

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

Applicant/Program: Louisville Independent Business Alliance

Executive Summary of Request:
As a part of its grassroots efforts of enhancing the independent, south Louisville business environment - LIBA will offer the South Points Buy Local Fair on Saturday, July 9th, 2016 - with NDF funding to cover expenses for permits, rentals, printing, advertising, security / EMTs, supplies, stage & sound - as well as bus rentals, presentation materials and facilitation of bus tours - all of which is to benefit the general public and the independent business community.

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

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

13 District # *Vicki Aubrey Welch* Council Member Signature \$1,500 Amount 6/23/16 Date

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


Approved by:
_____ Date
Appropriations Committee Chairman

Clerk's Office Only:
Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Louisville Independent Business Alliance

Program Name and Request Amount: \$12,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> ... <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by:  Date: 6/24/2014	

Triplett, Kevin D

From: Jennifer Rubenstein <jennifer@keeploouisvilleweird.com>
Sent: Thursday, June 23, 2016 4:40 PM
To: Welch, Vicki A
Cc: Triplett, Kevin D
Subject: LIBA NDF application for 2016/17
Attachments: LIBA W9 2016.pdf; Articles of Incorporation.pdf; 501c6 IRS Designation.pdf; 2016 LIBA Projected Budget.pdf; 2016 Board List.pdf; LIBA PandL as of June 23 2016.pdf; 2014 Tax Return pw return.pdf; LIBA Staff 2016.docx; LIBA South Lou NDF Request FY 16 17.pdf

Hi Vicki –

Hope you are well! I've attached a scan of the NDF application I'm sending in for South Louisville efforts in 2016/17. Thanks so much for sponsoring this! I've also attached all the supporting documentation required. I'll mail hard copies of all this to your downtown office (since I'm out of town till later next week).

Let me know what you think! Also let me know if everything looks to be in order or if I need to address anything. I dated the application June 22, but it is applying for FY 16/17 funds. After I hear from you, I'll send an electronic copy to the other South Louisville council members and let them know your office is handling the paperwork.

Thanks so much for your help!

Jennifer

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

[Got a minute \(and a half\)? Celebrate buying local with this video. Then share it!](#)

As a part-time staff person, I am in the office Mondays, Wednesdays and Fridays. Other part-time staff available Mon.-Thu. I check email regularly, but my cell is listed above for urgent matters.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Louisville Independent Business Alliance	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1974-A Douglass Blvd. Ste. 101 (40205), PO Box 4759 (40204)			
Website: www.keeploouisvilleweird.com			
Applicant Contact:	Jennifer Rubenstein	Title:	Director
Phone:	502-473-4687	Email:	jennifer@keeploouisvilleweird.com
Financial Contact:	same	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: Kristen Byrnes			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	South Louisville overall		
Council District(s):	1, 3, 12, 13, 14, 15, 21 & 25	Zip Code(s):	40214, 15, 16, 19, 58, 72, 40118
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Keep South Louisville Weird Program			
Total Request: (\$)	\$12,000	Total Metro Award (this program) in previous year: (\$)	\$0
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> 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:	none applied for yet in 16/17 year	Amount: (\$)	
Source:	15/16: West Lou program	Amount: (\$)	\$6000
Source:	15/16: Original Buy Local Fair	Amount: (\$)	\$8,900
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

Handwritten initials, possibly "JBR", written in black ink over a horizontal line.



