

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

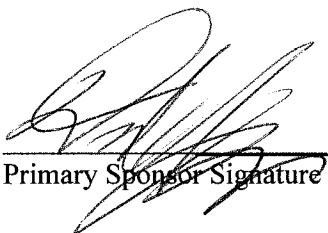
**DATE:** 2-13-14

**PRIMARY SPONSOR** (District to contact with any questions):  
#6 - David James

**Name of Applicant:** West St. Catherine Neighborhood Association

I/We 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/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below, if required.

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

<u>6</u> District #	 Primary Sponsor Signature	<u>\$ 4,000<sup>00</sup></u> Amount	<u>2-13-2014</u> Date
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**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. N/A

**Approved by:**

\_\_\_\_\_ Date \_\_\_\_\_  
Appropriations Committee Chairman

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>West St. Catherine Neighborhood Assoc</i>	
<b>Program Name:</b> <i>Security Program</i> <b>Request Amount:</b> <i>\$17000</i>	<b>Yes/No/NA</b>
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?	<i>Yes</i>
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?	<i>Yes</i>
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	<i>Yes</i>
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?	<i>Yes</i>
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?	<i>Yes</i>
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	<i>Yes</i>
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?	<i>Yes</i>
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?	<i>Yes</i>
<b>Application Budget Page 6:</b> 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?	<i>Yes</i>
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?	<i>No</i>
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?	<i>Yes</i>
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?	<i>Yes</i>
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>	<i>Yes</i>
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	<i>N/A</i>
<b>Small Cities:</b> 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)	<i>No</i>
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?	<i>Yes</i>
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<i>Yes</i>
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?	<i>Yes</i>
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	<i>No</i>
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?	<i>Yes</i>
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?	<i>Yes</i>
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?	<i>Yes</i>
<b>Rent Requests:</b> Is a copy of signed lease included?	<i>No</i>
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?	<i>Yes</i>
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?	<i>Yes</i>
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?	<i>No</i>
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	<i>Yes</i>
<b>Prepared by:</b> <i>Nancy Mitchell Smith</i> <b>Date:</b> <i>2-6-14</i>	



# LOUISVILLE METRO COUNCIL



## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.  
(as listed on: <http://www.sos.ky.gov/business/records/>)

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

Website: wscna.org

Application Contact: Scott Gilbertson

Title: secretary

Phone: 502-491-1002

Email: secretary@wscna.org

Financial Contact: Neal Nixon

Title: Treasure

Phone: 502-584-0919

Email: nixon@louisville.edu

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

Program Facility Location(s): Limerick neighborhood of Old Louisville

Council District(s): 6

Zip Code(s): 40203

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: Security Program

Total Request: \$4,000

Total Metro Award (this program) in previous year: \$5,000

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 1st

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: none Amount: \$

Source: none Amount: \$

Source: none 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: *Scott Gilbertson*

Date: 1/29/2014

Legal Signatory (please print): Scott Gilbertson

Title: Secretary

Phone: Extension: 502-491-1002

Email: secretary@wscna.org

#### SECTION 4 - AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The West Saint Catherine Neighborhood Association (WSCNA) strives to make a difference for our neighbors and our community. Through our members' contributions of time and talent, the WSCNA held community-building events, enhanced neighborhood safety/security, and undertook initiatives to improve the "curb appeal" of our neighborhood. Our past activities have included:

- Hosted many social events, including July 4th get-togethers, Christmas parties and potlucks
- Participated in Brightside clean-ups
- Instituted a monthly large trash haul-away for the neighborhood
- Instituted a monthly street-cleaning program for the neighborhood
- Hosted a candidate forum prior to the Nov. 2010 elections
- Worked with the city to aggressively address problem properties that have been abandoned, are dilapidated, or are drug houses
- Worked with the city to combat crime in the neighborhood

Our future activities will consist of continuing to work with the city to combat crime and problem properties, to promote community cohesion and to improve the "curb appeal" of our neighborhood.

#### 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):**

The WSCNA Neighborhood Crime Prevention and Safety Initiative seeks to increase the police presence in our neighborhood by contracting with off-duty LMPD officers to patrol our streets and alleys, including the immediate area surrounding the corner of 4th and Oak, throughout the year.

Our location between downtown and U of L, coupled with major city thoroughfares that bring a large volume of non-resident traffic to the heart of our neighborhood, introduce a disproportionate opportunity for crime. This program aims to increase the safety and well-being of the residents and businesses through increased police visibility, increasing public awareness and involvement, and enhancing police / community relationships.

