

0-398-19

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

Applicant/Program: Louisville Building Coalition/Vita - Volunteer Income Tax Assistance
Applicant Requested Amount: \$30,000.00 #
Appropriation Request Amount: ~~\$4,000.00~~ 9,250⁰⁰

Executive Summary of Request
Neighborhood Development Funds will be directed to the Louisville Building Coalition Inc., for expenses associated with VITA, the Volunteer Income Tax Assistance Program. The Vita program provides free tax preparation to low income individuals throughout our community.

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.

14 Cindi Fowler cft \$4,000 11-19-19
District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Councilwoman Cindi Fowler volunteers for the program

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

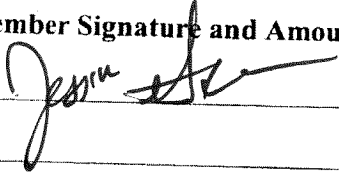
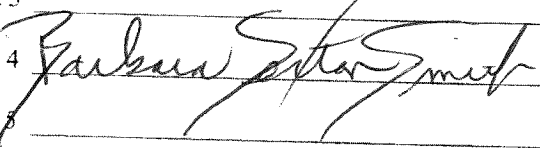
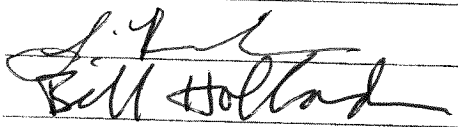
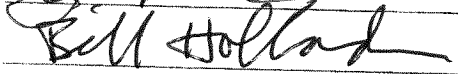
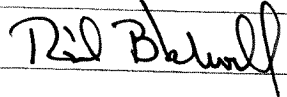
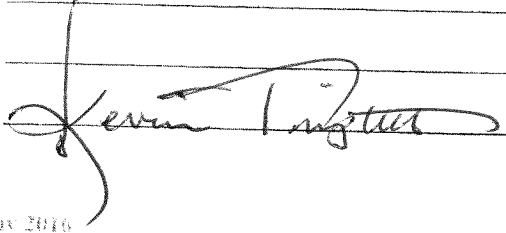
Louisville Asset Building Coalition/Vita - Volunteer Income Tax Assistance

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		\$ 1,000 ⁰⁰
District 2		\$
District 3		\$
District 4		\$ 500 ⁰⁰
District 5		\$
District 6		\$
District 7		\$
District 8		\$ 250 ⁰⁰
District 9		\$ 2,000 ⁰⁰
District 10		\$
District 11		\$
District 12		\$ 500 ⁰⁰
District 13		\$
District 14		\$
District 15		\$ 1,000 ⁰⁰

Applicant/Program:

Louisville Asset Building Coalition/Vita Tax Income Assistance

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

Thieneman, Cindy L

From: Thieneman, Cindy L
Sent: Tuesday, November 26, 2019 3:07 PM
To: Dennis, Sean
Cc: Fowler, Cindi
Subject: VITA - NDF now an Ordinance
Attachments: VITA Added Sponsors.pdf

Hello Mr. Dennis,

Please find attached, emails from councilmembers saying they will sign on to the VITA NDF. This will now make it an ordinance, in the amount of \$9,250.00. I will let you know if we have any future sponsors. Thank you for all you help with this NDF.



Cindy Thieneman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114
e: cindy.thieneman@louisvilleky.gov

City Hall
601 West Jefferson Street, Ste. 307
Louisville, Kentucky 40202

DEC 4 2019 AM 9:46

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Louisville Asset Building Coalition/VITA-Volunteer Income Tax Assistance

Program Name and Request Amount VITA-Volunteer Income Tax Assistance - \$30,000.00

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

Prepared by: *Lindy Spreneman*

Date: *11-19-19*

Thieneman, Cindy L

From: Fowler, Cindi
Sent: Tuesday, November 19, 2019 4:21 PM
To: Harward, Sonya; Ernest, Edwin
Subject: NDF signature

Cindy Thieneman has my permission to sign the NDF for VITA.
Thanks!
Cindi

Sent from my iPad
Cindi Fowler
D14 Councilwoman

Thieneman, Cindy L

From: James, David A
Sent: Tuesday, November 19, 2019 3:41 PM
To: Thieneman, Cindy L
Cc: MetroCouncilClerk; First, Genevieve
Subject: RE: VITA Ndf

Importance: High

Approved

From: Thieneman, Cindy L <Cindy.Thieneman@louisvilleky.gov>
Sent: Tuesday, November 19, 2019 3:40 PM
To: James, David A <David.James@louisvilleky.gov>
Cc: MetroCouncilClerk <MetroCouncilClerk@louisvilleky.gov>
Subject: VITA Ndf

President James,
Per our conversation today, will you please approve our late VITA NDF to go to appropriations on December 4th. Thank you



Cindy Thieneman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114
e: cindy.thieneman@louisvilleky.gov

City Hall
601 West Jefferson Street, Ste. 307
Louisville, Kentucky 40202

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Louisville Asset Building Coalition, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 701 W. Ormsby Avenue, Suite 201 Louisville, KY 40203			
Website: labcservices.org			
Applicant Contact:	Christopher Murphree	Title:	Program Director
Phone:	502-574-5972	Email:	Christopher.Murphree@louisville
Financial Contact:	Elizabeth McLain	Title:	Member
Phone:	502-326-2378	Email:	emclain@dmlc.com
Organization's Representative who attended NDF Training: Brittany Sims			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	701 W. Ormsby Avenue, Suite 201 Louisville, KY 40203		
Council District(s):	All	Zip Code(s):	All in Jefferson County
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Volunteer Income Tax Assistance (VITA) Program			
Total Request: (\$)	30,000	Total Metro Award (this program) in previous year: (\$)	18,250
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	External Agency Fund	Amount: (\$)	21,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

LABC's mission is "building a brighter future by providing access to trusted financial services and resources with a focus on low-to-moderate income individuals." Our vision is a community where everyone has economic opportunity to achieve financial independence. We believe that no one should fall victim to predatory practices; everyone should have access to wealth building tools; everyone should have the opportunity to achieve financial independence; We all do better when we all do better, we are stronger when everyone is moving forward together.

Our primary program is the Volunteer Income Tax Assistance (VITA) program. It involves providing free tax return preparation for low-to-moderate income families, ensuring that they secure tax credits designed to increase financial stability. Our program operates off of volunteer support, engaging over 100 volunteers from across the city and across generations each year.

The original partnership that became LABC began in 2002 and included support from Metro United Way, the Annie E. Casey Foundation and Louisville Metro Government. The original programmatic partners included the Center for Women and Families, Louisville Urban League, Louisville Central Community Center, Americana Community Center and Wesley House Community Services.

Free federal and state preparation and filing is the core service provided, and LABC also links clients to a partners that help them meet other needs that they may have. Each client is provided with a brief resource guide that provides information on additional community programs that meet critical client needs, including utility assistance, long-term housing, and legal assistance.

We see tax time as an important first-touch point for other financial empowerment programming and services. Tax refunds are often the largest lump-sum payment that low-income households receive all year, making tax time a key moment for these families to establish healthy financial behaviors. Knowing this, we now offer financial literacy classes that focus on critical personal finance topics including savings, budgeting, and banking access. We refer participants to free financial coaching services and other financial empowerment resources. We believe these offerings will assist the citizens of our communities in meeting their financial goals.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Eric Friedlander, Board Chair	December 31, 2019
Stacy Deck, Board Co-Chair	December 31, 2019
John Nevitt, Board Secretary	December 31, 2019
Adam Hall, Board Treasurer	December 31, 2019
David Dutschke	December 31, 2019
Janet Fulton	December 31, 2019
Tina Lentz	December 31, 2020
Deborah Benberry Williams	December 31, 2019

Describe the Board term limit policy:

Directors shall serve for three-year terms and until their successors shall be elected. Directors may serve an unlimited number of terms, but no more than two consecutive terms. Board members serve for three year terms and may elect to continue their term at the end of the three years.