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.):

LIBA is requesting funding for our Keep South Louisville Weird efforts 7/1/16 – 6/30/17, as well as the South Points Buy Local Fair on Saturday, July 9, 2016. LIBA leads a grassroots committee who is producing a series of events and programs designed to grow locally-owned, independent businesses in South Louisville. The goals are to achieve stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. Recent and planned efforts include:

- A successful Keep South Louisville Weird Summit, where representatives from more than fifteen local business groups and organizations shared their thoughts and made plans together for how to support and grow independent businesses in South Louisville. Another Summit is planned for late 2016.
- Meet South Louisville bus tours and breakfast – these events highlight many of the significant and unique things happening in the area. The free tour is designed for current and potential independent business owners to explore an area of Louisville they might not be familiar with, so when it's time to expand or locate, South Louisville will be on the list to consider. The first tour was a partnership with Leadership Louisville, the second tour was targeted to LIBA members. We are planning a tour for the Fall that will be targeted to the restaurant business specifically, since that is high on the list of businesses wanted by area residents.
- Poster/billboard campaign – In the coming fiscal year, we would like to distribute materials for display at South Louisville independent businesses, as well as on area billboards, to support two purposes. First, to remind area residents of the importance of buying locally – to show South Louisville pride and add to the area's "sense of place," and also to keep more money circulating in the neighborhood. Secondly, to be a visual reminder to both current and potential business owners that they are wanted and the neighborhood supports them.
- The South Points Buy Local Fair will take place on Saturday, July 9 from 4pm-8pm at Iroquois Park Amphitheater. Admission and parking are free. The fair will include a marketplace from South Louisville businesses, an international food court, artists and craftspeople, and community organizations, as well as craft beer and live music. This is the first time the event has been produced, and we hope to continue it on an annual basis. It is being promoted through a combination of paid, sponsored and grassroots advertising. We want to continue to instill pride in area residents as well as have visitors from around the city see all that South Louisville has to offer.

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

Funding will be used to cover some expenses for the South Points Buy Local Fair (permits, rentals, printing, advertising, security/EMTs, supplies, stage/sound), as well as for design, printing, distribution and billboards for the poster campaign. Funds will also cover bus rentals, presentation materials and facilitation for two bus tours.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The South Points Buy Local Fair portion of our request is a fundraiser. Funds raised from this event will continue LIBA's "keep south Louisville weird" efforts, community outreach that educates the public about the benefits of buying locally, support for our member businesses, etc. Ideally, this NDF grant and the funds raised from the event will provide the seed money for hiring additional staff dedicated to our neighborhood efforts. We will expand our efforts to inform South Louisville residents about the impact of buying locally, including information from our Indie Impact Study, showing the positive financial impact (specific to the Louisville area) of buying locally. This study showed that for every \$100 spent at a Louisville-area independent business, \$55 remains in the local economy, whereas only \$14 remains when spent at a chain.

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

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.

South Points Buy Local Fair: permits, rentals, printing, advertising, security/EMTs, supplies,

Stage + Sound.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

These initiatives will lead to two positive outcomes:

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

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

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

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

LIBA has worked closely with the Southwest Dream Team (grassroots promotion, community knowledge, connections to instrumental people), Louisville Metro Dept. of Economic Growth & Innovation (partial funding for staff time in 2013 devoted to effort, connections to city programs, research and resources), the Mayor's Office (promotion of efforts and support of Mayor Fischer), Louisville Metro Council members (committee work, connections to community, promotion of efforts), Dixie Area Business Association (formerly the Shively, PRP and Valley Station Business Associations, promotion through the Discover Dixie event), South Louisville Business Association (connections to area businesses), Fairdale Business Association (connections to area businesses), Jefferson Memorial Forest (general resources for promoting the areas non-business attractions), and the Beechmont Neighborhood Association (business development committee involvement). We continue to seek and partner with other groups in area.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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:		Date:	6-22-16
Legal Signatory: (please print):	Jennifer Rubenstein	Title:	Director
Phone:	502-500-4669	Extension:	
Email:	jennifer@keeploouisvilleweird.com		



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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$4,320	\$20,680	\$25,000
B: Rent/Utilities	0	\$6,000	\$6,000
C: Office Supplies	0	\$800	\$800
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	\$3,230	\$7,730	\$10,960
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	\$4,450	0	\$4,450
*TOTAL PROGRAM/PROJECT FUNDS	\$12,000	\$35,210	\$47,210
<i>% of Program Budget</i>	25 %	75 %	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)	Memberships: \$24,000
Fees Collected from Program Participants	
Other (please specify)	Event Revenue & Sponsors: \$11,825
Total Revenue for Columns 2 Expenses **	\$35,825

