M.W.

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

Applicant/Program: Energy Conversation, Inc. /Project Warm

Executive Summary of Request:
Districts One, three, four, five and fifteen are allocating $4500 in funding to support project warms workshops on weatherization for homes in the aforementioned districts.

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

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

District #	Council Member Signature	Amount	Date
4	David James	~~$1500~~ $1250	11/10/2015

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

Approved by:

Appropriations Committee Chairman ____________ Date ____________

Clerk's Office Only:

Request Amount: ____________ Committee Amended Appropriation: ____________

Original Appropriation: ____________ Council Amended Appropriation: ____________

Applicant/Program:	Energy Conversation Association, Inc./Project Warm

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District #	Council Member Signature	Amount	Date
1	[signature]	$1,000	11/12/15
3	Mary C. Woolridge	500.00 ~~$750~~	11/12/15
5	Cheri B. Hamilton	$1,000	11/12/15
15	Marianne Gentler	$750	11/12/15

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Project Warm

Program Name and Request Amount: $4500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	N/A
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes
Prepared by: Date: 11/10/2015	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records)*	Energy Conservation Assoc, Inc.		
Main Office Street & Mailing Address: 601 West Jefferson Street			
Website: www.projectwarm.org			
Applicant Contact:	Frank J. Schwartz	**Title:**	Executive Director
Phone:	502-636-9276	**Email:**	frank@projectwarm.org
Financial Contact:	SAME	**Title:**	
Phone:		**Email:**	
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Workshops and In-home repair service - See Districts to be served		
Council District(s):	#1, #3, #4, #5 & #15	**Zip Code(s):**	03, 08, 10, 11, 12, 15, 16, 58

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Project Warm			
Total Request: ($)	4,500.00	**Total Metro Award (this program) in previous year: ($)**	None

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☒ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- ☒ IRS Exempt Status Determination Letter
- ☒ Current Year Projected Budget
- ☒ List of Board of Directors (include term & term limits
- ☒ Current financial statement
- ☒ Most recent IRS Form 990 or 1120-H
- ☒ Articles of Incorporation
- ☐ Cost estimates from proposed vendor if request is for capital expense
- ☐ Signed lease if rent costs are being requested
- ☒ IRS Form W9
- ☒ Evaluation forms if used in the proposed program
- ☐ Annual audit (if required by organization)
- ☐ Faith Based Organization Certification Form, if required
- ☒ Staff including the 3 highest paid staff

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:	Dep't of Community Service	Amount: ($)	$31,500
Source:		Amount: ($)	
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? ☒ Yes ☐ No

Has the applicant met the BBB Charity Review Standards? ☒ Yes ☐ No

Applicant's Initials 7 JL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Project Warm, established in 1981 has the mission to: provide energy conservation services and education, and to promote energy saving practices in the community. Project Warm provides direct home repair and weatherization services for seniors, disabled residents and low-income households throughout Louisville Metro. We serve most zip codes in Jefferson County with a concentration in the older neighborhoods both city and county. Adhering to the adage that teaching to fish is more valuable than only giving a fish, our in-home assessments and teaching and do-it-yourself workshops are integral components. We work with LG&E and neighborhood organizations to target and serve the neediest households, expanding our reach every year to seniors and low income families who are cold and living in unsafe and deteriorated housing. Annually, we weather-strip and repair doors and windows, seal holes in floors and exterior walls, check and change furnace filters in over 270 low-income homes, train 600 corporate and community volunteers to install window weatherization in homes of 300 seniors, teach energy conservation to over 600 low-income households at 30 plus neighborhood sites and provide free weatherization materials. We have upgraded our skills and added experienced volunteers to be more efficient. Our work is the difference between homelessness and adequate shelter, allows more seniors to live independently in their homes and provides skills and materials for people to improve their own lives.

Applicant's Initials JM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

Oct 2015 thru June 2016
I. Expansion of Energy Management Workshops schedule. There is a need for workshops throughout the year, not just during the home heating season.

Workshops are open to anyone and will be held at Neighborhood Places and other public venues.
Approximately 80% of participants will be low-income female heads of household. The plan is to provide applicable and sufficient information and guidance so the participants will leave with skills to understand and successfully manage their home's energy usage and related costs.
This will require us to:
• Identify and confirm effective locations for workshops.
• Work with community organizations to advertise the date and time of the workshop.
• Update and expand the workshop syllabus.
• Prepare information packet for each participant, including Utility Conservation Incentives
• Purchase home weatherizing materials to distribute to participants with hands-on directions for use.

II. Target high risk households eligible for First Line Weatherization Service: Schedule and complete home weatherization for a targeted group of low-income households who have higher than normal energy use and a history of utility disconnects or the threat of disconnection who are receiving subsidies from ASAP (All Seasons Affordable Energy Program)
• Identify specific areas of concern in the home with a blower door test
• Follow-up with a subsequent home visit or phone call to assess outcome of interventions
• Work with Council Members to identify needs and resources in their communities

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

The funding will not include any sub grantees.

The total grant ask for this NDF proposal is: $4,500.
We are requesting that $4,500 of the total cost of $7,500 come from NDF funds.
The proposal also includes in-kind donation of space for the workshops and volunteer labor for a portion of the households served.

I. - Expanded Workshop Program Delivery Costs: (Six workshops)
• In-kind donation of community sites (6 x $100)
• Cost of energy kits: DIY materials with instructions for each of approximately 100 participants x $15 per kit = $1,500.
• Program cost for workshop planning, scheduling, implementation and evaluation @ $100 per workshop. 6 x $100 = $600.

II. - Targeted First Line Service Program Delivery Costs:
• The anticipated cost of air and duct sealing materials per home will be about $60. (25 households will be assisted) = $1,500
• Installation with in-home education and follow-up visit or phone call for each household will be about $140 x 25 homes = $3,500.

Applicant's Initials TJL

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This is not a fund raiser request.

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:

☐ Effective October 24, 2013, reimbursements should not be made 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.

■ 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.

