

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

Applicant/Program: Louisville Independent Business Alliance
Applicant Requested Amount: \$10,500
Appropriation Request Amount: ~~\$10,500~~ \$10,250

Executive Summary of Request
Costs associated with South Points Buy Local Fair on July 28th; Meet South Louisville Bus Tour & Poster/Billboard Campaign. Funding will be used for; advertising/design, rentals, printing, billboards, bus rental, presentation materials, facilitation for bus tour and staff hours.

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.

13 District # Vicki Aubrey Welch Primary Sponsor Signature \$1,500⁰⁰ Amount 2-14-18 Date

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

Approved by:

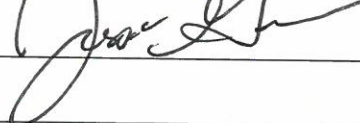
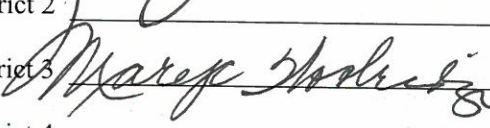
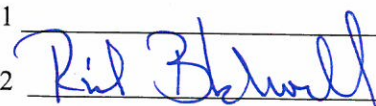
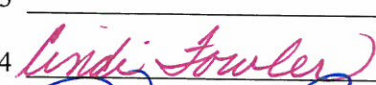
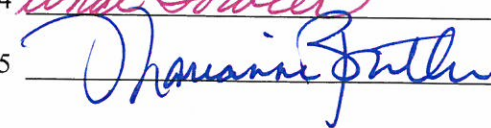
Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:
Covington Independent Business Alliance

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 |  | \$ 750 ⁻ |
| District 2 | | \$ |
| District 3 |  | \$ 500 ⁰⁰ |
| District 4 | | \$ |
| District 5 | | \$ |
| District 6 | | \$ |
| District 7 | | \$ |
| District 8 | | \$ |
| District 9 | | \$ |
| District 10 | | \$ |
| District 11 | | \$ |
| District 12 |  | \$ 1800 (per email R. Blackwell) |
| District 13 | | \$ |
| District 14 |  | \$ 1000 (per C. Fowler email) |
| District 15 |  | \$ 1500 |

Applicant/Program:

Louisville Independent Business Alliance

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 Vitalis Lawhuma \$ 2,000

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25  \$ 1500 (per email B. Toles)

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| | |
|--|---|
| Legal Name of Applicant Organization Louisville Independent Business Alliance | |
| Program Name and Request Amount South Louisville Buy Local Fair (\$10,500) | |
| | 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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prepared by: <i>Elizabeth Alexander</i> | Date: <i>2/19/18</i> |

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

General Information

| | |
|-----------------------------|---|
| Organization Number | 0688397 |
| Name | LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 3/19/2008 |
| Organization Date | 3/19/2008 |
| Last Annual Report | 5/3/2017 |
| Principal Office | 1974-A DOUGLASS BOULEVARD, SUITE 1 LOUISVILLE, KY 40205 |
| Registered Agent | SUMMER AUERBACH 3738 LEXINGTON RD. LOUISVILLE, KY 40207 |

Current Officers

| | |
|-----------------------|--|
| President | Ashley Parker |
| Vice President | Summer Auerbach |
| Secretary | Lauren Hendricks |
| Treasurer | Chris Vessels |
| Director | Carol Besse |
| Director | Jordan Clemons |
| Director | Jennifer Beaird Rubenstein |
| Director | Patrick Schmidt |
| Director | Lance Minnis |
| Director | Shaun Spencer |
| Director | Michael Trager-Kusman |
| Director | Tori Thompson |

Individuals / Entities listed at time of formation

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

Images available online

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

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

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------------------------|-------------------------|-------------------------|-----------------|
| Annual report | 5/3/2017 3:00:58 PM | 5/3/2017 3:00:58 PM | |
| Annual report | 3/25/2016 2:53:28 PM | 3/25/2016 2:53:28 PM | |
| Annual report | 4/23/2015 3:14:20 PM | 4/23/2015 3:14:20 PM | |
| Annual report | 2/6/2014 4:59:46 PM | 2/6/2014 4:59:46 PM | |
| Amendment to annual report | 4/30/2013 2:47:34 PM | 4/30/2013 2:47:34 PM | |
| Principal office change | 4/30/2013 2:30:45 PM | 4/30/2013 2:30:45 PM | |
| Annual report | 1/14/2013 2:54:02 PM | 1/14/2013 2:54:02 PM | |
| Annual report | 2/17/2012 5:58:16 PM | 2/17/2012 5:58:16 PM | |
| Registered agent address change | 2/17/2012 5:54:54 PM | 2/17/2012 5:54:54 PM | |
| Principal office change | 2/17/2012 5:49:18 PM | 2/17/2012 5:49:18 PM | |
| Annual report | 2/21/2011 2:52:54 PM | 2/21/2011 2:52:54 PM | |

| | | |
|---------------------------------|--------------------------|--------------------------|
| Principal office change | 8/10/2010 12:52:44 PM | 8/10/2010 12:52:44 PM |
| Registered agent address change | 8/10/2010 12:44:35 PM | 8/10/2010 12:44:35 PM |
| Annual report | 5/13/2010 3:06:43 PM | 5/13/2010 3:06:43 PM |
| Annual report | 9/29/2009 4:13:22 PM | 9/29/2009 4:13:22 PM |
| Add | 3/19/2008 3:07:04 PM | 3/19/2008 |

