

O-341-22
(as amended)

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

Applicant/Program: OneWest Corporation/Winter Wonderland Event
Applicant Requested Amount: \$20,000
Appropriation Request Amount: ~~\$4,000~~ \$10,750

Executive Summary of Request

The funds will be used to assist with the cost of the Winter Wonderland event on December 16-18, 2022. The funds will specifically be used for the purchase and installation of lights and the the rental and installation of generators.

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.

5 District # *Donna Purvis* Primary Sponsor Signature \$4,000 Amount 11/6/2022 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.

Council Member Donna Purvis is a board member of OneWest.

Approved by:

Scott Reed 11/17/2022
Appropriations Committee Chairman Date
Final Appropriations Amount: \$10,750

Approved Committee
Date: 11/16/22

Applicant/Program:

OneWest Corporation/Winter Wonderland Event

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 _____	\$ 500 _____
District 2 _____	\$ 250 _____
District 3 _____	\$ 500 _____
District 4 _____	\$ 1,000 _____
District 5 _____	\$ _____
District 6 _____	\$ 500 _____
District 7 _____	\$ 1,000 _____
District 8 _____	\$ 500 _____
District 9 _____	\$ _____
District 10 _____	\$ 500 _____
District 11 _____	\$ _____
District 12 _____	\$ 500 _____
District 13 _____	\$ _____
District 14 _____	\$ 250 _____
District 15 _____	\$ 250 _____

Applicant/Program:

OneWest Corporation/Winter Wonderland Event

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 _____ \$ **250** _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ **250** _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ **500** _____

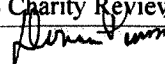
District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization OneWest Corporation

Program Name and Request Amount Winter Wonderland \$20,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: 	Date: 11/6/2022

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
legal Name of Applicant Organization: OneWest Corporation <i>(as listed on http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 2028 W. Broadway Suite 104 Louisville, KY 40203			
Website: www.OneWest.org			
Applicant Contact:	Evon Smith	Title:	CEO
Phone:	502-907-5147	Email:	Esmith@OneWest.org
Financial Contact:	Debbie Boyle	Title:	CPA
Phone:	502-426-9660	Email:	Dboyle@dmlo.com
Organization's Representative who attended NDF Training: Rita Phillips			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility location(s): Shawnee Park			
Council District(s):	<u>5</u>	Zip Code(s):	<u>40202</u>

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Winter Wonderland			
Total Request: (\$) 20,000		Total Metro Award (this program) in previous year: (\$) 0	
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense	<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> 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:	General Fund	Amount:(\$)	\$1million
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

OneWest's History

In 2014, OneWest was formed by a diverse group of professionals in Leadership Louisville's Bingham Fellows program. These seasoned and skilled community leaders believed that the clearest path to a sustained economic renaissance in the West End was an influx of private, philanthropic, and public capital. With a team of highly qualified and experienced staff and community leaders as Board members, OneWest is leading the way in gathering community feedback, developing long-lasting solutions, and implementing a plan that keeps true to the rich history of the West End—and all the while bringing together residents and diverse partners to embrace community development. The social capital and rapport within the West End community that OneWest has attained the last six years has primed the organization to act now and into the near future, during a time when the city must embrace and lift up the disenfranchised.

Over the past 6 years, OneWest addressed severe economic disinvestment at the intersection of West Broadway and 18th Street in the West End of Louisville. OneWest has received and re-invested over \$9 million in capital to engage absentee land-owners, rehab long-abandoned and dilapidated buildings, negotiate third-party liens on properties, and provide direct assistance to small business owners. OneWest has worked to ensure community members have a seat at the table and that their voices are amplified when decisions are being made about their neighborhoods in the West End of Louisville. OneWest has obtained site control of buildings and is building an aggressive equity and wealth creation program for small businesses. The impact and long-term sustainability of these ventures are notable and based on successful models.

It is not enough to change the physical space; the community must consider the usage of the physical space to change the socioeconomics and determinants of health of the people that live in the neighborhoods. While many communities across the country have answered this challenge with forced displacement (typically low-income residents and most often people of color), it is possible to create a new and different model.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
SEE Attached	

Describe the Board term limit policy:
 See attached Board list and term limit policy.

Three Highest Paid Staff Names	Annual Salary
Evon Smith	\$ 165,000
Emanuel Arnold	\$ 83,000
Donovan Taylor	\$ 80,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Winter Wonderland program will be dedicated to the neighborhoods that make up the west end but also open to residents from around the city. The Winter Wonderland celebration will transform West Louisville's largest Shawnee Park, an Olmstead Park, into a magical drive-thru festival featuring over 200,000 lights, musical performances, festive tunes, holiday displays, giveaways and more. OneWest will work with the local non-profit organizations to provide volunteers throughout the Park. There will be security teams and volunteers providing assistance but all of the attendees are expected to remain in their cars throughout the entire experience of driving through the park. The effort will include multiple community churches, non-profits, businesses and residents. The process will start with holiday wreaths being added to W. Broadway poles after Thanksgiving. From there, neighborhood residents along the North and Southern Parkway are being asked to add lights to their front yard and/or front doors. Events in the park will start on December 14th with the set up and the actual offerings to the public will begin on December 16th and end with the last drive thru on December 18th. Each night public drive through starts at 6:00 pm and ends at 10:00 pm. Cleanup will ensue by a local community committee and area residents. The Park should be available for normal activity on December 19th.

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

The funding will be spent for direct services for the installation of lights and production.

Install and purchase of lights - \$10,000

Install of and rental of generators - \$10,000

*If City generator will suffice, funds will be used for payment of Security - \$10,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

~~This event will have sponsorship but only to provide the necessary items needed for the event~~

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

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

If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.

Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The Winter Wonderland program will be an effort to decrease the violence during the holiday season and encourage community comradery and collaboration. The benefit to the community will be a much happier season of peace and joyful anticipation of a wonderful experience in the local park. The community will enjoy the three day event for the following: socializing, beautiful artistic displays, easily accessible, free of charge, local talent, community initiative, lots of giveaways, theatrical performances, music and fun.

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.

Local theater groups
LG&E
Local Churches
Local artist
AKA's
United Way
Other non-profits

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)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	100%

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Services - purchase of lights and generator rental, and installation of both			
Total			

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
Divine 9 Greek Organizations – placing items in the park	\$9,000	50 people @9 hours for 3 nights at \$20 pr. hour
Today's Woman – Bag stuffing Items in the bag	\$900 \$12,475	15 people 3 hrs. @ \$20 pr. Hr. 499 bags @\$25 each
Artist	\$1,000	4 X5 hrs. X2 daysX\$25
Contractors	\$8,500	17 people X 5 hours X2 days X\$50 pr. Hr.
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$31,875	

* 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.

1 Councilwoman Purvis is a Board member.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Evon S. Smith</i>	Date:	<i>10/15/22</i>
Legal Signatory: (please print):	<i>EVON S. SMITH</i>	Title:	
Phone: <i>502-600-0267</i>	Extension:	Email:	<i>ESmith@OneWest.org</i>



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: OneWest, Inc.