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$4,320	8 volunteers average 3 hrs/month, \$15/hour
Sts. Mary & Elizabeth Hospital	\$1,000	venue and food for Summits
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$5,320	

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

Agency Fiscal Year Start Date: January 1

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

If YES, please explain:

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

Applicant's Initials *JBR*

SOUTH POINTS BUY LOCAL BUDGET		
Saturday, July 9, 2016		
INCOME		
ATM: our share of fees	\$	25.00
Refreshment sales: LIBA Portion	\$	5,500.00
Merchandise: Souvenir T-shirts	\$	300.00
Sponsors	\$	6,000.00
Total	\$	11,825.00
EXPENSES		
	LIBA	Proposed Council
Advertising: Billboard		\$ 1,000.00
ATM	\$	-
Bands	\$	-
Media Library	\$	150.00
Permits: Master Temporary Permit		\$ 250.00
Photographer	\$	100.00
Printing (banners, programs, etc.)		\$ 350.00
Rentals		\$ 130.00
Security		\$ 100.00
Designer Fees	\$	750.00
Staff: LIBA employees	\$	5,500.00
Stage & Sound		\$ 650.00
Supplies		\$ 150.00
Tshirts	\$	550.00
Venue: Iroquois Amphitheatre	\$	680.00
Water - Pure Tap	\$	-
Yellow Ambulance		\$ 600.00
Total	\$	7,730.00
NET	\$	865.00

Budget log 2

Keep South Louisville Weird Efforts	
Poster campaign and bus tours	
Poster campaign design	\$ 600.00
Poster campaign printing	\$ 400.00
Poster campaign distribution	\$ 400.00
Poster campaign billboards	\$ 900.00
Bus Tour vehicle rental (2 tours)	\$ 1,400.00
Bus Tour presentation materials & facilitation (2 tours)	\$ 750.00
	\$ 4,450.00

budget 2062

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

DEPARTMENT OF THE TREASURY

Date: **OCT 07 2009**

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

Employer Identification Number:

DLN:

309173012

Contact Person:

SUSAN Y MALONEY

ID# 31210

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

March 19, 2008

Contribution Deductibility:

No

Dear Applicant:

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

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

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Louisville Independent Business Alliance
Profit & Loss Budget Overview
 January through December 2016

	Jan - Dec 16
Ordinary Income/Expense	
Income	
Direct Public Grants	25,000.00
Metro Council Overall NDF Funds	
Total Direct Public Grants	25,000.00
Merchandise Income	2,000.00
Program Income	
Business Membership Dues	65,000.00
Directory	56,000.00
Individual Membership Dues	1,000.00
Profiles	0.00
Program Service Fees	2,500.00
South Louisville Efforts	1,000.00
Supporter Status	1,000.00
Total Program Income	126,500.00
Special Events Income	
Brewfest	85,000.00
Buy Local Fair	45,000.00
Forecastle Beer Tents	3,000.00
hoLOUdays Contest	1,500.00
Louisville Local Business Expo	4,000.00
Total Special Events Income	138,500.00
Total Income	292,000.00
Expense	
Contract Services	400.00
Accounting Fees	3,000.00
Graphic Design	
Total Contract Services	3,400.00
Credit Card Fees	
Fees from credit card companies	2,000.00
PayPal Fees	100.00
Streamline Pmt Merchant Svc Fee	300.00
Total Credit Card Fees	2,400.00
Events	
Brewfest Expenses	75,000.00
Buy Local First Fair	25,000.00
Independents Week	500.00
Louisville Local Business Expo	1,000.00
Shift Your Shopping Expenses	2,000.00
Total Events	103,500.00

Louisville Independent Business Alliance
Profit & Loss Budget Overview
 January through December 2016

