

Applicant/Program:

Bates Community Development Corporation/ Bates Xtravaganza

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	<i>Barbara Gerhan Smith</i>	\$ <i>3,000</i>
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Bates Community Development Corporation/ Bates Xtravaganze

Additional Disclosure and Signatures

Additional Council Office Disclosure

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District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Bates Community Development Corporation

Program Name and Request Amount Bates Xtravaganza \$5000

Yes/No/NA

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 checked="" type="checkbox"/> Yes
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 checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
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 checked="" type="checkbox"/> Yes

Prepared by:

Date:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Bates Community Development Corporation <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1228 South Jackson Street Louisville, KY 40203			
Website: www.batescdc.com			
Applicant Contact:	Tonia M. Phelps	Title:	Executive Director
Phone:	502-636-0573	Email:	toniap@batescdc.com
Financial Contact:	Tonia M. Phelps	Title:	Executive Director
Phone:	502-636-0573	Email:	toniap@batescdc.com
Organization's Representative who attended NDF Training: Tonia M. Phelps			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Shelby Park		
Council District(s):	District 4	Zip Code(s):	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Bates Xtravaganza			
Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	-0-
Purpose of Request (check all that apply):			
<input 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:	External Agency Funds	Amount: (\$)	15,000
Source:	Neighborhood Development Funds	Amount: (\$)	5,000
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			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Bates Community Development Corporation (BCDC) was established in 1996 to engage in a wide range of community development activities that promote empowerment (physical, economic and social) among individuals and families in the Smoketown and Shelby Park neighborhoods. BCDC's mission is to enhance the quality of urban life through family empowerment, combating community blight and deterioration, and contributing to community advancement in the Smoketown and Shelby Park neighborhoods. Our vision is to engage in programs and services that promote a safe and healthy neighborhood, advance family stability and empower residents to advocate for the betterment of their community.

BCDC serves a culturally, ethnically and socioeconomically diverse population through a variety of programs and services.

Families and senior adults receive services to address nutrition & food literacy through weekly Dare to Care food distribution, Saturday midday meals, infant formula, and emergency food; healthy living through fitness classes and health events that bring health education and awareness and promote healthy lifestyles; income management through annual tax preparation services; a clothes closet and activities for grandparents raising grandchildren. Kingdom Academy, BCDC's out-of-school time (OST) program, is our signature program which serves youth year round in grades K-8 through the after school and summer enrichment program. Kingdom Academy is designed to empower youth for scholastic excellence and promotes leadership development in order to prepare them to become positive agents of change in their communities.

BCDC encourages community involvement and advocacy among participants by promoting volunteerism at community fairs, food drives and other community events. BCDC exists, in part, to serve individuals and families who are in need and/or in crisis but also present individuals being served with opportunities to give back to the community.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Dr. F. Bruce Williams, Board Chair	12/31/2018
Gladys Barclay	12/31/2019
Alphonso Cornish	12/31/2019
Angie M. Evans	12/31/2017
Teresa O. Jarrett	12/31/2017
Terrance Johnson	12/31/2017
Regina Lyons	12/31/2017
Tiffany Smith	12/31/2019
Nachand Hyde-Trabue	12/31/2019

Describe the Board term limit policy:

Board members shall have two-year staggered terms. Currently serving board members may complete three-year terms. Newly elected board members shall serve for a two-year term. Persons so nominated and elected may serve consecutive terms.

Three Highest Paid Staff Names	Annual Salary
Tonia M. Phelps	\$50,000
Joyce Charles-Johnson	\$ 8,060

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.):

The 14th Annual Bates Xtravaganza is a community event sponsored by the Bates Memorial Baptist Church and the Bates Community Development Corporation. This event will be held at Shelby Park on Saturday, July 29, 2017. The event sponsors invite the Smoketown and Shelby Park residents, local business owners and churches to come together and celebrate the neighborhood's rich heritage through entertainment, a health fair, a job fair, rides, food and activities for children and youth. The event will include national and local recording artists and groups throughout the city including area churches and community centers. We will come together not only to celebrate arts and entertainment but our primary purpose will be to enrich our community by promoting health and wellness through health screenings; providing individuals with access to essential city services; assisting families in obtaining health care service; providing employment opportunities; and by connecting local business owners with area residents. Additionally, our children's Zone will be a fun amusement time for our youth who may not otherwise be able to afford trips outside of the community.

Our overall mission is to combat some of the negative ills that plague our communities. We believe that through positive action and programming we can make a positive difference in meeting the needs of the residents of Smoketown and Shelby Park communities.

The Bates Xtravaganza will give added resources and presence to assist our elected officials, community organizations, churches and leaders in reaching all residents to become more productive citizens, as well as assist in meeting their needs and combating today's challenges.

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

Funds will be used to cover a portion of the costs for the following:

Rental of tents, tables and chairs

Rides, games and basketball tournament expenses (i.e.; mechanical rides, petting zoo, train ride, inflatables, basketball tournament)

Stage rental

Stipends for fitness instructors (i.e.; body boot camp, Zumba, youth exercise, etc.)

Van and truck rentals to transport food and supplies to/from Shelby Park



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

A free mid-afternoon meal is served to all who attend the Bates Xtravaganza. Individuals will also have access to the health fair that takes place from mid-morning to early afternoon. Each participant will sign an attendance form in order to receive a meal ticket and when they enter the health fair tent.

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.

Through partnerships with local government agencies, collaborations with local non-profits and sponsorships by the business community, this free event will be and has proven to be a great annual attraction for the Smoketown and Shelby Park neighborhoods as well as an opportunity for our representatives to provide a wholesome and positive economic stimulus otherwise absent from these communities on a consistent basis. Below is a partial list of organizations with whom we have an established collaborative relationship. We will continue to make connections with additional organizations as we expand our partner base of co.

Transit Authority of River City (TARC)-trolley transportation to/from Bates Memorial Baptist Church and Shelby Park

Louisville Metro Police-kids id's, LMPD helicopter or special patrol car; mounted police patrol

Louisville Fire & Rescue-fire truck

J. Graham Brown Cancer Center-mobile vehicle for mammogram screening

Norton Healthcare-wellness and injury prevention education, helmet fittings for children



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	5,000	70000	75000
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	100%

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

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


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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Equipment rental, rides & games, fitness instructor stipends	5,000	36,900	41,900
Food, water and paper supplies		9,300	9,300
Entertainment		15,000	15,000
Advertising		5,000	5,000
Park rental & fees		2,500	2,500
Custodial and Equipment Crews		600	600
Security		700	700
Total	5,000	70,000	75,000

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
Volunteer Hours (3,000 hrs)	72,420	Independent Sector \$24.14/hr
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	72,420	

*** 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:

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:

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

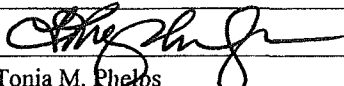
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	6/29/17
Legal Signatory: (please print):	Tonia M. Phelps	Title:	Executive Director
Phone:	502-636-0573	Extension:	
Email:	batescdc@hotmail.com		

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

DEPARTMENT OF THE TREASURY

Date:

APR 02 2001

BATES COMMUNITY DEVELOPMENT
CORPORATION
C/O DR F BRUCE WILLIAMS
1228 S JACKSON ST
LOUISVILLE, KY 40203-0000

Employer Identification Number:

DLN:

17053076706011

Contact Person:

STEPHANIE L JONES

ID# 31395

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

August of 1996

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

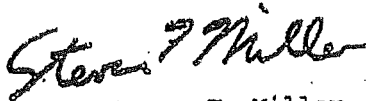
Letter 1050 (DO/CG)

BATES COMMUNITY DEVELOPMENT

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Steven T. Miller".