Microfilmed Images

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---|--|---|----------------------------------|
| Legal Name of Applicant Organization: Louisville Independent Business Alliance <i>(as listed on: http://www.sos.ky.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: 1974A Douglass Blvd. Ste. 101 40205, PO Box 4759, 40204 | | | |
| Website: www.keeplouisvilleweird.com | | | |
| Applicant Contact: | Jennifer Rubenstein | Title: | Executive Director |
| Phone: | 502-473-4687 | Email: | jennifer@keeplouisvilleweird.com |
| Financial Contact: | same | Title: | |
| Phone: | | Email: | |
| Organization's Representative who attended NDF Training: Jennifer Rubenstein | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | South Louisville, South Points Buy Local Fair at Iroquois Amphitheater | | |
| Council District(s): | 1, 3, 12, 13, 14, 15, 21 & 25 | Zip Code(s): | 40214, 15, 16, 19, 48, 72, 40118 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Keep South Louisville Weird Program | | | |
| Total Request: (\$) | 10,500 | Total Metro Award (this program) in previous year: (\$) | 9,298 |
| Purpose of Request (check all that apply): | | | |
| <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense | | <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | none applied for yet for 17/18 | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

LIBA is also responsible for the Buy Local First and 'keep Louisville weird' campaigns, publishing the Buy Local Guide twice a year, the Buy Local Fair (May), South Points Buy Local Fair (July) and the hoLOUdays Contest (December).



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
|------------------|---------------|
| Summer Auerbach | Jan. 2019 |
| Chris Vessels | Jan. 2020 |
| Tori Thompson | Jan. 2021 |
| Shaun Spencer | Jan. 2020 |
| Patrick Schmidt | Jan. 2019 |
| Barbara Nichols | Jan. 2021 |
| Ashley Parker | Jan. 2021 |
| Lauren Hendricks | Jan. 2019 |
| Lance Minnis | Jan. 2021 |
| Jordan Clemons | Jan. 2020 |
| Cynthia Brown | Jan 2021 |
| Matt Stack | Jan 2021 |
| Tracy Karem | Jan 2021 |
| | |
| | |
| | |
| | |

Describe the Board term limit policy:
 Board terms are 3 years. Board members can run for re-election at the end of their terms if they choose.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| Jennifer Rubenstein | 46,500 |
| Leslie Spanyer | 21,050 |
| Charles Booker | 13,500 |

Applicant's Initials 

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.):

LIBA is requesting funding for our Keep South Louisville Weird efforts. LIBA leads a grassroots committee who is producing a series of events and programs designed to grow locally-owned, independent businesses in South Louisville. The goals are to achieve stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. The efforts detailed below follow plans and brainstorming made at our Keep South Louisville Weird Summit, where representatives from more than fifteen local business groups and organizations participated. Our efforts this year will include:

* Dedicated Neighborhood Initiatives Manager to manager our effort.

- Meet South Louisville bus tour – event highlights many of the significant and unique things happening in the area. The free tour is designed for current and potential independent business owners to explore an area of Louisville they might not be familiar with, so when it's time to expand or locate, South Louisville will be on the list to consider.
- Poster/billboard campaign – Materials for display at South Louisville independent businesses, as well as area billboards, to: 1) remind area residents of the importance of buying locally – to show South Louisville pride and add to the area's "sense of place," and also to keep more money circulating in the neighborhood, 2) to be a visual reminder to both current and potential business owners that they are wanted and the neighborhood supports them.
- The South Points Buy Local Fair will take place on Saturday, July 28 at Iroquois Park Amphitheater. Admission and parking are free. The fair will include a marketplace from South Louisville businesses, food, artists and craftspeople, and community organizations. We want to continue to instill pride in area residents as well as have visitors from around the city see all that South Louisville has to offer.

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

Funding will be used to cover some of the expenses for the South Points Buy Local Fair (Advertising/Design, Rentals, Printing, Security, Insurance, Master Permit, DJ, Venue), as well as design, printing, distribution and billboards for the poster campaign. Funds will also cover bus rental, presentation material and facilitation for bus tour, and hours for our Neighborhood Initiatives Coordinator.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The South Points Buy Local Fair portion of our request is a fundraiser. Funds raised from this event will continue LIBA's "keep south Louisville weird" efforts, community outreach that educates the public about the benefits of buying locally, support for our member businesses, etc. This NDF grant and the funds raised from the event will provide part of the money for additional staff dedicated to our neighborhood efforts.