Three Highest Paid Staff Names	Annual Salary
Christopher Murphree	\$40,000
Alice Lee	\$29,000
Dr. Tina White	\$24,500 (Part-Time)

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 Volunteer Income Tax Assistance (VITA) program primarily operates during tax filing season -- January through April -- at a variety of locations throughout the city. Our tax sites are selected based on their accessibility to participants in our target markets. We also offer out of season assistance from May-December. Out of season, we assist clients with prior-year returns, amendments, and other tax issues they may be facing. Our target population is low-to-moderate income individuals and families that reside in the Louisville Metro area. The household income cap for our program is \$66,000. The average annual income of our families is approximately \$26,500 with more than 94% having incomes below \$50,000.

In the 2018-2019 tax season, we were able to complete 8,653 tax returns, serving over 13,000 individuals and securing over \$14,000,000 in tax refunds, including over \$4,000,000 in the Earned Income Tax Credit. In the 2019-2020 tax season, we aim to complete over 9,000 tax returns that will generate over \$15,000,000 in federal and state refunds.

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

The funding we are applying for will increase the capacity of the VITA program. As indicated above, we would like grow the number of taxpayers served this season by approximately 4%. In 2019, taxpayers in our target demographic filed 2 million less returns nationwide. We believe this was largely due to changes in both the federal and Kentucky state tax codes. During the most recent off season preparation period, we have noticed a large number of clients feel anxious or nervous about the amounts owed on their return due to these changes. We believe this presents a strong opportunity to both educate taxpayers about the changes, encourage taxpayers to file their returns to maintain good standing with the IRS, and file returns that were not submitted during the 2019 tax season.

To accomplish this, we need to hire additional staff members these goals, we need additional funding to allocate more part time and seasonal staff to outreach and tax preparation services. This increase in funding will allow LABC to hire additional seasonal program staff that will increase the capacity at our tax sites. This in turn will allow the Program Director and year round staff to spend more time on outreach activities, while pursuing other funding sources and opportunities that will allow LABC to implement innovative service offerings at its tax sites.

Our partner stipends will be issued to our community partners to assist with site operations across our eleven tax sites in the city. These stipends are issued to sites that provide substantial volunteer, staff, equipment, and printing support. Partner stipends will be awarded to the following organizations: Louisville Urban League, Bates Community Development Corporation, Portland Promise Center, Americana Community Center, Salt and Light Community Development Corporation, and Wesley House Community Services.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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:

Last year, the Coalition completed 8,600 returns benefitting over 13,000 individuals. This brought back over \$14,200,000 to individuals and families; money that is largely spent in our community. The program served clients from nearly every zip code in Jefferson County as well as clients from the surrounding counties. More than 94% of our clients reside in Jefferson County and had incomes below \$50,000.

Our data is based on reports that we collect from our tax preparation software, TaxSlayer, the IRS, and customer surveys requested of every client receiving tax preparation services. The survey is available online at the tax site, or may be completed by paper at the tax site. These surveys allow us to examine how our clients use their refunds and informs our planning when considering increased program offerings from the community.

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.

LABC is, by nature and necessity, a collaborative venture. It was established by a collection of funders and community partners that had an interest in strengthening the economic well-being of clients and the broader community. The traditional tax preparation service will be provided at 10 fixed sites during the 2019-20 tax season (Americana Community Center, Bates Community Development, Edison Center, Louisville Urban League, Portland Promise Center, Salt and Light Community Development, Sun Valley Community Center, United Crescent Hill Ministries, Wesley House Community Services, and Eastern Area Community Ministries). These partner organizations play a critical role in allowing us to reach community members through outreach and donated tax preparation space. We also operate several mobile sites, consisting of bringing our tax services to a community organization or employer, often with low-to-moderate income clients and employees. These mobile sites allow us to build new community relationships, while increasing the availability of our services. In recent years, we have operated sites at community organizations including St. John's Center for Homeless Men and Kentucky Refugee Ministries. We have also operated sites at places of employment, including Louisville Metro Government, Facilities Management Services, and Alltrade Property Management. For this upcoming tax season, we will operate a new mobile site at the Louisville Recovery Community Connection.

We have a very small staff (2 Full time employees during the off-season and an additional 5-6 seasonal employees) so our program depends on volunteers that work as greeters and tax preparers. In 2018, we will have over 100 volunteers that serve in these roles. We work closely with Metro United Way, Bellarmine University, the University of Louisville and Louisville Metro Government to recruit and place volunteers. Louisville Metro Office of Resilience and Community is also offering staff time and technical support. ORCS also donates office space to LABC.

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	\$30,000	\$135,379	\$165,379
B: Rent/Utilities		\$12,000	\$12,000
C: Office Supplies		\$3,000	\$3,000
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts		\$15,500	\$15,500
H: Program Materials		\$3,000	\$3,000
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)		\$35,170	\$35,170
*TOTAL PROGRAM/PROJECT FUNDS	\$30,000	\$204,049	\$234,049
% of Program Budget	12.8 %	87.2 %	100%

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

Other State, Federal or Local Government	\$117,000
United Way	\$22,493
Private Contributions (do not include individual donor names)	\$50,956
Fees Collected from Program Participants	
Other (please specify)	In-Kind \$13,600
Total Revenue for Columns 2 Expenses **	\$204,049

*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
Appointment System		\$1,600	\$1,600
Insurance		\$4,220	\$4,220
Partner Stipends		\$11,500	\$11,500
Sun Valley Internet		\$1,500	\$1,500
Conferences and Seminars		\$1,500	\$1,500
Supplies for volunteer training and recognition		\$1,800	\$1,800
IT/site setup and consultation		\$1,200	\$1,200
Volunteer Training		\$1,200	\$1,200
Computer Equipment		\$500	\$500
Accounting Services		\$10,150	\$10,150
Total		\$35,170	\$35,170

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
LMG--Appointment System	\$1,600	Market Value
LMG--Office Space	\$12,000	Market Value
Volunteers	\$150,000	IRS Method (\$17.50/hour)
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$163,600	Market Value

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

Agency Fiscal Year Start Date: July 1st, 2019

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

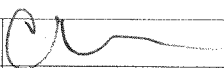
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	10/31/19
Legal Signatory: (please print):	Christopher Murphree	Title:	Program Director
Phone:	502-574-5972	Extension:	
Email:	Christopher.Murphree@louisvilleky.gov		

LOUISVILLE ASSET BUILDING COALITION, INC.**General Information**

Organization Number	0822309
Name	LOUISVILLE ASSET BUILDING COALITION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	2/22/2012
Organization Date	2/22/2012
Last Annual Report	4/24/2019
Principal Office	701 W. ORMSBY AVE SUITE 201 LOUISVILLE, KY 40203
Registered Agent	BRITTANY SIMS 701 W. ORMSBY AVE SUITE 201 LOUISVILLE, KY 40203

Current Officers

Chairman	Eric Friedlander
Secretary	John Nevitt
Treasurer	Adam Hall
Trustee	Stacy Deck
Director	Eric Friedlander
Director	Stacy Deck
Director	John Nevitt
Director	Adam Hall
Director	David Dutschke
Director	Tina Lentz
Director	Sabira Becirovic
Director	Janet Fulton
Director	Marlo Long
Director	Deborah Williams
Director	Amy Shir

Individuals / Entities listed at time of formation

Director	PETER H WAYNE IV
Director	REBECCA BRADY
Director	DELQUAN DORSEY
Director	MARITA WILLIS
Director	FRANCESCA CURRY
Director	SCOTT OWENS
Director	ARTIE ROBERTSON
Incorporator	PETER H WAYNE IV
Incorporator	REBECCA BRADY
Incorporator	DELQUAN DORSEY
Incorporator	MARITA WILLIS