Steven T. Miller
Director, Exempt Organizations

**Bates Community Development Corporation
Approved Budget
2017**

	Total
Income	
Donations	10,000.00
Donations-Bates Tree of Angels	1,000.00
Total Donations	\$ 11,000.00
Fundraising-Give Local Louisville	5,000.00
Grant Income	81,670.00
Kingdom Academy Income	10,000.00
In-Kind/Matching Contributions	87,000.00
Miscellaneous Income	5,000.00
Power Of One Income	50,000.00
Total Income	\$ 238,670.00
Expenses	
Advertising	850.00
Background Check Fees	250.00
Bank Charges	300.00
Charitable Contributions	650.00
Contractual Services	250.00
Copier/printing	2,500.00
Dues & Subscriptions	1,500.00
Food	5,500.00
Gasoline	800.00
Gifts, Bereavement & Honorariums	150.00
Insurance	7,500.00
Interest Paid	300.00
Legal & Professional Fees	2,200.00
Licenses & Registration	100.00
Other Miscellaneous Service Cost	
Annual Events and Activities	11,600.00
Total Other Miscellaneous Service Cost	\$ 11,600.00
Payroll Expenses	
ADP Services	4,800.00
Contract/1099 Workers-ADP	50,000.00
Contract Workers In-Kind/Matching	45,620.00
Federal Taxes Withheld-ADP	10,400.00
FICA Withheld-ADP	4,900.00
FICA/Employer-ADP	4,900.00
Lou Taxes Withheld-ADP	700.00
Net Pay fr Wages-ADP	47,500.00
State Taxes Withheld-ADP	1,500.00
Total Payroll Expenses	\$ 170,320.00
Postage	100.00
Program Costs	
Educational Materials	1,500.00
Field Trips	1,800.00
Program Fees (Non-Contractor)	500.00
Recreational Activities	750.00
Total Program Costs	\$ 4,550.00
Promotional	250.00
Rent & Space In-Kind	16,000.00
Repair & Maintenance	4,000.00
Staff Training	300.00
Supplies	
Janitorial Supplies	1,000.00

**Bates Community Development Corporation
Approved Budget
2017**

	<u>Total</u>
Office supplies	1,000.00
Program Supplies	3,000.00
Uniform Clothing	700.00
Total Supplies	\$ 5,700.00
Telephone & Internet Services	3,000.00
Total Expenses	\$ 238,670.00

Bates Community Development Corporation

BALANCE SHEET

As of June 26, 2017

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking	4,861.14
Checking-Kingdom Academy	19,784.63
Petty cash	27.61
Total Bank Accounts	\$24,673.38
Total Current Assets	\$24,673.38
Fixed Assets	
Accumulated Depreciation	-47,493.00
Furniture and Equipment	35,848.03
Original Cost	736.84
Total Furniture and Equipment	36,584.87
Leasehold Improvements	21,436.91
Total Fixed Assets	\$10,528.78
TOTAL ASSETS	\$35,202.16
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
Total Accounts Payable	\$0.00
Other Current Liabilities	
Accrued Payroll Tax	0.00
American Express	0.00
Line of Credit-Metro Bank	3,400.00
Total Other Current Liabilities	\$3,400.00
Total Current Liabilities	\$3,400.00
Total Liabilities	\$3,400.00
Equity	
Opening Balance Equity	8,089.85
Retained Earnings	9,084.31
Net Income	14,628.00
Total Equity	\$31,802.16
TOTAL LIABILITIES AND EQUITY	\$35,202.16

Bates Community Development Corporation

PROFIT AND LOSS

January 1 - June 26, 2017

	TOTAL
INCOME	
Billable Expense Income	2,623.89
Donations	11,718.45
Grant Income	34,734.00
Kingdom Academy Income	4,541.00
Miscellaneous Income	65.73
Power Of One Income	23,182.00
Red Chucks Luncheon	54.00
Total Income	\$76,919.07
GROSS PROFIT	
	\$76,919.07
EXPENSES	
Bank Charges	760.60
Charitable Contributions	250.00
Contractual Services	1,771.50
Copier/printing	2,552.39
Dues & Subscriptions	1,150.72
Food	3,912.17
Gasoline	277.81
Gifts, Bereavement & Honorariums	292.25
Insurance	3,731.12
Interest Paid-Metro Bank Line of Credit	205.36
Kitchen Supplies	6.32
Licenses & Registration	42.00
Miscellaneous Expenses	100.00
Office/General Administrative Expenses	89.50
Payroll Expenses	
ADP Services	396.23
ADP ServicesCharges	2,086.62
Contract/1099 Workers-ADP	16,623.25
Federal Taxes	46.56
Federal Taxes Withheld-ADP	1,733.41
FICA Withheld-ADP	993.65
FICA/Employer-ADP	1,037.04
Lou Taxes Withheld-ADP	291.97
Net Pay fr Wages-ADP	9,693.11
State Taxes Withheld-ADP	491.93
Total Payroll Expenses	33,993.77
PNC Bank	104.05
Program Costs	185.40
Educational Materials	153.89
Field Trips	237.44
Miscellaneous Program Costs	129.46
Program Contractor Fees	2,453.60
Program Contractual	728.00

	TOTAL
Program Fees (Non-Contractor)	1,000.00
Recreational Activities	705.00
Total Program Costs	5,592.79
Program Incentives	50.00
Repair & Maintenance	1,744.49
Software & Data Processing Equipment	85.00
Staff Training	60.00
Supplies	253.00
Janitorial Supplies	641.14
Office supplies	949.52
Program Supplies	1,705.32
Uniform Clothing	675.00
Total Supplies	4,223.98
Telephone & Internet Services	1,883.30
Travel	
Ground Transportation	8.00
Total Travel	8.00
Total Expenses	\$62,287.12
NET OPERATING INCOME	\$14,631.95
OTHER EXPENSES	
Reconciliation Discrepancies	3.95
Total Other Expenses	\$3.95
NET OTHER INCOME	\$ -3.95
NET INCOME	\$14,628.00

2015 Exempt Org. Return
prepared for:

BATES COMMUNITY DEVELOPMENT CORPORATION
1228 SOUTH JACKSON STREET
LOUISVILLE, KY 40203

STUEDLE SPEARS & COMPANY, PSC

CERTIFIED PUBLIC ACCOUNTANTS

2821 S. Hurstbourne Parkway, Suite 1
Louisville, KY 40220

Phone: (502) 491-5253 · Fax: (502) 491-5270

Short Form
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. 1545-1150

2015

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____

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

C
BATES COMMUNITY DEVELOPMENT CORPORATION
 1228 SOUTH JACKSON STREET
 LOUISVILLE, KY 40203

D Employer identification number
 [REDACTED]

E Telephone number
 (502) 636-0573

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 140,425.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	140,425.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5 a	
	5 b	Less: cost or other basis and sales expenses	5 b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	
	6 c	Less: direct expenses from gaming and fundraising events	6 c	
	6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances	7 a	
	b	Less: cost of goods sold	7 b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	140,425.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	83,579.
	13	Professional fees and other payments to independent contractors	13	2,462.
	14	Occupancy, rent, utilities, and maintenance	14	21,759.
	15	Printing, publications, postage, and shipping	15	2,089.
	16	Other expenses (describe in Schedule O)	16	SEE SCHEDULE O
17	Total expenses. Add lines 10 through 16. ▶	17	141,560.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,135.
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	25,347.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	24,212.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39 a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39 b	N/A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42 a The organization's books are in care of ▶ TONIA PHELPS Telephone no. ▶ (502) 636-0583
 Located at ▶ 1228 SOUTH JACKSON STREET LOUISVILLE KY ZIP + 4 ▶ 40203

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country: ▶ _____	42 b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____	42 c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

d Total number of other employees paid over \$100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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: TONIA M PHELPS Date: _____
 Type or print name and title: EXECUTIVE DIR.

