

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

JUL 01 2014 PM 2:42 M.W.

Applicant/Program: Phoenix Hill Neighborhood Association

Executive Summary of Request:

The Phoenix Hill Neighborhood Association is requesting \$2750 in operating funds. This funding will go towards helping cover the cost of the organizations office rent, telephone and internet expense from July 1, 2014- June 30, 2015.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<u>4</u>	<u>David Dandy I KK</u>	<u>\$2750.00</u>	<u>7/31/14</u>
District #	Primary Sponsor Signature	Amount	Date

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

N/A

Approved by:

_____ Date _____
 Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
 REVIEWED
 DATE 8.13.14 TIME 2:40pm

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Phoenix Hill Neighborhood Association		
Program Name:	Operating Funding	Request Amount: \$2750.00
		Yes/No/NA
Request form:	Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form:	Is the funding proposed less than or equal to the request amount?	Yes
Request form:	Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1:	Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1:	Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3:	Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5:	Is the proposed public purpose of the program well-documented?	Yes
Application 4:	Is there adequate documentation of how the proceeds of the fundraiser will be spent?	N/A
Application Budget Page 6:	Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations:	Is the signed Faith Based Form signed and included?	N/A
Jefferson County Only:	Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request:	Is the cost estimate(s) from proposed vendor(s) included?	N/A
Good Standing:	Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	Yes
Separate Taxing Districts:	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
Small Cities:	Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests:	Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
IRS Exempt Proof:	Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget:	Is the organization’s current fiscal year operating budget included?	Yes
Ordinance Required:	Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	No
Board Members:	Is the entity’s board member list (with term length/term limits) included?	Yes
Staff:	Is a list of the highest paid staff included with their expected annual personnel costs?	No
Annual Audit:	Is the most recent annual audit (if required by organization) included?	No
Rent Requests:	Is a copy of signed lease included?	Yes
Articles of Incorporation:	Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9:	Is the IRS Form W-9 included?	Yes
Evaluation Forms:	Are the evaluation forms (if program participants are given evaluation forms) included?	No
Affirmative Action:	Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by:	Keidra King	Date: 7/31/14



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Phoenix Hill Neighborhood Association	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 451 Baxter Ave., Louisville, KY 40204			
Website: www.phoenixhillna.org			
Applicant Contact:	Cindy Brown Kinloch	Title:	Administrative Coordinator
Phone:	502 583-7133	Email:	phoenixhillassociation@juno.com
Financial Contact:	Cindy Brown Kinloch	Title:	Administrative Coordinator
Phone:	502 583-7133	Email:	phoenixhillassociation@juno.com
Organization's Representative who attended NDF Training: Cindy Brown Kinloch			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	451 Baxter Ave., Louisville, KY 40204		
Council District(s):	4	Zip Code(s):	40204
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Project Office			
Total Request: (\$)	\$2750.00	Total Metro Award (this program) in previous year: (\$)	2750.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<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 checked="" 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 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:	Neighborhood Development Funds	Amount: (\$)	\$2750.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Phoenix Hill Neighborhood Association Mission Statement:

- * Promote community organization, education, and dissemination of information on issues of concern to the neighborhood;
- * Promote the continued development of Phoenix Hill, with attention to minimal resident displacement, deterioration of existing structures, assimilation of new developments, general physical blight, and structural rehabilitation;
- * Enhance the environment through educational programs, as well as the retention and development of civic, recreational, social, cultural, and religious facilities, and/or activities; and
- * Encourage and promote the historic identity of Phoenix Hill as a neighborhood of mixed but compatible uses.

CBK



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.):

This funding will help us pay for the rent/utilities, telephone, and internet costs of our office from July 1, 2014 - June 30, 2015. The Phoenix Hill Neighborhood Association improves the quality of life of our neighborhood and the city as a whole through clean-ups, a Farmers' Market, being a Neighborhood "watchdog", holding neighborhood events, improving our parks and landscaping, dealing with neighborhood development issues, and communicating to our neighborhood residents through newsletters, flyers, our web-site and our Facebook page. All of this is made possible by having an office that can be the headquarters of all of our activities and supplies.

We serve over 2000 addresses in the neighborhood just East of Downtown Louisville. Some of our activities, such as the Farmers' Market, directly serve other surrounding neighborhoods as well, such as Butchertown, Irish Hill, etc.