Grantee Representative Name: Rita Phillips

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

Please check:



I viewed the NDF training material on the website

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

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

Rita Phillips
Grantee Representative Signature

OCTOBER 17, 2022
Date

NOTE: Please return to Roxanne Steele

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

Fax: 502-574-3219

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



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: ONE WEST CORP

Grantee Representative Name: EVON SMITH / RITA PHILLIPS

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

Please check:



I viewed the NDF training material on the website

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

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

Rita Phillips for One West
Grantee Representative Signature

10/17/2022
Date

NOTE: Please return to Roxanne Steele

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

Fax: 502-574-3219

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

Board of Directors, Executive Committee, Finance Committee, Commercial Development, OW Staff & Interns

Name	Company	Neighborhood	Expiration Month	Expiration Year
Brian Phillips	LG&E and KU Energy, LLC		July	2023
Dreema Jackson	Retired Teacher & Community Activist	California	July	2023
Evon Smith	OneWest, LLC	Chickasaw	July	
Howard Holloman	GE Appliances		July	2023
Marilyn Harris	Metro/Louisville Forward		July	Annual
Jeffrey L. Gardner	AD Porter & Sons	Russell	July	2023
Jessica Jackson	Humana Inc.	Shawnee	July	2023
John T. McCarthy III	McCarthy Strategic Solutions, LLC		July	2023
Judy Schroeder	Retired, Metro United Way	Portland	July	2024
Katina Whitlock	Kentucky Science Center	Shawnee	July	2023
Khalila Sharasika	Humana, Inc.	Park DuValle	July	2023
Kimberly Halbauer	Fifth Third Bank		July	2023
Louis R. Straub, II	Independence Bank		July	2024
Maureen Brekka	Brown-Forman Corporation		July	2023
Nicole Yates	Passport Health Plan		July	2023
Nikki Lanier	Harper Slade Racial Equity Advisory		July	2023
Paul Costel	JPMorgan Chase, Kentucky Market		July	2024
David Snardon	Joshua Tabernacle Baptist Church		July	2024

Board Member	Expiration Date
Maureen Brekka	2023
Michael W. Gough	2023
Dreema Jackson	2023
Nikki Lanier	2023
John T. McCarthy III	2023
Khalila Sharasika	2023
Brian Phillips	2023
Christina Shadle	2023
Jeff Gardner	2023
Howard Holloman	2023
Jessica Jackson	2023
Katina Whitlock	2023
Kim Halbauer	2023
Nicole Yates	2023
Paul Costel	2024
Steve Poe	2024
David Snardon	2024
Judy Schroeder	2024
Donna Purvis (Metro Council appointee)	Annual
Marilyn Harris (Mayor appointee)	Annual
Louis Straub	2024
Sharita Bransford	2024
Douglas Craddock	2024
Robert Springfield	2024
Tom Morrow	2024

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

DEPARTMENT OF THE TREASURY

Date:

APR 29 2015

ONE WEST CORPORATION
1250 RIVER RD
LOUISVILLE, KY 40206

Employer Identification Number:
47-3080680
DLN:
17053092329035
Contact Person:
GARY MUTHERT ID# 31518
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
January 13, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

Letter 947

ONE WEST CORPORATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tamara J. Reynolds".

Director, Exempt Organizations

OneWest Corp

Budget 2022

0

Budget Item	2022
Income	
Carry over from 2021	
Contributions	
New Commitments Expected 2022	\$2,000,000.00
Donations - corps and foundations	\$1,710,750.00
Donations - governments	\$1,000,000.00
Donation - David McAtee	
Total contributions	
Total Income	\$4,710,750.00
Expenditures	
Personnel	
Salary and wages	\$600,000.00
Payroll benefits	
Employee benefits (Health Ins)	\$42,000.00
IRA expenses	\$10,000.00
Total payroll benefits	\$0.00
Payroll taxes	\$42,000.00
Total personnel	\$694,000.00
Occupancy	\$20,712.30
Professional fees	
Professional Services	\$40,000.00
Accounting services	\$23,000.00
Consultant fees	\$163,000.00
Total professional fees	\$226,000.00
General and administrative	
Advertising and promotion	
Advertising	\$60,000.00
Marketing/outreach	\$20,000.00
Total advertising and promotion	\$80,000.00

Due and subscriptions	\$5,000.00
Finance charges	\$45,000.00
Insurance	
Insurance - liability	\$13,690.86
Insurance - workers comp	\$5,000.00
Insurance - director and officer	\$1,328.00
Total insurance	\$20,018.86
Meals and entertainment	\$3,000.00
Miscellaneous expense	\$2,500.00
Other expenses	
Board/executive committee	\$6,000.00
Holiday Party	\$600.00
Bus tours	\$1,000.00
Donations: unrestricted	\$6,000.00
Education	\$2,000.00
Event expense	
Fundraising	\$2,500.00
Gifts	
Insurance- health	\$17,000.00
Office cleaning	
Org strategic plan	\$6,000.00
Sponsorships	\$4,000.00
Staffing	\$25,000.00
Supplies	\$6,000.00
Small office equipment	\$1,000.00
Technology	\$2,500.00
Training	\$2,000.00
Grant expenses	\$2,000.00
David McAtee - Cele. of life	
David McAtee - Comm. kitchen	
Total other expenses	\$83,600.00
Printing and publications	
Copier expenses	\$2,000.00
Printing	\$1,000.00
Total printing and publications	\$3,000.00
Postage and delivery	\$300.00

Repairs and maintenance	\$23,000.00
Telephone	\$3,600.00
Travel expenses	\$5,000.00
Total Expenditures	\$1,214,731.16
Net Operating Income	\$3,496,018.84

Programs & Projects

<i>Programs</i>	\$565,499.96
<i>Project Budget (OW Broadway)</i>	\$1,458,582.87
Potential subsidy	\$230,000.00
	\$215,000.00
Project funding need	\$1,013,582.87
Total Recommended Investment from OneWest	\$1,579,082.83
Net Operating Balance after investment	\$1,916,936.01

OneWest Corp
STATEMENT OF FINANCIAL POSITION
September 30, 2022

Assets

Current Assets

Cash and Cash Equivalents	
PNC checking - OneWest	\$ 1,875,560.12
PNC checking - OW Broadway Holdings	576,322.61
PNC checking - OW Holdings LLC	87,776.26
Total Cash and Cash Equivalents	<u>2,539,658.99</u>

Other Current Assets

Other Current Assets	
Prepaid expenses	11,280.13
Total Other Current Assets	<u>11,280.13</u>

Intercompany Receivable	
Due from OW Holdings	85,567.51
AR OW Holdings LLC	26,942.89
AR OW Broadway Holdings LLC	2,545,227.62
Total Intercompany Receivable	<u>2,657,738.02</u>

Total Current Assets 5,208,677.14

Long-term Assets

Property & Equipment	
Buildings	3,376,583.98
Improvements-504-508 S 18th Street	5,500.00
Improvements-1815 W Broadway	29,114.19
Improvements-1821 W Broadway	10,750.00
Improvements-1731 Broadway	34,760.00
Improvements-Royal Theatre	62,341.68
Improvements-18th Street Roll Houses	774,743.69
Improvements-526 S 18th Street	55,712.50
Total Property & Equipment	<u>4,349,506.04</u>

Deposits and Prepayments	
Deposits	2,760.40
Total Deposits and Prepayments	<u>2,760.40</u>
Tax bill lottery	22,074.00

Total Assets **\$ 9,583,017.58**

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OneWest Corp
STATEMENT OF FINANCIAL POSITION
September 30, 2022

Liabilities and Net Assets

Liabilities

Accounts Payable	\$	63,148.90
Other Short-term Liabilities		
Credit card payable		5,254.52
Intercompany Payable		
Due to OneWest		2,572,170.51
Due to OW Broadway		85,567.51
Total Intercompany Payable		2,657,738.02
Short Term Debts		
Note payable LCA Bank ST		5,649.22
N/P Hope of Kentucky current portion		22,303.28
First Insurance Funding note payable		4,156.28
Total Short Term Debts		32,108.78
Total Other Short-term Liabilities		2,695,101.32
Long Term Liabilities		
Long Term Debts		
N/P Hope of Kentucky/Royal Theatre		628,022.81
Less current portion		(27,952.50)
N/P Hope of Kentucky/504-508 S 18th St		115,000.00
Note payable-LCA Bank Corporation		14,994.85
Total Long Term Debts		730,065.16
Total Long Term Liabilities		730,065.16
Total Liabilities		3,488,315.38
Net Assets		
Net Assets		
Net assets		5,646,166.77
Net assets with restrictions		8,234.00
Total Net Assets		5,654,400.77
Change In Net Assets		440,301.43
Total Net Assets		6,094,702.20
Total Liabilities and Net Assets	\$	9,583,017.58

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date	Annual Budget
Contributions			
Donations - corps and foundations	\$ 18,584.73	\$ 226,421.99	\$ 3,710,750.00
Grant Income	0.00	2,000.00	0.00
Donations - governments	0.00	1,050,000.00	1,000,000.00
Donations - individuals	112.00	822.81	0.00
Total contributions	18,696.73	1,279,244.80	4,710,750.00
Other Revenue			
Rental income	8,487.00	78,771.34	0.00
Other-income	0.00	251.41	0.00
Investment interest income	0.00	2,427.50	0.00
Total Other Revenue	8,487.00	81,450.25	0.00
Expenditures			
Program expenses			
Bus tours	0.00	0.00	9,000.00
Improvements-18th Street Roll Houses	105,157.97	515,452.56	379,398.87
Contra improvements-18th Street Roll Houses	(105,157.97)	(515,452.56)	0.00
Improvements-526 S 18th Street	16,000.00	21,467.50	263,075.00
Contra improvements-526 S 18th Street	(16,000.00)	(21,467.50)	0.00
Improvements-1731 W Broadway RT	0.00	2,000.00	252,769.00
Contra improvements-1731 W Broadway RT	0.00	(2,000.00)	0.00
Improvements-1801-1815 W Bdwy RT	0.00	0.00	133,890.00
Improvements-1801 W Bdwy RT	0.00	3,500.00	83,890.00
Contra improvements-1801 W Bdwy RT	0.00	(3,500.00)	0.00
Improvements-504/508 S 18th Street	0.00	2,000.00	133,890.00
Contra improvements-504/508 S 18th Street	0.00	(2,000.00)	0.00
Improvements-1821A W Bdwy RT	0.00	4,750.00	113,890.00
Contra improvements-1821A W Bdwy RT	0.00	(4,750.00)	0.00
Improvements-1821B West Bdwy RT	0.00	0.00	53,890.00
Business Development	0.00	0.00	33,890.00
Event expense	2,233.95	16,199.29	600.00
Community outreach	0.00	2,034.00	0.00
Grant expenses	0.00	0.00	2,000.00
Plan Room expense	5,178.28	92,782.11	411,499.92
Total Direct	7,412.23	111,015.40	1,871,682.79
Personnel			
Salary and wages			
Salaries	25,998.23	240,274.83	600,000.00
Salary allocation	(7,703.35)	(78,137.94)	0.00
Total Salary and wages	18,294.88	162,136.89	600,000.00
Payroll benefits			
Employee benefits	1,459.21	13,167.95	59,000.00
IRA expenses	577.75	3,659.04	10,000.00
Total payroll benefits	2,036.96	16,826.99	69,000.00

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date	Annual Budget
Payroll taxes	1,988.86	18,380.93	42,000.00
Total personnel	<u>22,320.70</u>	<u>197,344.81</u>	<u>711,000.00</u>
General and administrative			
Advertising and promotion			
Advertising	3,500.00	24,562.16	60,000.00
Marketing/outreach	13,000.00	19,500.00	0.00
Outreach/marketing	0.00	45,603.33	20,000.00
Total advertising and promotion	<u>16,500.00</u>	<u>89,665.49</u>	<u>80,000.00</u>
Charitable Contributions			
Donation expense	0.00	10,125.00	6,000.00
Total Charitable Contributions	<u>0.00</u>	<u>10,125.00</u>	<u>6,000.00</u>
Fundraising Fees			
Fundraising	0.00	437.40	2,500.00
Sponsorship expense	0.00	4,750.00	4,000.00
Total Fundraising Fees	<u>0.00</u>	<u>5,187.40</u>	<u>6,500.00</u>
Conferences, Conventions, and Meetings			
Education	0.00	0.00	2,000.00
Training	0.00	57.88	2,000.00
Total Conferences, Conventions, and Meetings	<u>0.00</u>	<u>57.88</u>	<u>4,000.00</u>
Credit Card and Other Service Charges			
Bank charges	0.00	16.90	0.00
Total Credit Card and Other Service Charges	<u>0.00</u>	<u>16.90</u>	<u>0.00</u>
Dues and subscriptions	354.70	7,727.90	5,000.00
Insurance			
Insurance - liability	910.26	9,733.02	13,690.86
Insurance - workers comp	0.00	0.00	5,000.00
Insurance - director and officer	0.00	0.00	1,328.00
Total insurance	<u>910.26</u>	<u>9,733.02</u>	<u>20,018.86</u>
Interest Expenses			
Interest expense	3,803.18	34,270.21	45,000.00
Total Interest Expenses	<u>3,803.18</u>	<u>34,270.21</u>	<u>45,000.00</u>
Meals and entertainment	66.77	2,837.52	3,000.00
Miscellaneous expense	25.65	1,599.45	2,500.00
Office Supplies			
Gifts	0.00	742.54	0.00

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date	Annual Budget
Office cleaning	500.00	2,150.00	0.00
Staffing	7,075.50	25,062.80	25,000.00
Supplies	1,080.51	2,473.66	6,000.00
Small office equipment	0.00	0.00	1,000.00
Technology	212.12	1,663.60	2,500.00
Total Office Supplies	8,868.13	32,092.60	34,500.00
Other expenses			
Board/executive committee	0.00	15,715.62	6,000.00
Org strategic plan	0.00	0.00	6,000.00
SII expenses	10,892.70	41,213.20	66,000.00
Website	0.00	2,500.00	0.00
Total other expenses	10,892.70	59,428.82	78,000.00

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date	Annual Budget
Printing and publications			
Copier expenses	109.86	1,150.63	2,000.00
Printing	0.00	949.44	1,000.00
Total printing and publications	<u>109.86</u>	<u>2,100.07</u>	<u>3,000.00</u>
Postage and delivery	0.00	1,042.65	300.00
Repairs and maintenance	3,503.00	11,459.79	23,000.00
Taxes			
Property Taxes	0.00	(2,909.49)	0.00
Total Taxes	<u>0.00</u>	<u>(2,909.49)</u>	<u>0.00</u>
Professional fees			
Accounting services	9,134.48	21,610.03	23,000.00
Consultant fees	15,700.00	144,874.85	163,000.00
Professional fees-other	330.00	13,509.50	40,000.00
Management fees	365.22	4,336.98	0.00
Construction management fees	568.18	50,568.18	0.00
Personnel management fee	7,703.35	78,137.94	0.00
Total professional fees	<u>33,801.23</u>	<u>313,037.48</u>	<u>226,000.00</u>
Telephone	428.15	3,377.23	3,600.00
Travel expenses	0.00	0.00	5,000.00
Utilities	2,675.80	11,444.23	0.00
Occupancy			
Occupancy	2,259.32	19,739.26	20,712.30
Total Occupancy	<u>2,259.32</u>	<u>19,739.26</u>	<u>20,712.30</u>
Total general and administrative	84,198.75	612,033.41	566,131.16
Total expenditures	<u>113,931.68</u>	<u>920,393.62</u>	<u>3,148,813.95</u>
Change In Net Assets	<u>\$ (86,747.95)</u>	<u>\$ 440,301.43</u>	<u>\$ 1,561,936.05</u>

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SUPPLEMENTARY INFORMATION

OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Current Month</u>	<u>Year to date</u>
Other Revenue		
Rental income	500.00	4,500.00
Total Other Revenue	<u>500.00</u>	<u>4,500.00</u>
Expenditures		
Program expenses		
Improvements-504/508 S 18th Street	0.00	2,000.00
Total Direct	<u>0.00</u>	<u>2,000.00</u>
General and administrative		
Insurance		
Insurance - liability	84.07	837.47
Total insurance	<u>84.07</u>	<u>837.47</u>
Interest Expenses		
Interest expense	544.66	4,814.08
Total Interest Expenses	<u>544.66</u>	<u>4,814.08</u>
Repairs and maintenance	0.00	300.00
Professional fees		
Professional fees-other	0.00	1,000.00
Total professional fees	<u>0.00</u>	<u>1,000.00</u>
Total general and administrative	<u>628.73</u>	<u>6,951.55</u>
Total expenditures	<u>628.73</u>	<u>8,951.55</u>
Change In Net Assets	<u>\$ (128.73)</u>	<u>\$ (4,451.55)</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Current Month</u>	<u>Year to date</u>
Expenditures		
Program expenses		
Improvements-526 S 18th Street	16,000.00	21,467.50
Total Direct	<u>16,000.00</u>	<u>21,467.50</u>
General and administrative		
Repairs and maintenance	375.00	872.50
Utilities	0.00	141.79
Total general and administrative	<u>375.00</u>	<u>1,014.29</u>
Total expenditures	<u>16,375.00</u>	<u>22,481.79</u>
Change In Net Assets	<u>\$ (16,375.00)</u>	<u>\$ (22,481.79)</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Current Month</u>	<u>Year to date</u>
Expenditures		
Program expenses		
Improvements-1731 W Broadway RT	0.00	2,000.00
Total Direct	<u>0.00</u>	<u>2,000.00</u>
General and administrative		
Insurance		
Insurance - liability	84.07	837.47
Total insurance	<u>84.07</u>	<u>837.47</u>
Interest Expenses		
Interest expense	745.76	6,669.13
Total Interest Expenses	<u>745.76</u>	<u>6,669.13</u>
Repairs and maintenance	250.00	687.50
Professional fees		
Professional fees-other	0.00	2,110.00
Total professional fees	<u>0.00</u>	<u>2,110.00</u>
Utilities	75.12	2,000.09
Total general and administrative	<u>1,154.95</u>	<u>12,304.19</u>
Total expenditures	<u>1,154.95</u>	<u>14,304.19</u>
Change In Net Assets	<u>\$ (1,154.95)</u>	<u>\$ (14,304.19)</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Current Month</u>	<u>Year to date</u>
Other Revenue		
Rental income	2,400.00	21,600.00
Total Other Revenue	<u>2,400.00</u>	<u>21,600.00</u>
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.07	837.47
Total insurance	<u>84.07</u>	<u>837.47</u>
Interest Expenses		
Interest expense	745.77	6,669.17
Total Interest Expenses	<u>745.77</u>	<u>6,669.17</u>
Total general and administrative	<u>829.84</u>	<u>7,506.64</u>
Total expenditures	<u>829.84</u>	<u>7,506.64</u>
Change In Net Assets	<u>\$ 1,570.16</u>	<u>\$ 14,093.36</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Other Revenue		
Rental income	2,000.00	16,000.00
Total Other Revenue	2,000.00	16,000.00
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.06	837.40
Total insurance	84.06	837.40
Interest Expenses		
Interest expense	745.76	6,669.15
Total Interest Expenses	745.76	6,669.15
Repairs and maintenance	0.00	147.56
Utilities	38.61	289.56
Total general and administrative	868.43	7,943.67
Total expenditures	868.43	7,943.67
Change In Net Assets	\$ 1,131.57	\$ 8,056.33

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Other Revenue		
Rental income	1,000.00	11,300.00
Total Other Revenue	1,000.00	11,300.00
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.06	837.40
Total insurance	84.06	837.40
Repairs and maintenance	0.00	857.74
Utilities	579.90	2,646.60
Total general and administrative	663.96	4,341.74
Total expenditures	663.96	4,341.74
Change In Net Assets	\$ 336.04	\$ 6,958.26

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Current Month</u>	<u>Year to date</u>
Other Revenue		
Rental income	619.00	5,571.00
Total Other Revenue	<u>619.00</u>	<u>5,571.00</u>
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.07	837.47
Total insurance	<u>84.07</u>	<u>837.47</u>
Repairs and maintenance	0.00	943.00
Utilities	77.21	579.15
Total general and administrative	<u>161.28</u>	<u>2,359.62</u>
Total expenditures	<u>161.28</u>	<u>2,359.62</u>
Change In Net Assets	<u>\$ 457.72</u>	<u>\$ 3,211.38</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Other Revenue		
Rental income	1,000.00	7,000.00
Total Other Revenue	1,000.00	7,000.00
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.07	837.47
Total insurance	84.07	837.47
Utilities	95.10	913.96
Total general and administrative	179.17	1,751.43
Total expenditures	179.17	1,751.43
Change In Net Assets	\$ 820.83	\$ 5,248.57

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Expenditures		
General and administrative		
Insurance		
Insurance - liability	84.07	837.45
Total insurance	84.07	837.45
Utilities	38.60	289.55
Total general and administrative	122.67	1,127.00
Total expenditures	122.67	1,127.00
Change In Net Assets	\$ (122.67)	\$ (1,127.00)

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Other Revenue		
Rental income	968.00	8,712.00
Total Other Revenue	968.00	8,712.00
Expenditures		
Program expenses		
Improvements-1821A W Bdwy RT	0.00	4,750.00
Total Direct	0.00	4,750.00
General and administrative		
Insurance		
Insurance - liability	84.07	837.45
Total insurance	84.07	837.45
Interest Expenses		
Interest expense	745.77	6,669.16
Total Interest Expenses	745.77	6,669.16
Repairs and maintenance	307.40	1,531.60
Professional fees		
Professional fees-other	0.00	400.00
Total professional fees	0.00	400.00
Utilities	38.60	289.55
Total general and administrative	1,175.84	9,727.76
Total expenditures	1,175.84	14,477.76
Change In Net Assets	\$ (207.84)	\$ (5,765.76)

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Expenditures		
General and administrative		
Repairs and maintenance	250.00	687.50
Total general and administrative	250.00	687.50
Total expenditures	250.00	687.50
Change In Net Assets	\$ (250.00)	\$ (687.50)

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1405 W Broadway

OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	<u>Year to date</u>
Other Revenue	
Investment interest income	2,427.50
Total Other Revenue	<u>2,427.50</u>
Change In Net Assets	<u>\$ 2,427.50</u>

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OneWest Corp
STATEMENT OF ACTIVITIES
For the Current Month and Period Ending September 30, 2022

	Current Month	Year to date
Expenditures		
Program expenses		
Improvements-18th Street Roll Houses	105,157.97	515,452.56
Total Direct	105,157.97	515,452.56
General and administrative		
Miscellaneous expense	0.00	300.00
Repairs and maintenance	2,320.60	5,267.39
Professional fees		
Consultant fees	0.00	2,067.00
Total professional fees	0.00	2,067.00
Utilities	1,707.37	3,884.82
Total general and administrative	4,027.97	11,519.21
Total expenditures	109,185.94	526,971.77
Change In Net Assets	\$ (109,185.94)	\$ (526,971.77)

These financial statements have not been audited, reviewed or compiled and therefore, no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.



deming malone
livesay + ostroff

November 15, 2021

Onewest Corporation
2028 W. Broadway #104
Louisville, KY 40203

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

301 E. Elm Street
New Albany, Indiana 47150
T: 812.945.5236
F: 812.949.4095

9300 Shelbyville Road
Suite 1100
Louisville, Kentucky 40222
T: 502.426.9660
F: 502.425.0883

131 E. Chestnut Street
Corydon, Indiana 47112
T: 812.738.3516
F: 812.738.3519

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ONEWEST CORPORATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2028 W. BROADWAY 104
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40203
F Name and address of principal officer: **EVON SMITH**
SAME AS C ABOVE

D Employer identification number
47-3080680

E Telephone number
502-907-5147

G Gross receipts \$ **1,825,701.**

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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **ONEWEST.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2015** **M** State of legal domicile: **KY**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COMMUNITY DEVELOPMENT CORPORATION DEVELOPING AND SUPPORTING PROJECTS IN (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> 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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	65
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	113,712.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,860,019.	1,711,989.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,584.	113,712.
		3,001,603.	1,825,701.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,952.	379,578.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	89,198.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	456,644.	511,595.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	851,596.	891,173.	
19 Revenue less expenses. Subtract line 18 from line 12	2,150,007.	934,528.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,081,057.	5,480,706.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,442,951.	894,418.
		3,638,106.	4,586,288.

Part II Signature Block

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

Sign Here
 Signature of officer: **EVON SMITH, PRESIDENT**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **CHRISTINE N KOENIG**
 Preparer's signature: **CHRISTINE N KOENIG**
 Date: **11/15/21**
 Check if self-employed:
 PTIN: **P01022180**
 Firm's name: **DEMING MALONE LIVESAY & OSTROFF PSC**
 Firm's EIN: **61-1064249**
 Firm's address: **9300 SHELBYVILLE RD STE 1100**
LOUISVILLE, KY 40222-5187
 Phone no. (502) **426-9660**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ONEWEST IS A NON-PROFIT CORPORATION THAT IS ESTABLISHING NEW PATHWAYS TO PRIVATE AND PUBLIC CAPITAL IN AN EFFORT TO GENERATE SUSTAINABLE ECONOMIC DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION IN WEST LOUISVILLE IN PARTNERSHIP WITH COMMUNITY RESIDENTS.

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

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

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

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

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

4a (Code:) (Expenses \$ 500,619. including grants of \$) (Revenue \$ 0.)

THE ORGANIZATION AIMS TO STIMULATE ECONOMIC DEVELOPMENT AND COMMUNITY REVITALIZATION IN WEST LOUISVILLE, WITH A PRIMARY FOCUS ON THE BUILT ENVIRONMENT. BY FOCUSING ON LAND USE, INFRASTRUCTURE NEEDS, URBAN DESIGNS, AND AN OVERALL IMPROVED "SENSE OF PLACE," ONEWEST'S GOAL IS TO BRING A SHARED PROSPERITY BACK TO WEST LOUISVILLE, WHICH IN TURN LIFTS THE ENTIRE LOUISVILLE COMMUNITY.

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

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

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

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

4e Total program service expenses 500,619.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

EVON SMITH - 502-907-5147
2028 W BROADWAY, STE 104, LOUISVILLE, KY 40203

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVON SMITH PRESIDENT & CEO	40.00	X		X				193,415.	0.	0.
(2) AMY CURRY SECRETARY, DIRECTOR	1.00	X		X				0.	0.	0.
(3) BRIAN PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(4) CHRISTINA SHADLE DIRECTOR	1.00	X						0.	0.	0.
(5) DEVONE HOLT DIRECTOR	1.00	X						0.	0.	0.
(6) DREEMA JACKSON DIRECTOR	1.00	X						0.	0.	0.
(7) HOWARD HOLLOMAN VICE CHAIR, DIRECTOR	5.00	X		X				0.	0.	0.
(8) JEFF BRINGARDNER DIRECTOR	1.00	X						0.	0.	0.
(9) JEFFREY L. GARDNER DIRECTOR	1.00	X						0.	0.	0.
(10) JESSICA JACKSON DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN T. MCCARTHY, III DIRECTOR	1.00	X						0.	0.	0.
(12) JUDY SCHROEDER DIRECTOR	1.00	X						0.	0.	0.
(13) KATINA WHITLOCK DIRECTOR	1.00	X						0.	0.	0.
(14) KEISHA DORSEY DIRECTOR	1.00	X						0.	0.	0.
(15) KHALILA SHARASIKA DIRECTOR	1.00	X						0.	0.	0.
(16) LAURA DOUGLAS DIRECTOR	1.00	X						0.	0.	0.
(17) LOUIS R. STRAUB, II DIRECTOR	1.00	X						0.	0.	0.