This ongoing program covers the area bounded by West Kentucky St., South 2nd St., West Ormsby Ave. and South 7th St.

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

The funding will be used to contract with off-duty LMPD officers who are participating in The WSCNA Neighborhood Crime Prevention and Safety Initiative.

**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.
  
- 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.

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

This program is not a fundraiser.

**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 specifically.**

The West Saint Catherine Neighborhood Association (WSCNA) is an active member of the Old Louisville Neighborhood Council, working together to improve all of Old Louisville.

For this specific program, the WSCNA has coordinated with the Oak Street Task Force, receiving guidance and expressions of interest in expanding this program to the larger Old Louisville community.

**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:**

From 2009–2011, WSCNA raised and spent almost \$16,000 for this program. 100% of those monies were paid to off-duty LMPD officers for their time patrolling our neighborhood. These past efforts resulted in a noticeable decrease in crime and a definite improvement in the safety and quality of life in the community, based on the experiences of our neighbors before the program's beginning and during its life.

In FY 2013 (July 1, 2012–June 30, 2013) our program ran from November to June. During this time span we spent \$5,085, \$5,000 of which was from an NDF grant through Councilman James' office. This funding allowed us to contract with off-duty LMPD officers for 144.5 hours patrolling the West Saint Catherine neighborhood and the corner of 4th & Oak.

We have continued this program during FY 2014. From July 2013 through December 2013 we have spent \$3,965 of our funds; which has allowed the off-duty LMPD officers an additional 115.5 hours of patrolling the West Saint Catherine neighborhood and the corner of 4th & Oak.

WSCNA is requesting \$4,000 in FY 2014 to continue this beneficial program. We will collect data, as per CM James, from the officers to monitor and adjust the program to achieve maximum benefit for the Council's investment.

**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.**

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>	\$4,000	\$4,400	\$8,400
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detailed List)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b><i>SUBTOTAL</i></b>	\$4,000	\$4,400	\$8,400
% of Program Budget –	47.6 %	52.4 %	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	\$4,000	\$4,400	\$8,400

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

Other State, Federal or Local Government	none
United Way	none
Private Contributions	none
Fees Collected from Program Participants	none
Other (please specify)	\$8,400
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
none		
<b>Total Value of In-Kind</b> <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.

None.

## Required Attachments

### IRS Exempt Status Determination Letter

See separate attachment.

### Current Year Projected Budget

2013–2014 Budget

Income		Expenses	
Donations	\$100	Security	\$8,400
Grants	\$4,000	Dues OLNC	\$25
Fund raising	\$4,900	Events	\$500
		Donations	\$50
		Postage/Supplies	\$25
Total	\$9,000	Total	\$9,000

### List of Board of Directors (include term & term limits)

Dennis Lally            President  
Betsy Aldrich        Vice-President  
Scott Gilbertson     Secretary  
Neal Nixon            Treasurer

All terms expire in November. There are no term limits.

### Current financial statement

See separate attachment of first page of most recent banking statement.

### Most recent IRS Form 990 or 1120-H

See separate attachment.

### Articles of Incorporation

See separate attachment.

### Cost Estimates

Not required – this request is not for capital expenses.

### Signed lease if rent costs are being requested

Not applicable.

### IRS Form W9

See separate attachment.

### Evaluation forms if used in the proposed program

Not applicable.

### Annual audit (if required by organization)

Not required.

### Faith Based Organization Certification Form, if required

Not applicable.

### Staff including the 3 highest paid staff

The WSCNA has no staff.

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

DEPARTMENT OF THE TREASURY

Date: **MAY 08 2012**

WEST ST CATHERINE NEIGHBORHOOD  
ASSOCIATION INC  
1340 SOUTH 4TH ST  
LOUISVILLE, KY 40208

Employer Identification Number:  
61-1326426  
DLN:  
17053208022001  
Contact Person:  
SHEENA L BREWER ID# 31270  
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:  
April 11, 2012  
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.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

WEST ST CATHERINE NEIGHBORHOOD

The effective date of your exemption is April 11, 2012, the date your organization stopped conducting activities that benefit specifically named individuals.

ARTICLES OF INCORPORATION  
OF THE  
WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.