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

The funding will be used to pay our office rent/utilities, and our telephone and internet expenses for the year from July 1, 2014 to June 30, 2015.



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 fundraiser.

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.



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:

This program will benefit all 2000 addresses that we serve in the Phoenix Hill neighborhood, including businesses and residents. Having our office and telephone/internet service allows us to be able to continue with our ongoing services to the neighborhood, which include regular neighborhood clean-ups, neighborhood landscaping and park projects, newsletters, events, weekly Farmers' Market, etc.

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.

The Phoenix Hill Neighborhood Association collaborates with neighborhood businesses and residents to provide for our budget each year. Neighborhood residents and businesses provide the bulk of our budget through their annual memberships. We currently have 49 business members, 16 church/non-profit members, and 28 households.

We are continually recruiting more businesses and residents, but have found it difficult to reach our budgeted income during these tough economic times.

We collaborate on a regular basis with the NuLu Business Association, but receive no financial help from them. We collaborate annually with the Louisville Metro Housing Authority for an annual Thunder Over Louisville Parking Fundraiser.



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	0	0	0
B: Rent/Utilities	\$1800	0	1800
C: Office Supplies	0	350	350
D: Telephone / Internet	950	0	950
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	2690	2690
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List) - see attached	0	3000	3000
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List) - see attached	0	2069	2069
*TOTAL PROGRAM/PROJECT FUNDS	\$2750	\$8109	\$10,859
% of Program Budget	25 %	75 %	100%

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

Other State, Federal or Local Government - KY Proud - Farmers' Market	\$400
United Way	
Private Contributions (do not include individual donor names)	\$4,400
Fees Collected from Program Participants	
Other (please specify) - see attached	\$3,309
Total Revenue for Columns 2 Expenses **	\$8,109

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

**Must equal or exceed total in column 2.

**Phoenix Hill Neighborhood Association
Attachment for Section 5 – Program/Project Budget Summary
2014 - 2015**

I. Community Events and Festival:

Farmers' Market	\$2,100
Annual Membership Meeting	400
Yard Sale	500
Total	\$3,000

L. Other Expenses:

Bulk Mailing Permit	\$200
Annual Filing Fee	15
Web-site Hosting	170
Center for Neighborhoods Membership	24
Liability Insurance – Board and Event	850
Newsletter	460
Postage and Delivery	150
Printing and Reproduction	200
Total	\$2,069

Other Funding Sources:

Farmers' Market	\$1,800
Thunder Over Louisville fundraiser	1,500
Interest	9
Total	\$3,309

OBK



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
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

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

Agency Fiscal Year Start Date:

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

If YES, please explain:



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.

N/A

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:	7/1/14
Legal Signatory: (please print):	Kristi Ashby	Title:	Board President
Phone:	502 439-4051	Extension:	
Email:	kristi.ashby@insightbb.com		



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Feb. 09, 2011 LTR 4168C 0
61-0903390 000000 00

00026073
BODC: TE

PHOENIX HILL NEIGHBORHOOD
ASSOCIATION INC
% MIKE MORRIS
451 BAXTER AVE # 200
LOUISVILLE KY 40204-1177

Employer Identification Number: 61-0903390
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 09, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1993.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Phoenix Hill Neighborhood Association, Inc.
Profit & Loss Budget Overview
 January through December 2014

	Jan - Dec 14
Ordinary Income/Expense	
Income	
Farmers' Market	
Kentucky Proud Matching Grant	400.00
Donations	100.00
Daily Market Fee	1,000.00
Annual Registration Fee	600.00
Total Farmers' Market	2,100.00
SYB CD Interest	20.00
Event Income	
Thunder Over Louisville Parking	1,500.00
Total Event Income	1,500.00
Grants	
2014 - 2015 Tandy Grant	1,000.00
2013 - 2014 Tandy Grant	1,834.00
Total Grants	2,834.00
Membership Dues	
Non-Profits/Churches	300.00
Business	
Cornerstone	1,500.00
Leadership Business	400.00
General Business	1,800.00
Total Business	3,700.00
Indiv/Family	400.00
Total Membership Dues	4,400.00
Total Income	10,854.00
Expense	
Internet service	720.00
KY Proud Hort Cost Share Grant	
Signs	500.00
Postcards	300.00
Total KY Proud Hort Cost Share Grant	800.00
Farmers' Market General Expense	
KFMA Annual Membership	40.00
Annual Site Fee	400.00
Apple Cider Festival	100.00
EBT Monthly Service Fee	300.00
Farmers' Market General Expense - Other	460.00
Total Farmers' Market General Expense	1,300.00
Bulk Mailing Permit	200.00
Annual Filing Fee	15.00
Computer	
Web-site	170.00
Total Computer	170.00
Contract Labor	2,340.00
Contributions	
Center for Neighborhoods	24.00
Total Contributions	24.00
Events	
Annual Meeting	400.00
Events - Other	500.00
Total Events	900.00