Incorporator
Incorporator

FRANCESCA CURRY
SCOTT OWENS
ARTIE ROBERTSON

Images available online

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

<u>Annual Report</u>	4/24/2019	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	5/7/2018 9:33:17 AM	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	5/7/2018 9:30:59 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	5/7/2018	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	4/26/2017 10:11:23 AM	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	4/26/2017 10:08:46 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	4/26/2017	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/13/2016 11:59:37 AM	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	9/13/2016 11:55:59 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	7/5/2016	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	5/4/2015 10:01:10 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	5/4/2015	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	6/24/2014 10:01:25 AM	1 page	<u>PDF</u>
<u>Annual Report</u>	6/24/2014	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	8/9/2013 5:09:00 PM	1 page	<u>PDF</u>
<u>Annual Report</u>	8/7/2013	1 page	<u>PDF</u>
<u>Articles of Incorporation</u>	2/22/2012	20 pages	<u>tiff</u> <u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/24/2019 1:33:16 PM	4/24/2019 1:33:16 PM	
Annual report	5/7/2018 9:40:58 AM	5/7/2018 9:40:58 AM	
Registered agent address change	5/7/2018 9:33:17 AM	5/7/2018 9:33:17 AM	
Principal office change	5/7/2018 9:30:59 AM	5/7/2018 9:30:59 AM	
Annual report	4/26/2017 10:22:00 AM	4/26/2017 10:22:00 AM	
Registered agent address change	4/26/2017 10:11:23 AM	4/26/2017 10:11:23 AM	
Principal office change	4/26/2017 10:08:46 AM	4/26/2017 10:08:46 AM	
Registered agent address change	9/13/2016 11:59:37 AM	9/13/2016 11:59:37 AM	
Principal office change	9/13/2016 11:55:59 AM	9/13/2016 11:55:59 AM	
Annual report	7/5/2016 9:31:28 AM	7/5/2016 9:31:28 AM	

Annual report	5/4/2015	5/4/2015
	10:11:34 AM	10:11:34 AM
Registered agent address change	5/4/2015	5/4/2015
	10:01:10 AM	10:01:10 AM
Annual report	6/24/2014	6/24/2014
	10:09:40 AM	10:09:40 AM
Principal office change	6/24/2014	6/24/2014
	10:01:25 AM	10:01:25 AM
Registered agent address change	8/9/2013	8/9/2013
	5:09:00 PM	5:09:00 PM
Annual report	8/7/2013	8/7/2013
	2:22:45 PM	2:22:45 PM
Add	2/22/2012	2/22/2012
	10:18:29 AM	

Microfilmed Images

Filing Instructions

Louisville Asset Building Coalition, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2019

Date Due: November 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Baldwin CPAs, PLLC
943 S 1st Street
Louisville, KY 40203

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Forms 990 / 990-EZ Return Summary

calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

**Louisville Asset Building
Coalition, Inc.**

-*3568

Net Asset / Fund Balance at Beginning of Year		<u>37,820</u>
Revenue		
Contributions	<u>227,593</u>	
Program service revenue		
Investment income	<u>40</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>227,633</u>
Expenses		
Program services	<u>184,166</u>	
Management and general	<u>21,038</u>	
Fundraising	<u>4,890</u>	
Total expenses		<u>210,094</u>
Excess / (deficit)		<u>17,539</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>55,359</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>227,633</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>210,094</u></u>

Balance Sheet		
	Beginning	Ending
Assets	<u>37,820</u>	<u>55,359</u>
Liabilities		
Net assets	<u>37,820</u>	<u>55,359</u>
		<u>17,539</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/19

Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authority for an Exempt Organization

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**Louisville Asset Building
Coalition, Inc.**

Employer identifier

****-***3568**

Name and title of officer

**Christopher Murphree
Program Director**

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

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>227,600</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Baldwin CPAs, PLLC to enter my PIN 69856 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 08/20/19

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Barbara Lasky Date ▶ 08/20/19

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

For Paperwork Reduction Act Notice, see back of form.

Louisville Asset Building

**Exempt Organization Income Tax Returns
For the year ended June 30, 2019**



August 20, 2019

CONFIDENTIAL

Louisville Asset Building
Coalition, Inc.
701 W. Ormsby Ave., Ste 201
Louisville, KY 40203

Dear Christopher:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Baldwin CPAs, PLLC

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Louisville Asset Building Coalition, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 W. Ormsby Ave., Ste 201 City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40203	D Employer identification number **-***3568 E Telephone number 502-574-5687 G Gross receipts \$ 227,633
F Name and address of principal officer: Christopher Murphree		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ www.labcservices.org H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2014 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Build an economic foundation for individuals and families by promoting financial stability and asset building in Jefferson County, KY.			
	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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8	
	6 Total number of volunteers (estimate if necessary)	6	114	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	b Net unrelated business taxable income from Form 990-T, line 38	7b		0
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	178,217	227,593	
	9 Program service revenue (Part VIII, line 2g)		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22	40	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,239	227,633	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	159,248	164,244	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,890			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,625	45,850	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	201,873	210,094	
	19 Revenue less expenses. Subtract line 18 from line 12	-23,634	17,539	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	37,820	55,359	
	21 Total liabilities (Part X, line 26)	0	0	
	22 Net assets or fund balances. Subtract line 21 from line 20	37,820	55,359	

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 Christopher Murphree Type or print name and title	Date Program Director
------------------	---	---------------------------------

Paid Preparer Use Only	Print/Type preparer's name Barbara Lasky	Preparer's signature Barbara Lasky	Date 08/20/19	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ Baldwin CPAs, PLLC 943 S 1st Street Firm's address ▶ Louisville, KY 40203	Firm's EIN ▶ ** - *** 6603	Phone no. 502-584-9793		

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:

See Schedule O

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **184,166** including grants of \$) (Revenue \$)

The Louisville Asset Building Coalition (LABC) is a broad public/private collaborative dedicated to promoting financial stability and asset building for individuals and families. By providing direct services and linkages to other community resources, LABC strives to build an economic foundation that will allow members of our community to reach their highest potential. The coalition is committed to bettering its members and the community by leveraging the success of its free tax preparation and Earned Income Tax Credit (EITC) Campaign. LABC also provides a continuum of financial education resources and asset development initiatives for Metro Louisville and Jefferson County.

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

N/A

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

N/A

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

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

4e Total program service expenses **184,166**

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> (see instructions)?	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 temporarily restricted endowments, permanent endowments, or 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 (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		11												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Baldwin CPAs, PLLC 943 S First Street
Louisville KY 40203 502-584-9793

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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) Eric Friedlander	1.00									
Chair	0.00	X		X			0	0	0	
(2) Stacy Deck	1.00									
Vice Chair	0.00	X		X			0	0	0	
(3) John Nevitt	1.00									
Secretary	0.00	X		X			0	0	0	
(4) Adam Hall	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) David Dutschke	1.00									
Board Member	0.00	X					0	0	0	
(6) Janet Fulton	1.00									
Board Member	0.00	X					0	0	0	
(7) Marlo Long	1.00									
Board Member	0.00	X					0	0	0	
(8) Deborah Williams	1.00									
Board Member	0.00	X					0	0	0	
(9) Amy Shir	1.00									
Board Member	0.00	X					0	0	0	
(10) Tina Lentz	1.00									
Board Member	0.00	X					0	0	0	
(11) Sabira Becirovic	1.00									
Board Member	0.00	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 dotted 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			
(12) Brittany Sims	40.00									
Program Director	0.00			X			42,000	0	0	
(13) Christopher Murphree	40.00									
Program Director	0.00			X			769	0	0	
1b Sub-total							42,769			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							42,769			

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	60,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	167,343				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			227,593			
Program Service Revenue	2a	Busn. 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)		40			40	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			227,633	0	0	40	

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	42,000	33,600	4,200	4,200
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	102,911	102,421	490	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,984	4,984		
10 Payroll taxes	14,349	13,469	464	416
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,182		10,182	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,450		1,450	
12 Advertising and promotion	3,834	3,834		
13 Office expenses	4,569	4,297	144	128
14 Information technology	1,178	1,178		
15 Royalties				
16 Occupancy	276	259	9	8
17 Travel	382	359	12	11
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,217	2,085	70	62
23 Insurance	3,743		3,743	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Volunteer recognition	15,461	15,461		
b Hardware/Software aquisit	2,283	2,147	72	64
c Membership Dues	150		150	
d Miscellaneous expenses	75	72	2	1
e All other expenses	50		50	
25 Total functional expenses. Add lines 1 through 24e	210,094	184,166	21,038	4,890
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 <input type="checkbox"/> 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		
	2 Savings and temporary cash investments	34,687	2	48,318	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4	6,125	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,400			
	b Less: accumulated depreciation	10b 9,484	3,133	10c	916
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		37,820	16	55,359	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	37,820	27	55,359	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	37,820	33		55,359	
34 Total liabilities and net assets/fund balances	37,820	34		55,359	

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	227,633
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,094
3	Revenue less expenses. Subtract line 2 from line 1	3	17,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,820
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,359

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? 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Louisville Asset Building Coalition, Inc.	Employer identification number **-***3568
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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		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) - 81.11%; 15 Public support percentage from 2017 Schedule A, Part II, line 14 - %; 16a 33 1/3% support test—2018. 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 - [X]; 17a 10%-facts-and-circumstances test—2018. 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 - []; 17b 10%-facts-and-circumstances test—2017. 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 - []; 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 - [].

