

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

Applicant/Program: Liberian Community of Kentucky and Southern Indiana Community back to School program

Executive Summary of Request:
The Liberian Community of Kentucky and Southern Indiana (LCKSI) hosts an annual Community Field Day Event at the Southeast YMCA facility on Six Mile In. This year the event is to be held on July 23, 2016 at the same location and it is always open to the general public. This event includes a Back to School program with inflatable playhouses for the kids to play all day. These funds will be used specifically to pay for backpacks, inflatable rental school materials and recognition awards for students who excelled in the 2015/2016 school year. Councilman Mulvihill agrees to be the primary sponsor of this NDF Request and will appropriate \$250 toward the total request of \$2,500.

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.

10 *Ernest P. Mulvihill* \$250 6-3-2016
 District # Council Member 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.
 none

Approved by:

 Appropriations Committee Chairman Date

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

Applicant/Program: (LCKSI) Back to School Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>1</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$ 250</u> Amount	<u>6/8/16</u> Date
<u>3</u> District #	<u>[Signature]</u> Council Member Signature	<u>200.00</u> Amount	<u>6/16/16</u> Date
<u>15</u> District #	<u>[Signature]</u> Council Member Signature	<u>250-</u> Amount	<u>6-16-16</u> Date
<u>21</u> District #	<u>[Signature]</u> Council Member Signature	<u>250-</u> Amount	<u>6-16-16</u> Date
<u>25</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$250</u> Amount	<u>6/16/16</u> Date
<u>23</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$250</u> Amount	<u>6-20-16</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

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

Legal Name of Applicant Organization: Liberian Community of Kentucky and Southern Indiana (LCKSI)

Program Name and Request Amount: Back to School program

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> No
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"/> N/A
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"/> N/A
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"/> No
Prepared by: <i>Geoff Wohl DIO LA</i>	Date: 06/02/2016



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Liberian Community of Kentucky and Southern Indiana <i>(as listed on: http://www.sos.ky.gov/business/records)</i>	
Main Office Street & Mailing Address: 4106 Sunset Drive, Louisville, KY 40216			
Website:			
Applicant Contact:	Aaron Kpehe	Title:	Financial Officer
Phone:	603-568-1158	Email:	liberiancommunitykysi@gmail.com
Financial Contact:	Aaron Kpehe	Title:	Financial Officer
Phone:	603-568-1158	Email:	liberiancommunitykysi@gmail.com
Organization's Representative who attended NDF Training: N/A - New Grantee			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Southeast YMCA Facility 5930 Six Mile Lane, Louisville, KY		
Council District(s):	1,2,3,10,11,12,15,21,23,24,25	Zip Code(s):	All (Metro-wide)
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Community Back to School Program			
Total Request: (\$)	2,500	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> 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:	N/A	Amount: (\$)	0
Source:	N/A	Amount: (\$)	0
Source:	N/A	Amount: (\$)	0
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Liberian Community of Kentucky and Southern Indiana (LCKSI) is a nonprofit corporation organized and operates exclusively for charitable, educational, cultural and social purposes. LCKSI mission is to unite, advocate and serve as a link to other organizations for improving and developing capabilities for a better life. LCKSI uses member-volunteers for all of its activities. All activities are held within Metro Louisville and is not limited to a specific zip code area.



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.):

The Liberian Community of Kentucky & Southern Indiana (LCKSI) has over the past ten years hosted an annual Community Field Day Event here in Louisville during the summer. LCKSI is a registered non-profit organization with the IRS and the State of Kentucky that caters to Liberian refugees/immigrants residing in the Kentucky and Southern Indiana.

Over the last few years, we have hosted this Community field event at the Southeast YMCA facility located on Six Mile Lane. This year, we have scheduled this event for July 23, 2016 at the same location and it is always open to the general public.

As part of our Community Field Day event this year, we are including a Back-to-School Program for kids in the community and also renting inflatable playhouse for the kids to play all day.

