

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

Applicant/Program: Community Hope Baptist Church / Dillion's Karate
Applicant Requested Amount: \$2,500.00
Appropriation Request Amount: \$2,500.00

Executive Summary of Request

Applicant is requesting \$2,500.00 from D-Z NDF to help support a community Karate tournament. Tournament is open to all aged 3+; the funding will be used to purchase food for volunteers, trophies, building rental, ^{security} mail-outs, insurance, hire judges, and provide entry access to those wanting to participate but who are lacking the funds for entry.

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

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

<u>... 2</u>	<u>Barbara Shunkin</u>	<u>1,700.00</u>	<u>04/01/2020</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

NDF 04/520 CHBC02

Applicant/Program: Community Hope Baptist Church / Dillion's Karate

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

N/A

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	<i>Barbara Shunklin</i>	\$ _____ 1,700.00
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	<i>Cameron P. M. Shunklin</i>	\$ 800.00
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program: Community Hope Baptist Church / Dillion's Karate

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

N/A

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization *Community Hope Baptist Church*

Program Name and Request Amount *Dillion's Karate / \$2,500.00*

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

Prepared by: *Caleb Howard*

Date: *04/01/2020*

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>) Community Hope Baptist Church

Main Office Street & Mailing Address: 6416 Vandree Ave Louisville KY 40218

Website: N/A Facebook Only

Applicant Contact:	Larry Tucker	Title:	CEO/Pastor
Phone:	502 966-6977	Email:	CHUCKY@GMAIL.COM
Financial Contact:	Larry Tucker	Title:	CEO/Pastor
Phone:	502 966 6977	Email:	CHUCKY@GMAIL.COM

Organization's Representative who attended NDF Training: Larry Tucker

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

Program Facility Location(s): Lighthouse Academy At Newburg

Council District(s): 2 **Zip Code(s):** 40218

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Dillon's Karate

Total Request: (\$)	2,500.00	Total Metro Award (this program) in previous year: (\$)	2,500.00
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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)

The Following are Required Attachments:

IRS Exempt Status Determination Letter	Signed lease if rent costs are being requested
Current year projected budget	IRS Form W9
Current financial statement	Evaluation forms if used in the proposed program
Most recent IRS Form 990 or 1120-H	Annual audit (if required by organization)
Articles of Incorporation (current & signed)	Faith Based Organization Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense	

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	N	Amount: (\$)	
Source:		Amount: (\$)	
Source:	A	Amount: (\$)	

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Community Hope is a faith based church.
Our vision is to reach those the world says
is unreachable, we offer bible study,
care to care food service & other services
to assist people.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Lara Tucker	None
Ron W Hudson	None
Gary Boulware	None
Louise Tucker	None

Describe the Board term limit policy:
 There is no policy in place.

Three Highest Paid Staff Names	Annual Salary
No one is on salary	0
	0

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Karate tournament for age 3+ up. Giving back to the community. We do Karate at the Light House to provide them with a chance to make friends, learn respect, self confidence

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

We will be having a Karate tournament on ~~April 19, 2020~~ ^{DECEMBER 19, 2020} at Western High School. The funds will go toward the trophies, building rental, ^{security} mail out, Insurance, food for volunteers for judges and score keepers. Also to some of those kids who can't afford it.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

The Tournament is ~~APRIL 11th~~
9/19/20

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.

✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

We do Karate at the light House and the program helps with discipline, helps mature level, social level, keep attendance. Have to show their reports and do good to stay in Karate.

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

We have a relationship with the Light house as one of their program. Doing Karate for the community to serve the kids to have a place to not only learn Karate which teach a little math, Respect, grow, self confidence and keep them off the streets.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	██████████	/	██████████
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials	██████████	✓	██████████
I: Community Events & Festivals (See Detailed List on Page 8)	2,500		2,500
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	2,500	✓	2,500
% of Program Budget	100 %	%	100%

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

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

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Rental	400 ⁰⁰		400 ⁰⁰
Insurance	331		331
Trophies	1,400 ⁰⁰		1,400 ⁰⁰
Security	200 ⁰⁰		200 ⁰⁰
mail out	50 ⁰⁰		50 ⁰⁰
food	100 ⁰⁰		100 ⁰⁰
Total	2,500 ⁰⁰		2,500 ⁰⁰

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
8 Black Belts	60 ⁰⁰ x 3hrs	market rate
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	1,440.00	Market

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

Agency Fiscal Year Start Date: ~~10 years or better~~ JAN. 2020

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 N/A

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant 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.

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Larry Tucker</i>	Date:	3/11/20
Legal Signatory: (please print):	Larry Tucker	Title:	CEO/Pastor
Phone:	502 946-6977	Extension:	
Email:	Larry.LT11@901.com		

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0792337.09
Elaine N. Walker
Secretary of State
Received and Filed
5/25/2011 8:12:34 AM
Fee receipt: \$8.00

NAOI

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

Larry Tucker

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

NAOI
0792337.09
Elaine N. Walker
Secretary of State
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Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

CHBC Inc.

Article II: The street address of the company's initial registered office in Kentucky is

4427 Fallen Apple Ln, Louisville, KY 40218

and the name of the initial registered agent at that address is **Larry Tucker**

Article III: The mailing address of the company's initial principal office is

4427 Fallen Apple Ln, Louisville, KY 40218

Article IV: The name and mailing address of each incorporator is

Larry Tucker 4427 Fallen Apple Ln, Louisville, Kentucky 40218

Article V: The number of directors constituting the initial board of directors is 4. The name and mailing address of each director is

Louise Tucker 4427 Fallen Apple Ln, Louisville, Kentucky 40218

Ronald Hudson 4427 Fallen Apple Ln, Louisville, Kentucky 40218

Gary Boulware 4427 Fallen Apple Ln, Louisville, Kentucky 40218

Larry Tucker 4427 Fallen Apple Ln, Louisville, Kentucky 40218

Article VI: The purpose of the company is: **We, the Community Hope Baptist Church, under the leadership of the Holy Spirit and following the model of the New Testament Church are united to worship God and save souls for Jesus Christ. To reach those the world says are unreachable and to mature the Saints thru the word of God.**

Executed by the Incorporator on Wednesday, May 25, 2011

Name of Incorporator: **Larry Tucker**

Signature of individual signing on behalf of Incorporator: **Larry Tucker**

I, **Larry Tucker**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
FRANKFORT
40601-2103

January 2, 2013

COMMUNITY HOPE CHURCH
ATTN: LARRY TUCKER
6416 6416 VANDRE AVE
LOUISVILLE KY, 40228

LOCATION ADDRESS

6416 6416 VANDRE AVE
LOUISVILLE KY, 40228-

PURCHASE EXEMPTION NUMBER: E26359

EFFECTIVE DATE: 01/02/2013

Dear Sir or Madam:

Based on the information submitted in your Application for Purchase Exemption -- Sales and Use Tax, you are hereby authorized to purchase tangible personal property or services, including utilities, without paying or reimbursing the vendor for the sales or use tax with respect to such purchases.

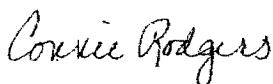
Your vendor is hereby authorized to sell tangible personal property or services, including accommodations and utilities, to you without receipt of sales or use tax, provided the vendor receives a copy of your purchase exemption certificate, Revenue Form 51A126, in good faith and retains the copy in the business's records. