentucky, KRS 273 (the "Act"), in accordance with the following provisions.

**ARTICLE I
NAME**

The name of the Corporation is **LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.** ("Corporation").

**ARTICLE II
PURPOSES AND POWERS**

The purposes for which this Corporation is organized are limited to any legal activity which is permitted to be undertaken by such form of corporation under the Act and pursuant to Section 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code").

**ARTICLE III
MEMBERS**

The Corporation shall not have voting members. The management and affairs of the Corporation shall be at all times under the direction of a Board of Directors, as allowed by statute and the Bylaws of the Corporation.

**ARTICLE IV
DIRECTORS**

The business and affairs of the Corporation shall be governed by a Board of Directors. The initial Board of Directors shall have seven (7) members who shall serve until the first annual election of Directors and until their successors are elected and

qualified. The number of Directors may be increased or decreased from time to time as stated in the Bylaws of the Corporation. The names and mailing addresses of the initial Directors are attached as Exhibit A.

ARTICLE V REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 and the name of the initial registered agent at that address is John D. Timmons.

ARTICLE VI PRINCIPAL OFFICE

The mailing address of the principal office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 .

ARTICLE VII BYLAWS

The Bylaws of the Corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

ARTICLE VIII OFFICERS

The Bylaws shall identify and provide for the method of election or appointment of the Officers of the Corporation.

ARTICLE IX INDEMNIFICATION

Each person who is or was a Director, or Officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a Member, Director, or Officer of another entity, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the Corporation against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity for the Corporation, subject to limitations contained from time-to-time in the Bylaws of the Corporation.

The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Non-Profit Corporation Act or under this Article, but it shall not be obligated to do so.

The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of Members or Board of Directors, or otherwise. If this Article or any portion thereof shall be invalidated on any ground or by any court of competent jurisdiction, the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

ARTICLE X LIMITATION OF DIRECTOR LIABILITY

No Director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a Director except for liability: (a) for any transaction in which the Director's personal financial interest is in conflict with the financial interests of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct or are known to the Director to be a violation of law; or (c) for any transaction from which the Director derives an improper personal benefit.

If the Kentucky Revised Statutes (now or in the future) authorize corporate action further eliminating or limiting the personal liability of Directors, then the liability of a Director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a Director of the Corporation existing at the time of such repeal or modification.

ARTICLE XI LIMITATION ON DISTRIBUTIONS

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's Members, Directors, Officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II above. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code.

ARTICLE XII DISSOLUTION

Upon the dissolution of the Corporation, assets shall be distributed as directed by the Board of Directors according to the Act so long as such direction does not violate the Code. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XIII DURATION

The Corporation shall have a perpetual existence.

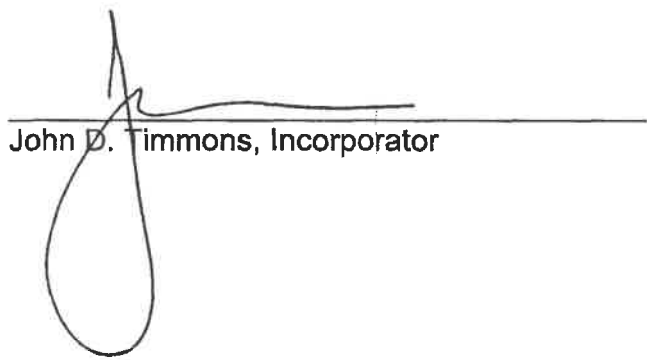
ARTICLE XIV AMENDMENT

These Articles of Incorporation may be amended, altered or repealed by the Corporation's Board of Directors.

ARTICLE XV INCORPORATOR

The name and address of the Incorporator is John D. Timmons, 1534 Bardstown Road, Louisville, Kentucky 40205.

Signed by the Incorporator at Louisville, Kentucky this 17 day of MARCH, 2008.


John D. Timmons, Incorporator

THE FOREGOING ARTICLES OF
INCORPORATION PREPARED BY:

LAKIN LAW OFFICE

A handwritten signature in black ink, appearing to read 'LARRY E. LAKIN', is written over a horizontal line.

LARRY E. LAKIN
Attorney at Law
11003 Bluegrass Parkway, Suite 500A
Louisville, Kentucky 40299
(502) 267-8221

EXHIBIT A

NAMES AND MAILING ADDRESS OF INITIAL DIRECTORS

1. John Timmons, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
2. Mike Mays, Heine Brothers' Coffee, 2714 Frankfort Ave., Louisville, KY 40206
3. Carol Besse, Carmichael's Bookstores, 2720 Frankfort Ave., Louisville, KY 40206
4. Rebecca Cornwell, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
5. Don Burch, 2330 Quest Outdoors, Frankfort Ave., Louisville, KY 40206
6. Summer Auerbach, Rainbow Blossom, 3738 Lexington Road, Louisville, KY 40207
7. Scott Roussell, Bluegrass Brewing Company, 636 E Main St., Louisville, KY 40202

Form **W-9**
(Rev. October 2018)
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.