7:55 AM
06/09/14
Cash Basis

Phoenix Hill Neighborhood Association, Inc.
Profit & Loss Budget Overview
January through December 2014

	<u>Jan - Dec 14</u>
Insurance	
Liability Insurance	850.00
Total Insurance	<u>850.00</u>
Newsletter	
Newsletter mailing	200.00
Newsletter printing	260.00
Total Newsletter	<u>460.00</u>
Office Supplies	350.00
Postage and Delivery	150.00
Printing and Reproduction	200.00
Professional Fees	
Accounting	350.00
Total Professional Fees	<u>350.00</u>
Rent	1,800.00
Telephone	230.00
Total Expense	<u>10,859.00</u>
Net Ordinary Income	<u>-5.00</u>
Net Income	<u><u>-5.00</u></u>

PHOENIX HILL NEIGHBORHOOD ASSOCIATION
2014 BOARD OF DIRECTORS
TERMS

<u>Board Member</u>	<u>Term Expires (may renew for 1, or 2)</u>
Kristi Ashby	December 2014
David Brown Kinloch	December 2015
Tracey Darbro	December 2014
Lettie Heer	December 2015
Rev. Ben Lairamore	December 2014
Doug Magee	December 2015
Diane Moten	December 2014
Tom Nolan	December 2015

Staff:

Cindy Brown Kinloch

7:58 AM
 06/09/14
 Cash Basis

Phoenix Hill Neighborhood Association, Inc.
Profit & Loss
 January through May 2014

	<u>Jan - May 14</u>
Ordinary Income/Expense	
Income	
Farmers' Market	
EBT EFunds deposit	58.40
Annual Registration Fee	375.00
Total Farmers' Market	<u>433.40</u>
SYB CD Interest	6.82
Event Income	
Thunder Over Louisville Parking	2,796.72
Total Event Income	<u>2,796.72</u>
Grants	
2013 - 2014 Tandy Grant	1,833.00
Total Grants	<u>1,833.00</u>
Interest	0.33
Membership Dues	
Non-Profits/Churches	250.00
Business	
Cornerstone	1,000.00
Leadership Business	200.00
General Business	2,425.00
Total Business	<u>3,625.00</u>
Indiv/Family	200.00
Total Membership Dues	<u>4,075.00</u>
Miscellaneous Income	400.00
Total Income	<u>9,545.27</u>
Expense	
Internet service	376.57
KY Proud Hort Cost Share Grant	
Signs	115.50
Postcards	283.47
Total KY Proud Hort Cost Share Grant	<u>398.97</u>
Farmers' Market General Expense	
Annual Site Fee	400.00
Match - Farmers' Market Week	115.50
Farmers' Market General Expense - Other	101.50
Total Farmers' Market General Expense	<u>617.00</u>
Projects	
Lucille Grant Park	912.28
Total Projects	<u>912.28</u>
Annual Filing Fee	15.00
Computer	
Web-site	195.40
Total Computer	<u>195.40</u>
Contract Labor	1,185.00
Insurance	
Liability Insurance	845.13
Total Insurance	<u>845.13</u>
Miscellaneous	400.00
Office Supplies	182.45
Postage and Delivery	102.20
Printing and Reproduction	58.30

7:58 AM

06/09/14

Cash Basis

Phoenix Hill Neighborhood Association, Inc.