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

The fund would be used to specifically pay for backpacks, inflatable rental, school materials and recognition/award for students that excelled in the 2015/2016 school year.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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:

The Back to School Program is a great benefit to low/moderate income families in the Louisville area, it will provide financial relief to families. The back to school program will provide school materials to kids for the 2016/2017 school year.

Special recognition will be given to students at the back to school event that exhibited high academic standards during the 2015/2016 school year. Also, graduates would be recognized for their achievements. This serves as motivation for the kids to work hard during the new school year.

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.

LCKSI has collaborative relationship with the Americana Community Center. The Americana Center provides their facilities to the LCKSI to enhance community outreach activities.



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			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	2,500	3,000	5,500
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	2,500	3,000	5,500
% of Program Budget	45 %	55 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	3,000
Total Revenue for Column 2 Expenses **	3,000

*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
Members/ water/food	300.00	Market value
Officers/school materials	200.00	Market value
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	500.00	Market value

*** 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 1st**

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:

N/A



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

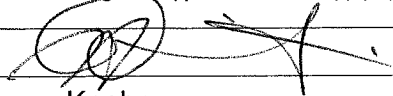
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

LMG Employee, Blyden Kennedy is President

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:	03/23/16
Legal Signatory: (please print):	Aaron Kpehe	Title:	Financial Officer
Phone:	603-568-1158	Extension:	
Email:	liberiancommunitykysi@gmail.com		

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

DEPARTMENT OF THE TREASURY

Date:

SEP 03 2015

LIBERIAN COMMUNITY OF KENTUCKY AND
SOUTHERN INDIANA INC
C/O ROLAND KESSEH
4801 SOUTHSIDE DR
LOUISVILLE, KY 40214-2111

Employer Identification Number:
46-3507100

DLN:

17053168302025

Contact Person:

MS. LEE

ID# 31208

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

May 15, 2010

Contribution Deductibility:

Yes

Addendum Applies:

Yes

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)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Liberian Community of Kentucky and Southern Indiana

Financial Statement As of March 20, 2016

Projected Budget

Sources	Amount
Gift, grants/Contributions	5,000.00
Membership fees	3,000.00
Fundraising Events	3,000.00
	11,000.00

Expenditures Year -To- Date

		Spent (Actual)	Balance
Meeting/ Conference	1,000.00	100.00	900.00
Summer Community Field Day	6,500.00		6,500.00
Occupancy (rent, Utilities, etc.)			
Outreach Activities	3,000.00	350.00	2,650.00
Contributions, gifts, grants paid out			
Stationery/ Misc	500.00	25.00	475.00
Compensation of officers			
Other salaries			
Interest expense			
Professional fees			
	11,000.00	475.00	10,525.00

ACK

Liberian Community of Kentucky and Southern Indiana

Board of Directors and Staff

Name	Position	Term	Expiration
Theresa Joway	Chairman	First	2016 - 2018
Mariah Nelson	Board Member	First	2016 - 2018
Gorpu Montgomery	Board Member	First	2016 - 2018
Blyden Kennedy	President	2016 - 2018	
Jomaxim Jolo	Vice President	2016 - 2018	
Alex Zodua	General Secretary	2016 - 2018	

There are no paid staff - All volunteer positions

Board members serve a term of two years. There is no term limit.

ACK

Liberian Community of Kentucky and Southern Indiana

Fiscal Year 2016 Budget

Statement of Revenues and Expenditures

Revenues	
Gift, grants/Contributions	5,000.00
Membership fees	3,000.00
Fundraising Events	3,000.00
Gross investment Income	
Net Unrelated Business Income	
Taxes levied for your benefit	
Value of services or facilities	
Total Revenue	11,000.00
Expenditures	
Meeting/ Conference	1,000.00
Summer Community Field Day	6,500.00
Occupancy (rent, Utilities, etc.)	
Outreach Activities	3,000.00
Contributions, gifts, grants paid out	
Stationery/ Misc	500.00
Compensation of officers	
Other salaries	
Interest expense	
Professional fees	
Total Expenditures	11,000.00

ACK

Liberian Community of Kentucky and Southern Indiana

Community Event Detail List (Section 5 Budget Detail)

1 Backpacks	2,100.00
2 Inflatable Rental	200.00
3 School Materials	<u>200.00</u>
	<u><u>2,500.00</u></u>

ACK

Liberian Community of Kentucky and Southern Indiana

**Community Event Detail List (Section 5 Budget Detail) Metro
Funds**

1 Backpacks	2,100.00
2 Inflatable Rental	200.00
3 School Materials	<u>200.00</u>
	<u>2,500.00</u>

Non-Metro Portion Detail List (Funding from LCKSI)

1 School Materials	850.00
2 YMCA Rental	250.00
3 Food/Water for Kids	950.00
4 Music/Disc Jorkey	200.00
5 Recognition Award for Graduates	500.00
6 Sporting Award/Kids	<u>250.00</u>
	<u>3,000.00</u>

The Back to School Program will be held on July 23, 2016.

Venue: Southeast YMCA Facility in Louisville, KY



Form 990-N E-filing Receipt - IRS Status: Accepted

2 messages

epostcard@urban.org <epostcard@urban.org>
To: liberiancommunitykysi@gmail.com

Sat, Jan 23, 2016 at 11:27 AM

Organization: LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN INDIANA
EIN: 46-3507100
Submission Type: Form 990-N
Year: 2015
Submission ID: 7800582016023bt92162
e-File Postmark: 1/23/2016 11:21:46 AM
Accepted Date: 1/23/2016

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support
Phone: 866-255-0654 (toll free)
email: ePostcard@urban.org

LIBERIAN COMMUNITY OF KENTUCKY AND
SOUTHERN INDIANA
% AARON KPEHE
4106 SUNSET DRIVE
LOUISVILLE, KY 40216



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0593688.09amcray
AMD

Alison Lundergan Grimes
 Kentucky Secretary of State
 Received and Filed:
 8/20/2015 11:24 AM
 Fee Receipt: \$8.00

Division of Business Filings
Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Liberian Community of Kentucky and Southern Indiana, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: The Purpose of the corporation was amended as stated below:

PURPOSES OF THE CORPORATION

Liberian Community of Kentucky and Southern Indiana is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under section 501(c) (3) of the INTERNAL REVENUE CODE, or corresponding section of any future Federal tax code.

3. The date of adoption of each amendment was August 15, 2015

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.


 Signature of Officer or Chairman of the Board

Roland Kesseh
 Printed Name

President
 Title

8-20-15
 Date

Multi-page document. Select page: 1 2 3 4

NOT FOR PROFIT CORPORATION

These Articles of Incorporation (the "Agreement") are made and effective January 17, 2014

- BY:** JOHN S. JALLAY (the "first Incorporator"), a Corporation organized and existing under the Laws of the State of Kentucky, with its head office located at: 4801 Southside Drive, Louisville, KY 40214.
- AND:** ROLAND KESSEH (the "Second Incorporator"), a corporation organized and existing under the Laws of the state of Kentucky, with its head office located at: 4801 Southside Drive, Louisville, KY 40214.

ARTICLE I

Articles of Incorporation of Liberian Community of Kentucky and Southern Indiana
The undersigned acting as incorporators under the not-for-profit Corporation act of the state of Kentucky, adopt the following Articles of Incorporation for such corporation.

ARTICLE II

NAME OF THE CORPORATION

The name of the corporation hereinafter referred to as the "Corporation" is Liberian Community of Kentucky and Southern Indiana (LCKSI).

ARTICLE III

PERIOD OF DURATION

The period of duration of the Corporation is perpetual

ARTICLE IV

PURPOSES OF THE CORPORATION

The Corporation is organized exclusively for Social, Charitable, Educational and Culture purposes, including for such purposes, the making of distributions that qualify as exempt organization under section 501 (3) (c) of REVENUE CODE OR LAW, or corresponding section of and future Federal tax code. The Corporation may receive and administer funds for social, charitable, educational and culture purposes, within the meaning of section 501 (3) (c) of REVENUE CODE OR LAW and to that end, the corporation is empowered to hold property, or any undivided interest therein, without limitation as to amount or value; to dispose of any such property and to invest, reinvest, or deal with the principal or the income in such manner as, in the judgment of the directors, will best promote the purposes of the corporation, without limitation, except such limitations, if any as may be contained in the instrument under which such property is received, these Articles of incorporation, the by-laws of the corporation or any applicable laws, to do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers except as permitted under the not-for-profit corporation law.