Applicant's Initials 7/12

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:

I. Expanded Program of Energy Management Workshops benefits will be evaluated in the following manner: Goals: Households will use less energy, improved home health and comfort, and household will pro-actively manage energy usage to reduce energy burden (personal empowerment)

Each participant will receive a home energy DIY upgrade kit
Each participant will complete a Workshop Evaluation form following the session (see attachment)
Participants agree to allow us access to their LG&E online usage data

At least 10% of randomly selected Energy Management Workshop participants will receive a phone interview and a usage data study (before and after changes made). The combination of usage study and phone interview will help us to evaluate their success in meeting goals.

II. Targeted Program of First Line Service for high energy usage, low-income households who are also receiving subsidies from ASAP (All Seasons Affordable Energy Program)

We will measure actual month to month gas and electric usage of individual randomly selected households to provide a basis for a follow-up call with the head of households to discuss their gains/reductions in energy usage. Evaluate behavior changes and possible next steps with household. Sample questions to help household identify reasons for high utility costs, let them state the problem, and help them understand. For example, is the high usage due to a still drafty home, sickness, poor household management, etc

We will measure the improvement in the building envelope after weatherizing the house/apt and will compare that to the target goal.

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.

I. Expanded Program of Energy Management Workshops

A. Coordinate and schedule workshops to reach the greatest number of participants (i.e. the LG&E bill payment lobby and Metro Neighborhood Places).

B. Work with our collaborative partners and community organizations to publicize the workshop schedule

Project Warm will:

A. Create a promotional flyer, schedule and help publicize the workshops
B. Prepare a syllabus for the workshops
C. Prepare an appropriate DIY home weatherizing materials kit for each participant

II. Targeted Program for First Line Service

We currently have an agreement with Affordable Energy Corporation (ASAP) to provide energy management education to their participants.

ASAP verifies participant's income eligibility and provides us access to their database for First Line program applications. We have coordinated with them to simplify the service intake process and reduce redundancy.

Applicant's Initials 7/1L

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits	3,000	165,805	168,805
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	1,500	29,000	30,500
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
****TOTAL PROGRAM/PROJECT FUNDS***	4,500	194,805	199,305
% of Program Budget	2.26 %	97.74 %	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)	39,000
Fees Collected from Program Participants	
Other (please specify)	155,805
Total Revenue for Columns 2 Expenses **	$ 194,805.

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

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

Applicant's Initials 7/2

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
Workshop Space - Six Scheduled	$600.	$100./per
Volunteer Contribution (6 x 14 hrs)	$1,498	17.83/hr
Total Value of In-Kind ***(to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$2,098	

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

Agency Fiscal Year Start Date: July 1st 2015

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 7M

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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 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.
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 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.

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 7 – 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:	Frank J. Schwartz			**Date:**	29 September 2015
Legal Signatory: (please print):	Frank J. Schwartz			**Title:**	Executive Director
Phone:	502-636-9276	**Extension:**		**Email:**	frank@projectwarm.org

Applicant's Initials FJS

Energy Conservation Assoc. Inc	Approved Budget	Project Warm 2015-16
REVENUES		
Louisville Metro Housing		$30,000
Donations		$21,000
Donations - Non-Cash: LGE - Insurance		$9,500
Grants	Gheens	$5,000
	KY Housing	$15,000
	KY Colonels	$9,500
	Metro Council	$3,500
	Other - Non-Specified	$7,500
Grants - Vehicle	KY Colonels, Other	$10,000
LGE		$100,000
LIHEAP Kits		$15,000
Misc. Income		$1,000
Outside Sales		$4,000
Special Event		$18,000
Fee for Service		$1,500
Subtotal Revenues		$250,500
Volunteer Hours $17.83/hr (6000 hrs)*		$106,980
Total Revenues		$357,480
EXPENSES		
Auto & Truck Expenses		$5,500
Contract Labor - Workshops		$3,000
Depreciation		$0
Dues & Subscriptions		$400
Employee Fringe Benefits		$24,132
Employee Salaries		$144,673
Insurance - LGE-Liability		$9,500
- D & O		$1,400
Materials & Tools		$12,000
Weatherization Kit Materials		$18,500
Miscellaneous		$1,200
Occupancy - Rent		$5,400
Occupancy - Utilities		$3,000
Occupancy - Expenses		$2,000
Office Supplies & Expenses		$4,000
Postage		$1,000
Printing		$350
Accounting/Professional Fees		$5,500
Telephones		$2,200
Training		$2,000
Event Related		$5,000
Interest and Bank Fees		$0
Subtotal Expenses		$250,755
Volunteers - In-kind labor*		$106,980
Total Expenses		$357,735
Revenues less Expenses		-$255
***Volunteer Hours:**	Hours	6,000
	Hourly Rate	$17.83
	Dollar Amount	$106,980

PROJECT WARM
ENERGY CONSERVATION ASSOCIATES

1252 South Shelby Street
502 636-WARM (9276)
www.projectwarm.org

Louisville, Kentucky 40203
Fax 502 635-9259
info@projectwarm.org

	Project Warm Board 2015-16	
PRESIDENT – VACANT SINCE JULY 2015 MEETING **SEPTEMBER 15TH 2015 NEW PRESIDENT BE VOTED IN**		[redacted]
VICE-PRESIDENT **Aaron Tornes** **Jun14-June16 (VP)** **Jul-12-Jun18 Board member**	Program Director-Kentucky Interfaith Power & Light 1722 Bardstown Rd Louisville, KY 40205 502-210-8920 www.kentuckyipl.org	
TREASURER **Kenneth J. Palmgreen** **Mar 13-16 (officer)** **Nov12-Jun16 Board member**	Retired: Vice-President & CFO Innovative Productivity, Inc. ([redacted]	
SECRETARY **Timothy Melton** **Jul11-Jun17 (officer)** **Mar08-Jun17 Board member**	Manager, Customer Commitment LG&E 820 W. Broadway Louisville, KY 40202 502-627-3539 C #859-221-3221	
EX-OFFICIO **William R. Thompson M.Ed.,** **Jul14-June16 (ex-officio)** **Juj12-Jun14 (Pres)** **Jul11-Jun17 Board member**	Humana 502-318-0848 Wthompson4@humana.com C#1-502-669-2271 wthompson@strategies4management.com	
MEMBER **Timothy Lee Anderson** **Jul11-Jul17**	Design Engineer General Electric Company 502-452-3211 c #859-351-0858	
MEMBER **Elisa Freeman-Carr** **Mar 14 – Jul 17**	Social Service Administrator Ujima Neighborhood Place 3610 Bohne Ave. 40211 502-485-6145 Elisa.freeman-carr@louisvilleky.gov	
MEMBER **George Higgins** **Jul10-Jun16**	GE retiree – Project Warm Volunteer (Tuesdays) Cell# 502-271-9322	
MEMBER **Tim Robertson** **May14 – Jun17**	Johnson Controls, Inc. – Building Efficiency/System Engineering Leader (502)-671-7338 timothy.s.robertson@jci.con	
MEMBER **Sonia Ruiz** **Jul11-Jun17**	President- Adhawks Advertising & Public Relations, Inc. c# 558-3457 Office (502) 589-3224 better 244-6774 w	
MEMBER **Janice L. Vermillion** **Mar14-Jun17**	UPS – Supervisor, Crew Services (o) 502-359-7089 C# 502-410-8743	

