

Received 3-7-14 3:07pm
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**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Old Louisville Information Center


Executive Summary of Request:
The center would like support for SpringFest that it sponsors to showcase the Old Louisville Historic Neighborhood. It is a free event that provides a family friendly event and serves as a fund raising event for the Old Louisville Neighborhood Council.

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and

Is this program/project a fundraiser?	<input checked="" 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

2/24/14

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>6</u> District #	 Primary Sponsor Signature	<u>\$4,950</u> Amount	<u>3-6-2014</u> Date
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Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman	Date

Clerk's Office Only:

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

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 3.10.14 TIME 3:56pm

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Old Louisville Information Center		
Program Name: Old Louisville Neighborhood Council Spring Fest	Request Amount: \$4,950.00	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?		No
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?		Yes
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?		No
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?		Yes
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)		No
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?		No
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		No
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)?		No
Prepared by: <i>Wanda Mitchell Amett</i> Date: <i>3-7-14</i>		



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization:
(as listed on: <http://www.sos.ky.gov/business/records/>) **Old Louisville Information Center**

Main Office Street & Mailing Address: 1340 South 4th Street, Louisville, Ky. 40208

Website: www.oldlouisville.org

Application Contact: Howard Rosenberg

Title: Chair, OLNC/OLIC

Phone: 502-635-5244

Email: olnc@bellsouth.net

Financial Contact: Mona Jackson

Title: Treasurer

Phone: 502-635-5244

Email: olnc@bellsouth.net

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): Central Park, 1340 South 4th Street, Louisville, Ky.40208

Council District(s): Sixth

Zip Code(s): 40203/40208

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: Old Louisville Neighborhood Council Spring Fest

Total Request: \$4,950.00

Total Metro Award (this program) in previous year : \$3,262.34

The following are required attachments:

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

Agency Fiscal Yr Start Date: January 2014

For the current fiscal year ending June 30, list all funds 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: 9/19/13-\$815.58-Community Garden

Amount: \$815.58

Source: 11/14/13-\$2,446.76-Community Garden

Amount: \$2,2446.76

Source:

Amount: \$

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

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

SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory:

Date: 2/27/14

Legal Signatory (please print): Howard Rosenberg

Title: Chair, OLNC/OLIC

Phone:

Extension: 502-445-4193

Email: olnc@bellsouth.net

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The purpose of the OLIC is as follows:

1. To operate a resource center for the residents of the Old Louisville Neighborhood which will provide a wide variety of educational material, information, and other services to help them meet social, health, welfare, educational and cultural needs
2. To engage in educational and charitable activity to lessen neighborhood tensions and to encourage and promote community operation and pride.
3. To engage in educational and charitable activity to combat neighborhood deterioration and to promote community revitalization and development
4. To encourage, promote, and provide activity for neighborhood youth designed to instill in them a friendly and cooperative spirit and to advance their educational and cultural development.

SECTION 5 - PROGRAM NARRATIVE

A: Purpose of Request (check all that apply):

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

B: 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):

2014 SpringFest Dates are May 16 and 17. SpringFest is sponsored by the Old Louisville Neighborhood Council showcasing the Old Louisville Historic Neighborhood. It is a free event that provides a family friendly event and serves as a fund raising event for the Old Louisville Neighborhood Council a non profit organization.

The SpringFest is a market and street fair celebration of Old Louisville's love of history, culture, diversity, food, style, family and philanthropy and will be held on the 1200 and 1300 Blocks of First Street (and one block in each direction on Ormsby) in Old Louisville, Louisville Kentucky.

The Old Louisville SpringFest celebrates the beauty, diversity and style of our livable, lovable neighborhood.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):

\$1500 - rental of inflatables, games and attendants for KidZone. The attendants are also contracted thru Louisville Inflatables.

\$1000 - security

\$800 - rental costs for port-a-potties

\$500 - rental of tents, tables, and chairs for areas other than the KidZone.

\$500 - cleaning costs - this is payment to the boyscouts for emptying trashcans throughout the 2 days.

\$250 - cost of uniform for the volunteers and staff

\$170 - barricades to close the roads

\$110 - golf carts (2)

\$120 - rental of 2 way radios

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ 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.

NA

- The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

NA

G: 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:

SpringFest will provide a showcase for all of Old Louisville focusing on the eastern part of Old Louisville. This is a free to the public event providing a space for safe, family friendly fun. The success of the event will be measured by attracting more people to the event and to Old Louisville.

SECTION 6 - PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. **Enter whole-dollar amounts.**

Program Expenses	Column 1	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detailed List)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	\$4950	18,366.81	0
SUBTOTAL	\$4950	18,366.81	23,316.87
% of Program Budget –	21 %	79 %	100%
Value of volunteer services and how computed:	N/A		
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. <i>(Detail on Next Page)</i>	N/A		
Total Program Funds	\$4950	18,366.81	23,316.87

***List funding sources in Column 2 (do not include individual donor names):**

Other State, Federal or Local Government	NA
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	

PROGRAM BUDGET SUMMARY (CONTINUED)

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

* 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)

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:

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

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.

2014
SpringFest
Budget

Jan - Dec 14

Ordinary Income/Expense

Income

43400 · Direct Public Support

43460 · Sponsorships

43460.2 · Bronze Sponsor - \$250 2,500.00

43460.3 · Gold Sponsor - \$1000 3,000.00

43460.4 · Patron Sponsor - \$25 100.00

43460.7 · Program Sponsor - \$10,000 10,000.00

43460.8 · Silver Sponsor - \$500 1,500.00

43460.9 · Yard Sign Sponsor - \$50 550.00

43460.a · Supporting - \$100 400.00

Total 43460 · Sponsorships 18,050.00

Total 43400 · Direct Public Support 18,050.00

47000 · Program Income

47240 · Booth Rental

47240.1 · Flat Fee 8,500.00

Total 47240 · Booth Rental 8,500.00

47250 · Food/Alcohol Sales

47250.1 · Alcohol Sales 9,000.00

47250.2 · Cost of Goods Sold - Alcohol -1,770.00

Total 47250 · Food/Alcohol Sales 7,230.00

Total 47000 · Program Income 15,730.00

Total Income 38,730.00

Expense

60000 · Program Expenses

60050 · Amort. of Start-Up Costs 711.13

60100 · Bands 1,000.00

60150 · Bank Fees 50.00

60200 · Cleaning/Maintenance 500.00

60250 · Depreciation Expense 115.74

60300 · Equipment Rental 3,875.00

60400 · KidsZone 3,000.00

60700 · License & Fees 3,370.00

60800 · Marketing 6,000.00

61100 · Postage & Mail Processing 75.00

61200 · Professional Fees	1,900.00
61400 · Refreshments	120.00
61700 · Supplies	550.00
61800 · Uniform	250.00
61900 · Utilities	<u>300.00</u>
Total 60000 · Program Expenses	21,816.87
70000 · Operating Expenses	
71000 · Insurance	<u>1,500.00</u>
Total 70000 · Operating Expenses	<u>1,500.00</u>
Total Expense	18,366.87

JUN 3 - 1986

Internal Revenue Service
District Director

Department of the Treasury

Date: JUN 2 1986

Our Letter Dated:
October 29, 1984
Person to Contact:
Cindy Perry
Contact Telephone Number:
513-684-3578

Old Louisville Information Center, Inc.
1340 South Fourth St.
Louisville, KY 40208

Dear Sir or Madam:

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

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

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1)* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1)* organization.

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

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

Sincerely yours,


District Director

*and 170(b)(1)(A)(vi)
P.O. Box 2508, Cincinnati, Ohio 45201

sab

Letter 1050 (DO) (7-77)

FILED IN OFFICE
A 29567

JUN 2 1983

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

ARTICLES OF INCORPORATION
OF

MAY 16 1983

THE OLD LOUISVILLE INFORMATION CENTER, INC.

Carroll J. Hill
SECRETARY OF STATE

I, THE UNDERSIGNED, for the purpose of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273 of the Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:
THE OLD LOUISVILLE INFORMATION CENTER, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal place of business of the Corporation is to be located at 1340 So. Fourth Street (in Central Park), Louisville, Kentucky, 40208 and such other places in said city or elsewhere as its Board of Directors may by resolution designate.