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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? 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.	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)? 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).	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?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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 The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
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? 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.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations(see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization Louisville Asset Building Coalition, Inc.	Employer identification number **-***3568
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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 33¹/₃% 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 Louisville Asset Building	Employer identification number **-***3568
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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
1	Internal Revenue Service 401 W. Peachtree St, STOP 420D Atlanta GA 30308	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Intuit 601 Pennsylvania NW, N Bldg, Ste 200 Washington DC 20004	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Louisville Metro Government 810 Barret Ave, Room 223 Louisville KY 40204	\$ 60,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Metro United Way 334 E Broadway Louisville KY 40204	\$ 42,377	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.)

SCHEDULE D (Form 990)

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Louisville Asset Building Coalition, Inc.

Employer identification number

-*3568

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding collections of art and historical treasures.

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 are a 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 programs
 - 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 Temporarily restricted 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:
- (i) unrelated organizations Yes No
 - (ii) related organizations Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,400	9,484	916
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				916

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. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information *(continued)*

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

2018

**Open to Public
Inspection**

Name of the organization	Louisville Asset Building Coalition, Inc.	Employer identification number	**-***3568
--------------------------	--	--------------------------------	------------

Form 990 - Organization's Mission

The Louisville Asset Building Coalition (LABC) is a broad public/private collaborative dedicated to promoting financial stability and asset building for individuals and families. By providing direct services and linkages to other community resources, LABC strives to build an economic foundation that will allow members of our community to reach their highest potential. The coalition is committed to bettering its members and the community by leveraging the success of its free tax preparation and Earned Income Tax Credit (EITC) Campaign. LABC also provides a continuum of financial education resources and asset development initiatives for Metro Louisville and Jefferson County.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 tax return is prepared by a CPA firm. Before the return is filed, a draft of the return is reviewed by the board.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The policy is reviewed annually by the board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive director salary is determined and approved by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents available upon request.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **Louisville Asset Building Coalition, Inc.**

Identifying number
****-***3568**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,217

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,217
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Lenovo Computer	4/07/14	540		540	5 MO S/L	475	65
2	2 HP EliteBook 8540P Notebooks Intel Cor	10/08/14	1,480		1,480	5 MO S/L	1,110	296
3	2 Micro-Cut Shredder SECURIO B32c	10/22/14	2,280		2,280	5 MO S/L	1,672	456
4	5 HP EliteBooks 8540P Notebook Intel Cor	9/15/14	3,600		3,600	5 MO S/L	2,760	720
5	Furniture (In-kind)	12/31/14	2,500		2,500	7 MO S/L	1,250	357
	Total Other Depreciation		<u>10,400</u>		<u>10,400</u>		<u>7,267</u>	<u>1,894</u>
	Total ACRS and Other Depreciation		<u>10,400</u>		<u>10,400</u>		<u>7,267</u>	<u>1,894</u>
	Grand Totals		10,400		10,400		7,267	1,894
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>10,400</u>		<u>10,400</u>		<u>7,267</u>	<u>1,894</u>

Future Depreciation Report **FYE: 6/30/20**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
1	Lenovo Computer	4/07/14	540	0	0
2	2 HP EliteBook 8540P Notebooks Intel Core	10/08/14	1,480	74	0
3	2 Micro-Cut Shredder SECURIO B32c	10/22/14	2,280	152	0
4	5 HP EliteBooks 8540P Notebook Intel Core	9/15/14	3,600	120	0
5	Furniture (In-kind)	12/31/14	2,500	357	0
	Total Other Depreciation		<u>10,400</u>	<u>703</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,400</u>	<u>703</u>	<u>0</u>
	Grand Totals		<u>10,400</u>	<u>703</u>	<u>0</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name **Louisville Asset Building Coalition, Inc.** Taxpayer Identification Number **** - ***3568**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	64,267	167,343	103,076
	2. Membership dues and assessments			
	3. Government contributions and grants	113,950	60,250	-53,700
	4. Program service revenue			
	5. Investment income	22	40	18
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	178,239	227,633	49,394
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	41,990	42,000	10
	16. Salaries, other compensation, and employee benefits	117,258	122,244	4,986
	17. Professional fundraising fees			
	18. Other professional fees	14,340	11,632	-2,708
	19. Occupancy, rent, utilities, and maintenance	1,500	276	-1,224
	20. Depreciation and Depletion	1,937	2,217	280
	21. Other expenses	24,848	31,725	6,877
	22. Total expenses. Add lines 13 through 21	201,873	210,094	8,221
	23. Excess or (Deficit). Subtract line 22 from line 12	-23,634	17,539	41,173
Other Information	24. Total exempt revenue	178,239	227,633	49,394
	25. Total unrelated revenue			
	26. Total excludable revenue	22	40	18
	27. Total assets	37,819	55,359	17,540
	28. Total liabilities	350		-350
	29. Retained earnings	37,469	55,359	17,890
	30. Number of voting members of governing body	12	11	
31. Number of independent voting members of governing body	12	11		
32. Number of employees	10	8		
33. Number of volunteers	93	114		

Form **990**

Tax Return History

2018

Name **Louisville Asset Building Coalition, Inc.**

Employer Identification Number
-*3568

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		237,190	169,588	178,217	227,593	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	20		32	22		40
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		237,210	169,620	178,239	227,633	
Grants and similar amounts paid		11,500	11,500			
Benefits paid to or for members						
Compensation of officers, etc.		30,480	33,020	41,990	42,000	
Other compensation		134,068	133,702	117,258	122,244	
Professional fees		13,615	14,806	14,340	11,632	
Occupancy costs		1,662	6,000	1,500	276	
Depreciation and depletion		1,937	1,937	1,937	2,217	
Other expenses		26,203	36,251	24,848	31,725	
Total expenses		219,465	237,216	201,873	210,094	
Excess or (Deficit)		17,745	-67,596	-23,634	17,539	
Total exempt revenue		237,210	169,620	178,239	227,633	
Total unrelated revenue						
Total excludable revenue	20		32	22	40	
Total Assets	129,757	66,100	37,819	55,359		
Total Liabilities	1,058	4,997	350			
Net Fund Balances	128,699	61,103	37,469	55,359		

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest income	\$ 40					
Total	\$ <u>40</u>				1	

Federal Statements**Savings - EOY**

<u>Description</u>	<u>Amount</u>
Republic Bank	\$ <u>48,318</u>
Total	\$ <u><u>48,318</u></u>

Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
A/R	\$ <u>6,125</u>
Total	\$ <u><u>6,125</u></u>

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
Interest income	\$ 40
Less: Deductions	-1,000
Total	\$ -960

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Lenovo Computer	4/07/14	0			0	0 HY	0	0
2	2 HP EliteBook 8540P Notebooks Intel Cor	10/08/14	0			0	0 HY	0	0
3	2 Micro-Cut Shredder SECURIO B32c	10/22/14	0			0	0 HY	0	0
4	5 HP EliteBooks 8540P Notebook Intel Cor	9/15/14	0			0	0 HY	0	0
5	Furniture (In-kind)	12/31/14	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

102978 Louisville Asset Building

08/20/2019 11:31 AM

_*3568

Depreciation Adjustment Report

FYE: 6/30/2019 Mth: 6/30/2019

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Intuit	\$ 225,000	\$ 203,447
Total	\$ 225,000	\$ 203,447