Paid Preparer Use Only
 Print/Type preparer's name: BRIAN COBB Preparer's signature: BRIAN COBB Date: 9/2/16
 Firm's name: STUEDLE SPEARS & COMPANY PSC Check if self-employed
 Firm's address: 2821 S. HURSTBOURNE PKWY STE 1 Firm's EIN: _____
LOUISVILLE, KY 40220 Phone no. (502) 491-5253

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

BATES COMMUNITY DEVELOPMENT CORPORATION

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	125,716.				75,995.	201,711.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	125,716.	0.	0.	0.	75,995.	201,711.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						201,711.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	125,716.	0.	0.	0.	75,995.	201,711.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						201,711.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 514 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests — 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below		
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities.....	1a	
b	Average monthly cash balances.....	1b	
c	Fair market value of other non-exempt-use assets.....	1c	
d	Total (add lines 1a, 1b, and 1c).....	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets.....	2	
3	Subtract line 2 from line 1d.....	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).....	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3).....	5	
6	Multiply line 5 by .035.....	6	
7	Recoveries of prior-year distributions.....	7	
8	Minimum Asset Amount (add line 7 to line 6).....	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

BATES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

[REDACTED]

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

BATES COMMUNITY DEVELOPMENT CORPORATION

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISVILLE METRO GOVERNMENT ----- 410 S 5TH STREET ----- LOUISVILLE, KY 40202 -----	\$ 39,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BATES MEMORIAL BAPTIST CHURCH ----- 1228 S JACKSON STREET ----- LOUISVILLE, KY 40203 -----	\$ 19,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	METRO UNITED WAY ----- 334 E BROADWAY ----- LOUISVILLE, KY 40204 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BATES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ... \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

BATES COMMUNITY DEVELOPMENT CORPORATION

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	477.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		6,240.
CONTRACT SERVICES.....		3,096.
CONTRIBUTIONS.....		173.
DEPRECIATION.....		2,399.
DUES AND SUBSCRIPTIONS.....		516.
FOOD AND MEALS.....		6,095.
INSURANCE.....		7,828.
MISCELLANEOUS.....		463.
OFFICE EXPENSES.....		1,555.
SPONSORSHIP EXPENSES.....		2,600.
TRAINING.....		229.
TOTAL	\$	31,671.

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 1,196.	\$ 1,245.
TOTAL	\$ 1,196.	\$ 1,245.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE SOCIAL SERVICES AND COMMUNITY DEVELOPMENT ACTIVITIES TO COMBAT BLIGHT AND DETERIORATION IN THE COMMUNITY.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

12/31/15

2015 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 5256

BATES COMMUNITY DEVELOPMENT CORPORATION

9/02/16

01:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
IMPROVEMENTS																
4	RENOVATIONS	6/30/07		21,437							21,437	10,724	S/L HY	15	.06570	1,430
TOTAL IMPROVEMENTS				21,437		0	0	0	0	0	21,437	10,724				1,430
MACHINERY AND EQUIPMENT																
1	COMPUTERS & EQUIPMENT	6/30/01		18,560							18,560	18,560	S/L HY	5		0
2	TWO COMPUTERS	9/23/06		2,936							2,936	2,936	S/L HY	5		0
3	SEVEN COMPUTERS	6/30/07		3,306							3,306	3,306	S/L HY	5		0
5	GAS RANGE	5/31/08		10,080							10,080	9,358	S/L HY	7	.07140	722
6	FREEZER	9/12/12		737							737	263	S/L HY	7	.14280	105
7	UPRIGHT FREEZER	6/04/15		270							270		S/L HY	7	.07140	19
8	PRINTER	3/12/15		695							695		S/L HY	5	.10000	70
TOTAL MACHINERY AND EQUIPME				36,584		0	0	0	0	0	36,584	34,423				916
TOTAL DEPRECIATION				58,021		0	0	0	0	0	58,021	45,147				2,346
GRAND TOTAL DEPRECIATION				58,021		0	0	0	0	0	58,021	45,147				2,346

CLIENT 5256

BATES COMMUNITY DEVELOPMENT CORPORATION

9/02/16

01:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
IMPROVEMENTS																
4	RENOVATIONS	6/30/07		21,437							21,437	12,154	S/L HY	15	.06670	1,430
TOTAL IMPROVEMENTS				21,437		0	0	0	0	0	21,437	12,154				1,430
MACHINERY AND EQUIPMENT																
1	COMPUTERS & EQUIPMENT	6/30/01		18,560							18,560	18,560	S/L HY	5		0
2	TWO COMPUTERS	9/23/06		2,936							2,936	2,936	S/L HY	5		0
3	SEVEN COMPUTERS	6/30/07		3,306							3,306	3,306	S/L HY	5		0
5	GAS RANGE	5/31/08		10,080							10,080	10,080	S/L HY	7		0
6	FREEZER	9/12/12		737							737	368	S/L HY	7	.14290	105
7	UPRIGHT FREEZER	6/04/15		270							270	19	S/L HY	7	.14290	39
8	PRINTER	3/12/15		695							695	70	S/L HY	5	.20000	139
TOTAL MACHINERY AND EQUIPME				36,584		0	0	0	0	0	36,584	35,339				283
TOTAL DEPRECIATION				58,021		0	0	0	0	0	58,021	47,493				1,713
GRAND TOTAL DEPRECIATION				58,021		0	0	0	0	0	58,021	47,493				1,713

Application for 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.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (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, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BATES COMMUNITY DEVELOPMENT CORPORATION	Employer identification number (EIN) or
	Number, street, and room or suite number. If a P.O. box, see instructions. 1228 SOUTH JACKSON STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40203	

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

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

The books are in the care of TONIA PHELPS

Telephone No. (502) 636-0583 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2016, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 2015 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

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

Change in accounting period

COPY
mailed
8/2/16

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BATES COMMUNITY DEVELOPMENT CORPORATION	[REDACTED]
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	STUEDLE SPEARS & COMPANY PSC 2821 S. HURSTBOURNE PKWY STE 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40220	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	[REDACTED]	[REDACTED]
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **TONIA PHELPS**
Telephone No. **(502) 636-0583** 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.

- I request an additional 3-month extension of time until **11/15**, 20 **16**.
- For calendar year **2015**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension... **WAITING ON REVIEW REPORT FROM CPA.**

8a 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.....	8a \$
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 and any amount paid previously with Form 8868.....	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **accountant** Date **8/12/16**
BAA Form 8868 (Rev 1-2014)

ARTICLES OF INCORPORATION
OF
BATES COMMUNITY DEVELOPMENT CORPORATION

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

RECEIVED & FILED
APR 8 10 38 AM '96
JOHN D. [unclear]
SECRETARY
STATE OF KENTUCKY

ARTICLE I

The name of the Corporation shall be: BATES COMMUNITY DEVELOPMENT CORPORATION.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the principal and registered office of the Corporation shall be 1228 S. Jackson, Louisville, KY 40203.

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

The name and address of the Corporation's incorporator is F. Bruce Williams, 1228 S. Jackson, St., Louisville, KY 40203.

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

ARTICLE IV

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

The purposes of the Corporation shall be more specifically stated as follows:

To engage in a wide range of community development activities and the provision of social services for the purposes of combatting blight and deterioration in the Louisville metropolitan area and to contribute to the advancement of community life. Such activity

Purpose does not include anything about Christ explicitly.

Faith based org

shall include but not be limited to: 1) providing on a non-profit basis, low and moderate income housing through purchase and rehabilitation, new construction, rental, and sale of such housing; 2) providing social services including counseling for the benefit of the residents of such housing, to perform activities which give reasonable promise that a stable environment will be created in the neighborhood of such housing, and to perform other related activities which would be helpful to this purpose; 3) providing education through suitable programs designed to meet the specific needs of the inhabitants of such housing; and 4) such other activities as are consistent with the above indicated purposes.

ARTICLE V

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

ARTICLE VI

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

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

b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a Corporation exempt from Federal income tax under Section 501 (c) (3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a Corporation, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is a private foundation

as defined in Section 509 (a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

Explain

* 1) The Corporation shall distribute its income for each taxable year at such time and in such manner and not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

Explain

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941 (d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holding as defined in Section 4943 (c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945 (d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The name and address of the incorporator is: Dr. F. Bruce Williams, 931 S. Shelby St., Louisville, KY 40203.