We will expand our efforts to inform South Louisville residents about the impact of buying locally, including information from our Indie Impact Study, showing the positive financial impact (specific to the Louisville area) of buying locally. This study showed that for every \$100 spent at a Louisville-area independent business, \$55 remains in the local economy, whereas only \$14 remains when spent at a chain.

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.

Ink Publishing and Holt Printing (poster design and printing).

- 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:

These initiatives will lead to two positive outcomes:

1. **General Public:** a shift towards spending at locally-owned businesses, which will benefit our local economy. A 2012 study funded by LIBA focused on the economic impact of Louisville-area retailers and restaurants. The results show that for every \$100 spent at a locally-owned, independent business, \$55 is reinvested locally, whereas only \$14 is reinvested when that same money is spent at a national chain. The additional amount that would stay in the Louisville economy if citizens made just a 10% shift from chains to independents would be \$416 million. LIBA will be implementing a professional survey through Horizon Research to help measure our impact, hopefully with neighborhood breakouts.

2. **Independent Businesses:** stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. These goals will result in a stronger local economy, job growth, neighborhoods with strong characters that are unique and attractive to current residents, visitors and potential residents, etc. Success will be measured by the number of attendees at events, new businesses that open in the area, and demand for posters and other promotional materials.

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.

Besides those listed below, LIBA also partners with other area organizations throughout the year, including the Center for Neighborhoods, many area business organizations, the Family Business Center, Louisville Originals, University of Louisville and others.

LIBA has worked closely with Louisville Forward (partial funding for staff time in 2013 & 2016 devoted to the effort, connections to city programs, research and resources), the Mayor's Office (promotion of efforts and support of Mayor Fischer), Louisville Metro Council members (NDF funds, committee work, connections to community, promotion of efforts), Southwest Dream Team (grassroots promotion, community knowledge, connections to instrumental people) and their South Points Scenic Area Brand (which the South Points Buy Local Fair reinforces), Dixie Area Business Association (connections to area businesses, promotion through the Discover Dixie event), South Louisville Business Association (connections to area businesses), Fairdale Business Association (connections to area businesses), Jefferson Memorial Forest (general resources for promoting the areas non-business attractions), and the Beechmont Neighborhood Association (business development committee involvement). We continue to seek and partner with other groups in area.



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 | \$3,500 | \$21,500 | \$25,000 |
| B: Rent/Utilities | | \$6,000 | \$6,000 |
| C: Office Supplies | | \$800 | \$800 |
| D: Telephone | | | |
| E: In-town Travel | | | |
| F: Client Assistance (See Detailed List on Page 8) | | | |
| G: Professional Service Contracts | | | |
| H: Program Materials | | | |
| I: Community Events & Festivals (See Detailed List on Page 8) | \$4,323 | \$7,075 | \$11,398 |
| J: Machinery & Equipment | | | |
| K: Capital Project | | | |
| L: Other Expenses (See Detailed List on Page 8) | \$2,677 | | \$2,677 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$10,500 | \$35,375 | \$45,875 |
| % of Program Budget | 22.89 % | 77.11 % | 100% |

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

| | |
|---|--------------------------|
| Other State, Federal or Local Government | have not applied for yet |
| United Way | 0 |
| Private Contributions (do not include individual donor names) | \$23,112 memberships |
| Fees Collected from Program Participants | 0 |
| Other (please specify) | Event Revenue: \$12,263 |
| Total Revenue for Columns 2 Expenses ** | \$35,375 |

*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 |
| CE: Advertising (billboard, posters, PR, radio/web/print ads, etc.) | 2,062 | 1,600 | 3,662 |
| CE: DJ or Bands | 300 | 0 | 300 |
| CE: Rentals | 470 | 200 | 670 |
| CE: Venue & Electricity | 200 | 0 | 200 |
| CE: Design work | 310 | 400 | 710 |
| CE: Signage | 200 | 200 | 400 |
| CE: Security | 150 | 150 | 300 |
| CE: Master Permit | 250 | 0 | 250 |
| CE: Insurance | 381 | 0 | 381 |
| CE: Beer licensing and kegs | 0 | 625 | 625 |
| CE: Staff time | 0 | 3,500 | 3,500 |
| CE: Supplies & map printing | 0 | 400 | 400 |
| OE: Poster design & printing | 1,150 | 0 | 1,150 |
| OE: Campaign billboards | 877 | 0 | 877 |
| OE: Bus rental | 500 | 0 | 500 |
| OE: presentation materials & facilitation | 150 | 0 | 150 |
| | | | |
| Total | 7,000 | 7,075 | 14,075 |

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|-----------------------|--|
| Volunteers | \$4,320 | 8 volunteers avg 3 hrs/mo., \$15/1  |
| Venue for bus launch | \$1,000 | rental fee & food cost |
| | | |
| | | |
| <i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | \$5,320 | |

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

Agency Fiscal Year Start Date: January 1

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

If YES, please explain:

LIBA continues to grow in membership and outreach efforts, so we expect that our budget will continue to grow.