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 1,450	\$	\$ 1,450	\$
Total	\$ 1,450	\$ 0	\$ 1,450	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank charges	\$ 35	\$	\$ 35	\$
Permit & filing fees	15		15	
Total	\$ 50	\$ 0	\$ 50	\$ 0

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Louisville Asset Building Coalition, Inc.</i></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <i>701 W. Ormsby Ave, Ste 201</i></p> <p>6 City, state, and ZIP code <i>Louisville, KY 40203</i></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

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

Social security number									

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.

or

Employer identification number									
4	5	-	5	2	7	3	5	6	8

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	<p>Signature of U.S. person ▶ <i>Brittany S.</i></p>	<p>Date ▶ <i>3-22-19</i></p>
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General Instructions

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

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

Purpose of Form

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

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

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

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

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

DEPARTMENT OF THE TREASURY

Date: **AUG 13 2014**

LOUISVILLE ASSET BUILDING COALITION
INC
C/O CHRISTINE N KOENIG
9300 SHELBYVILLE RD STE 1100
LOUISVILLE, KY 40222

Employer Identification Number:
45-5273568
DLN:
17053126301003
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 22, 2012
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

LOUISVILLE ASSET BUILDING COALITION

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 that reads "Tamera Ripperda". The signature is written in black ink and is positioned below the word "Sincerely,".

Director, Exempt Organizations

Revenue Source	Amount
Metro United Way	\$ 22,493.00
Grant funding	\$ 20,000.00
Inuit Grant	\$ 25,000.00
Louisville Metro Government NDF Grant	\$ 18,250.00
Louisville Metro Government- External Agency	\$ 21,000.00
Louisville Metro In-Kind Rent	\$ 12,000.00
Louisville Metro In-Kind Appointment System	\$ 16,000.00
IRS VITA	\$ 80,000.00
Donations	\$ 20,000.00
TOTAL	\$ 234,743.00
Expenses	Amount
Salaries	\$ 147,809.00
Workers Comp Insurance	\$ 709.00
Payroll Taxes	\$ 14,636.00
401 (k) Match	\$ 4,434.00
Audit and Accounting Fees	\$ 10,400.00
Other Professional Services	\$ 1,500.00
Technology Services	\$ 1,200.00
Volunteer Agency Stipends	\$ 11,500.00
Office Supplies	\$ 4,000.00
Donor and Volunteer and Thanks Yous	\$ 1,100.00
Utilities	\$ -
Postage	\$ -
Office Rent	\$ 12,000.00
Depreciaton	\$ 2,261.00
Appointment System	\$ 16,000.00
Web/online Communications	\$ 360.00
Subscriptions	\$ 718.00
General printed materials	
Bank Charges	
Employee auto expense	
Long distance travel	\$ 382.00
Conferences and Seminars	\$ 125.00
Volunteer luncheons and Meetings	\$ 2,200.00
Staff Meetings	\$ 750.00
Membership Dues	\$ 150.00
Insurance: General Liability	
Insurance: Directors & Officers Liability	\$ 3,110.00
Permit and filing fees	\$ 255.00
TOTAL	\$ 235,599.00

Louisville Asset Building Coalition, Inc.
Statement of Financial Position
As of September 30, 2019

Assets

Cash	\$ 24,413.16
Furniture & equipment	10,400.00
Accumulated depreciation	<u>(9,684.00)</u>
Total Assets	<u>\$ 25,129.16</u>

Liabilities and Net Assets

Liabilities	
Payroll taxes payable	\$ 1,535.01
Total Liabilities	<u>1,535.01</u>
Net Assets	
Without donor restrictions	55,359.36
Increase (decrease) in net assets	<u>(31,765.21)</u>
Total Net Assets	<u>23,594.15</u>
Total Liabilities and Net Assets	<u>\$ 25,129.16</u>

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 the modified cash basis of accounting are not included.

Louisville Asset Building Coalition, Inc.
Statement of Activities - Consolidated
For the Period Ended September 30, 2019

	Current Month	Year to Date
Revenue		
Grants - Louisville Metro Government	\$ 0.00	\$ 3,000.00
Grants - Metro United Way	1,874.44	5,623.32
Grants - Intuit Financial Foundation	0.00	1,000.00
Donation income	1,084.28	1,084.28
Interest income	1.57	5.93
	2,960.29	10,713.53
Expenses		
Salaries & wages	8,439.17	29,717.72
401k contributions	276.48	3,350.45
Payroll & 401k service fees	151.02	462.50
Payroll tax expense	645.60	1,839.52
Accounting fees	1,550.00	5,512.50
Event expenses	100.70	100.70
Depreciation	0.00	200.00
Membership dues	20.00	210.00
Bank service charges	2.95	8.85
Insurance	0.00	215.80
Meals & Entertainment	33.61	33.61
Office expenses	12.95	12.95
Postage	0.00	60.31
Travel	21.00	693.83
Volunteer management	0.00	60.00
	11,253.48	42,478.74
Total Expenses	11,253.48	42,478.74
Increase (decrease) in net assets	\$ (8,293.19)	\$ (31,765.21)

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 the modified cash basis of accounting are not included.

Louisville Asset Building Coalition, Inc.
Statement of Activities - By Grants
For the Period Ended September 30, 2019
Louisville Metro Gov - External Agency

	Current Month	Year to Date
Revenue		
Total Revenue	0.00	0.00
Expenses		
Total Expenses	0.00	0.00
Increase (decrease) in net assets	\$ 0.00	\$ 0.00

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 the modified cash basis of accounting are not included.

Louisville Asset Building Coalition, Inc.
Statement of Activities - By Grants
For the Period Ended September 30, 2019
Louisville Metro Gov - Neighborhood Dev

	Current Month	Year to Date
Revenue		
Grants - Louisville Metro Government	\$ 0.00	\$ 3,000.00
Total Revenue	0.00	3,000.00
Expenses		
Salaries & wages	3,113.00	11,306.50
Total Expenses	3,113.00	11,306.50
Increase (decrease) in net assets	\$ (3,113.00)	\$ (8,306.50)

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 the modified cash basis of accounting are not included.

Louisville Asset Building Coalition, Inc.
Statement of Activities - By Grants
For the Period Ended September 30, 2019
IRS - Volunteer Income Tax Assistance

	Current Month	Year to Date
Revenue		
Total Revenue	0.00	0.00
Expenses		
Salaries & wages	5,326.17	18,411.22
Total Expenses	5,326.17	18,411.22
Increase (decrease) in net assets	\$ (5,326.17)	\$ (18,411.22)

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 the modified cash basis of accounting are not included.

Louisville Asset Building Coalition, Inc.
Statement of Activities - By Grants
For the Period Ended September 30, 2019

LABC

	Current Month	Year to Date
Revenue		
Grants - Metro United Way	\$ 1,874.44	\$ 5,623.32
Grants - Intuit Financial Foundation	0.00	1,000.00
Donation income	1,084.28	1,084.28
Interest income	1.57	5.93
Total Revenue	2,960.29	7,713.53
Expenses		
401k contributions	276.48	3,350.45
Payroll & 401k service fees	151.02	462.50
Payroll tax expense	645.60	1,839.52
Accounting fees	1,550.00	5,512.50
Event expenses	100.70	100.70
Depreciation	0.00	200.00
Membership dues	20.00	210.00
Bank service charges	2.95	8.85
Insurance	0.00	215.80
Meals & Entertainment	33.61	33.61
Office expenses	12.95	12.95
Postage	0.00	60.31
Travel	21.00	693.83
Volunteer management	0.00	60.00
Total Expenses	2,814.31	12,761.02
Increase (decrease) in net assets	\$ 145.98	\$ (5,047.49)

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 the modified cash basis of accounting are not included.

0822309.09 bscheff
ADD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/22/2012 10:18 AM
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION

OF

LOUISVILLE ASSET BUILDING COALITION, INC.