ARTICLE VIII

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

DIRECTOR	ADDRESS	PHONE
CHAIRPERSON Dr. F. Bruce Williams	804 Barbours Manor 831 S. Shelby St. Louisville, KY 40203 40241	412-0028 502-589-4976
VICE-CHAIRPERSON Gwendolyn Young	803 Foxgate Road 4514 Jewell Ave. Louisville, KY 40212	E-mail Gwendolyn M. Young 502-776-6846 253-0825 National-City.com
SECRETARY Charles Henderson	364 N. 41st Street Louisville, KY 40212	502-774-2616

Fax - 772-3971

James Wilson

10814 Silvermoon Court
40241

ASSISTANT SECRETARY
Ron Duke

1525 S. 3rd Street
Louisville, KY 40208

502-638-0545

TREASURER

ASSISTANT TREASURER
Eleanor Jordan

2704 Unit
~~2104~~ Grand Ave., Apt 2
Louisville, KY 40211

Fax 778-3635
ejordan9@bellsouth.
502-776-2958-

MEMBER
Michelle Williams

931 S. Shelby Street
Louisville, KY 40203

Franklin (502) 584-8100 x 65
Campaign - 254-5508
502-589-4976

ARTICLE IX

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

Any director may be removed for cause pursuant to by-laws provisions regarding grounds and procedures for such removal.

ARTICLE X

The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in, or relationship to, the Corporation.

Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;

or

4) resulted in an improper personal benefit to the director.

computer file

ARTICLE XI

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

ARTICLE XII

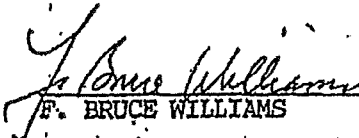
In the event of the dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XIII

Amendments to these Articles shall be made pursuant to the provisions of KRS 373.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this 22nd day of March, 1996.


F. BRUCE WILLIAMS

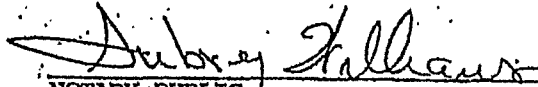
STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

The foregoing Articles of Incorporation were acknowledged before me this 22nd day of March, 1996 by F. Bruce Williams as his lawful act and deed.

Witness my signature and seal of office.

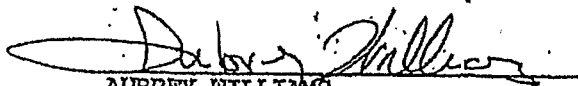
My commission expires:

2/17/98



NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This document was prepared by:



AUBREY WILLIAMS
Attorney at Law
455 Fourth Avenue
421 Starks Building
Louisville, KY 40202
(502) 581-1088

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. Bates Community Development Corporation	
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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>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.</i> <input checked="" type="checkbox"/> Other (see Instructions) ▶ Non-Profit 501(c)3 Organization	
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.) 1228 South Jackson Street	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40203	
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												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification 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.

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 ▶ 12/14/15
------------------	----------------------------	------------------------

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.



**METRO PARKS
AND RECREATION**
Escape. Explore. Connect.

Louisville Metro Parks Event Application

Date: 1/31/2017

CONTACT INFORMATION

Primary Contact: Tonia M. Phelps
(Person to be contacted regarding this application, the event, or in case of an emergency)

Contact Address: 1228 South Jackson Street

City/State/Zip: Louisville, KY 40203

Primary Phone Number: 502-636-0573 WORK CELL HOME

Email/Fax: batescdc@hotmail.com

Website: www.batescdc.com

EVENT DESCRIPTION

Event Name: Bates Xtravaganza
(Official name used to advertise event)

Event Sponsor: Bates Community Development Corporation/Bates Memorial Baptist Church
(Name of individual, group or organization organizing event)

Event Producer: Bates Community Development Corporation/Bates Memorial Baptist Church
(Name of individual, group or organization producing event, or agency with whom event is contracting)

Describe Event: Day long community festival/health fair/concert with rides, food, entertainment and information for the whole family; includes stage, inflatables, rides, health fair and vendors in the park

EVENT DESCRIPTION ATTACHED

Metro Park Location for Event: Shelby Park

Date(s) and Time(s) of Event: Load-In Date: 07 / 28 / 2017 Time: 7:00 AM PM
 Event Start Date: 07 / 29 / 2017 Time: 8:00 AM PM
 Event End Date Date: 07 / 29 / 2017 Time: 10:00 AM PM
 Load-Out/Clean-Up Date: 07 / 29 / 2017 Time: 12:00 AM PM

ATTENDANCE

Total attendance expected: 2,500 Peak attendance expected at any one time: 1,500

SITE MAP REQUIREMENT

Regardless of your event's location, a site map must be submitted to Metro Parks with this application showing the location of the event. All streets, alleys and rights of way affected by the event must be included, detailing specific event features and equipment. You may download park maps at bestparksever.com.

VENDORS

Are you having vendors? Yes No If yes, how many? 15-20 Selling food or products? Yes No
 Information or community booth? Yes No

- An event that will have food or merchandise vendors must apply for a Master Vendor Permit.
- A map of the location of all vendors must be attached.
- Event Master Vendor Permit holder is responsible for: adhering to all local vending ordinances, ensuring compliance of all vendors with the Health Department, Revenue Commission and the Kentucky State Department of Revenue, and having an Internal Revenue Service tax ID number.

PLEASE CHECK ALL OF THE FOLLOWING ITEMS WHICH APPLY TO YOUR EVENT

STREET CLOSINGS

- Event producers must notify affected businesses and residents of street closures.
- Event producers must provide and/or pay for barricades for street closings. Placement must be approved by police.
- If a State road will be closed, apply for a Street Closing Permit from the Kentucky Transportation Cabinet.

List streets to be closed for this event: N/A

Closing: ____ / ____ / ____ Time: ____ AM PM

Reopening: ____ / ____ / ____ Time: ____ AM PM

TRAFFIC • Describe or attach traffic plan: N/A

TRAFFIC PLAN ATTACHED

Attach map of the event area showing street closing and event features.

PARKING • Describe or attach parking plan: N/A

PARKING PLAN ATTACHED

RENTALS FROM METRO PARKS

Picnic Tables (Set of 10; there will be a fee charged for this) Total: 3 sets

Trash Cans (Set of 10; there will be a fee charged for this) Total: 2 sets

City Stage (If available. Indicate position on attached site map; there will be a fee charged for this)

ADDITIONAL REQUESTS FROM METRO PARKS: (4) Aluminum bleachers

ALCOHOLIC BEVERAGES

If you are serving or selling alcoholic beverages at your event you must obtain the following:

- Permission letter from Louisville Metro Parks and Recreation
- Louisville Metro alcoholic beverage license (temporary or caterer's)
- Kentucky State alcoholic beverage license (temporary or caterer's)
- Proof of liquor liability insurance

Alcoholic beverage concessionaire or caterer: N/A

Insurance company: Corey Insurance Agency Office Phone: 502-408-2654

EMERGENCY MEDICAL SERVICES • Describe or attach Emergency Medical Services plan: _____

Contact/call 911 for EMS

INFLATABLES/CARNIVAL RIDE VENDOR

Company name: Adrenaline Force

Main Contact Name: Laura Martin Cell Phone: 502-817-0623

CLEAN-UP PLANS AND PROCEDURES

Event producers holding an event on Louisville Metro properties, facilities, streets or right-of-ways are responsible for clean-up and removal of debris from the area and all adjacent property affected, including sidewalks, steps, yards and alcoves.

Describe or attach clean-up plan: Volunteers will collect trash throughout park and deposit trash bags in trash receptacles during and after event

CLEAN-UP PLAN ATTACHED

ELECTRICAL SERVICES

Electrical permit(s) may be required for temporary electrical service. For generators, contact the fire district where event will be held.

Public Utilities Patch Box(es; there will be a fee charged for this) Total: 2
 Generator(s; there will be a fee charged for this) Total: _____

Indicate placement of patch boxes and/or generators on attached map.

RESTROOM FACILITIES

Number of permanent facilities at event location: One (1) permanent facility

Number of portable facilities: _____

Name of supplying company: _____ Office Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

SECURITY/TRAFFIC CONTROL

Event producers must provide adequate security for event management, crowd control and traffic control.