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

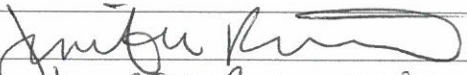
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

Summer Auerbach (board member) is married to Brandon Coan, District 8 Councilman. Charles Booker formerly was

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: | 2-6-18 |
| Legal Signatory: (please print): | Jennifer Rubenstein | Title: | Exec Director |
| Phone: | 502-500-4669 | Extension: | |
| | | Email: | jennifire@kccplouisvilleweird.com |



LOUISVILLE

**BUSINESS
ALLIANCE**



SOUTH POINTS BUY LOCAL FAIR

Saturday, July 28, 2018

2pm-6pm

Iroquois Amphitheater

#SouthPointsBLF



Event Features:

- * Local, independent businesses and restaurants with South Louisville ties
- * Kids area
- * Food, local beer and local wine
- * BYOB - water bottle that is! Louisville Water on site with free refills.

*** More info coming soon!**

Pictures from 2016, thanks to Anna May Photography.

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

DEPARTMENT OF THE TREASURY

Date: **OCT 07 2009**

Employer Identification Number:

DLN:

309173012

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

Contact Person:

SUSAN Y MALONEY

ID# 31210

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

March 19, 2008

Contribution Deductibility:

No

Dear Applicant:

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

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

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

1:24 PM

11/10/17

Accrual Basis

Louisville Independent Business Alliance
Profit & Loss Budget Overview
 January through December 2018

Jan - Dec 18

| Ordinary Income/Expense | |
|---------------------------------------|-------------------|
| Income | |
| Merchandise Income | 1,000.00 |
| Program Income | |
| Business Membership Dues | 85,000.00 |
| Directory | 55,000.00 |
| eGift Card/InstaGift | 5,000.00 |
| Indiv Membs aka Buy Local Besti | 1,000.00 |
| Member Event Fees | 1,500.00 |
| Member Event Sponsorships | 3,000.00 |
| South Louisville Efforts | 10,000.00 |
| Supporter Status | 1,500.00 |
| West Louisville Efforts | 7,500.00 |
| Program Income - Other | 15,000.00 |
| Total Program Income | 184,500.00 |
| Special Events Income | |
| Buy Local Fair | 55,000.00 |
| Forecastle Beer Tents | 2,500.00 |
| hoLOUdays Contest | 1,500.00 |
| Louisville Local Business Expo | 14,000.00 |
| Member Summit | 10,000.00 |
| South Points Buy Local Fair | 10,000.00 |
| Total Special Events Income | 93,000.00 |
| Total Income | 278,500.00 |
| Expense | |
| Credit Card Fees | |
| Fees from credit card companies | 1,800.00 |
| Merchant Service Fee | 500.00 |
| PayPal Fees | 120.00 |
| Total Credit Card Fees | 2,420.00 |
| Facilities and Equipment | |
| Fixtures and Office Environment | 500.00 |
| Office Cleaning | 625.00 |
| Rent and Electricity | 12,000.00 |
| Total Facilities and Equipment | 13,125.00 |
| Merchandise Expense | |
| Sales And Use Tax | 200.00 |
| Merchandise Expense - Other | 500.00 |
| Total Merchandise Expense | 700.00 |
| Operations | |
| Bank Fees | |
| ACH Activity Fee | 625.00 |
| Bank Fees - Other | 500.00 |
| Total Bank Fees | 1,125.00 |
| Books, Subscriptions, Reference | 200.00 |
| Business Registration Fees | 15.00 |
| Email Distribution Service | 1,400.00 |
| Internet Service | 444.00 |
| Postage, Mailing Service | 1,200.00 |
| Printing and Copying | 500.00 |
| Software | 2,600.00 |
| Supplies | 1,500.00 |
| Telephone, Telecommunications | 800.00 |
| Website Domain Names | 100.00 |
| Total Operations | 9,884.00 |
| Other Types of Expenses | |
| 501c3 Set Up Fees | 1,500.00 |