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 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			
(18) MARIA HAMPTON DIRECTOR	1.00	X						0.	0.	0.
(19) MAUREEN BREKKA DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL W. GOUGH DIRECTOR	1.00	X						0.	0.	0.
(21) MIKE MOUNTJOY DIRECTOR	1.00	X						0.	0.	0.
(22) NIKKI LANIER CHAIR	5.00	X		X				0.	0.	0.
(23) PAUL COSTEL DIRECTOR	1.00	X						0.	0.	0.
(24) REV. DAVID L. SNARDON DIRECTOR	1.00	X						0.	0.	0.
(25) SHARITA BRANSFORD DIRECTOR	1.00	X						0.	0.	0.
(26) STEVE POE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								193,415.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								193,415.	0.	0.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) MICHAEL ASH DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	25,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,686,989.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			1,711,989.		
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	113,712.			
		(ii) Personal				
		6b Less: rental expenses	0.			
	c Rental income or (loss)	6c	113,712.			
	d Net rental income or (loss)			113,712.	113,712.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
8b Less: direct expenses		8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			1,825,701.	0.	113,712.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	193,415.	116,049.	58,025.	19,341.
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	153,827.	18,940.	72,592.	62,295.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,064.	2,768.	2,644.	1,652.
9 Other employee benefits	2,246.	880.	841.	525.
10 Payroll taxes	23,026.	9,024.	8,617.	5,385.
11 Fees for services (nonemployees):				
a Management	4,404.		4,404.	
b Legal				
c Accounting	19,483.		19,483.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	126,711.	116,174.	10,537.	
12 Advertising and promotion	3,530.	3,530.		
13 Office expenses	29,282.		29,282.	
14 Information technology	2,819.		2,819.	
15 Royalties				
16 Occupancy	29,069.		29,069.	
17 Travel	761.		761.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,883.	45,883.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,810.	80,810.		
23 Insurance	33,328.		33,328.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DAVID MCATEE - KITCHEN	38,323.	38,323.		
b REPAIRS AND MAINTENANCE	18,905.	18,905.		
c EVENT EXPENSE	18,214.	18,214.		
d PROPERTY TAXES	17,860.	17,860.		
e All other expenses	42,213.	13,259.	28,954.	
25 Total functional expenses. Add lines 1 through 24e	891,173.	500,619.	301,356.	89,198.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,361,115.	1	1,827,489.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	113.	4	113.
	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	200,000.	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 3,438,926.		
	b	Less: accumulated depreciation	10b 107,896.		
			3,497,755.	10c	3,331,030.
	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	22,074.	15	322,074.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,081,057.	16	5,480,706.	
Liabilities	17	Accounts payable and accrued expenses	61,586.	17	13,446.
	18	Grants payable		18	
	19	Deferred revenue	491,000.	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	684,212.	23	780,872.
	24	Unsecured notes and loans payable to unrelated third parties		24	100,100.
	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	206,153.	25	
	26	Total liabilities. Add lines 17 through 25	1,442,951.	26	894,418.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,629,872.	27	3,807,308.
	28	Net assets with donor restrictions	8,234.	28	778,980.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,638,106.	32	4,586,288.
33	Total liabilities and net assets/fund balances	5,081,057.	33	5,480,706.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,825,701.
2	Total expenses (must equal Part IX, column (A), line 25)	2	891,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	934,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,638,106.
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	13,654.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,586,288.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization ONEWEST CORPORATION	Employer identification number 47-3080680
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,950.	179,934.	1696379.	2860019.	1711989.	6552271.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	103,950.	179,934.	1696379.	2860019.	1711989.	6552271.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1673088.
6 Public support. Subtract line 5 from line 4.						4879183.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	103,950.	179,934.	1696379.	2860019.	1711989.	6552271.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				132,901.	113,712.	246,613.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						6798884.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	71.76 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.15 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

ONEWEST CORPORATION

47-3080680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

ONEWEST CORPORATION

47-3080680

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____	\$ <u>27,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____	\$ <u>92,038.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ONEWEST CORPORATION	Employer identification number 47-3080680
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>23,769.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>417,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ONEWEST CORPORATION

47-3080680

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ONEWEST CORPORATION

47-3080680

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	GOODS _____ _____ _____	\$ 92,038.	12/23/20
9	GOODS _____ _____ _____	\$ 50,000.	12/15/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ONEWEST CORPORATION	Employer identification number 47-3080680
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ONEWEST CORPORATION

Employer identification number

47-3080680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-table for Held at the End of the Tax Year), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,438,926.	107,896.	3,331,030.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,331,030.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENT IN 1405 W. BROADWAY	300,000.
(2) TAX BILL LOTTERY	22,074.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	322,074.

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a shaded column for totals.

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

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

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a shaded column for totals.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2020

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ONEWEST CORPORATION

Employer identification number

47-3080680

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EVON SMITH PRESIDENT & CEO	177,502.	15,913.	0.	0.	0.	193,415.	0.
(i)	0.	0.				0.	0.
(ii)							
(iii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

ONEWEST CORPORATION

Employer identification number

47-3080680

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

THE URBAN NEIGHBORHOODS LOCATED IN THE WESTERN PORTION OF LOUISVILLE,
KENTUCKY ("WEST LOUISVILLE"). THESE NEIGHBORHOODS INCLUDE THE
ALGONQUIN, CALIFORNIA, CHICKASAW, PARK DU VALLE, PARK HILL, PARKLAND,
PORTLAND, RUSSELL AND SHAWNEE NEIGHBORHOODS OF WEST LOUISVILLE.

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

MANAGEMENT REVIEWS THE 990 PRIOR TO FILING AND THE RETURN IS PROVIDED TO
THE FINANCE COMMITTEE AND BOARD FOR THEIR REVIEW.

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

EACH BOARD MEMBER SIGNS A WRITTEN CONFLICT ON INTEREST POLICY WHEN THEY
JOIN THE BOARD. MANAGEMENT MAINTAINS AN AWARENESS OF DISCLOSED CONFLICTS
AND ADDRESSES CONFLICTS WITH THE BOARD AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15A:

A REVIEW COMMITTEE IS ESTABLISHED BY THE BOARD. THE COMMITTEE PERFORMS AN
ANNUAL EVALUATION AND REVIEWS THE COMPENSATION PACKAGE FOR THE CURRENT
YEAR. THIS INFORMATION IS PRESENTED TO THE BOARD FOR APPROVAL.

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

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

116,174.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ONEWEST CORPORATION	Employer identification number 47-3080680
--	---

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 116,174.

OTHER:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 10,537.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 10,537.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 126,711.

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.

Name of the organization

ONEWEST CORPORATION

Employer identification number
47-3080680

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
OW HOLDINGS LLC - 81-0899934 2028 W BROADWAY, STE 104 LOUISVILLE, KY 40203	REAL ESTATE INVESTMENTS	KENTUCKY	583.	83,858.	ONEWEST CORPORATION
OW BROADWAY HOLDINGS LLC - 82-4665551 2028 W BROADWAY, STE 104 LOUISVILLE, KY 40203	REAL ESTATE HOLDINGS	KENTUCKY	116,196.	3,950,561.	ONEWEST CORPORATION

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?	
						Yes	No

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

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		Yes	No	

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

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		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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

Lined area for supplemental information.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>ONEWEST CORPORATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2028 W. BROADWAY, NO. 104</p> <p>City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203</p>	<p>D Employer identification number 47-3080680</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 5,480,706.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **EVON SMITH** Telephone number ▶ **502-907-5147**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-12,144.
2 Reserved	2	
3 Add lines 1 and 2	3	-12,144.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-12,144.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-12,144.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		
4a Did the organization change its method of accounting? (see instructions) <input type="checkbox"/>		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	CHRISTINE N KOENIG		CHRISTINE N KOENIG	11/15/21
	Firm's name	DEMING MALONE LIVESAY & OSTROFF PSC		Firm's EIN
9300 SHELBYVILLE RD STE 1100			61-1064249	
Firm's address			LOUISVILLE, KY 40222-5187	
			Phone no. (502) 426-9660	

FOOTNOTES

STATEMENT 1

ONEWEST CORPORATION
2028 W. BROADWAY, STE. 104
EIN: 47-3080680
TAX YEAR ENDING: 12/31/2020

ELECTION TO WAIVE
CARRYBACK PERIOD UNDER SECTION 172(B)(3)
AND REV. PROC. 2020-24

ONEWEST CORPORATION INCURRED A NET
OPERATING LOSS IN ITS TAX YEAR ENDED 12/31/20 AND IS
ENTITLED TO A CARRYBACK PERIOD OF FIVE YEARS WITH RESPECT
TO SUCH LOSS UNDER SECTION 172(B)(1)(D).