WE THE UNDERSIGNED, for purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be Louisville Asset Building Coalition, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:

334 East Broadway
Louisville, KY 40203

The name of the initial registered agent for service of process, located at such address is:

Nedra Young

The principal office of the Corporation is located at:

334 East Broadway
Louisville, KY 40203

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

More specifically, the purposes of the Corporation shall be as follows:

1. To assist low income individuals and families to attain economic success and financial stability through programs of information, education and direct service.
2. To develop asset-building opportunities for low income individuals and families, and to educate such individuals and families about existing asset-building opportunities.
3. To educate low and moderate income individuals about state and federal income tax laws, including through assisting them to prepare their income tax returns.
4. To engage in other educational and charitable activities consistent with these purposes.

ARTICLE V

The Corporation shall be irrevocably dedicated to, and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, if any, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later Kentucky statute), except as follows and as otherwise stated in these Articles:

- A. 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 any candidate for public office.

B. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by (1) a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws, or (2) a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

C. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

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

ARTICLE VII

The names and addresses of the incorporators are:

Peter H. Wayne, IV
500 West Jefferson St., Ste. 2800
Louisville, KY 40205

Francesca Curry
2002 Manning Pl.
La Grange, KY 40031

Rebecca Brady
2000 Meidinger Tower
462 S. 4th St.
Louisville, KY 40202

Scott Owens
2000 Meidinger Tower
462 S. 4th St.
Louisville, KY 40202

Delquan Dorsey
700 Capitol Ave., Ste 138
Frankfort, KY 40601

Artie Robertson
1535 West Broadway
Louisville, KY 40203

Marita Willis
500 W. Jefferson St.
Louisville, KY 40202

ARTICLE VIII

The initial Board of Directors shall consist of seven (7) Directors. The names and addresses of the members of the initial Board of Directors are:

Peter H. Wayne, IV
500 West Jefferson St., Ste. 2800
Louisville, KY 40205

Francesca Curry
2002 Manning Pl.
La Grange, KY 40031

Rebecca Brady
2000 Meidinger Tower
462 S. 4th St.
Louisville, KY 40202

Scott Owens
2000 Meidinger Tower
462 S. 4th St.
Louisville, KY 40202

Delquan Dorsey
700 Capitol Ave., Ste 138
Frankfort, KY 40601

Artie Robertson
1535 West Broadway
Louisville, KY 40203

Marita Willis
500 W. Jefferson St.
Louisville, KY 40202

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed from office by the Board of Directors whenever in the Board's judgment the best interests of the corporation will be served thereby. Notice of intent to remove must be sent to the Director in question at least fourteen (14) days prior to the meeting at which the action is to be taken. Said notice shall give the reasons for removal. A majority vote of the Directors present in a secret ballot, a quorum being present, shall be required for removal.

ARTICLE X

A director, officer, employee or member of the Corporation shall not be personally liable for the acts or debts of the Corporation, except insofar as the member may become personally liable by reason of his or her own acts or conduct pursuant to KRS 273.187 (or corresponding provision of any later Kentucky statute).

No director of the Corporation shall be held personally liable to the corporation for monetary damages for breach of his or her duties as a director, except for under the following circumstances:

- (A) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;
- (B) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- (C) For any transaction from which the director derived an improper personal benefit.

ARTICLE XI

The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members, if any, entitled to vote.

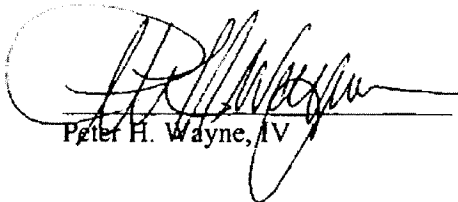
ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall pay or make provision for the payment of all liabilities of the Corporation. The remaining assets, if any, shall be distributed to Metro United Way, Inc. of Louisville, Kentucky, provided that it at that time qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws). If Metro United Way, Inc. is not so qualified, then the remaining assets, if any, shall be distributed to one or more organizations organized and operated exclusively for charitable or educational purposes that at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose, as the Board of Directors shall determine.

ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 13 day of January, 2012.


Peter H. Wayne, IV

Francesca Curry

Rebecca Brady

Scott Owens

Delquan Dorsey

Artie Robertson

Marita Willis

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this 13th day of January, 2012.

My Commission Expires: May 25, 2014.


NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER

Attorney at Law

LEGAL AID SOCIETY, INC.

416 West Muhammad Ali Blvd.

Louisville, Kentucky 40202

(502) 584-1254

ARTICLE XII

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ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 23 day of January, 2012.

Peter H. Wayne, IV

Francesca Curry



Rebecca Brady

Scott Owens

Delquan Dorsey

Artie Robertson

Marita Willis

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this 23 day of January, 2012.

My Commission Expires: June 29, 2012.



NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
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ARTICLE XII

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ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 18th day of January, 2012.

Peter H. Wayne, IV

Francesca Curry

Rebecca Brady

Scott Owens

Delquan Dorsey

Artie Robertson

Marita Willis

Marita Willis

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this 18th day of January, 2012.

My Commission Expires: May 25, 2014


NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

ARTICLE XII

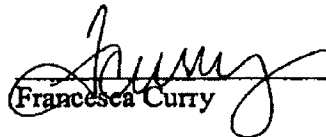
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Peter H. Wayne, IV



Francesca Curry

Rebecca Brady

Scott Owens

Delquan Dorsey

Artie Robertson

Marita Willis

STATE OF KENTUCKY)
)SS
COUNTY OF JEFFERSON)

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Witness my signature and seal of office this 13th day of January, 2012.

My Commission Expires: May 25, 2014.

Melody A. Saperbeus
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

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ARTICLE XIII

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IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 18 day of January, 2012.

Peter H. Wayne, IV

Francesca Curry

Rebecca Brady



Scott Owens

Delquan Dorsey

Artie Robertson

Marita Willis

STATE OF KENTUCKY)
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Witness my signature and seal of office this 18th day of January, 2012.

My Commission Expires: May 25, 2014

Melody A. Sappertaus
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
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(502) 584-1254

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IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 18 day of January, 2012.

Peter H. Wayne, IV

Francesca Curry

Rebecca Brady

Scott Owens

Delquan Dorsey



Artie Robertson

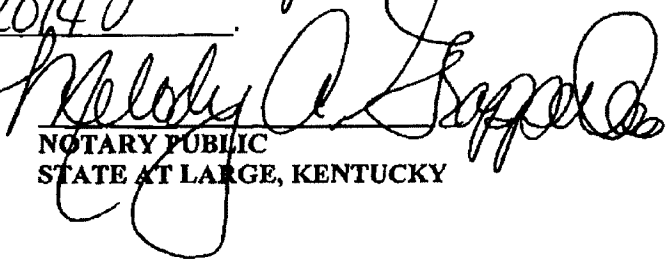
Marita Willis

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this 18th day of January, 2012

My Commission Expires: May 25, 2014


NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

ARTICLE XII

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ARTICLE XIII

Amendments to these Articles shall be made by the Board of Directors pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporators of this Corporation, this 20th day of January, 2012.

Peter H. Wayne, IV

Francesca Curry

Rebecca Brady

Scott Owens

Delquan Dorsey
Delquan Dorsey

Artie Robertson

Marita Willis

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Peter H. Wayne, IV; Francesca Curry; Rebecca Brady; Scott Owens; Delquan Dorsey; Artie Robertson; and Marita Willis and being duly sworn, acknowledged that they are, respectively, the Incorporators of the aforementioned Corporation, and that each signed the aforementioned Articles of Incorporation as his or her free act and deed.

Witness my signature and seal of office this 20th day of January, 2012.