The name and address of the registered agent for service of process is:

Richard L. Janes
1340 So. 4th Street (in Central Park)
Louisville, Kentucky 40208

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including

for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

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

1) To operate a resource center for the residents of the Old Louisville neighborhood which will provide a wide variety of educational material, information, and other services to help them meet social, health, welfare, educational and cultural needs.

2) To engage in educational and charitable activity designed to lessen neighborhood tensions and to encourage and promote community cooperation and pride.

3) To engage in educational and charitable activity designed to combat neighborhood deterioration and to promote community revitalization and development.

4) To encourage, promote, and provide activity for neighborhood youth designed to instill in them a friendly and cooperative spirit and to advance their educational and cultural development.

ARTICLE V

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

ARTICLE VI

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV, except as follows and as otherwise stated in these Articles:

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

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

Richard L. Janes

MAILING ADDRESS

1409 So. Brook Street
Louisville, Kentucky 40208

ARTICLE VIII

The names and addresses of the members of the initial Board of Directors are:

Richard L. Janes
1409 So. Brook Street
Louisville, Kentucky 40208

Carolyn Beall
1216 So. Floyd Street
Louisville, Kentucky 40203

Rose Greenough Nett
940 So. 6th Street
Louisville, Kentucky 40203

ARTICLE IX

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

ARTICLE X

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 XI

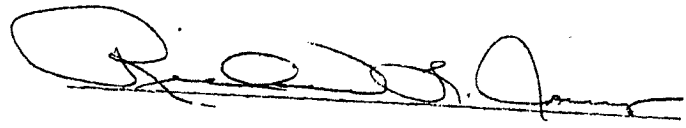
In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized 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 organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

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

IN TESTIMONY WHEREOF, witness the signatures of the Incorporator of this Corporation on this 2 day of May, 1983.



Before me, the undersigned authority, personally appeared RICHARD L. JANES and being first duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 2 day of May, 1983.

My Commission Expires: 8-16-86


NOTARY PUBLIC, STATE-AT-LARGE,
KENTUCKY

This Document Prepared By:

JEFFREY B. SEGAL
ATTORNEY AT LAW
LEGAL AID SOCIETY, INC.
425 W. Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

2014 Old Louisville Information Center Officers and Board

OFFICE	NAME	ADDRESS	TEL NO.	EMAIL ADDRESS
Chair	Howard Rosenberg Term Expires 1/16	1202 S. 6TH ST. 40203	896-9833	hrosenberg@twc.com
Vice-Chair	Jason Scott Term Expires 1/16	521 W. Ormsby Ave. 40203	802-5273	jasonsc99@yahoo.com
Secretary	Leah Weisman Term Expires 1/16	526 W. St. Catherine 40208	703-909-2706	Weisman.leah@gmail.com or leah@strategexe.com
Treasurer	Mona Jackson Term Expires 1/16	1344 S. 6th St. 40208	291-9471 635-2411	monak_jackson@hotmail.com
OLIC Board	Bob Bajandas Term Expires 1/16	1412 S. 6 th St. 40208	637-1160	rbajandas@insightbb.com
OLIC Board	Roz Fishman Term Expires 1/16	1360 Ouerbacker Ct., 40208	636-3257	RozFishman@aol.com
OLIC Board	Victor Marquardt Term Expires 1/16	127 W. Ormsby Ave. 40203	749-8513	kentuckyblue29@yahoo.com
OLIC Board	Ron Harris Term Expires 1/16	1390 S. 3rd St. 40208	637-2227	kentuckysquire@twc.com

Administrative Assistant: Linda Plunkett

The Old Louisville Information Center is an incorporated, non-profit, 501-C3 organization.

The Old Louisville Information Center is committed to promoting the Old Louisville neighborhood and its unique architectural and historical characteristics by serving as a source of information and reference.

The Old Louisville Neighborhood Council, the umbrella organization for 14 block associations in Old Louisville, also operates in the Information Center.

The Old Louisville Journal, the neighborhood newsletter, is published monthly by the Information Center. It is in its 33rd year of continuous publication.