Total number of security personnel or off-duty law-enforcement officers on-site: 2-4

Organization providing security: Bates Memorial Baptist Church

Contact Name: Keith Reynolds Phone: 502-636-0523

Describe or attach security plan: Security guard(s) will be onsite overnight on 7/28/2017 and throughout the day on 7/29/2017 until cleanup is complete

SECURITY PLAN ATTACHED

TENT(S)

Number of Tents: 4 Tent Sizes: 400

ALL tents over 400 square feet require a permit. Contact Louisville Metro Inspections Permits and Licenses, 444 South Fifth Street, Ste.101, Louisville KY 40202, 502/574-3321.

ADVERTISING

Describe (or attach) your events marketing plan and include copies of any print advertisements: _____

Flyers will be distributed throughout the Smoketown and Shelby Park neighborhood; event will be advertised on the radio beginning three weeks prior to the event; event also posted on websites and social media

ADVERTISING PLAN ATTACHED

Website: www.batesmemorial.com; www.batescdc.com

OTHER

Describe or attach a description of any further special features of your event, including special requests or other relevant information Metro Parks should be made aware of: _____

SPECIAL FEATURES ATTACHED

METRO PARKS SPECIAL EVENT INSURANCE REQUIREMENTS

Proof of insurance is required from an event producer and event subcontractors, at least 30 days prior to an event.

General Liability Insurance

Event producer must submit a Certificate of Insurance providing proof of a commercial general liability insurance policy, written on an occurrence basis for bodily injury, personal injury, property damage and product liability, with a minimum limit of liability of \$1,000,000 per occurrence and with a \$2,000,000 aggregate.

The event producer must list Louisville/Jefferson County Metro Government as additional insured and as certificate holder on all commercial general liability policies.

Liquor Legal Liability Insurance

Minimum coverage of Liability Limit is \$1,000,000 for any one Occurrence. This coverage is required from the person or company engaged in selling and/or dispensing alcoholic beverages. This coverage may be written as an endorsement on the above mentioned Commercial General Liability Policy or as a separate policy. If the event producer subcontracts this service to a vendor, only the vendor shall be required to purchase this coverage.

The event producer and alcohol server must list Louisville/Jefferson County Metro Government as additional insured and as certificate holder on all commercial general liability and liquor liability policies.

Workers Compensation Insurance (if applicable)

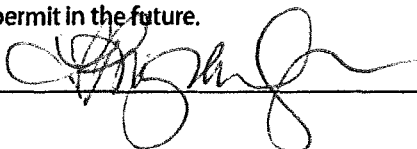
Insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and Employers' Liability - \$100,000 Each Accident/\$500,000 Disease - Policy Limit/\$100,000 Disease - Each Employee.

The Insurance Requirements should be reviewed immediately with your insurance agent in order to comply.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Applicant/Event Producer shall indemnify, hold harmless and defend Louisville Metro Government, and any other metro-owned venues hosting an event, their elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Applicant/Event Producer's (or Applicant/Event Producer's subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting there-from, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Louisville Metro Government, their elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Special Event Permit Application.

Only applicants in good standing with Louisville Metro will be considered for approval. Any misrepresentation in this application or deviation from the final approved specifications and activities described herein or failure to abide by all Federal, State and Louisville Metro Laws, ordinances, policies and procedures may result in the immediate revocation of the approved permit and/or refusal to issue a permit in the future.

Sign:  _____
Signature of the agent duly authorized by the Special Event Permit applicant to bind it.

By signing this application, I understand that no permit will be issued unless all proof of insurance is provided.

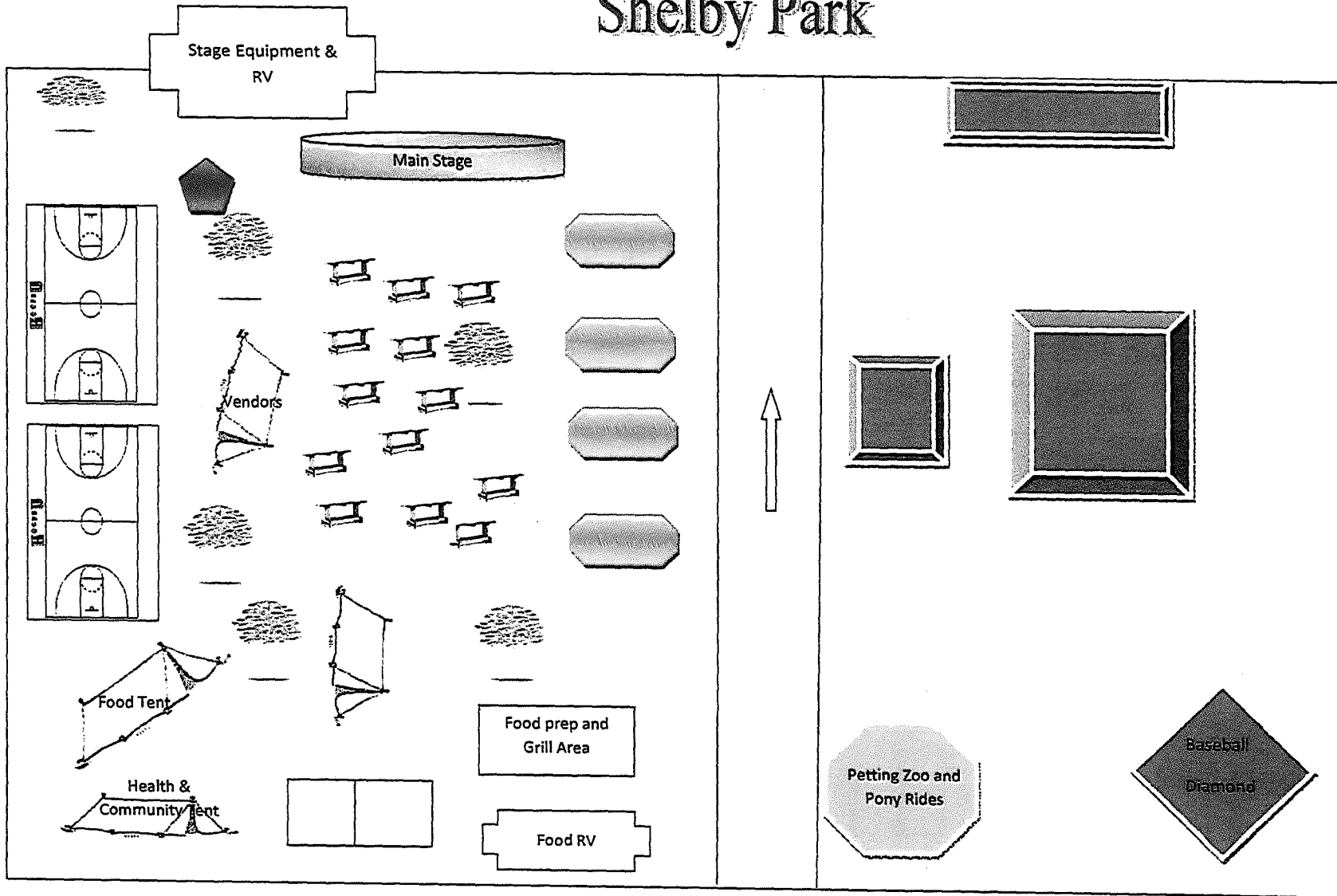
Name (print): Tonia M. Phelps Phone: 502-636-0573
Date: 01 / 31 / 2017

RETURN APPLICATION (application must be received no later than 30 days prior to event):

Louisville Metro Parks Reservations Office
1080 Amphitheater Rd
Louisville KY 40214
Phone: 502/368-5910
Fax: 502/368-5955

Shelby Park

JACKSON STREET



CLAY STREET

BOYD STREET



METRO Parks

Facility Rental Agreement

Contract #: 29198
Date: 13-Feb-17

User: tdumas
Status: Firm

Louisville / Jefferson County Metro Government by and through its Metro Parks Department, 1297 Trevilian Way, Louisville, Kentucky 40213 hereby grants Bates Memorial Baptist Church (hereinafter called the "Licensee") represented by Tonia Phelps, permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement.