1:24 PM

11/10/17

Accrual Basis

Louisville Independent Business Alliance

Profit & Loss Budget Overview

January through December 2018

| | Jan - Dec 18 |
|--------------------------------------|-------------------|
| Advertising Expenses | |
| Copywriting | 2,500.00 |
| Membership Recruitment | 300.00 |
| Website Maintenance/Development | 500.00 |
| Total Advertising Expenses | 3,300.00 |
| Insurance - Liability, D and O | 2,500.00 |
| Membership Materials | |
| Member Lou Mag Subscriptions | 4,500.00 |
| Membership Materials - Other | 2,500.00 |
| Total Membership Materials | 7,000.00 |
| Memberships and Dues | 800.00 |
| Research and Studies | 1,600.00 |
| Staff/Board Development | 5,500.00 |
| Total Other Types of Expenses | 22,200.00 |
| Outreach & Sponsorships | 1,500.00 |
| Payroll Expenses | |
| Bonuses | 1,500.00 |
| Contract Services | |
| Accounting Fees | 600.00 |
| Graphic Design | 1,000.00 |
| Total Contract Services | 1,600.00 |
| Neighborhood Initiative Contrac | 13,000.00 |
| Salary | 77,800.00 |
| Taxes | 10,200.00 |
| Total Payroll Expenses | 104,100.00 |
| Program Expenses | |
| Buy Local Besties | 300.00 |
| Directory | 46,000.00 |
| eGift Card/InstaGift | 3,000.00 |
| Member Event Expenses | 3,500.00 |
| South Louisville Programs | 500.00 |
| West Louisville Efforts | 500.00 |
| Total Program Expenses | 53,800.00 |
| Special Event Expenses | |
| Buy Local Fair | 30,000.00 |
| hoLOUdays Expenses | 2,700.00 |
| Independents Week | 500.00 |
| Louisville Local Business Expo | 11,000.00 |
| Member Summit | 5,000.00 |
| South Points Buy Local Fair Exp | 5,000.00 |
| Total Special Event Expenses | 54,200.00 |
| Travel and Meetings | |
| AMIBA Conference | 1,000.00 |
| Conference, Convention, Meeting | 100.00 |
| Mileage | 200.00 |
| Total Travel and Meetings | 1,300.00 |
| Volunteers Orientation | 500.00 |
| Total Expense | 263,729.00 |
| Net Ordinary Income | 14,771.00 |
| Net Income | 14,771.00 |

Louisville Independent Business Alliance

Profit & Loss

02/06/18

January 1 through February 6, 2018

Accrual Basis

| | Jan 1 - Feb 6, 18 |
|---------------------------------------|-------------------|
| Ordinary Income/Expense | |
| Income | |
| Merchandise Income | 87.13 |
| Other Types of Income | |
| Miscellaneous Revenue | 170.00 |
| Total Other Types of Income | 170.00 |
| Program Income | |
| Business Membership Dues | 9,781.64 |
| Directory | 8,090.50 |
| eGift Card/InstaGift | 650.00 |
| Indiv Membs aka Buy Local Besti | 50.00 |
| Member Event Fees | 280.00 |
| Member Event Sponsorships | 825.00 |
| Supporter Status | 250.00 |
| Web Advertising | 50.00 |
| West Louisville Efforts | 1,230.00 |
| Total Program Income | 21,207.14 |
| Special Events Income | |
| Brewfest | 250.00 |
| Buy Local Fair | 2,260.00 |
| Louisville Local Business Expo | 8,162.79 |
| Watershed Event | 152.50 |
| Total Special Events Income | 10,825.29 |
| Total Income | 32,289.56 |
| Expense | |
| Business Expenses | -9.00 |
| Credit Card Fees | |
| Fees from credit card companies | 27.95 |
| Merchant Service Fee | 115.95 |
| Total Credit Card Fees | 143.90 |
| Facilities and Equipment | |
| Rent and Electricity | 1,863.98 |
| Total Facilities and Equipment | 1,863.98 |
| Operations | |
| Internet Service | 37.00 |
| Postage, Mailing Service | 136.23 |
| Software | 24.00 |
| Supplies | 177.60 |
| Telephone, Telecommunications | 55.04 |
| Website Domain Names | 38.34 |
| Total Operations | 468.21 |
| Other Types of Expenses | |
| Insurance - Liability, D and O | 236.02 |
| Membership Materials | |
| Member Lou Mag Subscriptions | 2,168.25 |
| Total Membership Materials | 2,168.25 |
| Staff/Board Development | 1,681.93 |
| Total Other Types of Expenses | 4,086.20 |

1:54 PM

02/06/18

Accrual Basis

Louisville Independent Business Alliance Profit & Loss

January 1 through February 6, 2018

| | <u>Jan 1 - Feb 6, 18</u> |
|--|--------------------------|
| Payroll Expenses | |
| Contract Services | |
| Accounting Fees | 50.00 |
| Graphic Design | 15.00 |
| | <hr/> |
| Total Contract Services | 65.00 |
| Neighborhood Initiative Contrac | 1,495.00 |
| Salary | 5,240.46 |
| Taxes | 1,879.59 |
| | <hr/> |
| Total Payroll Expenses | 8,680.05 |
| Program Expenses | |
| Directory | 15,298.85 |
| Member Event Expenses | 496.07 |
| | <hr/> |
| Total Program Expenses | 15,794.92 |
| Special Event Expenses | |
| Buy Local Fair | 1,500.00 |
| hoLOUdays Expenses | 350.00 |
| Louisville Local Business Expo | 6,099.00 |
| | <hr/> |
| Total Special Event Expenses | 7,949.00 |
| | <hr/> |
| Total Expense | 38,977.26 |
| | <hr/> |
| Net Ordinary Income | -6,687.70 |
| | <hr/> |
| Net Income | <u><u>-6,687.70</u></u> |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