Note:

updated 21Aug 2015

The Board of Directors meets six times per year
Officers are elected for a term of two years

Board members serve for a term of 3 years
All are volunteers and receive no compensation

Project Warm/Energy Conservation Associates
Statement of Financial Position - Two Year Comparative
as of June 30, 2015

		June 30, 2015	June 30, 2014	Net Change
ASSETS				
Current Assets				
Fifth Third Bank – Cash		105,736.94	93,773.44	11,963.50
Petty Cash	$	50.00	50.00	0.00
Accounts Receivable		0.00	0.00	0.00
Inventory		11,089.00	13,449.34	(2,360.34)
Prepaid Income and Expenses		4,242.60	2,378.21	1,864.39
Total Current Assets		121,118.54	109,650.99	11,467.55
Property and Equipment				
Land & Building		0.00	0.00	0.00
Accum Depreciation – Building		0.00	0.00	0.00
Vehicles		7,650.00	7,650.00	0.00
Accum Depreciation – Vehicles		(7,650.00)	(7,650.00)	0.00
Field Equipment		25,348.00	25,348.00	0.00
Accum Depreciation – Field Eq		(25,348.00)	(25,348.00)	0.00
Office Equipment		8,969.99	8,969.99	0.00
Accum Depreciation – Office Eq		(8,969.99)	(8,752.86)	(217.13)
Total Property and Equipment		0.00	217.13	(217.13)
Total Assets	$	121,118.54	109,868.12	11,250.42
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts Payable	$	338.48	207.80	130.68
Accrued Expenses		0.00	0.00	0.00
Accrued Payroll		6,912.00	0.00	6,912.00
Payroll Related Payables		4,710.76	4,292.15	418.61
Total Current Liabilities		11,961.24	4,499.95	7,461.29
Long Term Liabilities		0.00	0.00	0.00
Total Liabilities		11,961.24	4,499.95	7,461.29
Net Assets				
Fund Balance – Beginning		105,368.17	134,275.00	(28,906.83)
Current Year Expenses Applied to Beginning Restricted Fund Balance		(50,000.00)	(50,000.00)	0.00
Board Designated Restricted LG&E Grant for 2015-2016/2014-2015		50,000.00	50,000.00	0.00
Net Revenue over Expenses - Current		3,789.13	(28,906.83)	32,695.96
Total Net Assets		109,157.30	105,368.17	3,789.13
Total Liabilities & Net Assets	$	121,118.54	109,868.12	11,250.42

Project Warm/ Energy Conservation Associates
Income Statement - Comparing Current and Year to Date Activity with Budgeted
for 12 Months Ending June 30, 2015