	Jan - Dec 16
Facilities and Equipment	
Fixtures and Office Environment	1,000.00
Office Cleaning	625.00
Rent and Electricity	12,000.00
Total Facilities and Equipment	13,625.00
Merchandise Expense	
Sales And Use Tax	500.00
Merchandise Expense - Other	1,000.00
Total Merchandise Expense	1,500.00
Operations	
Bank Fees	
ACH Activity Fee	180.00
Bank Fees - Other	540.00
Total Bank Fees	720.00
Business Registration Fees	
Email Distribution Service	15.00
Internet Service	720.00
Postage, Mailing Service	444.00
Printing and Copying	1,400.00
Software	1,500.00
Supplies	2,200.00
Telephone, Telecommunications	1,200.00
Website Domain Names	700.00
Total Operations	9,199.00
Other Types of Expenses	
Advertising Expenses	
Membership Recruitment	300.00
Profile portraits and interview	0.00
Advertising Expenses - Other	0.00
Total Advertising Expenses	300.00
Insurance - Liability, D and O	
Membership Materials	2,500.00
Member Lou Mag Subscriptions	3,900.00
Membership Materials - Other	5,000.00
Total Membership Materials	8,900.00
Memberships and Dues	
Research and Studies	800.00
Staff/Board Development	100.00
Total Other Types of Expenses	18,100.00
Outreach & Sponsorships	2,000.00

Louisville Independent Business Alliance
Profit & Loss Budget Overview
 January through December 2016

	Jan - Dec 16
Payroll Expenses	
Bonuses	1,500.00
Salary	63,900.00
Taxes	24,504.00
Total Payroll Expenses	89,904.00
Program Expenses	
Directory	33,000.00
Monthly Meetings	2,500.00
South Louisville Programs	500.00
West Louisville Efforts	500.00
Total Program Expenses	36,500.00
Travel and Meetings	
AMIBA Conference	0.00
Conference, Convention, Meeting	100.00
Mileage	200.00
Total Travel and Meetings	300.00
Volunteers Orientation	500.00
Total Expense	280,928.00
Net Ordinary Income	11,072.00
Net Income	11,072.00



2016 LIBA Board List

(Term limits are 3 years.)

Summer Auerbach

Rainbow Blossom
3738 Lexington Road, Louisville, KY 40207
(502) 498-2351
[REDACTED]

Summer@rainbowblossom.com

Current term ends: January 2019

Carol Besse

Carmichael's Bookstores
2720 Frankfort Avenue, Louisville, KY 40206
(502) 896-6950
[REDACTED]

Current term ends: January 2018

Robert W. DeWees III

McClain DeWees, PLLC
6008 Brownsboro Park Boulevard, Suite H
Louisville, KY 40207
(502) 749-2388
[REDACTED]

rdewees@mcclaindewees.com

Current term ends: January 2019

Ali Hawthorne

M2 Maximum Media
105 Lola Road, Louisville, KY 40207
[REDACTED]

Ali@m2maxmedia.com

Current term ends: January 2017

Lauren Hendricks

Alexander + Hughes Adv. & Marketing
414 Baxter Ave., Suite 215,
Louisville, KY 40204
(502) 403-8819
[REDACTED]

lauren@ahadvertising.com

Current term ends: January 2019

Emily McCay

The Diaper Fairy Cottage
1811 Bardstown Rd., Louisville, KY 40205
(502) 708-1018
[REDACTED]

diaperfairyinfo@gmail.com

Current term ends: January 2018

Lance Minnis

Commonwealth Financial Advisors
9403 Mill Brook Rd, Ste 100, Louisville, KY 40223
(502) 423-7420
[REDACTED]

lance@cfaky.com

Current term ends: January 2018

Ashley Parker

Parker & Klein Real Estate
3610 Lexington Road, Louisville KY 40207
(502) 498-4514
[REDACTED]

Ashley@ParkerAndKlein.com

Current term ends: January 2018

Patrick T. Schmidt

Tilford Dobbins & Schmidt PLLC
401 W. Main Street, Suite 1400
Louisville, KY 40202
(502) 584-1000 office
(502) 584-2318 fax

pschmidt@tilfordlaw.com

Current term ends: January 2019

Tori Thompson

Kertis Creative
786 S. Shelby Street, Louisville, KY 40203
(502) 550-1549
[REDACTED]

tori@kertiscreative.com

Current term ends: January 2018

Chris Vessels

Total Office Products & Service
3326 Kramers Lane, Louisville, KY 40216
(502) 636-9278
[REDACTED]

chris@totalops.com

Current term ends: January 2017

LIBA Staff

Jennifer Rubenstein

Cell (502) 500-4669

jennifer@keeploouisvilleweird.com

Kristen Byrnes

Cell (704) 780-9787

kristen@keeploouisvilleweird.com

Leslie Spanyer

Cell (502) 379-2473

leslie@keeploouisvilleweird.com

4:09 PM
 06/23/16
 Accrual Basis

Louisville Independent Business Alliance
Profit & Loss
 January 1 through June 23, 2016

	Jan 1 - Jun 23, 16
Ordinary Income/Expense	
Income	
Merchandise Income	264.82
Program Income	
Business Membership Dues	44,478.16
Directory	14,619.89
Individual Membership Dues	50.00
Program Fees	1,488.00
South Louisville Efforts	500.00
Supporter Status	275.00
West Louisville Efforts	3,017.00
Total Program Income	64,428.05
Special Events Income	
Brewfest	6,250.00
Buy Local Fair	40,959.49
hoLOUdays Contest	750.00
Louisville Local Business Expo	1,400.00
South Points Buy Local Fair	1,500.00
Total Special Events Income	50,859.49
Total Income	115,552.36
Expense	
Business Expenses	15.00
Contract Services	
Graphic Design	2,020.00
Total Contract Services	2,020.00
Credit Card Fees	
Fees from credit card companies	776.25
Merchant Service Fee	457.30
PayPal Fees	54.56
Total Credit Card Fees	1,288.11
Events	
Buy Local First Fair	26,783.06
hoLOUdays Expenses	732.55
Louisville Local Business Expo	2,102.52
Events - Other	232.84
Total Events	29,850.97
Facilities and Equipment	
Office Cleaning	200.00
Rent and Electricity	6,355.38
Total Facilities and Equipment	6,555.38
Merchandise Expense	
Sales And Use Tax	45.51
Merchandise Expense - Other	119.60
Total Merchandise Expense	165.11
Operations	
Bank Fees	
ACH Activity Fee	145.75
Bank Fees - Other	337.60
Total Bank Fees	483.35
Business Registration Fees	15.00
Email Distribution Service	600.00
Internet Service	222.00
Postage, Mailing Service	627.77
Supplies	878.73
Telephone, Telecommunications	297.86
Total Operations	3,124.71

4:09 PM
06/23/16
Accrual Basis

Louisville Independent Business Alliance
Profit & Loss
January 1 through June 23, 2016

	<u>Jan 1 - Jun 23, 16</u>
Other Types of Expenses	
Advertising Expenses	
AAF Ad Campaign	79.50
Profile portraits and interview	300.00
Advertising Expenses - Other	490.00
Total Advertising Expenses	869.50
Insurance - Liability, D and O	1,540.68
Memberships and Dues	600.00
Research and Studies	100.00
Staff/Board Development	3,313.01
Total Other Types of Expenses	6,423.19
Outreach & Sponsorships	1,501.21
Payroll Expenses	
Bonuses	750.00
Payroll Processing Fees	64.11
Salary	28,705.76
Taxes	11,401.33
Total Payroll Expenses	40,921.20
Program Expenses	
Directory	16,112.74
Monthly Meetings	1,517.92
South Louisville Programs	1,163.20
West Louisville Efforts	100.00
Total Program Expenses	18,893.86
Travel and Meetings	
AMIBA Conference	665.70
Conference, Convention, Meeting	13.27
Mileage	358.97
Total Travel and Meetings	1,037.94
Volunteers Orientation	281.72
Total Expense	112,078.40
Net Ordinary Income	3,473.96
Net Income	<u>3,473.96</u>