Updated 12/4/13

THE OLD LOUISVILLE INFORMATION CENTER, INC.

General Information

Organization Number 0177929
Name THE OLD LOUISVILLE INFORMATION CENTER, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status ~~A - Active~~
Standing ~~G - Good~~
State KY
File Date 5/16/1983
Organization Date 5/16/1983
Last Annual Report 1/24/2014
Principal Office 1340 S. 4TH ST.(IN CENTRAL PARK)
 LOUISVILLE, KY 40208
Registered Agent OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC.
 1340 S. 4TH. ST.
 IN CENTRAL PARK
 LOUISVILLE, KY 40208

Current Officers

President Howard Rosenberg
Vice President Jason Scott
Secretary Leah Weisman
Treasurer MONA JACKSON
Director BOB BAJANDAS
Director ROSALIND FISHMAN
Director Victor Marquardt Marquardt
Director Ron Harris

Individuals / Entities listed at time of formation

Director RICHARD L. JANES
Director COROLYN BEALL
Director ROSE GREENOUGH NETT
Incorporator RICHARD L. JANES

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.

<u>Annual Report</u>	1/24/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	1/10/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	1/3/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	1/13/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	1/26/2010	1 page	<u>PDF</u>

<u>Annual Report</u>	1/21/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	8/5/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/14/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/16/2006	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/21/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/12/2004	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/2/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	11/29/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/1/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	10/30/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Sixty Day Notice Return</u>	9/1/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	8/31/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	8/3/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/14/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/22/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/27/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/24/2014 4:05:07 PM	1/24/2014 4:05:07 PM	
Annual report	1/10/2013 3:24:35 PM	1/10/2013 3:24:35 PM	
Annual report	1/3/2012 4:58:06 PM	1/3/2012 4:58:06 PM	
Annual report	1/13/2011 4:30:17 PM	1/13/2011 4:30:17 PM	
Annual report	1/26/2010 5:04:12 PM	1/26/2010 5:04:12 PM	
Annual report	1/21/2009 3:18:23 PM	1/21/2009 3:18:23 PM	
Annual report	8/5/2008 1:34:22 PM	8/5/2008 1:34:22 PM	
Annual report	6/14/2007 1:29:37 PM	6/14/2007	
Annual report	6/16/2006 11:48:40 AM	6/16/2006	
Registered agent address change	7/12/2004 1:56:04 PM	7/12/2004	

Registered agent address change	10/1/2001 11:46:30 AM	10/1/2001
Annual report	8/31/2001 2:28:33 PM	8/31/2001
Annual report	10/3/2000	10/3/2000
Registered agent address change	8/31/1999	8/31/1999
Amendment - Miscellaneous amendments	10/24/1985	10/24/1985

Microfilmed Images

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

Annual Report	1/7/2005	1 page
Statement of Change	7/12/2004	1 page
Annual Report	4/13/2004	1 page
Annual Report	6/10/2003	1 page
Annual Report	7/2/2002	1 page
Annual Report	11/29/2001	1 page
Statement of Change	10/1/2001	1 page
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Annual Report	5/14/1998	1 page
Annual Report	7/1/1997	1 page
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Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	3/22/1993	1 page
Annual Report	3/27/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Amendment	10/24/1985	3 pages
Articles of Incorporation	5/16/1983	6 pages

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Lincoln Heritage Council, Boy Scouts of America	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 12001 Sycamore Station Place		Requester's name and address (optional)
City, state, and ZIP code Louisville KY 40299		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

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

Employer identification number								
6								

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Wayne Floyd*

Date ▶ *3-13-13*

General Instructions

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

Purpose of Form

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning _____, and ending _____

31-1106357

OLD LOUISVILLE INFORMATION CENTER

Net Asset / Fund Balance at Beginning of Year		<u>88,255</u>
Revenue		
Contributions	<u>13,047</u>	
Program service revenue	<u>820</u>	
Investment income	<u>29</u>	
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>11</u>	
Total revenue		<u>13,907</u>
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses		<u>74,411</u>
Excess / (deficit)		<u>-60,504</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u><u>27,751</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>_____</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>97,745</u>	<u>27,790</u>	
Liabilities	<u>9,490</u>	<u>39</u>	
Net assets	<u>88,255</u>	<u>27,751</u>	<u>-60,504</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/13
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20_____