	This Month Actual	YTD Actual	YTD Budget	Variance	Percentage Var:Bud	Annual Budget	Last Year's YTD Actual	Comments for YTD Actual Versus Budget
Revenues								
Metro Housing Department	0.00	31,500.00	31,500.00	0.00	0.00%	31,500.00	36,320.97	
Donations	1,030.00	24,487.60	14,500.00	9,987.60	68.88%	14,500.00	13,367.04	Includes Glass Slipper and AARP, $2500 each
Donations-Non Cash	0.00	9,295.72	9,269.00	26.72	0.29%	9,269.00	8,463.83	
Grants	2,500.00	46,461.99	48,650.00	(2,188.01)	-4.50%	48,650.00	26,000.00	See Grant Revenue spreadsheet for details
Louisville Gas & Electric	(50,000.00)	50,000.00	50,000.00	0.00	0.00%	50,000.00	50,000.00	
LG&E Restricted	50,000.00	50,000.00	50,000.00	0.00	0.00%	50,000.00	50,000.00	
LIHEAP Kits	0.00	15,000.00	15,000.00	0.00	0.00%	15,000.00	15,000.00	
Misc. Income	177.78	1,582.33	0.00	1,582.33		0.00	333.05	990-T $1,005 refund health insurance premiums (ACA)
Outside Sales	5,625.00	5,775.00	4,000.00	1,775.00	44.38%	4,000.00	5,925.00	Affordable Energy new enrollees
Special Events	0.00	16,470.50	18,000.00	(1,529.50)	-8.50%	18,000.00	15,484.95	
Fee for Service	0.00	449.87	2,000.00	(1,550.13)	-77.51%	2,000.00	1,347.00	
Total Revenues	9,332.78	251,023.01	242,919.00	8,104.01	3.34%	242,919.00	222,241.84	
Expenses								
Auto & Truck Expenses	356.61	5,200.04	5,250.00	(49.96)	-0.95%	5,250.00	5,186.74	
Contract Labor	0.00	2,440.00	3,500.00	(1,060.00)	-30.29%	3,500.00	3,216.00	
Depreciation	0.00	217.13	217.00	0.13	0.06%	217.00	686.98	
Dues & Subscriptions	0.00	385.00	400.00	(15.00)	-3.75%	400.00	360.00	
Employee Fringe Benefits	1,516.17	20,978.66	20,381.00	597.66	2.93%	20,381.00	30,536.71	Accrued payroll taxes
Employee Salaries	11,533.69	148,477.29	145,728.00	2,749.29	1.89%	145,728.00	126,286.48	Accrued payroll, Blitz assistance
Equipment	0.00	0.00	0.00	0.00		0.00	0.00	
Insurance - Other	0.00	9,295.72	9,269.00	26.72	0.29%	9,269.00	8,463.83	
Insurance - D&O	107.68	1,299.84	1,400.00	(100.16)	-7.15%	1,400.00	876.84	
Materials & Tools	2,722.35	12,698.29	14,500.00	(1,801.71)	-12.43%	14,500.00	12,948.90	Inventory reduction of $2,360 made in June
Weatherization Kit Materials	0.00	18,337.83	18,000.00	337.83	1.88%	18,000.00	17,698.66	
Miscellaneous	0.63	991.49	700.00	291.49	41.64%	700.00	625.57	
Occupancy - Rent	440.00	5,280.00	5,280.00	0.00	0.00%	5,280.00	5,200.00	
Occupancy - Utilities	118.26	2,659.16	3,000.00	(340.84)	-11.36%	3,000.00	2,828.07	
Occupancy - Expenses	236.23	2,135.58	1,500.00	635.58	42.37%	1,500.00	1,339.19	Increased repair costs
Office Supplies & Expenses	244.74	2,852.62	4,000.00	(1,147.38)	-28.68%	4,000.00	4,491.39	Lower spending
Postage	0.00	726.57	1,200.00	(473.43)	-39.45%	1,200.00	850.30	Reduced mailings
Printing	0.00	0.00	400.00	(400.00)	-100.00%	400.00	349.00	
Professional Fees	357.50	5,545.00	5,500.00	45.00	0.82%	5,500.00	8,702.00	
Public Relations	0.00	35.00	0.00	35.00		0.00	0.00	
Telephones	208.80	2,184.52	2,400.00	(215.48)	-8.98%	2,400.00	2,250.81	
Training	0.00	237.50	2,500.00	(2,262.50)	-90.50%	2,500.00	545.00	Budgeted staff training not utilized
Event Related	90.15	5,242.67	4,500.00	742.67	16.50%	4,500.00	5,095.44	Higher awards cost, increased attendance
Fee for Service Expense	0.00	0.00	0.00	0.00		0.00	44.13	
Interest & Bank Fees	0.00	13.97	0.00	13.97		0.00	372.39	
Interest on LT Debt	0.00	0.00	0.00	0.00		0.00	409.15	
Loss on Property Sold	0.00	0.00	0.00	0.00		0.00	11,785.09	
Total Expenses	17,932.81	247,233.88	249,625.00	(2,391.12)	-0.96%	249,625.00	251,148.67	
Revenue less Expenses	($ 8,600.03)	$ 3,789.13	($ 6,706.00)	10,495.13	-156.50%	($ 6,706.00)	($ 28,906.83)	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 **, 2013, and ending** 6/30 **, 2014**

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
Energy Conservation Associates
Project Warm
1252 South Shelby Street
Louisville, KY 40203

D Employer Identification Number [redacted]

E Telephone number (502) 636-9276

G Gross receipts $ 234,548.

F Name and address of principal officer: Same As C Above

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

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.projectwarm.org

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1981 **M** State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Our mission is to provide weatherization and energy conservation for the disadvantaged through education, training and coordination of volunteers who weatherize homes of elderly and other citizens who live at or below the poverty level.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	870
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	219,010.	184,152.
	9	Program service revenue (Part VIII, line 2g)	18,488.	22,561.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,785.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,605.	10,740.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,103.	205,668.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	168,977.	156,820.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 7,925.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,386.	77,404.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	239,363.	234,224.
	19	Revenue less expenses. Subtract line 18 from line 12	13,740.	-28,556.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	156,544.	109,868.
	21	Total liabilities (Part X, line 26)	22,620.	4,500.
	22	Net assets or fund balances. Subtract line 21 from line 20	133,924.	105,368.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► Frank Schwartz — Executive Dir.
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	Self-Prepared			

Firm's name ►
Firm's address ►
Firm's EIN ►
Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

Part IV **Checklist of Required Schedules**

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	6			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			**9a**		
b Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13a**		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14b**		

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tim Robertson Secretary	1 0	X						0.	0.	0.
(2) William Thompson President	1 0	X		X				0.	0.	0.
(3) Timothy Melton Secretary	1 0	X		X				0.	0.	0.
(4) Tim Anderson Director	1 0	X						0.	0.	0.
(5) Lore Brownson Vice President	1 0	X		X				0.	0.	0.
(6) George Higgins Director	1 0	X						0.	0.	0.
(7) Kenneth Palmgreen Director	1 0	X		X				0.	0.	0.
(8) Sonia Ruiz Director	1 0	X						0.	0.	0.
(9) Aaron Tornes Director	1 0	X						0.	0.	0.
(10) Anthony Varda Director	1 0	X						0.	0.	0.
(11) Elisa Freeman-Carr Director	1 0	X						0.	0.	0.
(12) Janice Vermillion Director	1 0	X						0.	0.	0.
(13)										
(14)										

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 36,321.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 147,831.				
	g Noncash contributions included in lines 1a-1f: $	8,464.				
	h **Total.** Add lines 1a-1f ►		184,152.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Weatherization kits		15,000.	15,000.		
	b Outside services		7,561.	7,561.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ►		22,561.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►					
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
	6a Gross rents	(i) Real: / (ii) Personal:				
	b Less: rental expenses	(i) / (ii)				
	c Rental income or (loss)	(i) / (ii)				
	d Net rental income or (loss) ►					
	7a Gross amount from sales of assets other than inventory	(i) Securities: / (ii) Other: 12,000.				
	b Less: cost or other basis and sales expenses	(i) / (ii) 23,785.				
	c Gain or (loss)	(i) / (ii) -11,785.				
	d Net gain or (loss) ►		-11,785.			-11,785.
	8a Gross income from fundraising events (not including. $ ______ of contributions reported on line 1c). See Part IV, line 18	a 15,485.				
	b Less: direct expenses	b 5,095.				
	c Net income or (loss) from fundraising events ►		10,390.			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ►					
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous		350.	350.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ►		350.			
	12 **Total revenue.** See instructions ►		205,668.	22,911.	0.	-11,785.

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		117,080.	1	93,823.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,275.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,662.	8	13,449.
	9	Prepaid expenses and deferred charges		352.	9	2,379.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 41,968.			
	b	Less: accumulated depreciation	10b 41,751.	24,175.	10c	217.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		156,544.	16	109,868.
LIABILITIES	17	Accounts payable and accrued expenses		10,245.	17	4,500.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,375.	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		22,620.	26	4,500.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		133,924.	32	105,368.
	33	Total net assets or fund balances		133,924.	33	105,368.
	34	Total liabilities and net assets/fund balances		156,544.	34	109,868.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► **Attach to Form 990 or Form 990-EZ.**
► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization Energy Conservation Associates Project Warm

Employer identification number [redacted]

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.)
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 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III – Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) A family member of a person described in (i) above?	**11 g (ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 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 2013 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from **2012** Schedule A, Part III, line 17 18 %

19a **33-1/3% support tests — 2013.** 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 — 2012.** 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 ► ☐

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

2013

Name of the organization Energy Conservation Associates
Project Warm

Employer identification number
[redacted]

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ
☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF
☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to 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 of $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).

Name of organization	Employer identification number
Energy Conservation Associates	[redacted]

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: Energy Conservation Associates Project Warm

Employer identification number: [redacted]

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►$ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ►$ ______

(ii) Assets included in Form 990, Part X ►$ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ►$ ______

b Assets included in Form 990, Part X ►$ ______

Part VII Investments – Other Securities. N/A

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

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

Part VIII Investments – Program Related. N/A

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

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. N/A

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

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.

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

(a) Description of liability	**(b)** Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization Energy Conservation Associates
Project Warm

Employer identification number [redacted]

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ►						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

11 Does the organization operate gaming activities with nonmembers? . . . . [redacted] Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ ________ and the amount of gaming revenue retained by the third party ► $ ________

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.

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

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

OMB No. 1545-1878

2013

Name of exempt organization: Energy Conservation Associates Project Warm

Employer identification number [redacted]

Name and title of officer: Frank Schwartz Executive Dir.

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

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

1a Form 990 check here . . . . ► [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	205,668.
2a Form 990-EZ check here . . . . . ► [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here . . . . . ► [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here . . . . . ► [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here . . . ► [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Buchenberger, Eggers & Spurr, LLC (**ERO firm name**) to enter my PIN [redacted] as my signature (**Enter five numbers, but do not enter all zeros**)

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . [redacted]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► Timothy J Darst Date ►

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

BAA For Paperwork Reduction Act Notice, see instructions. Form **8879-EO** (2013)

TEEA7401L 10/07/13

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ►	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ►	36	
37	**Proxy tax.** See instructions ►	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800 (see instructions)	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	0.
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2012 overpayment credited to 2013	44a			
b	2013 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f	1,084.		
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	44g			
45	**Total payments.** Add lines 44a through 44g			45	1,084.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ►			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ►			48	1,084.
49	Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ► Refunded ►			49	1,084.

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

		Yes	No
1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► $		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (att. sch.)	4b					
5	**Total.** Add lines 1 through 4b	5					

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

► Signature of officer Date ► Executive Dir. Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
[redacted]	Self-Prepared			[redacted]
Firm's name ► [redacted]			Firm's EIN ► [redacted]	
Firm's address ► [redacted]			Phone no. [redacted]	

Schedule G — Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ►	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J — Advertising Income (See instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K — Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ►			

Articles of Amendment
to
Articles of Incorporation
of
URBAN SHELTER ASSOCIATES, INC.
A Kentucky Non-stock, Non-profit Corporation

Pursuant to the provisions of KRS 273.263, et seq., the undersigned non-stock, non-profit corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is Urban Shelter Associates, Inc.

SECOND: The following amendment to the Articles of Incorporation was adopted by the unanimous consent of the Directors of the corporation at a duly-convened meeting at which a quorum was present on November 20, 1990.

Article I was amended to read as follows:

I

The name of the corporation shall be Energy Conservation Associates, Inc.

THIRD: The corporation has no members.

Executed in triplicate originals as of this 7th day of ~~November~~, 1990.
December

URBAN SHELTER ASSOCIATES, INC.

By: Mark Isaacs
Mark Isaacs, President

COMMONWEALTH OF KENTUCKY)
) SS:
COUNTY OF JEFFERSON)

I, a Notary Public in and for the Commonwealth and County aforesaid, do hereby certify that on this 7th day of ~~November~~, December 1990, personally appeared before me Mark Isaacs, who by me first duly sworn, declared that he is the President Urban Shelter

Associates, Inc., that he signed the foregoing document as President of said Corporation, and that the statements contained therein are true and correct.

My commission expires: April 25 1994.

Shelia K. McG[illegible]

Notary Public

THIS INSTRUMENT WAS PREPARED BY:

ALAGIA, DAY, MARSHALL,
MINTMIRE & CHAUVIN

By: Michael E. Lannon

Michael E. Lannon

The Fifth Avenue Building
444 South Fifth Street
Louisville, Kentucky 40202
(502) 585-4131

C:\KAR\AANC

SS-38 1-1-76

162701

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary

FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION
OF NON-STOCK, NON-PROFIT CORPORATION

I, FRANCES JONES MILLS, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of

URBAN SHELTER ASSOCIATES, INC.

The name and address of the registered agent of this corporation is

NAME: JOSEPH S. ELDER, II

STREET ADDRESS: 539 W. MARKET ST.

CITY, STATE: LOUISVILLE, KENTUCKY 40202

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, **FRANCES JONES MILLS**, ***Secretary of State, issue this Certificate of Incorporation.***

Issued this 18TH *day of* DECEMBER, *19*81,

at Frankfort, Kentucky.

Frances Jones Mills
SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

ARTICLES OF INCORPORATION
OF
URBAN SHELTER ASSOCIATES, INC.

SECRETARY OF STATE
RECEIVED
DEC 18 1981
4.00
Commonwealth of Kentucky

DEC 18 1981

The undersigned, for the purpose of forming a corporation under and pursuant to the laws of the Statutes of the State of Kentucky, Chapter 273, certify as follows:

235887

I

The name of the corporation shall be:
Urban Shelter Associates, Inc.