Profit & Loss

January through May 2014

	<u>Jan - May 14</u>
Rent	750.00
Telephone	94.27
Total Expense	<u>6,132.57</u>
Net Ordinary Income	<u>3,412.70</u>
Net Income	<u><u>3,412.70</u></u>

Short Form Return of Organization Exempt From Income Tax

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	451 BAXTER AVENUE 200
<input type="checkbox"/> Terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	LOUISVILLE KY 40204
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number
	61-0903390
	E Telephone number
	F Group Exemption Number ▶

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

I Website: ▶ N/A

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

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 11,250

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	2,954
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	4,101
	4 Investment income	21
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 3,773	
c Less: direct expenses from gaming and fundraising events	6c 2,414	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 1,359	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8 Other revenue (describe in Schedule O)	8 401	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9 8,836	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 2,763
	14 Occupancy, rent, utilities, and maintenance	14 1,800
	15 Printing, publications, postage, and shipping	15 1,394
	16 Other expenses (describe in Schedule O)	16 3,023
17 Total expenses. Add lines 10 through 16 ▶	17 8,980	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -144
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 6,270
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 6,126

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.	Employer identification number (EIN) or 61-0903390
	Number, street, and room or suite no. If a P.O. box, see instructions. 451 BAXTER AVENUE, Room 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40204	
	Enter filer's identifying number, see instructions	

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

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

- The books are in the care of ▶ LAUREN KALLMEYER
- Telephone No. ▶ (502) 583-7133 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2013 or

▶ tax year beginning _____, and ending _____

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

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

Part II Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,270	6,126
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	6,270	6,126
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,270	6,126

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? NEIGHBORHOOD DEVELOPMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **EVENTS & SUPPORT**

(Grants \$) If this amount includes foreign grants, check here **28a** 10,389

29 **PUBLICATION OF RESIDENT NEWSLETTER**

(Grants \$) If this amount includes foreign grants, check here **29a** 1,005

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 **Total program service expenses.** (add lines 28a through 31a)

32 11,394

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRISTI ASHBY PRES	Hr/WK 10.00			
DOUG MAGEE VP	Hr/WK 10.00			
LETTIE HEER SEC	Hr/WK 10.00			
TRACEY DARBRO TREAS	Hr/WK 10.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
37 b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. <input type="text"/>		
42 a The organization's books are in care of LAUREN KALLMEYER Telephone no. (502) 583-7133 Located at 451 BAXTER AVENUE City LOUISVILLE ST KY ZIP + 4 40204		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>	Yes	No
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Table with Yes/No columns and values for line 46.

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Table with Yes/No columns and values for line 47.

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

Table with Yes/No columns and values for line 48.

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

Table with Yes/No columns and values for line 49a.

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

Table with Yes/No columns and values for line 49b.

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

Table for line 50 with columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

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

Table for line 51 with columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes No

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

Sign Here section containing signature of officer and date.

Paid Preparer Use Only section containing preparer's name, signature, date, firm's name, address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.	Employer identification number 61-0903390
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 it 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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Section A. Public Support

Calendar year (or fiscal year 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.")	12,875	7,303	6,143	8,588	7,055	41,964
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	12,875	7,303	6,143	8,588	7,055	41,964
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						41,964

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	12,875	7,303	6,143	8,588	7,055	41,964
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	685	154	67	25	21	952
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						42,916

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.78%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.75%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%

- 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)

Schedule of Contributors

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.

Employer identification number

61-0903390

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 PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.	Employer identification number 61-0903390
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.	Employer identification number 61-0903390
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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
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.	Employer identification number 61-0903390
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For. Prov. Country			
-----	----- ----- -----	----- ----- -----	----- ----- -----

Name of the organization

PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.

Employer identification number

61-0903390

Area with horizontal dashed lines for supplemental information.

54860

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

THELMA L. STOVALL
Secretary



FRANKFORT,
KENTUCKY

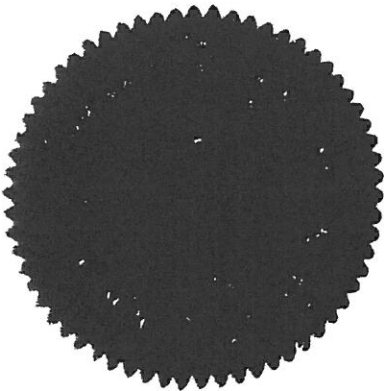
CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **THELMA L. STOVALL**, *Secretary of State of the Commonwealth of Kentucky* certify that there has been delivered to my office articles of incorporation of **PHOENIX HILL ASSOCIATION, INC.**

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

G. RAYMOND SCHMANN
NAME
330 BAXTER AVENUE
STREET ADDRESS
LOUISVILLE, KENTUCKY 40204
CITY, STATE

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



Issued this **26TH** day of **NOVEMBER**, 19 **75**,
at Frankfort, Kentucky.

Thelma L. Stovall

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

54860 ✓

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



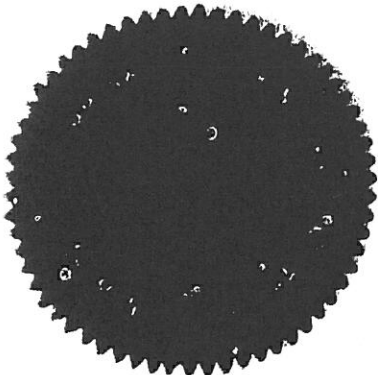
FRANKFORT,
KENTUCKY

CERTIFICATE OF AMENDMENT & RESTATED TO ARTICLES OF INCORPORATION

I, **FRANCES JONES MILLS**, *Secretary of State of the Commonwealth of Kentucky*, do hereby certify that Amended ^{& RESTATED} Articles of Incorporation of

PHOENIX HILL ASSOCIATION, INC.

& RESTATED
amended pursuant to Kentucky Revised Statutes, ~~221A~~ (273) duly signed and verified or acknowledged according to law, have been filed in my office by said corporation, and that all taxes, fees and charges payable upon the filing of said Articles of Amendment ^{& RESTATED} have been paid.



SECRETARY OF STATE

Given under my hand and seal of Office as Secretary of State, at Frankfort, Kentucky, this 22ND day of DECEMBER, 19 83.

Frances Jones Mills
SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ARTICLE VII

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE VIII

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

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

ARTICLE IX

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

ARTICLE X

The Corporation shall have members, the number, qualifications and manner of election of whom shall be as provided in the By-Laws.

ARTICLE XI

By-Laws will be hereafter adopted by the Directors of the Corporation. Such By-Laws may be amended or repealed, in whole or in part, in the manner provided therein by the Board of Directors.

ARTICLE XII

At a meeting of the membership on September 15, 1983, at which a quorum was present, over two-thirds of the members voted to adopt the amendments incorporated herein, and to file these restated Articles of Incorporation. Members were given written notice of this meeting in accordance with the Corporation's By-Laws.

COMMERCIAL LEASE AGREEMENT

This Commercial Lease Agreement ("Lease") is made and effective May 17, 2012 by and between Equinox Real Estate, LLC ("Landlord") and Phoenix Hill Association ("Tenant").

Landlord is the owner of land and improvements commonly known and numbered as 451 Baxter Avenue Louisville, KY 40204 ("Building").

Landlord makes available for lease a portion of the Building designated as Suite #1040 (the "Leased Premises").

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the covenants, conditions and provisions herein set forth.

WHEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is agreed:

Term

A. Landlord hereby leases the Leased Premises to Tenant, and Tenant hereby leases the same from Landlord, for an "Initial Term" beginning June 1, 2012 and ending May 31, 2013. Landlord shall use its best efforts to give Tenant possession as nearly as possible to the beginning of the Lease term.

B. Unless either party gives not less than sixty (60) days notice prior to the expiration of the Initial Term this Lease will automatically renew for an extended term of 1 year. The renewal term shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease.

Rental

A. The Base Rent Schedule is below. The first rental payment will be due on June 1, 2012. Each instalment payment shall be due in advance on the first day of each calendar month during the lease term to Landlord at 3012 Wellbrooke Road Louisville, KY 40205 or at such other place designated by written notice from Landlord or Tenant. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis. Tenant shall also pay to Landlord a "Security Deposit" in the amount of \$0.

	<u>12-Months</u>	<u>Monthly</u>
Months 1-12	\$1,800.00	\$150.00

B. The rental for any renewal lease term, if created as permitted under this Lease, shall be \$1,800.00 per year payable in instalments of \$150.00 per month.

return the Leased Premises to its original condition.