My Commission Expires: May 25, 2014

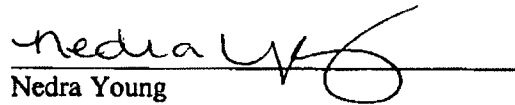
Melody A. Sapperhaus
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Eileen L. Ordover
EILEEN L. ORDOVER
Attorney at Law
LEGAL AID SOCIETY, INC.
416 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

CONSENT OF INITIAL REGISTERED AGENT

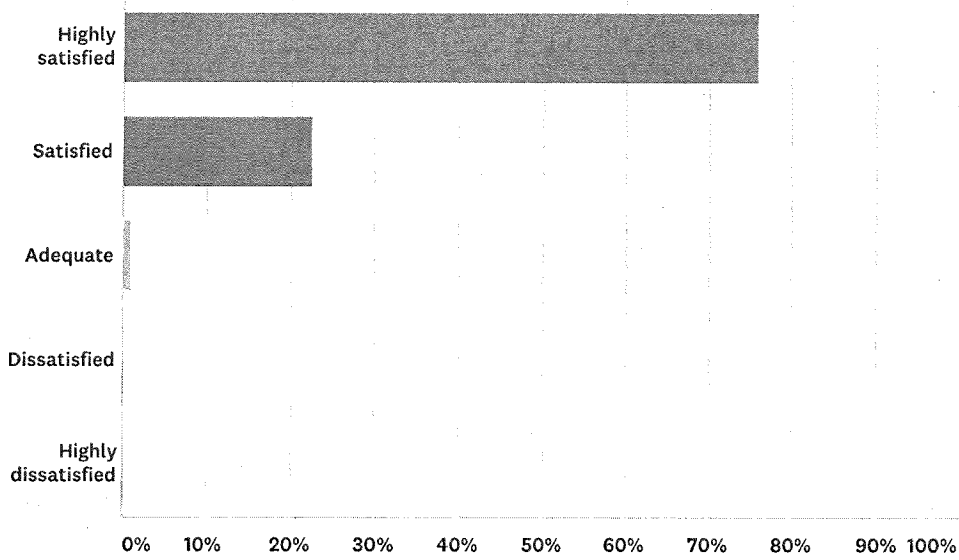
Pursuant to the provisions of KRS Chapter 273, the undersigned as the initial registered agent identified in Article III of the Articles of Incorporation of Louisville Asset Building Coalition, Inc. (the "Corporation"), hereby consents to serve the Corporation in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Revised Statutes.


Nedra Young

VITA Check-Out Survey 2019

Q1 Overall, were you satisfied with the tax preparation service you received?

Answered: 2,273 Skipped: 74

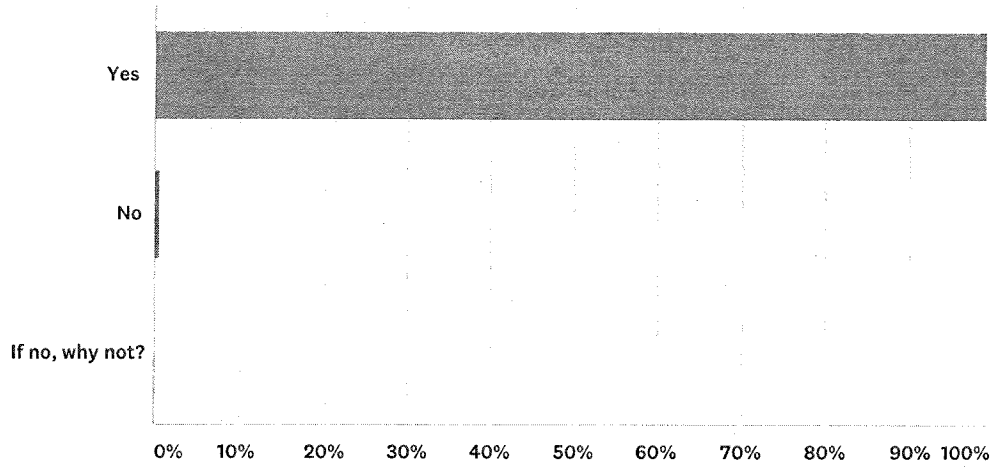


ANSWER CHOICES	RESPONSES	
Highly satisfied	75.89%	1,725
Satisfied	22.66%	515
Adequate	0.97%	22
Dissatisfied	0.22%	5
Highly dissatisfied	0.26%	6
TOTAL		2,273

VITA Check-Out Survey 2019

Q2 Do you feel confident your tax return was prepared correctly?

Answered: 2,300 Skipped: 47

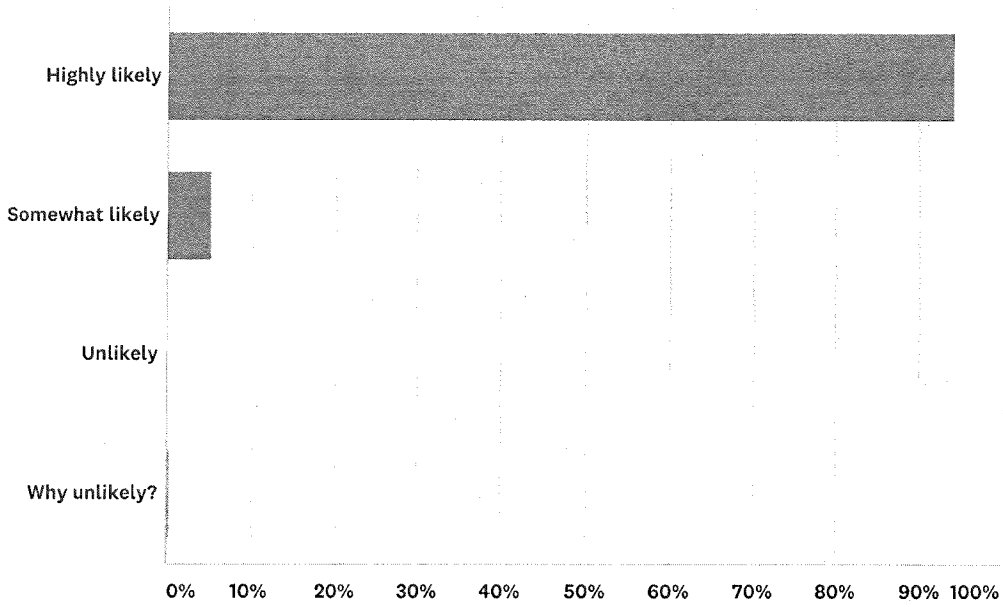


ANSWER CHOICES	RESPONSES	
Yes	99.09%	2,279
No	0.70%	16
If no, why not?	0.22%	5
TOTAL		2,300

VITA Check-Out Survey 2019

Q3 How likely are you to come to this tax site again next year?

Answered: 2,324 Skipped: 23

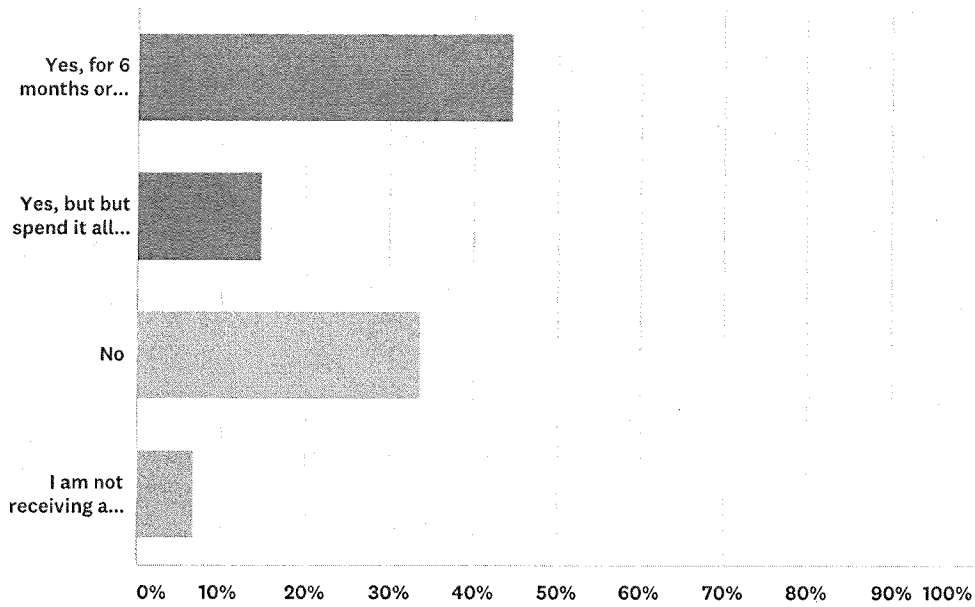


ANSWER CHOICES	RESPONSES	
Highly likely	94.23%	2,190
Somewhat likely	5.29%	123
Unlikely	0.09%	2
Why unlikely?	0.39%	9
TOTAL		2,324

VITA Check-Out Survey 2019

Q4 Are you planning to save any of your tax refund?