RECEIVED & FILED  
8:00  
SEP 5 11 2:21



KNOW ALL MEN BY THESE PRESENCE:

We, Rhonda Williams, Laurie Bledsoe, Dennis Hally, and Neal Nixon, all over the age of twenty-one (21) and residents of the Commonwealth of Kentucky, do hereby associate to form a non-profit Corporation under the laws of the Commonwealth of Kentucky, and with all rights and privileges granted by the laws of the Commonwealth of Kentucky, and to that end do hereby adopt Articles of Incorporation as follows:

ARTICLE I

This non-profit Corporation shall be named and known as the West St. Catherine Neighborhood Association, Inc., by which name it may adopt its corporate seal, conduct its business, contract and be contracted with, sue and be sued.

ARTICLE II

Said Corporation shall continue in perpetual existence.

ARTICLE III

The principal place of business of the Corporation is to be located at 622 West St. Catherine, Louisville, Kentucky 40203 and such other places in said city or elsewhere, as its board of

50X00523 0853

Directors by resolution shall designate.

The name and address of the initial registered agent for service of process is Rhonda Williams, 622 West St. Catherine, Louisville, Kentucky 40203.

#### **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 an activity falling within the purposes of the Corporation and permit a foreign organization exempt under said Section 501(c)(3).

#### **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 enure to the benefit or be distributed 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 for in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes except as follows and those otherwise stated in these Articles:

A. Notwithstanding any other provision of these Articles, the Corporation shall not carry out 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 provision of any subsequent federal tax laws.

B. If in 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 latter 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 4949 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(b) 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 Rhonda Williams, 622 West St. Catherine, Louisville, Kentucky; Laurie Bledsoe, 546 West St. Catherine, Louisville, Kentucky; Dennis Lally, 514 West St. Catherine, Louisville, Kentucky and Neal Nixon, 605 West St. Catherine, Louisville, Kentucky.

#### ARTICLE VIII

The initial Board of Directors shall consist of four (4)

Directors. The name and addresses of the members of the initial Board of Directors are: Rhonda Williams, President, 622 West St. Catherine, Louisville, Kentucky; Laurie Bledsoe, Vice-President, 546 West St. Catherine, Louisville, Kentucky; Dennis Gally, Treasurer, 514 West St. Catherine, Louisville, Kentucky; and, Neal Nixon, Secretary, 605 West St. Catherine, Louisville, Kentucky.

**ARTICLE IX**

The nature and purpose of the business of the Corporation shall be to carry out the general objective and purposes as set forth in Article IV and through coordinated and conservative efforts to develop to the fullest objectives including, but not limited to:

A. To stimulate the development and betterment of the West St. Catherine Neighborhood, Louisville, Kentucky.

To carry out its purposes, the Corporation shall be authorized:

A. To receive, hold and disburse gifts, requests and other funds for said purposes; to own and maintain suitable real estate and buildings for its purposes, and to do all things necessary and incident thereto;

B. To make contracts and incur liabilities, borrow money at such rates of interest as a Corporation may determine, issue its notes, bonds and other obligations and secure

any of its obligations by mortgage or pledge of all or any of its property and income;

c. The foregoing purposes shall be construed both as objectives and powers and it is hereby expressly provided that the foregoing accumulations of the specific powers shall not be held to limit or restrict in any manner the general powers of this Corporation and are in furtherance of and in addition to and not in limitation of, the general powers conferred by the laws of the Commonwealth of Kentucky according to KRS 273.171.

**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 said Corporation.

No director of the Corporation shall have personal liability for monetary damages for breach of his or her duties as a director; provided, however, this provision shall not eliminate the liability of a director for (a) any transaction in which the director's personal financial interest is in conflict with the financial interest of the Corporation; (b) acts or omissions not in good faith which involve intentional misconduct or are known to the director to be a violation of law; or (c) any transaction from which the director derives an improper personal benefit.

**ARTICLE XI**

The Corporation formed hereby shall have no capital stock and shall be composed of members rather than share holders.

**ARTICLE XII**

The Corporation is not organized for profit nor shall it have any power to issue certificates of stock or declare dividends and no part of its net earnings shall enure to the benefit of any member or officer.

**ARTICLE XIII**

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment involved in liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation, in such manner or to such organizations organized and operated exclusively for charitable and/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 the corresponding provision of any latter 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, which are

organized and operated exclusively for such purposes.

ARTICLE XIV

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263.

Signed and hereby acknowledged by the incorporators at Louisville, Kentucky this 1<sup>st</sup> day of April, 1998.