II

The purpose of the corporation shall be:

1. To promote neighborhood cooperative efforts among low income residents of Louisville and Jefferson County, Kentucky, in the area of energy conservation and acquisition and renovation of existing housing stock in the community.

2. To serve as an educational and resource base to motivate individual effort in energy conservation and shelter rehabilitation for low income residents of the community.

III

The duration of the corporation is perpetual.

IV

The place of business is located at:
1705 Harvard Drive, Louisville, KY 40205

The resident agent ~~for~~ reg. office ~~service~~ of process is:
Joseph S. Elder, II, 539 W. Market St., Louisville, KY 40202

V

The number of directors to be elected is three (3), but the number shall be governed by the Bylaws of the corporation.

The following persons shall serve said corporation as trustees until the first annual meeting or other meeting called to elect trustees:

James N. Davis	1705 Harvard Drive Louisville, KY 40205
Michael Oldiges-Nall	1702 Eastern Pkwy. Louisville, KY 40204
Mark Isaacs	1401 Morton Avenue Louisville, KY 40204

VI

This non-profit corporation shall have all the powers enumerated in KRS Chapter 273 and such other powers as are necessary or incidental to the accomplishment of its stated purposes, provided that such powers are consistent with the laws of the Commonwealth of Kentucky, and the purpose of a tax exempt corporation under § 501 of the Internal Revenue Code.

1. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof. No substantial part of the activities of the corporation shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not to be permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (for the corresponding provision of any future United States Internal Revenue Law).

2. Upon the dissolution of the corporation, the Board of Trustees shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of all assets of the corporation exclusively for the purpose of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is located, exclusively

for such purposes to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

VII

The Articles of Incorporation may be amended pursuant to the provisions of KRS 273.263 by the Board of Directors at any regular meeting or at any special meeting called for this purpose. Bylaws may be adopted or amended at any regular meeting of the Board of Directors.

VIII

Directors, officers, incorporators and members of the corporation shall not be personally liable for any debts or obligations of the corporation.

WITNESS the signatures of the incorporator this 17th day of December, 1981.

JOSEPH S. ELDER, II
539 W. Market Street
Louisville, KY 40202
Incorporator

STATE OF KENTUCKY
COUNTY OF JEFFERSON

I, the undersigned, a Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing Articles of Incorporation of Urban Shelter Associates, Inc. was this day produced to me in my office by the above named incorporator and delivered as his act and deed, as such incorporator duly authorized in the premises.

WITNESS my hand and seal of office this 17 day of December, 1981.

My Commission expires: 5-5-82

NOTARY PUBLIC, State at Large, KY

THIS INSTRUMENT PREPARED BY:

JOSEPH S. ELDER, II
Attorney at Law
539 W. Market St.
Louisville, KY 40202
(502) 587-7000

Energy Conservation Associates, Inc. aka Project Warm

Project Warm Organizational Structure

Board of Directors

Executive Director
Frank J. Schwartz

Energy Management Workshop Trainer and Volunteer Coordinator – Full Time Mary Griffin	Weatherization Specialist – Full Time Mark McKinley	Office Manager Intake Coordinator – Full Time Lynette Lee

Financial Accounting – contractual Jerry Colyer – Padgett Business Services	Janitorial Staff Part-Time Abdullahi Mohamed – Student at Ahrens Work Transition Program JCPS

******<u>Three highest paid</u>: Frank Schwartz, Mary Griffin and Mark McKinley***

Form **W-9**

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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.

Energy Conservation Associates, Inc.

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

Project Warm

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. 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.

☑ Other (see instructions) ▶ 501 (C) (3) non-for-profit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

1252 South Shelby 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.

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.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

[redacted]

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 ▶ Frank J Schmitz Date ▶ 2 Sep 2015

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.

Inspector ______________________________ Service ID __________

Resident's Home Inspection Checklist

Date: ____________

Name		
Address		Own/Rent (circle one)
Phone #(s)		

Please Circle TRUE or FALSE for the following questions (DK = Don't Know; NA = Does not apply):

1. I want to lower my LG&E bill.	TRUE	FALSE	DK	NA
2. I am willing to take action steps to reduce my utility bills.	TRUE	FALSE	DK	NA
3. I have a healthy home.	TRUE	FALSE	DK	NA
4. My home's thermostat is working properly and I know how to set it.	TRUE	FALSE	DK	NA
5. My entry doors seal well against air leaks.	TRUE	FALSE	DK	NA
6. The windows in my house seal well against air leaks.	TRUE	FALSE	DK	NA
7. The glass in my doors and windows is in good condition.	TRUE	FALSE	DK	NA
8. My home is sealed tightly to prevent air leaks.	TRUE	FALSE	DK	NA
9. I have working screens in most of my windows and doors.	TRUE	FALSE	DK	NA
10. My windows operate properly.	TRUE	FALSE	DK	NA
11. The walls of my home are insulated.	TRUE	FALSE	DK	NA
12. I need more insulation in my attic. (Standard is 9-12 in of fiberglass)	TRUE	FALSE	DK	NA
13. My roof is in good condition and does not leak	TRUE	FALSE	DK	NA
14. My ductwork is insulated.	TRUE	FALSE	DK	NA
15. My furnace filter has been changed within the last 30 days.	TRUE	FALSE	DK	NA
16. The furnace duct lines are connected and not leaking air.				
17. My inside and outside water faucets are all working and do not drip.	TRUE	FALSE	DK	NA
18. My refrigerator is less than 10 years old.	TRUE	FALSE	DK	NA
19. I have only one refrigerator.				
20. I know how to set up a warm/cool room to save energy.	TRUE	FALSE	DK	NA
21. I know how to set the temperature on my water heater and it is not scalding.	TRUE	FALSE	DK	NA
22. I have a working smoke detector in my home.	TRUE	FALSE	DK	NA
23. I have a Carbon Monoxide detector installed in my home.	TRUE	FALSE	DK	NA

Feb2015 edit

(over)

Client Name ______________________________ Date________ Team Leader________________

Team Leader Home Inspection Checklist

OK = OK	**R** = Referral	**NA** = Does not apply/not present
NR = Needs Repair/added to work order	**I** = Inaccessible	

Entry Doors Condition	
Front	Rear
Side	
To Basement	To Attic
Screens on Exterior doors condition	
Storm doors condition	
Window Condition/Type	**Window Glass Condition**
Front Wall	
Rear Wall	
Side Wall	
Side Wall	
Window Screens condition	
Interior Storm Windows or Plastic	
Thermostat model/type	
Water Heater: Gas Electric	**Water Heater temperature setting:**
Furnace filter condition	
Ductwork and supply vents condition	**Ductwork and return vents condition**
Furnace fuel: Gas Electric	**Connection to chimney**

Instructions for Completing Inspection

As you move through the house, write code that is appropriate for each item. Codes are at the top of the page.