- i) Purpose of Use: Special Event
Bates Xtravaganza
- ii) Conditions of Use: Load in 7/28/2017 @ 7am. Event date 7/29/2017 from 8am-10pm load out directly after. Will use inflatable vendor (vendor TBD) Client is aware that we no longer provide rental equipment.
- iii) Date(s) and Time(s) of Use: # of Bookings: 8 Starting: Sat 29 Jul 17 09:00 AM Expected: 2,500
Ending: Sat 29 Jul 17 10:00 PM

Facility/Equipment	Day	Start Date	Start Time	End Date	End Time	Fee	XFee	Tax	Total
Shelby Park - Bandstand	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Shelby Park - Inflatable	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$25.00	\$0.00	\$0.00	\$25.00
Shelby Park - Multi Purpose Field Only #2 2nd Tier	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Shelby Park - Multi-purpose/ Softball 2nd Tier	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Shelby Park - Picnic Shelter	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Shelby Park - Shelby Park - Special Event	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$212.50	\$467.50	\$0.00	\$680.00
Shelby Park - Tennis Court 1	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
Shelby Park - Tennis Court 2	Sat	29-Jul-17	09:00 AM	29-Jul-17	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00

iv) Additional Fees / DELIVERABLE ITEMS

Extra Fee - Bookings	Quantity	Hours	Charge	Tax	Total
Master Vending Permit 1 Day	1	13:00	\$212.50	\$0.00	\$212.50
SpecEv Permit Addtl Fee Per 100 People	20	13:00	\$255.00	\$0.00	\$255.00
	<u>21</u>	<u>26:00</u>	<u>\$467.50</u>	<u>\$0.00</u>	<u>\$467.50</u>

v) Payment Method

Rental Fees	Extra Fees	Tax	Rental Total	Damage Deposit	Total Applied	Balance	Current
\$237.50	\$467.50	\$0.00	\$705.00	\$0.00	\$0.00	\$705.00	\$705.00

There is a \$50 fee for all returned checks

Facility Rental Agreement

User: tdumas

Contract #: 29198
Date: 13-Feb-17

User: tdumas
Status: Firm

vi) Other Information

CONDITIONS OF USE OF THE AREA:

- (1) Alcoholic Beverages are **PROHIBITED**.
- (2) Holder of the PERMIT shall not allow any illegal activity on the premises during the use of the area.
- (3) Violation of Conditions (1) and (2) above shall be cause of immediate revocation of the PERMIT, without refund for unused time
- (4) The holder of the permit must have PERMIT in his/her possession at all times during the use of the premises or the premises will be available to the public on a first-come, first-serve basis.
- (5) The PERMIT is issued to the above stated named Organization / Individual only and is non-transferable without prior permission of the Department.
- (6) The PERMIT is valid only during the hours and on the day and date set forth above.
- (7) A copy of drivers license of State ID is required.
- (8) **VEHICLES ARE PROHIBITED ON GRASS. Vehicles are limited to paved routes only. No driving or parking on grass. Parking near or under trees is prohibited. Cost to repair turf will be billed to event organizer.**
- (9) Signage must be free standing and removed after event. No taping or stapling to Metro Parks signage or on Metro Parks shelters.
- (10) Customer is responsible for clean up of and around facility used before exiting premises.
- (11) No Refunds or Cancellations within 2 weeks of rental. For cancellations within this period, a credit will be issued for later use. A \$25 Administration Fee will be charged for rental cancellations.

Load & Unload Permitted in Non Paved Areas. _____

Approved for Tent Usage _____

Barrell Staked

Staked Only

Inflatables/Jumpers/Slides _____

Permit holders must rent inflatables from vendors that carry insurance listing Louisville Metro Government as additional insured.

Insurance Requirements _____

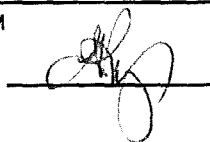
ADDITIONAL PERMITS ARE NEEDED FOR TENTS AND /OR INFLATABLES.

HOLD HARMLESS AND INDEMNIFICATION CLAUSE: The Consultant shall indemnify, hold harmless, and defend the Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Consultant's (or Consultant's, Subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission of the Louisville/ Jefferson County Metro Government or its elected and appointed officials and employees acting within the scope of their employment . This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

Regional Manager / Metro Parks: _____

WE HOPE YOUR EVENT IS A SAFE AND SUCCESSFUL ONE AND WE ASK THAT YOU MAKE A REASONABLE EFFORT TO PICK UP AND DEPOSIT TRASH IN THE CONTAINERS PROVIDED FOR THE ACTIVITY.

Licensee Initials: _____



Facility Rental Agreement

User: tdumas

Contract #: 29198
Date: 13-Feb-17

User: tdumas
Status: Firm

The undersigned holder of this permit hereby releases Louisville / Jefferson County Metro Government by and through its Metro Parks Department from any and all obligations, claims, or responsibilities arising from the use by the holder of this permit of the premises and activity covered by said permit, and further indemnifies and binds itself to hold the Louisville / Jefferson County Metro Government by and through its Metro Parks Department harmless from any obligation, claim or cause of action which might arise, be made, or brought against Louisville / Jefferson County Metro Government by and through its Metro Parks Department by any party arising from the use by the holder of this permit of the premises and activity covered by said permit.

THE HOLDER OF THIS PERMIT IS RESPONSIBLE FOR PROTECTING THE PROPERTY AGAINST DAMAGE DURING THE USE BY THE ORGANIZATION / INDIVIDUAL TO WHOM THE PERMIT IS ISSUED WILL BE BILLED FOR ALL SUCH DAMAGE.

Licensee Signature: 

Metro Parks Representative: _____

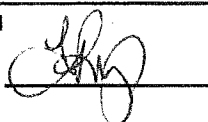
Tonia Phelps

Bates Memorial Baptist Church
620 East Lampton Street
Louisville KY 40203
USA
Home: ()
Fax: (502)

Business: (502)636-0573

Please Return to:
Metro Parks
1080 Amphitheater Road
Louisville, KY 40214
Phone (502) 368-5865
Fax (502) 368-5955

For immediate assistance outside of regular business hours, please call (502) 574-3506

Licensee Initials: 



METRO Parks

The Permitted Bates Memorial Baptist Church agrees to indemnify, hold harmless, and defend the Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Contractor's (or Contractor's Subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of the Louisville/Jefferson County Metro Government or its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

Event Organizer shall comply with the Federal Copyright Law of 1978 (17 U.S.C. 101 et acq.) any regulation issued hereunder, including, without limitation, payment of any royalties which are due for the use of copyrighted works in Event Organizer's transmissions or broadcasts to the copyright owner, or representative of said copyright owner, and Event Organizer shall defend, indemnify and hold harmless the Metro Government and its representatives, agents and employees from any claims or damages arising out of Event Organizer's infringement or violation of the Copyright Law and/or related regulations or any claims which may be asserted by others against the Metro Government relating to or in any way connected with Event Organizer's performances.

Any misrepresentation of this Agreement will make this Agreement null and void.

Any publicity to the general public must be approved in advance by Metro Parks before distribution.

Please sign below and return one copy of this agreement to the address listed above. In addition, we ask that you be courteous to other park users at all times. Good luck with your event. All paperwork/checks must be in our office two (2) weeks after booking event.

BUSINESS NAME (IF APPLICABLE): Bates Memorial Baptist Church

SIGNATURE: 

PRINTED NAME: Tonia Phelps

TITLE: EXECUTIVE DIRECTOR

DATE: 2/17/17



RECEIVED FEB 16 2017

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/14/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: COREY INSURANCE AGENCY INC, CGA INSURANCE SERVICES, 1111 ASHWORTH ROAD, WEST DES MOINES IA 50265. CONTACT NAME: STEVE COREY, PHONE: 502-473-7910, FAX: 502-473-1265, E-MAIL ADDRESS: coreyinsurance@bellsouth.net. INSURER(S) AFFORDING COVERAGE: PHILADELPHIA INDEMNITY INS CO.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Louisville/Jefferson County Metro Government, it's elected and appointed officials, employees, agents and successors are added as "Additional Insureds" as respects operations of the Named Insured performed relative to the contract.