**Louisville Independent Business
Alliance, Inc**

Employer identification number

Name and title of officer

**Jennifer Rubenstein
Director**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 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 1 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>300,402.</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 2016 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 Meyerowitz & King, PLLC to enter my PIN 25267
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 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 2016 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 ▶ _____

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.

[REDACTED]

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ▶ _____ Date ▶ _____

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

Extended to November 15, 2017

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

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

C Name of organization: **Louisville Independent Business Alliance, Inc**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO Box 4759**
 City or town, state or province, country, and ZIP or foreign postal code: **Louisville, KY 40204**

D Employer identification number: [REDACTED]

E Telephone number: **502-500-4667**

F Name and address of principal officer: **Jennifer Rubenstein**
PO Box 4759, Louisville, KY 40207

G Gross receipts \$: **300,402.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.keeplouisvilleweird.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2009** **M** State of legal domicile: **KY**

Part I Summary

| | | | |
|---|---|--|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Informing citizens of the value provided by locally owned businesses. | | |
| | 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 | 0 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 850 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 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 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 73,798. | 83,006. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 288,868. | 300,402. |
| | 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. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 77,668. | 85,282. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 200,538. | 212,576. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 278,206. | 297,858. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 10,662. | 2,544. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 17,144. | 19,688. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 0. | 0. |
| | | 17,144. | 19,688. |

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: **Jennifer Rubenstein, Director** Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **Meyerowitz & King, PLLC** Preparer's signature: _____ Date: _____
 Firm's name: **Meyerowitz & King, PLLC** Firm's EIN: [REDACTED]
 Firm's address: **9710 Park Plaza Ave., Ste. 208** Phone no. (502) 587-9833
Louisville, KY 40241

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: None

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

**Louisville Independent Business
Alliance, Inc**

Form 990 (2016)

Page **3**

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 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</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 |

Form **990** (2016)

**Louisville Independent Business
Alliance, Inc**

Form 990 (2016)

Page **4**

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|--|------------|----------|----------|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | 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 | 38 | X | |

Form **990** (2016)

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|--|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 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 | | |
| 2b | 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 |
| 3b | 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 |
| 4b | 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 |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | 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 |
| 6b | 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). | | | |
| 7a | 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? | | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | 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. | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Form 990 (2016)

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Page **6**

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

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

Section A. Governing Body and Management

| | | | Yes | No |
|---|-----------|-----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 0 | | |
| 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 | 1b | 850 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | 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? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | 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 | 9 | | | X |

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

| | | | Yes | No |
|---|------------|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | | 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? | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | 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 | 12a | | | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | | |
| 13 Did the organization have a written whistleblower policy? | 13 | | | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | | 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 | 15a | | | X |
| b Other officers or key employees of the organization | 15b | | | 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? | 16a | | | 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? | 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Jennifer Rubenstein - 502-500-4669**
PO Box 4759, Louisville, KY 40204

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 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) Ashley Parker President | 10.00 | | | X | | | | 0. | 0. | 0. |
| (2) Summer Auerbach Vice President | 10.00 | | | X | | | | 0. | 0. | 0. |
| (3) Lauren Hendricks Secretary | 10.00 | | | X | | | | 0. | 0. | 0. |
| (4) Chris Vessels Treasurer | 10.00 | | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Page **8**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 0. | 0. | 0. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Page 9

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 | 1 a | Federated campaigns | | | | | |
| | b | Membership dues | 83,006. | | | | |
| | c | Fundraising events | | | | | |
| | d | Related organizations | | | | | |
| | e | Government grants (contributions) | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 83,006. | | | |
| Program Service Revenue | 2 a | Program Service Revenue | Business Code | | | | |
| | | | 519100 | 168,121. | 168,121. | | |
| | b | Directory | 519100 | 49,275. | 49,275. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | 217,396. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| c | Gain or (loss) | | | | | | |
| d | Net gain or (loss) | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b | Less: cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions. | | 300,402. | 217,396. | 0. | 0. | |

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Page 10

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 61,674. | 61,674. | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 23,608. | 23,608. | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 164,164. | 164,164. | | |
| 12 Advertising and promotion | 2,390. | 2,390. | | |
| 13 Office expenses | 11,171. | 11,171. | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 11,415. | 11,415. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 2,425. | 2,425. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Staff Development | 9,360. | 9,360. | | |
| b Membership Materials | 5,595. | 5,595. | | |
| c Credit Card Fees | 2,680. | 2,680. | | |
| d Orientation and Trainin | 2,180. | 2,180. | | |
| e All other expenses | 1,196. | 1,196. | | |
| 25 Total functional expenses. Add lines 1 through 24e | 297,858. | 297,858. | 0. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Louisville Independent Business Alliance, Inc