Property Taxes

Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

Real Estate Taxes are included in the Tenants base rent

Insurance

A. If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act or negligence of Tenant or any of Tenant's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Tenant shall be responsible for the costs of repair not covered by Tenant's insurance.

B. Landlord shall maintain fire and extended coverage insurance on the Building and the Leased Premises in such amounts as Landlord shall deem appropriate. Tenant shall be responsible, at its expense, for fire and extended coverage insurance on all of its personal property, including removable trade fixtures, located in the Leased Premises.

C. Tenant and Landlord shall, each at its own expense, maintain a policy or policies of comprehensive general liability insurance with respect to the respective activities of each in the Building with the premiums thereon fully paid on or before due date, issued by and binding upon some insurance company approved by Landlord, such insurance to afford minimum protection of not less than \$1,000,000 combined single limit coverage of bodily injury, property damage or combination thereof and \$500,000 for Damages to Rented Premises. Landlord shall be listed as an additional insured on Tenant's policy or policies of comprehensive general liability insurance; and Tenant shall provide Landlord with current Certificates of Insurance evidencing Tenant's compliance with this Paragraph. Tenant shall obtain the agreement of Tenant's insurers to notify Landlord that a policy is due to expire at least (10) days prior to such expiration. Landlord shall not be required to maintain insurance against thefts within the Leased Premises or the Building.

Utilities

Tenant shall pay all charges for water, sewer, gas, electricity, telephone and other services and utilities used by Tenant on the Leased Premises during the term of this Lease unless otherwise expressly agreed in writing by Landlord. In the event that any utility or service provided to the Leased Premises is not separately metered, Landlord shall pay the amount due and separately invoice Tenant for Tenant's pro rata share of the charges (0.0%). Tenant shall pay such amounts together with the payment of the monthly Base Rent. Tenant acknowledges that the Leased Premises are designed to provide standard office use electrical facilities and standard office lighting. Tenant shall not use any equipment or devices that utilize excessive electrical energy or which may, in Landlord's reasonable opinion, overload the wiring or interfere with electrical services to other tenants. Temporary space heaters and box fans of any kind are strictly prohibited.

7. Indemnification.

The Tenant hereby agrees to indemnify and hold the Landlord harmless from and against all claims, causes of action, losses, expenses and demands, whether for injury to person or loss of life or damage to property occurring in connection with the Leased Premises or arising from the Tenant's use and occupancy of the Leased Premises except those claims resulting from Landlord's default hereof.

8. Default.

If Tenant defaults on the payment of rent when due to Landlord as herein provided, and if said default shall continue for fifteen (15) days after written notice has been given to Tenant by Landlord, or if Tenant defaults on any of the other covenants or conditions to be kept, observed and performed by Tenant, and such default shall continue for thirty (30) days after notice thereof in writing to Tenant by Landlord without correction thereof then having been commenced and thereafter diligently prosecuted, Landlord may exercise Tenant's right of possession of the Leased Premises by giving Tenant written notice of such intention, and if possession of the Leased Premises is not surrendered, Landlord may re-enter said premises. Tenant shall remain liable for the rental payments for the remaining Lease Term after such default. Landlord shall have, in addition to the remedy above provided, any other right or remedy available to Landlord on account of any Tenant default, either in law or equity. Landlord shall use reasonable efforts to mitigate its damages. Landlord will automatically be entitled to any security deposit in this event.

For any payment that is not paid within 5 days after its due date, Tenant shall pay a late fee of \$50. In addition to the late charge, a charge of \$10/day will be added to the amount past due for each day after the 5th of the month.

9. Condemnation.

If any legally, constituted authority condemns the Building or such part thereof which shall make the Leased Premises unsuitable for leasing, this Lease shall cease when the public authority takes possession, and Landlord and Tenant shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

10. Subordination.

Tenant accepts this Lease subject and subordinate to any mortgage, deed of trust or other lien presently existing or hereafter arising upon the Leased Premises, or upon the Building and to any renewals, refinancing and extensions thereof, but Tenant agrees that any such mortgagee shall have the right at any time to subordinate such mortgage, deed of trust or other lien to this Lease on such terms and subject to such conditions as such mortgagee may deem appropriate in its discretion. Landlord is hereby irrevocably vested with full power and authority to subordinate this Lease to any mortgage, deed of trust or other lien now existing or hereafter placed upon the Leased Premises of the Building, and

With a copy to:
Evans Property Management, LLC
3012 Wellbrooke Road
Louisville, KY 40205

If to Tenant to:
Phoenix Hill Association
451 Baxter Avenue
Suite #104
Louisville, KY 40204

Landlord and Tenant shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

11. Brokers.

Tenant represents that Tenant was shown the Premises by agent Chad Evans (Realtor) with Mayer Realtors, LLC and any Real Estate Leasing Fees will be owed by the Landlord.