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

1 Name (as shown on your income tax return) Name is required on this line, do not leave this line blank.

Louisville Independent Business Alliance

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes

☐ 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: Check the appropriate box in the line above for the tax classification of the single member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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.) See instructions

1219 W. Jefferson, Suite 205

6 City, state, and ZIP code

Louisville, KY 40203

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

2 0 - 5 0 2 5 2 6 7

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

1-31-22

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Kentucky Secretary of State

Michael G. Adams

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

File Annual Report	File Certificate of Assumed Name (DBA)
Change Address or Registered Agent	File Dissolution
Printable Forms	Subscribe to changes made to this entity
Certificates	

General Information

Organization Number	0688397
Name	LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/19/2008
Organization Date	3/19/2008
Last Annual Report	5/20/2022
Principal Office	1219 WEST JEFFERSON STREET, SUITE 205 LOUISVILLE, KY 40203
Registered Agent	ASHLEY PARKER 2002 GLENVIEW AVE. LOUISVILLE, KY 40222

Current Officers

President	Ashley Parker
Vice President	Lauren Hendricks
Secretary	Matt Stack
Treasurer	Cynthia Brown
Director	Jennifer Beaird Rubenstein
Director	Barbara Nichols
Director	Chuck Slaughter

Director	ADAM ROBINSON
Director	Di Tran
Director	Raegan Stremel
Director	Medora Safai
Director	Mary Ellen Wiederwohl
Director	Nachand Trabue
Director	Patrich Schmidt

Individuals / Entities listed at time of formation

Director	JOHN D TIMMONS
Director	MIKE MAYS
Director	CAROL BESSE
Director	REBECCA CORNWELL
Director	DON BURCH
Director	SUMMER AUERBACH
Director	SCOTT ROUSSELL
Incorporator	JOHN D TIMMONS

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	5/20/2022	1 page	PDF	
Principal Office Address Change	4/5/2021 11:42:37 AM	1 page	PDF	
Annual Report	4/5/2021	1 page	PDF	
Annual Report	3/22/2020	1 page	PDF	
Registered Agent name/address change	6/11/2019 4:44:59 PM	1 page	PDF	
Annual Report	6/11/2019	1 page	PDF	
Annual Report	4/12/2018	1 page	PDF	
Annual Report	5/3/2017	1 page	PDF	
Annual Report	3/25/2016	1 page	PDF	
Annual Report	4/23/2015	1 page	PDF	
Annual Report	2/6/2014	1 page	PDF	
Principal Office Address Change	4/30/2013 2:30:45 PM	1 page	PDF	
Annual Report Amendment	4/30/2013	1 page	PDF	
Annual Report	1/14/2013	1 page	PDF	
Registered Agent name/address change	2/17/2012 5:54:54 PM	1 page	PDF	
Principal Office Address Change	2/17/2012 5:49:18 PM	1 page	PDF	
Annual Report	2/17/2012	1 page	PDF	
Annual Report	2/21/2011	1 page	PDF	
Principal Office Address Change	8/10/2010 12:52:44 PM	1 page	PDF	
Registered Agent name/address change	8/10/2010 12:44:35 PM	1 page	PDF	
Annual Report	5/13/2010	1 page	PDF	
Annual Report	9/29/2009	1 page	PDF	
Articles of Incorporation	3/19/2008	6 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/20/2022 6:13:54 PM	5/20/2022 6:13:54 PM	
Annual report	4/5/2021 11:50:37 AM	4/5/2021 11:50:37 AM	
Principal office change	4/5/2021 11:42:37 AM	4/5/2021 11:42:37 AM	
Annual report	3/22/2020 3:02:55 PM	3/22/2020 3:02:55 PM	
Annual report	6/11/2019 4:55:29 PM	6/11/2019 4:55:29 PM	
Registered agent address change	6/11/2019 4:44:59 PM	6/11/2019 4:44:59 PM	
Annual report	4/12/2018 12:35:42 PM	4/12/2018 12:35:42 PM	
Annual report	5/3/2017 3:00:58 PM	5/3/2017 3:00:58 PM	
Annual report	3/25/2016 2:53:28 PM	3/25/2016 2:53:28 PM	
Annual report	4/23/2015 3:14:20 PM	4/23/2015 3:14:20 PM	
Annual report	2/6/2014 4:59:46 PM	2/6/2014 4:59:46 PM	
Amendment to annual report	4/30/2013 2:47:34 PM	4/30/2013 2:47:34 PM	
Principal office change	4/30/2013 2:30:45 PM	4/30/2013 2:30:45 PM	
Annual report	1/14/2013 2:54:02 PM	1/14/2013 2:54:02 PM	
Annual report	2/17/2012 5:58:16 PM	2/17/2012 5:58:16 PM	
Registered agent address change	2/17/2012 5:54:54 PM	2/17/2012 5:54:54 PM	
Principal office change	2/17/2012 5:49:18 PM	2/17/2012 5:49:18 PM	
Annual report	2/21/2011 2:52:54 PM	2/21/2011 2:52:54 PM	
Principal office change	8/10/2010 12:52:44 PM	8/10/2010 12:52:44 PM	
Registered agent address change	8/10/2010 12:44:35 PM	8/10/2010 12:44:35 PM	
Annual report	5/13/2010 3:06:43 PM	5/13/2010 3:06:43 PM	
Annual report	9/29/2009 4:13:22 PM	9/29/2009 4:13:22 PM	
Add	3/19/2008 3:07:04 PM	3/19/2008	

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