Bates Extravaganza 2017

CERTIFICATE HOLDER CANCELLATION

Certificate holder information: LOUISVILLE/JEFFERSON COUNTY METRO GOVT, FINANCE DEPT, RISK MANAGEMENT DIVISION, 611 WEST JEFFERSON STREET, LOUISVILLE KY 40202. Cancellation notice: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Steve Corey



METRO Parks

METRO PARKS EVENT AGREEMENT

EVENT: Bates Xtravaganza
LOCATION: Multi Purpose Field Only #2 2nd Tier
DATE: July 29, 2017
TIME: 9:00 am - 10:00 pm
ATTENDANCE: Approximate Number 2,500
FEE: \$705.00

We are pleased that you have chosen Shelby Park as your venue for your upcoming event, Bates Xtravaganza. This agreement outlines Metro Parks' requirements of the event organizer, Bates Memorial Baptist Church. This agreement must be signed and mailed or delivered to: Metro Parks, 1080 Amphitheater Road, Louisville, KY 40214 or faxed to (502) 368-5955. It must be received at least two weeks after booking the event.

- Organizers must submit a Certificate of Insurance (as per the attached insurance requirements) covering the Louisville/Jefferson County Metro Government as additional insured and as a certificate holder at least two weeks prior to the scheduled event. This includes activities such as the "moon walk", "pony rides", "hot air balloon" rides, etc. A Certificate of Insurance must also be submitted by the bounce toy/inflatable contractor, if applicable. They must follow the same insurance requirements as the event organizer.
- The event must be free to the public.
- Acknowledgment of event in the park and/or parking lot does not approve exclusive use of the park. Please arrive early to establish your event.
- Vehicles are prohibited on grass. Vehicles are limited to paved routes only. No driving or parking on grass. Parking near or under trees is prohibited.
- When groups larger than 200+ are expected, the event organizer must provide a written parking plan that includes the number of parking attendants, type of communication to be used and if necessary, off-site parking location. This plan must be approved by the appropriate manager.
- Please contact the police for security or traffic control issues.



METRO Parks

- The district manager or supervisor is available for a site meeting regarding logistics.
- Festivals and major events must provide a site map showing placement of items/vendors to be used.
- If vendors are involved, a separate vendor permit is required, see below. The event organizer may obtain a Master Vendor permit, or they may require each individual vendor to obtain a permit. Vendors will not be permitted if the proper permit is not obtained.
- Also, if vendors are involved, they may operate only in designated areas. The no parking rule applies. Disposal of cooking oils and other waste products are the responsibility of the vendor in accordance with OSHA/Fire Department regulations. The vendor will be billed for any Non-compliance to cover Metro Parks' expense of clean up.
- Portable toilets are the responsibility of the event organizer. Existing restroom facility, if applicable, will be open and clean, unless otherwise noted. You must provide contact information for the portable toilet vendor. Placement location must be pre-approved.
- Signs and banners must be free standing or placed on a stage or vehicles. No signs or decorations may be posted on trees or structures (includes park signs).
- Alcoholic beverages are prohibited; also visual displays and written advertisements that promote alcoholic products are prohibited on park grounds.
- Music should be for the enjoyment of those in the immediate area — not loud or blaring.
- The park will be clean and orderly. It is the event organizer's responsibility to clean up and bag trash for removal by Metro Parks.
- Event shall close no later than 11:00 p.m., in consideration of the residential neighborhood.
- Any damage to the Park or Metro Parks' property will be assessed and billed to cover Metro Parks' cost of clean up and repair.

Temporary Vendor Permit, if applicable:

Temporary Master Vendor Permit- obtained by the Event Organizer. The event organizer is responsible for insuring the vendors have all the required documents to operate, (including but not limited to insurance, sales tax permit, health department permits, Revenue commission permit, etc.) The fee for the Temporary Master Vendor Permit is \$250.00 per day or a discounted fee of \$700.00 for three consecutive days. There is a non-profit rate available for groups that qualify: \$212.50 per day.

Individual Temporary Vendor Permit- obtained by the vendor. Metro Parks will require and obtain all the necessary documents from each vendor. The fee for the temporary Vendor Permit is \$25.00 per day or a discounted fee of \$70.00 for three consecutive days

Additional Services available:

If the following additional services or equipment rentals are required or requested, the cost of these services will be assumed by the event organizer and must be paid for prior to the event.

Patch Box	\$125	(\$106.25 for non-profits)
Picnic Tables (set of 10, delivered)	\$150	(\$127.50 for non-profits)
Trash Cans (set of 10)	\$150	(\$127.50 for non-profits)

If reservation is at least two months from date of event, full payment is due within thirty days of reservation/booking.

If reservation is within fifteen to thirty days of the date of event, full payment is due upon booking.

If reservation is within fourteen days of event, full payment is due upon booking and approval from district supervisor (for staffing purposes).

Non-payment of reservation/event fee within stated time frame or payment with insufficient fund check shall void contract immediately and cancel reservation and or event.

There is a \$50 fee for all returned checks



METRO Parks

METRO PARKS SPECIAL EVENTS

I. HOLD HARMLESS AND INDEMNIFICATION CLAUSE

The Contractor shall indemnify, hold harmless, and defend the Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from the Contractor's (or Contractor's Subcontractors, if any) performance or breach of the contract provided that such claim, damage, loss, or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of the Louisville/Jefferson County Metro Government or its elected and appointed officials and employees acting within the scope of their employment. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

II. INSURANCE REQUIREMENTS

Prior to commencing work, Contractor shall obtain at its own cost and expense the following types of insurance companies licensed in the State of Kentucky. Insurance written by non-admitted carriers will also be considered acceptable, in accordance with Kentucky Insurance Law) KRS 304.10-040). Workers' Compensation written through qualified group self-insurance programs in accordance with Kentucky Revised Statutes (KRS 342.350) will also be acceptable. The Contractor shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and until copies of policies or certificates there of are submitted to and approved by the Louisville/Jefferson County Metro Government's Risk Management Division. The Contractor shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by Contractor evidencing proof of coverages.

Without limiting Contractor's indemnification requirements, it is agreed that Contractor shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and require subcontractors, if subcontracting is authorized, to procure and maintain these same policies until final acceptance of the work by the Louisville/Jefferson County Metro Government.

The Louisville/Jefferson County Metro Government may require Contractor to supply proof of subcontractor's insurance via Certificates of Insurance, or at Louisville/Jefferson County Metro Government's option, actual copies of policies.

A. The following clause shall be added to the Contractor's (and subcontractors) Commercial General Liability Policies:

1. "The Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the Bates Xtravaganza.



METRO Parks

B. The insurance to be procured and maintained and minimum Limits of Liability shall be as follows, unless different limits are specified by addendum to the contract:

1. COMMERCIAL GENERAL LIABILITY, via the Occurrence Form, with a **\$1,000,000** Combined Single Limit for any one Occurrence for Bodily Injury, Personal Injury and Property Damage, including:
 - a. Premises - Operations Coverage
 - b. Products and Completed Operations
 - c. Contractual Liability
 - d. Broad Form Property Damage
 - e. Independent Contractors Protective Liability
 - f. Personal Injury

2. WORKERS' COMPENSATION insuring the employer's obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and EMPLOYERS' LIABILITY - \$100,000 Each Accident/\$500,000 Disease - Policy Limit/\$100,000 Disease - Each Employee.

III. ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurance Companies with an A.M. Best Rating of no less than "B+VI", unless proper financial information relating to the Company is submitted to and approved by the Louisville/Jefferson County Metro Government's Risk Management Division.



METRO Parks

IV. MISCELLANEOUS

- A. The Contractor shall procure and maintain insurance policies as described herein and for which the Louisville/Jefferson County Metro Government shall be furnished Certificates of Insurance upon the execution of the Contract. The Certificates shall include provisions stating that the policies may not be cancelled without the Louisville/Jefferson County Metro Government having been provided at least (30) thirty days written notice. The Certificates shall include the name and address of the person executing the Certificate of Insurance as well as the person's signature. If policies expire before the completion of the Contract, renewal Certificates of Insurance shall be furnished to the Louisville/Jefferson County Metro Government at least 30 days prior to the expiration of any policy(s).
- B. Certificates of Insurance as required above shall be furnished, as called for:
- Louisville/Jefferson County Metro Government
Finance Department, Risk Management Division
611 West Jefferson Street
Louisville, Kentucky 40202
- C. The Contractor agrees that it will not materially alter any of the insurance policies currently in force and relied on under this agreement. Further, the Contractor will not reduce any coverage amount below the limits required in this agreement.
- D. Approval of the insurance by the Louisville/Jefferson County Metro Government shall not in any way relieve or decrease the liability of the Contractor hereunder. It is expressly understood that the Louisville/Jefferson County Metro Government does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Contractor.