12. Waiver.

No waiver of any default of Landlord or Tenant hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Tenant shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

13. Memorandum of Lease.

The parties hereto contemplate that this Lease should not and shall not be filed for record, but in lieu thereof, at the request of either party, Landlord and Tenant shall execute a Memorandum of Lease to be recorded for the purpose of giving record notice of the appropriate provisions of this Lease.

14. Headings.

The headings used in this Lease are for convenience of the parties only and shall not be considered in interpreting the meaning of any provision of this Lease.

15. Successors.

The provisions of this Lease shall extend to and be binding upon Landlord and Tenant and their respective legal representatives, successors and assigns.

16. Consent.

Landlord shall not unreasonably withhold or delay any review with respect to any matter for which Landlord's consent is required or desirable under this Lease.

17. Performance.

ADDENDUM TO LEASE

Phoenix Hill Association

June 1, 2012

This lease addendum is made between Equinox Real Estate, LLC (lessor) and Phoenix Hill Association (lessee) for the lease dated August 1, 2003.

LEASED PREMISES

Beginning June 1, 2012 Phoenix Hill Association agrees to pay a monthly rent of \$150. Tenant is on a month to month lease and will provide landlord 60-days written notice prior to vacating the premise. Landlord can also provide Tenant with 60-days written notice if Landlord so chooses to terminate the lease agreement.

All other terms and conditions stated in the original lease remain the same.

LANDLORD *Ron Evans*
Equinox Real Estate, LLC

TENANT *Lawrence Hallmeier*
Phoenix Hill Association

DATE 6/1/12

PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.**General Information**

Organization Number	0054860
Name	PHOENIX HILL NEIGHBORHOOD ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/26/1975
Organization Date	11/26/1975
Last Annual Report	4/10/2014
Principal Office	451 BAXTER AVE. SUITE 202 LOUISVILLE, KY 40204
Registered Agent	CINDY BROWN KINLOCH 451 BAXTER AVE SUITE 202 LOUISVILLE, KY 40204

Current Officers

President	KRISTI ASHBY
Vice President	DOUG MAGEE
Secretary	LETTIE HEER
Treasurer	TRACEY DARBRO
Director	Tom Nolan
Director	David Kinloch
Director	BEN LAIRAMORE
Director	DI MOTEN

Individuals / Entities listed at time of formation

Director	G. RAYMOND SCHUHMANN
Director	DON GRISANTI
Director	HENRY BICKEL
Incorporator	G. RAYMOND SCHUHMANN
Incorporator	DON GRISANTI

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	4/10/2014	1 page	tiff	PDF
Annual Report	4/29/2013	1 page	tiff	PDF

Smith, Chanelle Emily

From: Tandy, David
Sent: Thursday, August 14, 2014 11:18 AM
To: Smith, Chanelle Emily
Subject: FW: Appropriations Items.

Hello Chanelle,
I have given Keidra King signatory rights for the NDFs below.

From: King, Keidra
Sent: Wednesday, August 13, 2014 5:06 PM
To: Tandy, David
Subject: FW: Appropriations Items.

Yours in Service,

Keidra D.C. King
Metro Council District Four
Councilman David Tandy
601 West Jefferson Street
Louisville, Kentucky 40202
Office: 502.574.1104



**All meeting and public appearance request should be sent to Districtfour@louisvilleky.gov **

From: King, Keidra
Sent: Wednesday, August 13, 2014 4:37 PM
To: David Tandy (david_tandy@hotmail.com)
Subject: FW: Appropriations Items.

Yours in Service,

Keidra D.C. King
Metro Council District Four
Councilman David Tandy
601 West Jefferson Street
Louisville, Kentucky 40202
Office: 502.574.1104