Form 990 (2016)

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 | | 1 | |
| | 2 | 16,904. | 2 | 19,448. |
| | 3 | | 3 | |
| | 4 | | 4 | |
| | 5 | | 5 | |
| | 6 | | 6 | |
| | 7 | | 7 | |
| | 8 | | 8 | |
| | 9 | | 9 | |
| | 10a | | | |
| | 10b | | 10c | |
| | 11 | | 11 | |
| | 12 | | 12 | |
| | 13 | | 13 | |
| | 14 | | 14 | |
| | 15 | 240. | 15 | 240. |
| 16 | 17,144. | 16 | 19,688. | |
| Liabilities | 17 | | 17 | |
| | 18 | | 18 | |
| | 19 | | 19 | |
| | 20 | | 20 | |
| | 21 | | 21 | |
| | 22 | | 22 | |
| | 23 | | 23 | |
| | 24 | | 24 | |
| | 25 | | 25 | |
| | 26 | 0. | 26 | 0. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | | 27 | |
| | 28 | | 28 | |
| | 29 | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | 0. | 30 | 0. |
| | 31 | 0. | 31 | 0. |
| | 32 | 17,144. | 32 | 19,688. |
| 33 | 17,144. | 33 | 19,688. | |
| 34 | 17,144. | 34 | 19,688. | |

Form 990 (2016)

Louisville Independent Business Alliance, Inc

Form 990 (2016)

Page 12

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 | 300,402. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 297,858. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,544. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 17,144. |
| 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 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 19,688. |

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 checked="" type="checkbox"/> Cash <input 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | 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 |
| 2c | 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 |
| 3b | 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 | | |

Form 990 (2016)

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Louisville Independent Business Alliance, Inc Employer identification number [REDACTED]

Form 990, Part VI, Section B, line 11b:

Information is provided at annual meetings.

Form 990, Part VI, Section C, Line 19:

Information provided at annual meetings.

Form 990, Part IX, Line 11g, Other Fees:

Contract Services:

| | |
|---------------------------------|--------|
| Program service expenses | 2,410. |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 2,410. |

Program Expenses:

| | |
|---------------------------------|----------|
| Program service expenses | 159,794. |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 159,794. |

Sponsorships:

| | |
|---------------------------------|--------|
| Program service expenses | 1,960. |
| Management and general expenses | 0. |
| Fundraising expenses | 0. |
| Total expenses | 1,960. |

Total Other Fees on Form 990, Part IX, line 11g, Col A 164,164.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

| | | Enter filer's identifying number |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. Louisville Independent Business Alliance, Inc | Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 15px;"></div> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 4759 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Louisville, KY 40204 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

Jennifer Rubenstein

• The books are in the care of ▶ **PO Box 4759 - Louisville, KY 40204**
Telephone No. ▶ **502-500-4669** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
▶ tax year beginning _____, and ending _____.

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

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

0688397.09

mmullins
NAOI

Trey Grayson

Secretary of State

Received and Filed

03/19/2008 3:07:04 PM

Fee Receipt: \$8.00

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

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

**ARTICLE I
NAME**

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

**ARTICLE II
PURPOSES AND POWERS**

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

**ARTICLE III
MEMBERS**

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

**ARTICLE IV
DIRECTORS**

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

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

**ARTICLE V
REGISTERED OFFICE AND REGISTERED AGENT**

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

**ARTICLE VI
PRINCIPAL OFFICE**

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

**ARTICLE VII
BYLAWS**

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

**ARTICLE VIII
OFFICERS**

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

**ARTICLE IX
INDEMNIFICATION**

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

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

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

ARTICLE X LIMITATION OF DIRECTOR LIABILITY

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

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

ARTICLE XI LIMITATION ON DISTRIBUTIONS

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

**ARTICLE XII
DISSOLUTION**

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

**ARTICLE XIII
DURATION**

The Corporation shall have a perpetual existence.

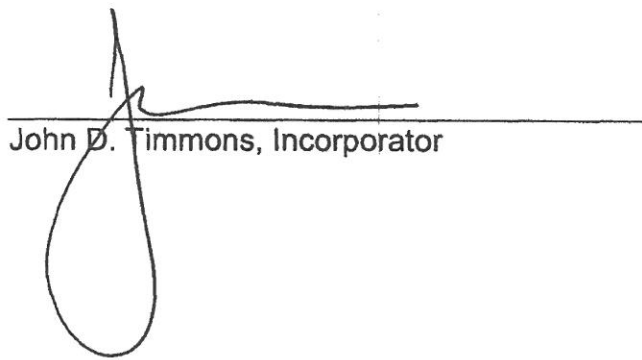
**ARTICLE XIV
AMENDMENT**

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

**ARTICLE XV
INCORPORATOR**

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

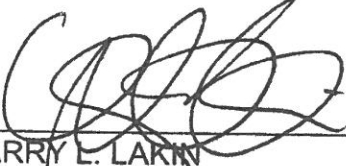
Signed by the Incorporator at Louisville, Kentucky this 17 day of MARCH, 2008.