Multi-page document. Select page: 1 2 3 4

Multi-page document. Select page: [1](#) [2](#) [3](#) [4](#)

ARTICLE V

EARNINGS

No part of the net earnings of the corporation shall inure to the benefit of any member, trustee, officers of the corporation, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no member, trustee, officer of the corporation or private individual shall be entitled to share in distribution of any of the corporate assets on dissolution of the corporation. On substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in or intervene in, including the publication or distribution of statements, any political campaign on behalf of any candidate for public office.

ARTICLE VI

DISSOLUTION

Upon the dissolution of the corporation or the winding up of its affairs, the assets of the corporation shall be distributed exclusively to one or more charitable, religious, scientific, testing for public safety, literary or educational organization which would then qualify under the provision of section 501 (3) (c) of the REVENUE CODE or LAW and its regulation as now exist or as they may be hereafter amended, or to the Federal Government, or State or Local Government, for public purpose. Any such assets not so disposed of shall be disposed of by the court of common pleas of the county in which the principal office of the corporation is 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 VII

QUALIFICATION FOR MEMBERSHIP

The qualification for membership and the manner of their admission shall be regulated by the by-laws.

ARTICLE VIII

ADDRESS OF THE CORPORATION

The initial street address in the State of Kentucky of the initial registered office of the corporation is: 4801 Southside Drive, Louisville, KY 40214, and the initial registered agent at such address is John S. Jallay

ARTICLE IX

TERRITORY

The territory in which the operations are principally to be conducted is: United States of America and its territories and possessions, but the operations of the corporation shall not be limited to such territory.

ARTICLE X

BOARD OF DIRECTORS

The initial board of directors shall consist of at least three (3) members, who need not be residents of the State of Kentucky.

Multi-page document. Select page: [1](#) [2](#) [3](#) [4](#)

LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN INDIANA, INC.

General Information

Organization Number	0593688
Name	LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN INDIANA, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/31/2004
Organization Date	8/31/2004
Last Annual Report	1/3/2016
Principal Office	4106 SUNSET DRIVE LOUISVILLE, KY 40216
Registered Agent	JOHN S. JALLAYU 4801 SOUTHSIDE DR LOUISVILLE, KY 40214

Current Officers

President	<u>Blyden Kennedy</u>
Vice President	<u>Jomaxim Jolo</u>
Secretary	<u>Alex Zodua</u>
Treasurer	<u>Idanah Solo</u>
Director	<u>Theresa Joway</u>
Director	<u>Mariah Nelson</u>
Director	<u>Gorpu Montgomery</u>
Accountant	<u>Aaron Kpehe</u>

Individuals / Entities listed at time of formation

Director	<u>SUSIE KARNEH</u>
Director	<u>SOLOMON K OUALAH</u>
Director	<u>ANTHONY ADIBUAH</u>
Director	<u>GRACE JACKSON</u>
Director	<u>FRANCIS MILLER</u>
Incorporator	<u>SUSIE KARNEH</u>
Incorporator	<u>SOLOMON K OUALAH</u>
Incorporator	<u>ANTHONY ADIBUAH</u>