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20__

2014

Department of the Treasury Internal Revenue Service

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

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

Name of exempt organization

Louisville Independent Business Alliance, Inc

Employer identification number



Name and title of officer

Jennifer Rubenstein Director

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

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 249,128.
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 2014 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 Meyerowitz & King, PLLC to enter my PIN 25267
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 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 2014 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 ***** THIS IS NOT A FILEABLE COPY *** 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.



do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

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

Extended to August 17, 2015

OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

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

2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Form 990 header section containing organization name (Louisville Independent Business Alliance, Inc), EIN, address, and tax-exempt status.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue breakdown, and total assets.

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.

Signature block area with fields for officer signature (Jennifer Rubenstein, Director) and date.

Preparer information section including name (Meyerowitz & King, PLLC), address, and phone number.

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

Louisville Independent Business Alliance, Inc

Form 990 (2014)



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: None

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

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

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

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

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

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

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

4e Total program service expenses

Louisville Independent Business
Alliance, Inc

Form 990 (2014)

Page 3

Part IV Checklist of Required Schedules

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

Form 990 (2014)

432003
11-07-14

Louisville Independent Business
Alliance, Inc

Form 990 (2014)

Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2014)

Louisville Independent Business Alliance, Inc

Form 990 (2014)

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2014)

Louisville Independent Business Alliance, Inc

Form 990 (2014)

Page **6**

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Louisville Independent Business Alliance, Inc

Form 990 (2014)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	1 b	Membership dues	60,657.					
	1 c	Fundraising events						
	1 d	Related organizations						
	1 e	Government grants (contributions)						
	1 f	All other contributions, gifts, grants, and similar amounts not included above						
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		60,657.				
Program Service Revenue	2 a	Program Service Revenue						
		Business Code						
	b	Directory		150,481.	150,481.			
				37,990.	37,990.			
	c							
	d							
	e							
f	All other program service revenue							
g	Total. Add lines 2a-2f		188,471.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		249,128.	188,471.	0.	0.		

432009 11-07-14

Louisville Independent Business
Alliance, Inc

Form 990 (2014)

Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,556.	29,556.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,667.	12,667.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,561.	1,561.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	163,773.	163,773.		
12 Advertising and promotion	8,999.	8,999.		
13 Office expenses	7,576.	7,576.		
14 Information technology				
15 Royalties				
16 Occupancy	10,962.	10,962.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,846.	1,846.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous	11,363.	11,363.		
b Bank Fees	3,233.	3,233.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	251,536.	251,536.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Louisville Independent Business Alliance, Inc

Form 990 (2014)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1		1	
	2	8,594.	2	6,186.
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10a			
	b		10c	
	11		11	
	12		12	
	13		13	
	14		14	
	15		15	
16		8,594.	16	6,186.
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25		25	
	26		0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27		27	
	28		28	
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	0.	30	0.
	31	0.	31	0.
	32	8,594.	32	6,186.
33	8,594.	33	6,186.	
34	8,594.	34	6,186.	

Form 990 (2014)

0688397.09 mmullins
NAOI

Trey Grayson
Secretary of State
Received and Filed
03/19/2008 3:07:04 PM
Fee Receipt: \$8.00

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

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

**ARTICLE I
NAME**

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

**ARTICLE II
PURPOSES AND POWERS**

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

**ARTICLE III
MEMBERS**

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

**ARTICLE IV
DIRECTORS**

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

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

**ARTICLE V
REGISTERED OFFICE AND REGISTERED AGENT**

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

**ARTICLE VI
PRINCIPAL OFFICE**

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

**ARTICLE VII
BYLAWS**

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

**ARTICLE VIII
OFFICERS**

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

**ARTICLE IX
INDEMNIFICATION**

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

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

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

ARTICLE X LIMITATION OF DIRECTOR LIABILITY

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

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

ARTICLE XI LIMITATION ON DISTRIBUTIONS

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

**ARTICLE XII
DISSOLUTION**

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

**ARTICLE XIII
DURATION**

The Corporation shall have a perpetual existence.