IN ACCORDANCE WITH SECTION 172(B)(3) UNDER REV. PROC.
2020-24, TAXPAYER HEREBY ELECTS TO RELINQUISH THE
ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING
LOSS INCURRED IN ITS TAX YEAR ENDED 12/31/20 AND
WILL CARRY FORWARD THE LOSS.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

ENTITY **1**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization ONEWEST CORPORATION	B Employer identification number 47-3080680
C Unrelated business activity code (see instructions) ▶ 900000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **UNRELATED DEBT-FINANCED INCOME**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	24,334.	36,478.	-12,144.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	24,334.	36,478.	-12,144.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement) (see instructions)	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562) (see instructions)	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-12,144.
17 Deduction for net operating loss (see instructions)	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-12,144.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A **ROYAL THEATRE** 1801 W. BROADWAY, LOUISVILLE, KY 40203
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	113,712.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 4	79,048.			
b Other deductions (attach statement) STMT 5	91,410.			
c Total deductions (add lines 3a and 3b, columns A through D)	170,458.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	676,773.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	3,161,928.			
6 Divide line 4 by line 5	21.40%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	24,334.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶	24,334.			
9 Allocable deductions. Multiply line 3c by line 6	36,478.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	36,478.			
11 Total dividends-received deductions included in line 10 ▶	0.			

Part V Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VI Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for Gross advertising income, Direct advertising costs, Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and Excess readership costs allowed as a deduction.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
ROYAL THEATRE	1	
BEGINNING FIRST MONTH		685,811.
BEGINNING SECOND MONTH		684,244.
BEGINNING THIRD MONTH		682,670.
BEGINNING FOURTH MONTH		680,879.
BEGINNING FIFTH MONTH		679,289.
BEGINNING SIXTH MONTH		677,587.
BEGINNING SEVENTH MONTH		675,981.
BEGINNING EIGHTH MONTH		674,264.
BEGINNING NINTH MONTH		672,642.
BEGINNING TENTH MONTH		671,012.
BEGINNING ELEVENTH MONTH		669,273.
BEGINNING TWELFTH MONTH		667,627.
TOTAL OF ALL MONTHS		8,121,279.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		676,773.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
ROYAL THEATRE	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		3,161,928.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		3,161,928.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		3,161,928.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A)		PART V - DEPRECIATION DEDUCTION		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION		79,048.		
	- SUBTOTAL -	1		79,048.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)				79,048.

FORM 990-T (A)		PART V - OTHER DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
BANK CHARGES		156.		
INTEREST		37,843.		
MISCELLANEOUS		7,736.		
OFFICE SUPPLIES		457.		
BOARD/COMMITTEE		391.		
REPAIRS AND MAINTENANCE		7,644.		
PROPERTY TAXES		13,466.		
PROFESSIONAL FEES		16,505.		
UTILITIES		7,212.		
	- SUBTOTAL -	1		91,410.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				91,410.

0900486.09

amcray
ADD

Allison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/13/2015 3:48 PM
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
ONEWEST CORPORATION**

A Kentucky Non-Stock, Non-Profit Corporation

Article 1

The name of the corporation is OneWest Corporation (the "Corporation").

Article 2

2.1 (a) The Corporation is organized exclusively for charitable, scientific and educational purposes, under Section 501(c) (3) of the Internal Revenue Code of 1986, as amended ("IRC"), or corresponding section of any future tax code, and under Chapter 273 of the Kentucky Revised Statutes ("KRS Chapter 273"). The Corporation may receive gifts, contributions and grants of money or property from individuals, private organizations, public sources and any agency of local, state or federal government.

(b) The specific and primary purposes of the Corporation are:

(i) To empower and promote the welfare of the people of the neighborhoods located in western Louisville, Kentucky ("West Louisville");

(ii) To combat community deterioration, contribute to physical improvement and revitalization, provide relief to the poor and distressed, eliminate discrimination and prejudice, lessen neighborhood tensions, stabilize and generally to otherwise promote community and economic development and redevelopment in West Louisville;

(iii) To improve and revitalize the economy of West Louisville and assist in developing, attracting and retaining business, industrial, educational, cultural, civic, community and other enterprises in West Louisville and thereby developing, attracting, expanding and retaining jobs and opportunities for the people of West Louisville;

(iv) To aid, assist and further in the development of West Louisville by coordinating public and private partnerships, by soliciting and receiving gifts and donations of money and other property, by acting as a partner in the development and revitalization of West Louisville, and by any other means appropriate to this purpose; and

(v) To perform activities which give reasonable promise that a stable nurturing environment will be created in West Louisville and to perform related activities which would be helpful in growing and sustaining economic vitality in West Louisville and carrying out the purposes set forth above.

2.2 The Corporation may exercise any and all powers possessed by nonstock, nonprofit corporations formed under KRS Chapter 273, but the Corporation shall not engage in activities which are impermissible for a corporation exempt from federal income tax under IRC § 501(c)(3).

2.3 The Corporation shall have no capital stock and no power to issue certificates for shares of capital stock or to declare dividends. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors or 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 Section 2.1 above.

2.4 No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

2.5 Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC § 501(c)(3) or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

Article 3

The address of the Corporation's initial registered office in Kentucky is 400 West Market Street, 32nd Floor, Louisville, Kentucky 40202 and the name of the initial registered agent at that office is FBT LLC.

Article 4

The mailing address of the Corporation's initial principal office is c/o Leadership Louisville Center, 732 West Main Street, Louisville, KY 40202.

Article 5

5.1 The number of directors constituting the initial board of directors is three. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Name	Address
Steve Poe	1250 River Road, Louisville, KY 40206
Woodford Porter, Jr.	1300 W. Chestnut Street, Louisville, KY 40203
Monica LaPradd	234 Amy Avenue, Louisville, KY 40212

5.2 The Corporation shall have no members.

5.3 The Board of Directors will adopt Bylaws not inconsistent with the provisions of these Articles of Incorporation or with the laws of the Commonwealth of Kentucky. Adoption of Bylaws and subsequent amendments thereof or hereof shall be effective upon the affirmative vote of a majority of the members of the Board of Directors at a meeting duly called for that purpose.