Executive Summary

Event: The Bates Xtravaganza
Date/ Time: Saturday, July 29, 2017, 9:00am – 9:00p.m.
Location: Shelby Park, Louisville, KY
Cost: Free: Admittance, Food, Rides and Activities

Attractions: Arts & Entertainment

- National and Local Gospel Artists and various forms of entertainment and stage presentations
- Play activities for children and youth—mechanical rides, petting zoo
- Basketball tournament for youth and young adults

Health & Wellness

- Health Screenings
- Health Insurance signups
- Mobile Mammogram
- HIV testing & Awareness
- Healthy Hearts
- Healthy Kids
- Body Boot Camp, Zumba, Exercise for Adults, Youth and Children

Food Tent

- A meal will be provided to all participants
- Water will be available throughout the day

Job Fair

- On-site employment opportunities
- Youth employment opportunities

Consumer Exhibits

- Local Business Commercial Vendors
- Nonprofit vendors

City Services

- Kid Safety: Louisville Fire Department and Louisville Metro Police Department
- Kid Identification
- Community Vendors
- Community Access to City Services

Other Services

- School supply giveaway
- Clothes closet free to all

Overview

The 14th Annual Bates Xtravaganza is a community event sponsored by the Bates Memorial Baptist Church and the Bates Community Development Corporation. This event will be held at Shelby Park on Saturday, July 29, 2017. The Bates Memorial Church and Bates Community Development Corporation, the producers of this event, will invite the Smoketown and Shelby Park residents and local business owners and churches to come together and celebrate the rich spiritual heritage of Gospel Music and entertainment, Health Fair, Job Fair, Rides, Food and children and youth activities. The event will include national and local gospel music recording artists and groups throughout the city including our area churches and community centers.

We will come together not only to celebrate arts and entertainment but our primary purpose will be to enrich our community by promoting good health and wellness through health screenings; provide individuals access to essential city services; to assist families in obtaining health insurance; a job fair; and by connecting local business owners with opportunities.

We will have tents set up to allow our vendors to reach our local consumer base and market their wares in a comfortable environment. Our children's Zone will be a fun amusement time for our youth who may not otherwise be able to afford trips outside of the community.

Through sponsorships by local government agencies this free event will be and has proven to be a great annual attraction for the Smoketown and Shelby Park neighborhoods as well as an opportunity for our representatives to provide a wholesome and positive economic stimulus otherwise absent from these communities on a consistent basis.

Our overall mission is to combat some of the negative ills that plague our communities. We believe that through positive action and programming we can make a positive difference in meeting the needs of the residents of Smoketown and Shelby Park Communities.

The Bates Xtravaganza will give added resources and presence to assist our elected officials, community organizations, churches and leaders in reaching all residents to become more productive citizens, as well as assist in meeting their needs and combating today's challenges.

Sponsorship Opportunities

Bates Xtravaganza

The Bates Memorial Church and Bates Community Development Corporation (BCDC) have been the Title Sponsors for this annual event. While all activities are free to the community, there has been a shared cost between the two entities of two-thirds of the total cost contributed by Bates Memorial Church while one-third of the cost is supported by BCDC. The total cost of this event is \$75,000. We are requesting your financial support in helping us host this great event. Listed below are the individual exhibitions offered to the Smoketown and Shelby Park Communities followed by the Bates Xtravaganza Budget.

Health Screening Tent – Free

The Health Screening Tent is free to all health vendors. It will showcase health information and screenings to those participants who elect to do so. Body Boot Camp and Zumba classes will be offered to those participants who wish to participate.

Job Fair Tent – Free

The Job Fair tent is free and open to companies who wish to offer employment to those participants who want to inquire and apply for employment.

Children's Zone – Free

The Children's Zone will offer rides, exercise and activities for all children. A basketball tournament will be provided for middle and high school youth who wish to participate.

Xtravaganza Entrance – Free

Entrance into the Bates Xtravaganza is free. Parking is provided by Bates Xtravaganza and TARC Trolley Rides. Participants may park at the Bates 620 East Lampton Street location and will be transported to and from Shelby Park. Additional off-street parking is available on the streets surrounding Shelby Park.

Commercial Vendor Fee - \$75.00

Any company interested in exhibiting or vending at the festival may purchase a 10'x10' booth, which includes a 6'table, an ID sign, and two folding chairs.

Item	Vendor	Cost
Tents, Tables and Chairs	The Rental Depot	\$5,000.00
Food, Water & Paper Supplies	Various Food Stores and Vendors	\$9,300.00
Rides	Casey Amusements (4 mechanical rides)	\$8,500.00
	CountryTime (Horses and Petting Zoo)	\$1,400.00
	Adrenaline Force	\$2,600.00
	Pirate Ship	\$1,000.00
	Funtime Productions (Train Ride)	\$1,400.00
	S&S Productions	\$1,000.00
	Trolley	\$0.00
	Basketball Tournament	\$1,200.00
Stage	LP Productions	7,500.00
	Instruments and Equipment	10,000.00
Entertainment	Local and National Recording Artists	15,000.00
Equipment Rental	Hauling Carts	\$600.00
	Ice Machine	\$600.00
	Truck and Equipment Rental	\$500.00
Advertising	Local Radio, Television, Paper, Flyers, etc.	\$5,000.00
Fees	Park Rental & Fees	\$2,500.00
Stipends	Body Boot Camp Instructors	\$200.00
	Zumba Instructors	\$200.00
	Youth Exercise Instructors	\$200.00
	Custodial & Equipment Crews	\$600.00
	Security	\$700.00
	Total	\$75,000.00

BATES COMMUNITY DEVELOPMENT CORPORATION

General Information

Organization Number	0414122
Name	BATES COMMUNITY DEVELOPMENT CORPORATION
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/1/1996
Organization Date	4/1/1996
Last Annual Report	2/8/2017
Principal Office	1228 S. JACKSON LOUISVILLE, KY 40203
Registered Agent	DR. F. BRUCE WILLIAMS 1228 S. JACKSON LOUISVILLE, KY 40203

Current Officers

Chairman	<u>F. BRUCE WILLIAMS</u>
President	<u>FARRELL BRUCE WILLIAMS</u>
Vice President	<u>GWEN YOUNG-STITH</u>
Secretary	<u>REGINA LYONS</u>
Treasurer	<u>TONIA PHELPS</u>
Director	<u>GWEN YOUNG-STITH</u>
Director	<u>FARRELL BRUCE WILLIAMS</u>
Director	<u>REGINA LYONS</u>
Director	<u>TERRENCE JOHNSON</u>
Director	<u>ANGIE EVANS</u>

Individuals / Entities listed at time of formation

Director	<u>DR F BRUCE WILLIAMS</u>
Director	<u>GWENDOLYN YOUNG</u>
Director	<u>CHARLES HENDERSON</u>
Director	<u>RON DUKE</u>
Director	<u>HARRY ROWAN</u>
Director	<u>ELEANOR JORDAN</u>
Incorporator	<u>F BRUCE WILLIAMS</u>

Images available online

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

	1:57:45 PM	
Annual report	3/1/2005	3/1/2005
Annual report	3/19/2004	3/19/2004
Annual report	3/24/2003	3/24/2003
Annual report	3/22/2002	3/22/2002
Registered agent address change	1/25/2002 1:01:11 PM	1/25/2002
Annual report	8/7/2001	8/7/2001
Annual report	8/21/2000 10:50:37 AM	8/21/2000
Reinstatement	9/29/1999	9/29/1999
Admin Dis. A. report not in	11/3/1998	11/3/1998
Sixty day notification	9/1/1998	9/1/1998
Add	4/1/1996	4/1/1996

Microfilmed Images

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