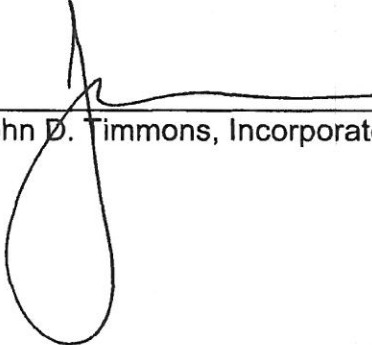
**ARTICLE XIV
AMENDMENT**

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

**ARTICLE XV
INCORPORATOR**

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

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



John D. Timmons, Incorporator

THE FOREGOING ARTICLES OF
INCORPORATION PREPARED BY:

LAKIN LAW OFFICE

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

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

EXHIBIT A

NAMES AND MAILING ADDRESS OF INITIAL DIRECTORS

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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Louisville Independent Business Alliance	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
1974-A Douglass Boulevard, Suite 101		
City, state, and ZIP code		
Louisville, KY 40205		
UIC 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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								

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

Employer identification number								

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here Signature of U.S. person ▶ Date ▶ 2-28-16

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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 shareable 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LIBA Staff 2016:

Jennifer Rubenstein

Cell (502) 500-4669

jennifer@keeploouisvilleweird.com

Pay: \$22.31/hour, 30 hours/week. Will be \$22.75/hour.

Kristen Byrnes

Cell (704) 780-9787

kristen@keeploouisvilleweird.com

Pay: \$15.50/hour, 25 hours/week

Leslie Spanyer

Cell (502) 379-2473

leslie@keeploouisvilleweird.com

Pay: \$13/hour, 25 hours/week

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

General Information

Organization Number	0688397
Name	LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/19/2008
Organization Date	3/19/2008
Last Annual Report	3/25/2016
Principal Office	1974-A DOUGLASS BOULEVARD, SUITE 1 LOUISVILLE, KY 40205
Registered Agent	SUMMER AUERBACH 3738 LEXINGTON RD. LOUISVILLE, KY 40207

Current Officers

President	Ashley Parker
Vice President	Summer Auerbach
Secretary	Emily McCay
Treasurer	Chris Vessels
Director	Carol Besse
Director	Ali Hawthorne
Director	Jennifer Beaird Rubenstein
Director	Robert DeWees
Director	Lance Minnis
Director	Lauren Hendricks
Director	Emily McCay
Director	Tori Thompson

Individuals / Entities listed at time of formation

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

Images available online

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

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

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/25/2016 2:53:28 PM	3/25/2016 2:53:28 PM	
Annual report	4/23/2015 3:14:20 PM	4/23/2015 3:14:20 PM	
Annual report	2/6/2014 4:59:46 PM	2/6/2014 4:59:46 PM	
Amendment to annual report	4/30/2013 2:47:34 PM	4/30/2013 2:47:34 PM	
Principal office change	4/30/2013 2:30:45 PM	4/30/2013 2:30:45 PM	
Annual report	1/14/2013 2:54:02 PM	1/14/2013 2:54:02 PM	
Annual report	2/17/2012 5:58:16 PM	2/17/2012 5:58:16 PM	
Registered agent address change	2/17/2012 5:54:54 PM	2/17/2012 5:54:54 PM	
Principal office change	2/17/2012 5:49:18 PM	2/17/2012 5:49:18 PM	
Annual report	2/21/2011 2:52:54 PM	2/21/2011 2:52:54 PM	
Principal office change	8/10/2010 12:52:44 PM	8/10/2010 12:52:44 PM	

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

Microfilmed Images