Rhonda Williams  
Rhonda Williams

Laurie Bledsoe  
Laurie Bledsoe

Dennis Lally  
Dennis Lally

Neal Nixon  
Neal Nixon

Prepared By:

Robert T. Watson  
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**WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.****General Information**

<b>Organization Number</b>	0454770
<b>Name</b>	WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	4/6/1998
<b>Organization Date</b>	4/6/1998
<b>Last Annual Report</b>	1/27/2014
<b>Principal Office</b>	WEST SAINT CATHERINE NEIGHBORHOOD ASSOCIATION C/O OLD LOUISVILLE INFORMATION CENTER 1340 SOUTH 4TH ST. LOUISVILLE, KY 40208
<b>Registered Agent</b>	SCOTT GILBERTSON WEST SAINT CATHERINE NEIGHBORHOOD ASSOCIATION C/O OLD LOUISVILLE INFORMATION CENTER 1340 SOUTH 4TH ST. LOUISVILLE, KY 40208

**Current Officers**

<b>President</b>	<u>Dennis Lally</u>
<b>Vice President</b>	<u>Betsy Aldrich</u>
<b>Secretary</b>	<u>Scott Gilbertson</u>
<b>Treasurer</b>	<u>Neal Nixon</u>
<b>Director</b>	<u>Nancy McCormick-Cogan</u>
<b>Director</b>	<u>Dennis Lally</u>
<b>Director</b>	<u>Neal Nixon</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>RHONDA WILLIAMS</u>
<b>Director</b>	<u>LAURIE BLEDSOE</u>
<b>Director</b>	<u>DENNIS LALLY</u>
<b>Director</b>	<u>NEAL NIXON</u>
<b>Incorporator</b>	<u>RHONDA WILLIAMS</u>
<b>Incorporator</b>	<u>LAURIE BLEDSOE</u>
<b>Incorporator</b>	<u>DENNIS LALLY</u>
<b>Incorporator</b>	<u>NEAL NIXON</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.

<a href="#">Annual Report</a>	1/27/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/17/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/22/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/9/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/30/2010	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	11/27/2009 10:37:12 AM	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	11/27/2009 10:36:27 AM	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	11/27/2009 10:32:51 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report Amendment</a>	11/27/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/26/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	10/4/2008 12:55:18 PM	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	10/4/2008 12:38:00 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report Amendment</a>	10/4/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/3/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/19/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/15/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/22/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/5/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/10/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/23/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/8/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/22/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	4/6/1998	9 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

**Assumed Names**

**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/27/2014 2:52:09 PM	1/27/2014 2:52:09 PM	
Annual report	1/17/2013 3:31:25 PM	1/17/2013 3:31:25 PM	
Annual report	5/22/2012 3:50:08 PM	5/22/2012 3:50:08 PM	
Annual report	2/9/2011 2:37:26 PM	2/9/2011 2:37:26 PM	
Annual report	3/30/2010 1:45:21 PM	3/30/2010 1:45:21 PM	
Amendment to annual report	11/27/2009 10:43:45 AM	11/27/2009 10:43:45 AM	
Registered agent address change	11/27/2009 10:37:12 AM	11/27/2009 10:37:12 AM	
Registered agent address change	11/27/2009 10:36:27 AM	11/27/2009 10:36:27 AM	

Principal office change	11/27/2009 10:32:51 AM	11/27/2009 10:32:51 AM
Annual report	2/26/2009 4:12:53 PM	2/26/2009
Principal office change	10/4/2008 12:55:18 PM	10/4/2008 12:55:18 PM
Amendment to annual report	10/4/2008 12:51:14 PM	10/4/2008 12:51:14 PM
Registered agent address change	10/4/2008 12:38:00 PM	10/4/2008 12:38:00 PM
Annual report	3/3/2008 8:45:22 AM	3/3/2008 8:45:22 AM
Annual report	1/19/2007 10:45:07 AM	1/19/2007
Annual report	3/15/2006 8:55:13 AM	3/15/2006
Add	4/6/1998	4/6/1998

### 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	3/7/2005	1 page
Annual Report	5/28/2004	1 page
Annual Report	5/5/2003	1 page
Annual Report	4/10/2002	1 page
Annual Report	5/23/2001	1 page
Annual Report	5/8/2000	1 page
Annual Report	6/22/1999	1 page
Articles of Incorporation	4/6/1998	8 pages



Information copy. Do not send to IRS.