Article 6

6.1 No current or former director, officer, employee, attorney or agent of the Corporation shall be personally liable as such on the Corporation's obligations or to the Corporation for monetary damages for breach of his duties on the Corporation's behalf except for liability for (a) any transaction in which the individual's personal financial interest is in conflict with the financial interests of the Corporation, (b) acts or omissions not in good faith or which involve intentional misconduct or are known to the individual to be a violation of law, or (c) any transaction from which the individual derives an improper personal benefit. If KRS Chapter 273 is subsequently amended to authorize corporate action further eliminating or limiting the personal liability of such individuals, then the liability of such individuals shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by KRS Chapter 273, as so amended, without the necessity for further action by the Board of Directors. Any repeal of this Article 6 shall not adversely affect any right of a current or former director, officer, employee, attorney or agent hereunder in respect of any act or omission occurring prior to the time of such repeal or modification.

6.2 Each person who is or was a director, officer, employee, attorney or agent (each, an "Indemnified Person" and collectively, the "Indemnified Persons") of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as an Indemnified Person

of another corporation, whether elected or appointed, including the heirs, executors, administrators or estate of any such Indemnified Person, shall be Indemnified by the Corporation to the full amount 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 Indemnified Person in such Indemnified Person's capacity as a director, officer, employee, attorney or agent, or arising out of such Indemnified Person's status as a director, officer, employee, agent or attorney, provided, however, no such Indemnified Person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such Indemnified Person shall have been adjudged liable on the basis that personal benefit was improperly received by such Indemnified Person or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such Indemnified Person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article 6 shall not affect any rights or obligations then existing. If any indemnification payment required by this Article 6 is not paid by the Corporation within 90 days after a written claim has been received by the Corporation, the Indemnified Person may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such Indemnified Person shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such Indemnified 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 KRS Chapter 273 or under this Article 6, but it shall not be obligated to do so. The indemnification provided by this Article 6 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 6 or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then 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 7

The name and address of the incorporator is: FBT LLC, 400 West Market Street, 32nd Floor, Louisville, Kentucky 40202.

Article 8

Upon the dissolution of the Corporation, any remaining net assets of the Corporation shall be conveyed to such organization(s) as shall be selected by the Board of Directors; provided, however, that any such recipient organization shall qualify as an exempt organization under IRC § 501(c)(3).

Executed by the incorporator on January 12, 2015

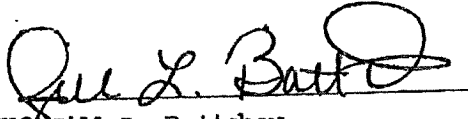
FBT LLC, as Incorporator

By: Jill L. Battcher
Name: Jill L. Battcher
Title: Manager

CONSENT OF REGISTERED AGENT

The undersigned, having been named in the Articles of Incorporation as the registered agent of the Corporation, hereby consents to serve in that capacity.

FBT LLC

By: 
Name: Gill L. Battcher
Title: Manager

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.

One West Corporation

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

One West Corporation

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 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) ▶ NON APPLIC

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.

2028 W. Broadway Suite 104

6 City, state, and ZIP code

Louisville KY 40203

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type.
See Specific instructions on page 3.

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

4	7	-	3	0	8	0	6	8	0
---	---	---	---	---	---	---	---	---	---

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 ▶

Evan J. Smith

Date ▶

9/14/22

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.

Mission Statement

OneWest is a community development corporation committed to elevating our entire city through commercial development growth in west Louisville. Starting at the 18th Street and West Broadway corridor, we're working to increase opportunities for business ownership and employment for west Louisville residents and draw new business and development by keeping the area clean and attractive.

3.11 Manner of Acting. The act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the Board, unless otherwise required by the Articles or these Bylaws.

3.12 Vacancy on Board. If a vacancy occurs on the Board, such vacancy shall be filled by the affirmative vote of a majority of the directors.

3.13 Action by Written Consent. Any action required or permitted to be taken by the Board at a meeting may be taken without a meeting if a consent in writing or by email transmission, setting forth the action so taken, shall be transmitted by all of the directors.

3.14 Chairman and Vice Chairman of the Board. The Board may appoint one of its members a Chairman of the Board and one of its members as a Vice Chairman of the Board. The Chairman of the Board shall preside at all meetings of the Board, and the Vice Chairman shall preside in the Chairman's absence. Every committee may have either the Chairman or the Vice Chairman as an ex officio member of such committee. The Board may appoint an Interim Chairman or Interim Vice Chairman to serve at the pleasure of the Board if such positions have not been appointed or if there is any vacancy in any office.

ARTICLE 4

Officers

4.1 Required Officers. The Corporation shall have the officers described in these Bylaws or appointed by the Board in accordance with these Bylaws.

4.2 Appointment and Term of Office. The officers of the Corporation shall be elected by the Board at the first, and thereafter at each annual, meeting of the Board. If the appointment of officers shall not be made at any such meeting, such appointment shall be made as soon thereafter as is practicable. Vacancies may be filled or new offices created and filled at any meeting of the Board. Each officer shall hold office until such officer's successor shall be duly elected or until such officer's death or until such officer shall resign or shall have been removed in the manner hereinafter provided. The Board may appoint an interim officer to serve at the pleasure of the Board if an officer has not been appointed or if there is any vacancy in any office.

4.3 Removal and Resignations of Officers. The Board may remove any officer at any time with or without cause. An officer of the Corporation may resign at any time by delivering written notice to the Board. A resignation shall be effective when the notice is delivered unless the notice specifies a later effective date.

4.4 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise may be filled by the Board for the unexpired portion of the term.

4.5 President. The President shall, in general, perform all duties incident to the office of President and such other duties as may be prescribed by the Board from time to time. Upon action of the Board, the President shall be a full-time paid employee of the Corporation having the primary responsibility for day-to-day management and operation of the Corporation. The President shall serve as an ex-officio member of every committee of the Board.

4.6 Treasurer. The Treasurer shall (a) have charge and custody of, and be responsible for, all funds and securities of the Corporation, (b) receive and give receipts for monies due and payable to



Kentucky Secretary of State Michael G. Adams

ONEWEST CORPORATION

[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	0900486
Name	ONEWEST CORPORATION
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	1/13/2015
Organization Date	1/13/2015
Last Annual Report	6/30/2022
Principal Office	2028 W. BROADWAY SUITE 104 LOUISVILLE, KY 40203
Registered Agent	FBT, LLC 400 W. MARKET STREET, 32ND FLOOR LOUISVILLE, KY 40202

Current Officers

Chairman	Nikki Jackson
President	Evon Smith
Vice Chairman	Howard Holloman
Secretary	Amy Curry
Treasurer	Howard Holloman
Director	Steve Poe

Director	DeVone Holt
Director	Jeff Bringardner
Director	Paul Costel
Director	Louis Straub
Director	Nikki Lanier
Director	Maureen Brekka
Director	Sharita Bransford
Director	Maria Hampton
Director	Rev. David Snardon
Director	Dreema Jackson
Director	Katina Whitlock
Director	Brian Phillips
Director	Judy Schroeder
Director	Donovan Taylor
Director	Keisha Dorsey
Director	Khalila Sharasika
Director	Christina Shadle
Director	Michael Gough
Director	Nichole Yates
Director	John McCarthy III
Director	Jeff Gardner
Director	Howard Holloman
Director	Jessica Jackson

Show Individuals / Entities listed at time Of formation

Director	STEVE POE
Director	WOODFORD PORTER, JR.
Director	MONICA LAPRADD
Incorporator	FBT LLC

Show Images

Show Assumed Names

Show Activities

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Kentucky Unbridled Spirit