Code definitions:

18. **Attic Insulation** – There is at least 6 inches of insulation in the ceiling joists/rafters above conditioned space - P R I or NA.
19. **Wall Insulation** – There is at least 3 inches of insulation in between the exterior wall studs- P R I or NA.
20. **Ductwork** – Are there any obvious breaks, disconnects or leaks in the ductwork? Use either R for referral, P for Present or NA. Make notes if there is a referral.
21. **Water Heater** – Is adequate hot water being produced? Use either R for referral, P for Present or NA. Make notes if there is a referral.
22. **Furnace** – Is heat being produced by the furnace? Use either R for referral, P for Present or NA. Make notes if there is a referral.
23. **Central Air** – Is cool air being produced by the central air system? Use either R for referral, P for Present or NA. Make notes if there is a referral.
24. **Window AC Units** - Is cool air being produced by the window unit(s)? Use either R for referral or NA.
25. **Heat Pump** – Is the heat pump producing warm air in the winter and cool air in the summer? Use either R for referral, P for Present or NA. Make notes if there is a referral.
26. **Baseboard Elect** – Are the baseboard units producing heat? Use either R for referral, P for Present or NA. Make notes if there is a referral.
27. **Electric Heat** – P R I or NA
28. **Gas Heat** – P R I or NA
29. **Crawl Space** – P R I or NA
30. **Basement /cellar** – P R I or NA
31. **Slab on grade –** P R I or NA
32. **Electrical System -** Is there power to the building? P R I or NA. Make notes if there is a referral.
33. **Plumbing System -** Is there water to the building? P R I or NA. Make notes if there is a referral.
34. **Roof -** Is the house covered by a typical roofing material? P R I or NA. Make notes if there is a referral.
35. **Fireplace** - Is there a fireplace with open flue? P R I or NA. Make notes if there is a referral.
36. **Electric Space Heaters** – P or NA.
37. **Kerosene Heat** - P or NA
38. **Wood Stove** - Is the wood stove being used by the residents? P R or NA. Make notes if there is a referral.

PROJECT WARM
ENERGY CONSERVATION ASSOCIATES

1252 South Shelby Street
502 636-WARM (9276)
www.projectwarm.org

Louisville, Kentucky 40203
Fax 502 635-9259
info@projectwarm.org

Project Warm
Energy Management Workshop Evaluation

Please complete and turn in at end of session

1. Did you find the presentation helpful? Yes ___ No___
2. Were the basics covered in the presentation? ___ No___
3. Was there enough time given to the presentation? ___ No___
4. What part of the presentation did you find most useful?
   (Check all that apply):
   __ How to adjust my thermostat for comfort and cost?
   __ The Energy Cost Chart?
   __ Sharing information with other participants?
   __ Other: ______________________________
5. Will you try to attend a scheduled community workshop to receive materials to help insulate your home? Yes ___ No___
6. Did you learn anything new about energy use? What was it?

____

7. What new energy use action will you take as a result of our presentation?

____

____

8. Other comments or suggestions:

____

____

Thanks for participating and .... STAY WARM!

revised 020310 K:\EMW\EMW Forms\Energy Management Presentation Evaluation

PROJECT WARM

1252 S. Shelby Street
Louisville, KY 40203
502 636-9276
Fax 502 635-9259

Energy Conservation Associates

www.projectwarm.org info@projectwarm.org

ENERGY MANAGEMENT WORKSHOP – HOST REGISTRATION

1. Please describe the value these workshops have for your clients?

2. For your agency?

3. What did you like best about the workshop?

4. Would you like to see something different or how can we make improvements?

5. How did you encourage attendance this time? Please share your strategy.

6. Other Comments: (for additional space, please use back page)

PROJECT WARM
ENERGY CONSERVATION ASSOCIATES

1252 South Shelby Street
502 636-WARM (9276)
www.projectwarm.org

Louisville, Kentucky 40203
Fax 502 635-9259
info@projectwarm.org

Budget and Program Narrative for Neighborhood Development Funds
September 2015

We are working with Councilmember Tandy's office to request support for Expanded Programming and Services.

- Total NDF Request: $4,500.
- Total cost of Expanded Program of Workshops and First Line Services: $7,500.

Requests are being made also to Council Members:
Jessica Green, Mary Woolridge, Cheri Bryant Hamilton and Marianne Butler,

For two new programs:

I. **An Expanded Program of Energy Management Workshops** – to address the high costs of summer cooling and health and safety concerns of seniors and families

We will plan and schedule summer and fall season workshops from June through September. *Special emphasis how to deal with summer heat with cooling strategies and taking steps earlier to prepare for the heating season.*

II. **A Targeted High-Energy User First Line Service-** We will identify and schedule high energy users who are also low-income households threatened with a disconnection of utility and receiving a subsidy from All Season Assurance Plan. (work will include air and duct sealing around doors, windows and dwelling envelope, etc.)

Projected Budget: NDF Funds and Non-NDF Funds

Programming and Services Cost	NDF Funds	Non-Metro Funds	Total
Program personnel costs	$3,000.	$1,100.	$4,100.
Supplies cost (copies)		$200.	$200.
Program materials	$1,500.	$1,500.	$3,000.
Travel: in town		$200.	$200.
TOTAL	**$4,500**	**$3,000.**	**$7,500**

Explanation:

I. Expanded Program of Workshops - Delivery Costs: (Six workshops)

- In-kind donation of community sites (6 x $100)
- Anticipated cost of DIY Energy kits: approximately 100 participants x $15 per kit = $1,500.
- Anticipated program cost for workshop planning, scheduling and implementation approximately $100 per workshop (6 x $100).