Form **990-N**  
Department of the Treasury  
Internal Revenue Service

**Electronic Notice (e-Postcard)**  
for Tax-Exempt Organizations not Required To File Form 990 or  
990-EZ

OMB No.  
1545-2085

**2012**

Open to Public  
Inspection

**A** For the 2012 calendar year, or tax year beginning 1/1/2012, and ending 12/31/2012.

**B** Check if applicable  
Terminated, Out of  
Business

Gross receipts are normally  
\$50,000 or less

**C** Name of organization: WEST ST CATHERINE NEIGHBORHOOD  
ASSOCIATION INC  
d/b/a:

1340 South 4th St  
Louisville, KY, US, 40208

**D** Employer  
Identification  
Number  
61-1326426

**E** Website: wscna.org

**F** Name of Principal Officer: West St Catherine Neighborhood  
Association Inc

1340 South 4th St  
Louisville, KY, US, 40208

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

**This Form 990-N (e-Postcard) was accepted by the IRS on 4/11/2013.**

## 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)	
	Business name/disregarded entity name, if different from above <p style="text-align: center; margin: 0;">WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.</p>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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 type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) <b>1340 South 4th St.</b> City, state, and ZIP code <b>Louisville, KY 40208</b> List account number(s) here (optional)	
Requester's name and address (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.

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

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>Employer identification number</b>	
6 1 - 1 3 2 6 4 2 6	

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>Jan 13, 2014</u>
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**General Instructions**

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

**Purpose of Form**

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your 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.

# Non-Profit Checking

PNC Bank



For the Period 11/15/2013 to 12/13/2013

Primary Account Number: [REDACTED]

Page 1 of 2

Number of enclosures: 0

WEST ST CATHERINE NEIGHBORHOOD ASSOC  
605 W SAINT CATHERINE ST  
LOUISVILLE KY 40203-3111

For 24-hour banking sign on to  
 PNC Bank Online Banking on pnc.com  
FREE Online Bill Pay  
For customer service call 1-877-BUS-BNKG  
Monday - Friday: 7 AM - 10 PM ET  
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

**Moving?** Please contact your local branch

Write to: Customer Service  
PO Box 609  
Pittsburgh, PA 15230-9738  
 Visit us at PNC.com/mybusiness/  
 TDD terminal: 1-800-531-1648  
For hearing impaired clients only

## Non-Profit Checking Summary

West St Catherine Neighborhood Assoc

Account number: [REDACTED]

Overdraft Protection has not been established for this account.  
Please contact us if you would like to set up this service.

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
10,617.85	.00	1,196.74	9,421.11
		Average ledger balance	Average collected balance
		9,539.38	9,539.38

## Deposits and Other Additions

Description	Items	Amount
Total	0	.00

## Checks and Other Deductions

Description	Items	Amount
Checks	4	1,181.74
Service Charges and Fees	1	15.00
Total	5	1,196.74

## Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
11/15	10,211.11	11/20	9,436.11	12/02	9,421.11
11/18	9,861.11				

## Activity Detail

### Checks and Other Deductions

#### Checks and Substitute Checks

\* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
11/18	2225 *	350.00	072864754	11/15	2227	100.35	077795863	11/15	2228	306.39	077795864
11/20	2226	425.00	074814260								

#### Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
12/02	15.00	PNC Merchant Fee	277223281993 KTY



APPROVED 1-29-2014  
*[Signature]*

January 29, 2014

**2014 Officers**

*President*  
Dennis Lally

*Vice President*  
Betsy Aldrich

*Secretary*  
Scott Gilbertson

*Treasurer*  
Neal Nixon

**2014 Board Members**

Nancy Cogan

Dear Councilman James:

Enclosed is the 2013–2014 NDF application for The West Saint Catherine Neighborhood Association’s Crime Prevention and Safety Initiative; we are requesting \$4,000 of Neighborhood Development Funds to continue this program from February through June of 2014. Building on the success of this program in FY 2012–2013, in FY 2013–2014 we have continued this program with our neighborhood association funds, which to-date has allowed off-duty LMPD officers an additional 115.5 hours to patrol our neighborhood.

Your support during the last fiscal year was key to our program’s success and we hope that you will be able to continue your support during this fiscal year. As you will see in the enclosed application, the time frame for this year’s program is the full 12 months, as compared to the seven months of the previous fiscal year. We realize this is ambitious undertaking given that our primary yearly fund raiser, The Saint James Court Art Show, resulted in a net monetary loss for us rather than a gain, but we believe that this program is very valuable to the overall quality of life for our neighborhood and is therefore worth the expense.

If you have any questions, please don’t hesitate to contact me.

Respectfully submitted,

Scott Gilbertson  
*Secretary*  
West Saint Catherine Neighborhood Association