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

OLD LOUISVILLE INFORMATION CENTER

31-1106357

Name and title of officer

**MONA JACKSON
TREASURER**

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

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

1a	Form 990 check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	13,907
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Mary Morrow & Associates** to enter my PIN **31110** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ **11/05/13**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61213452535

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization OLD LOUISVILLE INFORMATION CENTER</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1340 SOUTH FOURTH ST-IN CENTRAL PAR</p> <p>City or town, state or country, and ZIP + 4 LOUISVILLE KY 40208</p>	<p>D Employer identification number 31-1106357</p> <p>E Telephone number 502-635-5244</p> <p>F Group Exemption Number ▶</p>
---	--	--

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 Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **13,907**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	13,047	
	2 Program service revenue including government fees and contracts	2	820	
	3 Membership dues and assessments	3		
	4 Investment income	4	29	
	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		
	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		
c Less: direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
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			
8 Other revenue (describe in Schedule O)	8	11		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	13,907		
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	6,000	
	13 Professional fees and other payments to independent contractors	13	2,535	
	14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	65,876	
17 Total expenses. Add lines 10 through 16	17	74,411		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-60,504	
	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	88,255	
	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	27,751	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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

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
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)
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
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	46	X

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

	Yes	No
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	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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	Signature of officer MONA JACKSON	Date TREASURER			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Mary C Morrow	Preparer's signature	Date 03/11/14	Check <input type="checkbox"/> if self-employed	PTIN P00769897
	Firm's name ▶ Mary Morrow & Associates	Firm's EIN ▶ 73-1688464			
	Firm's address ▶ 1347 S 3rd St Ste 304 Louisville, KY 40208-3300	Phone no. 502-419-8025			
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

OLD LOUISVILLE INFORMATION CENTER

Employer identification number

31-1106357

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?
- h Provide the following information about the supported organization(s).

	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									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,341	29,522	16,646	16,250	13,047	83,806
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,341	29,522	16,646	16,250	13,047	83,806
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.						83,806

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,341	29,522	16,646	16,250	13,047	83,806
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						83,806
12 Gross receipts from related activities, etc. (see instructions)					12	860
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2012.** 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—2011.** 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 O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

 Open to Public
 Inspection

Employer identification number

31-1106357

OLD LOUISVILLE INFORMATION CENTER
Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISC	\$ 11
Total	\$ 11

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
REFERENCE	\$ 53
CLEANING & MAINTENANCE	\$ 548
COMPUTER	\$ 42
EVENT EXP	\$ 27
POSTAGE ETC	\$ 235
PRINTING	\$ 583
REFRESHMENTS	\$ 1,070
SUPPLIES	\$ 190
TELEPHONE	\$ 998
UTILITIES	\$ 47
EQUIPMENT RENTAL	\$ 1,215
VENDOR NET SALES	\$ 509
MARKETING	\$ 1,148
D&O INS	\$ 529
TRANSFER P/Y HHT INCOME	\$ 19,800
SPRING FESTIVAL SUPPORT	\$ 2,500
GARDEN TOUR	\$ 24

Name of the organization

OLD LOUISVILLE INFORMATION CENTER

Employer identification number

31-1106357

BUILDING RENOVATIONS	\$	27,300
PARK GROUNDS	\$	6,954
EQUIPMENT RENTAL	\$	182
RETURN OF UNUSED GRANT	\$	927
HHT - PRE-SALE	\$	500
Non-investment Depreciation	\$	495
Total	\$	65,876

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR YEAR ADJUSTMENT	\$ 0

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
	\$ 0	\$ 825
Less Accumulated Depreciation	\$ 0	\$ 495
Total	\$ 0	\$ 330

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 39
CLEARING ACCOUNT	\$ 2,923	\$ 0
PAYROLL LIABILITIES	\$ 6,000	\$ 0
SALES TAX PAYABLE	\$ 567	\$ 0