B – Targeted Program for First Line Services - Delivery Costs:

- Anticipated cost of materials will be about $60 per home (25 households x$60 = $1,500)
- Installation with in-home education and follow-up visit or phone call to each household will cost about $140 Per home x 25 homes = $3,500.

PROJECT WARM

General Information

Organization Number	0162701
Name	PROJECT WARM
Company Type	ASC - Assumed Name Corporation
Status	A - Active
State	KY
File Date	12/3/1993
Expiration Date	7/15/2018
Renewal Date	1/22/2013
Principal Office	1252 SOUTH SHELBY ST. LOUISVILLE, KY 40202

Current Officers

Individuals / Entities listed at time of formation

Director	JAMES N DAVIS
Director	MICHAEL OLDIGES-NALL
Director	MARK ISAACS
Incorporator	JOSEPH S ELDER II

Images available online

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

Annual Report	5/8/2015	1 page	PDF	
Annual Report	1/22/2014	1 page	PDF	
Annual Report	6/5/2013	1 page	PDF	
Name Renewal	1/22/2013 1:10:00 PM	1 page	PDF	
Annual Report	3/18/2012	1 page	PDF	
Annual Report	6/8/2011	1 page	tiff	PDF
Annual Report	5/13/2010	1 page	tiff	PDF
Annual Report	7/14/2009	1 page	PDF	
Principal Office Address Change	9/18/2008	1 page	tiff	PDF
Registered Agent name/address change	9/18/2008	1 page	tiff	PDF
Annual Report	9/17/2008	1 page	PDF	
Name Renewal	4/21/2008	1 page	tiff	PDF
Annual Report	7/31/2007	1 page	PDF	
Statement of Change	6/7/2006	1 page	tiff	PDF
Annual Report	5/24/2006	1 page	tiff	PDF
Annual Report	6/14/2005	1 page	tiff	PDF
Name Renewal	12/10/2004	1 page	tiff	PDF

ENERGY CONSERVATION ASSOCIATES, INC.

General Information

Organization Number	0162701
Name	ENERGY CONSERVATION ASSOCIATES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	12/18/1981
Organization Date	12/18/1981
Last Annual Report	5/8/2015
Principal Office	1252 SOUTH SHELBY STREET LOUISVILLE, KY 40203
Registered Agent	MICHAEL E. LANNON 471 WEST MAIN STREET SUITE 400 LOUISVILLE, KY 40202

Current Officers

President	Lore Brownson
Vice President	Aaron Tornes
Secretary	Timothy Melton
Treasurer	Kenneth J Palmgreen
Director	Timothy Anderson
Director	George Higgins
Director	Sonia Ruiz
Director	Elisa Freeman-Carr
Director	Tim Robertson
Director	Janice Vermillion
Director	William R Thompson

Individuals / Entities listed at time of formation

Director	JAMES N DAVIS
Director	MICHAEL OLDIGES-NALL
Director	MARK ISAACS
Incorporator	JOSEPH S ELDER II

Images available online

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Annual Report	3/18/2012	1 page	PDF	
Annual Report	6/8/2011	1 page	tiff	PDF
Annual Report	5/13/2010	1 page	tiff	PDF
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Annual Report	6/14/2005	1 page	tiff	PDF
Name Renewal	12/10/2004	1 page	tiff	PDF
Annual Report	6/23/2003	1 page	tiff	PDF
Name Renewal	3/24/2003	1 page	tiff	PDF
Annual Report	4/23/2002	1 page	tiff	PDF
Annual Report	5/11/2001	1 page	tiff	PDF
Annual Report	5/26/2000	1 page	tiff	PDF
Certificate of Assumed Name	12/14/1999	1 page	tiff	PDF
Statement of Change	6/23/1999	2 pages	tiff	PDF
Annual Report	5/6/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
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Annual Report	3/22/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Statement of Change	3/22/1991	1 page	tiff	PDF
Amendment	12/10/1990	3 pages	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Statement of Change	6/19/1987	1 page	tiff	PDF
Articles of Incorporation	12/18/1981	4 pages	tiff	PDF

Assumed Names

PROJECT COOL	Inactive
PROJECT WARM	Active

Activity History

Filing	File Date	Effective Date	Org. Referenced

Annual report	5/8/2015 11:51:31 AM	5/8/2015 11:51:31 AM	
Annual report	1/22/2014 2:02:20 PM	1/22/2014 2:02:20 PM	
Annual report	6/5/2013 12:00:55 PM	6/5/2013 12:00:55 PM	
Annual report	3/18/2012 10:35:38 AM	3/18/2012 10:35:38 AM	
Annual report	6/8/2011 4:21:17 PM	6/8/2011	
Annual report	5/13/2010 2:37:59 PM	5/13/2010	
Annual report	7/14/2009 2:21:58 PM	7/14/2009 2:21:58 PM	
Registered agent address change	9/18/2008 2:33:36 PM	9/18/2008	
Principal office change	9/18/2008 2:32:27 PM	9/18/2008	
Annual report	9/17/2008 9:38:17 AM	9/17/2008 9:38:17 AM	
Annual report	7/31/2007 11:30:52 AM	7/31/2007 11:30:52 AM	
Registered agent address change	6/7/2006 2:16:08 PM	6/7/2006	
Annual report	5/24/2006 9:59:14 AM	5/24/2006	
Added assumed name	12/14/1999	12/14/1999	PROJECT COOL
Registered agent address change	6/23/1999	6/23/1999	
Amendment previous name	12/10/1990	12/10/1990	URBAN SHELTER ASSOCIATES, INC.

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	6/8/2005	1 page
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Louisville Metro Council

David W. Tandy
District 4 Councilman

Keidra D.C. King
Legislative Aide

February 22, 2016

Office of the Clerk:

I have given Keidra King permission to sign the Germantown Neighborhood Association and Project Warm Neighborhood Development Fund Grants on my behalf.

Please contact my office if you further questions.

With warmest regards, I am…

Very truly yours,

David W. Tandy
Fourth District Councilman