John D. Timmons, Incorporator

THE FOREGOING ARTICLES OF
INCORPORATION PREPARED BY:

LAKIN LAW OFFICE

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

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

EXHIBIT A

NAMES AND MAILING ADDRESS OF INITIAL DIRECTORS

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

Request for Taxpayer Identification Number and Certification

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

| | | | |
|---|--|--|---|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Louisville Independent Business Alliance | | |
| | 2 Business name/disregarded entity name, if different from above | | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) 1974-A Douglass Boulevard, Suite 101 | | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Louisville, KY 40205 | | |
| | 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

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

| | | |
|-------------------------------|--|--|
| Social security number | | |
| | | |
| - | | |
| - | | |

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

or

| | | |
|---------------------------------------|--|--|
| Employer identification number | | |
| | | |
| | | |
| | | |

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

| | | |
|------------------|----------------------------|----------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 2-5-18 |
|------------------|----------------------------|----------------------|

General Instructions

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

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

Purpose of Form

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

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

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

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

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

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

Helton, Jessamyn

From: Alexander, Elizabeth
Sent: Wednesday, March 7, 2018 12:41 PM
To: Bell, LaTonya J.; Welch, Vicki A
Cc: Stenberg, Beth; MetroCouncilClerk
Subject: FW: LIBA South Louisville NDF application

Email from Councilwoman Fowler on LIBA NDF. Thanks

From: Fowler, Cindi
Sent: Wednesday, February 14, 2018 9:38 PM
To: Alexander, Elizabeth
Cc: Thieneman, Cindy L; Welch, Vicki A
Subject: Re: LIBA South Louisville NDF application

I am in for \$1000 and she may sign for me. Sorry for the delay.

Sent from my iPad

On Feb 14, 2018, at 4:53 PM, Alexander, Elizabeth <Elizabeth.Alexander@louisvilleky.gov> wrote:

Good afternoon,
Would you allow Cindy Thieneman to sign for the LIBA South NDF that you so graciously agreed to help sponsor? Thanks so much, Elizabeth

From: Jennifer Rubenstein [<mailto:jennifer@keeploouisvilleweird.com>]
Sent: Thursday, February 8, 2018 7:02 PM
To: Fowler, Cindi; Brothers, Cameron
Cc: Alexander, Elizabeth; Welch, Vicki A
Subject: LIBA South Louisville NDF application

Hello Councilwoman Fowler –

Hope you are well and warm! We've been continuing our efforts to grow independent business in South Louisville, and we're excited for the coming year. Councilwoman Vicki Welch is sponsoring the process for our application for NDF funds for our South Louisville efforts, which I'm emailing you about today.

We have numerous efforts coordinated by an amazing committee of stakeholders from all over the community. This NDF would help us grow our South Points Buy Local Fair, launch a campaign targeted to area residents about the importance of buying local, and cover a portion of the wages of a dedicated neighborhood initiatives manager. As you know, more money stays circulating in the local economy when it's spent at a local, independent business!

Would you consider contributing \$1500 towards this NDF? I've attached the main application, and happy to forward supporting documents if you like.

Two other things:

- I'll be sending out an invitation tomorrow to council members to an event unveiling the poster we've put together. We hope to get the media there and gather area business owners. It will be on 2/22 at 2pm, at Supreme Peace Yoga, 343 W. Kenwood Way. (Flyer to come.)
- You probably heard around town (and from the email he sent out!) that Charles Booker (our current neighborhood initiatives manager) is running for State Representative. He's going to be taking a leave from LIBA to campaign this Spring, so we are looking for someone to fill his shoes at least for that time. If you know of someone who is well connected in South Louisville and would have 5-10 hours a week to work with us, we're looking to contract at least until May, and perhaps longer if all works out. (I'm so sad that he is leaving, but this is his life's ambition so I hope he wins in May! He understands that we may not be able to rehire him though, depending on who we find for this spring.)

I would be happy to answer any questions, via email, phone or in person. Let me know what your thoughts are. Thanks for taking the time to consider our request, and for all you do for South Louisville!

Jennifer

Jennifer Rubenstein
Director
Louisville Independent Business Alliance
PO Box 4759
Louisville, KY 40204
Office: (502) 473-4687
Cell: (502) 500-4669
Email: jennifer@keemplouisvilleweird.com
Web: www.keemplouisvilleweird.com