Form 990-EZ, Part III - Primary Exempt Purpose

THE OLD LOUISVILLE INFORMATION CENTER IS COMMITTED TO PROMOTING THE OLD

Name of the organization

OLD LOUISVILLE INFORMATION CENTER

Employer identification number

31-1106357

LOUISVILLE NIGHBORHOOD AND ITS UNIQUE ARCHITECTURAL AND HISTORICAL
CHARACTERISTICS BY SERVING AS A SOURCE OF INFORMATION, REFERENCE AND
PROJECT SUPPORT

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

OTHER PROGRAMS INCLUDE THE FRIEND OF CENTRAL PARK FOR THE BENEFIT OF THE
TENNIS COURTS) AND EDUCATIONAL FORUMS.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2012

Attachment Sequence No. **179**

Name(s) shown on return

OLD LOUISVILLE INFORMATION CENTER

Identifying number

31-1106357

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	413
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		412	5.0	HY	200DB	82
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	495
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	0	495
			<u>825</u>			<u>412</u>		<u>0</u>	<u>495</u>
Grand Totals			825			412		0	495
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>825</u>			<u>412</u>		<u>0</u>	<u>495</u>

KY Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	KY Prior	KY Current	Federal Current	Difference Fed - KY
5-year GDS Property:								
1	COPIER	5/11/12	825	825	0	165	495	330
			<u>825</u>	<u>825</u>	<u>0</u>	<u>165</u>	<u>495</u>	<u>330</u>
	Grand Totals		825	825	0	165	495	330
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>825</u>	<u>825</u>	<u>0</u>	<u>165</u>	<u>495</u>	<u>330</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	0	495
			<u>825</u>			<u>412</u>		<u>0</u>	<u>495</u>
Grand Totals			825			412		0	495
Less: Dispositions and Transfers			0			0		0	0
Net Grand Totals			<u>825</u>			<u>412</u>		<u>0</u>	<u>495</u>

Bonus Depreciation Report

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
Activity: Form 990, Page 1								
1	COPIER	5/11/12	825		0	413	0	412
		Form 990, Page 1	<u>825</u>		<u>0</u>	<u>413</u>	<u>0</u>	<u>412</u>
		Grand Total	<u>825</u>		<u>0</u>	<u>413</u>	<u>0</u>	<u>412</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	COPIER	495	495	0
				<u>495</u>	<u>495</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/13

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	COPIER	5/11/12	<u>825</u>	<u>132</u>	<u>132</u>
			<u>825</u>	<u>132</u>	<u>132</u>
	Grand Totals		<u>825</u>	<u>132</u>	<u>132</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>KY</u>
Prior MACRS:				
1	COPIER	5/11/12	<u>825</u>	<u>264</u>
			<u>825</u>	<u>264</u>
	Grand Totals		<u>825</u>	<u>264</u>

Schedule A, Part II, Line 1(e)

Description	Amount
1300 ASSOCIATION	\$
3RD ST N A	
TOONERVILLE	
ST JAMES CT	
MAURICE BYRNE	
SIGN - VARIOUS	
ST CATHERINE	
FRANKLIN LAW GROUP	5,000
KENTUCKY SHAKESPEARE	2,500
BELGRAVIA COURT	750
ST JAMES COURT	500
LOUISVILLE OLMSTEAD	500
SOUTH FIURTH ST	500
CARDINAL TOWNE	350
OTHER OPUBLIC SUPPORT	1,305
LOUISVILLE /JEFFERSON COUNTY	1,632
FOCP - TENNIS	
PARK MAINTENANCE	
OTHER	10
EDUCATIONAL SPONSORSHIP	
Total	\$ <u>13,047</u>

OLIC OLD LOUISVILLE INFORMATION CENTER
31-1106357
FYE: 12/31/2012

3/11/2014 4:24 PM

Federal Statements

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
JOURNAL ADS	\$ 801
GIFT SHOP SALES	19
BANK INTEREST	29
MISC	11
HOLIDAY HOUSE TOUR	
OLD LOUISVILLE INFO CTR	
CENTRAL PARK MAINTENANCE	
EDUCATION	
FRIENDS OF CENTRAL PARK	
Total	<u>\$ 860</u>