Answered: 2,227 Skipped: 120



ANSWER CHOICES	RESPONSES	
Yes, for 6 months or longer	44.63%	994
Yes, but but spend it all before 6 months	14.77%	329
No	33.59%	748
I am not receiving a refund	7.00%	156
TOTAL		2,227

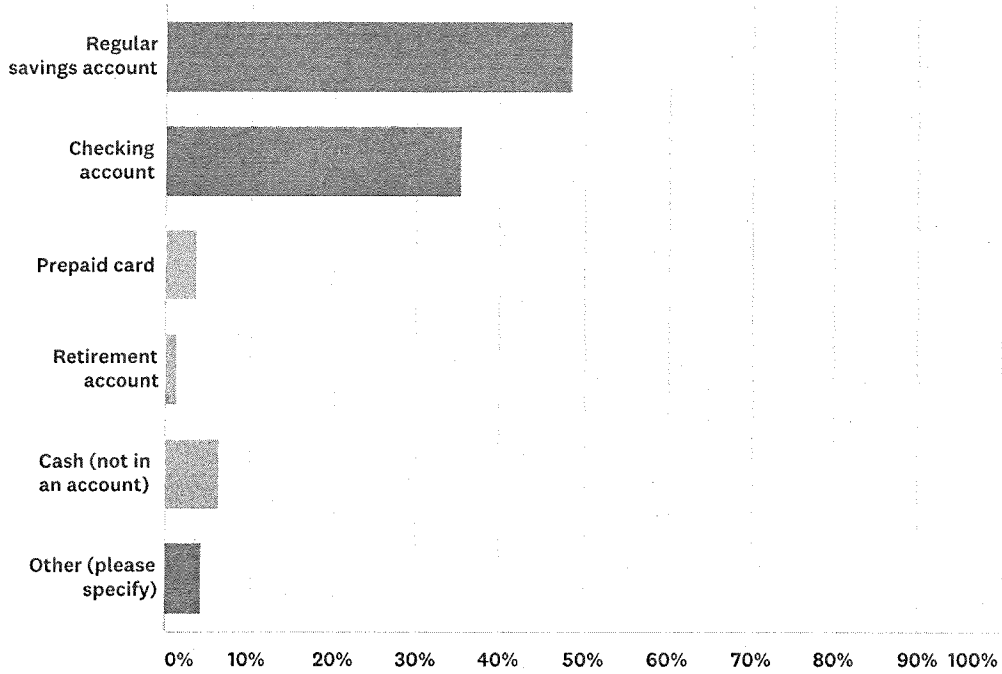
Q5 If you answered yes, how much are you planning to save?

Answered: 804 Skipped: 1,543

VITA Check-Out Survey 2019

Q6 If you are planning to set aside money from your tax refund to save, where are you mainly saving?

Answered: 1,244 Skipped: 1,103

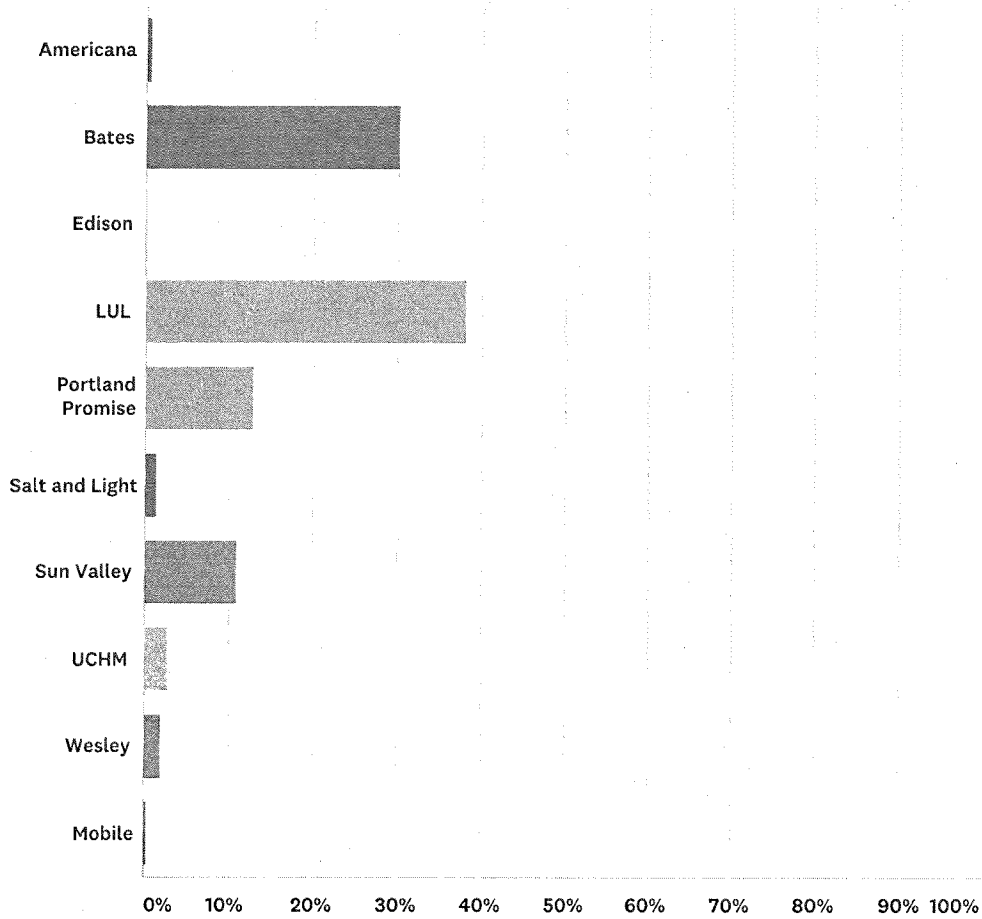


ANSWER CHOICES	RESPONSES	
Regular savings account	48.47%	603
Checking account	35.37%	440
Prepaid card	3.86%	48
Retirement account	1.45%	18
Cash (not in an account)	6.51%	81
Other (please specify)	4.34%	54
TOTAL		1,244

VITA Check-Out Survey 2019

Q7 Site

Answered: 2,347 Skipped: 0



ANSWER CHOICES	RESPONSES	
Americana	0.68%	16
Bates	30.21%	709
Edison	0.00%	0
LUL	38.18%	896
Portland Promise	12.95%	304
Salt and Light	1.53%	36
Sun Valley	11.08%	260
UCHM	2.90%	68
Wesley	2.00%	47
Mobile	0.47%	11
TOTAL		2,347

Thieneman, Cindy L

From: Murphree, Christopher
Sent: Tuesday, November 12, 2019 5:20 PM
To: Thieneman, Cindy L
Subject: LABC Zip Code Data FY19

Please see below the zip code data for the Louisville Asset Building Coalition's Volunteer Income Tax Assistance (VITA) Program. Thank you.

40023	1
40059	8
40118	78
40201	27
40202	131
40203	554
40204	80
40205	37
40206	139
40207	74
40208	164
40209	8
40210	570
40211	830
40212	573
40213	116
40214	369
40215	301
40216	810
40217	57
40218	244
40219	307
40220	84
40221	4
40222	30
40223	24
40224	
40225	
40228	67

40229	114
40231	
40232	5
40233	2
40241	40
40242	23
40243	11
40244	
40245	40
40250	2
40251	8
40252	
40253	3
40255	
40256	7
40257	3
40258	465
40259	5
40261	
40266	
40268	12
40269	5
40270	5
40272	696
40280	
40281	
40281	
40282	
40283	
40285	
40287	
40289	
40290	
40291	94
40292	
40293	
40294	
40295	

40296	
40298	1
40299	51




**LOUISVILLE ASSET
BUILDING COALITION**
GROWING BETTER FUTURES





Christopher Murphree


Program Director

Louisville Asset Building Coalition

 [502-574-5972](tel:502-574-5972) | [205-601-6225](tel:205-601-6225)

 Christopher.Murphree@louisvilleky.gov

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