Images available online

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

Principal Office Address Change	1/3/2016 4:38:52 PM	1 page	PDF	
Annual Report	1/3/2016	1 page	PDF	
Amendment	8/20/2015	1 page	tiff	PDF
Annual Report	4/15/2015	1 page	PDF	
Reinstatement Certificate of Existence	1/17/2014 1:31:28 PM	2 pages	PDF	
Reinstatement	1/17/2014 1:29:42 PM	2 pages	PDF	
Reinstatement Approval Letter Revenue	1/17/2014 1:25:35 PM	1 page	PDF	
Principal Office Address Change	1/17/2014	1 page	tiff	PDF
Registered Agent name/address change	1/17/2014	1 page	tiff	PDF
Amendment	1/17/2014	4 pages	tiff	PDF
Administrative Dissolution	9/10/2011	1 page	PDF	
Annual Report Return	7/16/2010	2 pages	tiff	PDF
Annual Report	6/16/2010	1 page	tiff	PDF
Amendment	3/18/2010	1 page	tiff	PDF
Registered Agent name/address change	3/18/2010	1 page	tiff	PDF
Principal Office Address Change	3/18/2010	1 page	tiff	PDF
Annual Report Amendment	6/2/2009	1 page	PDF	
Annual Report Amendment	5/28/2009	1 page	tiff	PDF
Registered Agent name/address change	5/19/2009 4:02:55 PM	1 page	PDF	
Principal Office Address Change	5/19/2009 4:00:21 PM	1 page	PDF	
Annual Report	5/19/2009	1 page	PDF	
Annual Report	7/16/2008	1 page	tiff	PDF
Principal Office Address Change	7/16/2008	1 page	tiff	PDF
Registered Agent name/address change	7/16/2008	1 page	tiff	PDF
Reinstatement	8/14/2007	3 pages	tiff	PDF
Principal Office Address Change	8/14/2007	1 page	tiff	PDF
Statement of Change	8/14/2007	1 page	tiff	PDF
Administrative Dissolution	11/1/2005	1 page	PDF	
Articles of Incorporation	8/31/2004	2 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Principal office change	1/3/2016 4:38:52 PM	1/3/2016 4:38:52 PM	
Annual report	1/3/2016 4:10:42 PM	1/3/2016 4:10:42 PM	

Amendment - Miscellaneous amendments	8/20/2015 11:24:17 AM	8/20/2015
Annual report	4/15/2015 2:08:09 PM	4/15/2015 2:08:09 PM
Amendment - Miscellaneous amendments	1/17/2014 1:45:43 PM	1/17/2014
Registered agent address change	1/17/2014 1:32:37 PM	1/17/2014
Principal office change	1/17/2014 1:31:59 PM	1/17/2014
Reinstatement	1/17/2014 1:31:24 PM	1/17/2014
Application For Reinstatement	1/17/2014 1:18:44 PM	1/17/2014
Admin Dis. A. report not in	9/10/2011	9/10/2011
Annual report	6/16/2010 3:08:49 PM	6/16/2010
Registered agent address change	3/18/2010 2:48:39 PM	3/18/2010
Amendment - Change name	3/18/2010 2:47:34 PM	3/18/2010

LIBERIAN
COMMUNITY
ASSOCIATION OF
KENTUCKIANA INC.

Microfilmed Images

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Liberian Community of Kentucky and Southern Indiana, Inc.		
	2 Business name/disregarded entity name, if different from above same		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 4106 Sunset Dr	Requester's name and address (optional)	
	6 City, state, and ZIP code Louisville, KY 40216		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
or									
Employer identification number									
4	6	-	3	5	0	7	1	0	0

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u>03/23/16</u>
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General Instructions

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

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

Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

- 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 allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

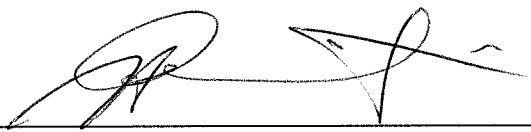
Organization Name: Liberian Community of Kentucky and Southern Indiana
Participant Name: Aaron C. Kpeke

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having participated in Neighborhood Development Fund training. In addition, I understand the requirements of the Neighborhood Development Fund grant process.

Please check:



I viewed the NDF training material on the website


Participant Signature

03/23/16
Date

NOTE: Please return to Roxanne Steele:
E-mail address: Roxanne.Steele@louisvilleky.gov or Fax: 502-574-3219
Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St.
Louisville, Kentucky 40202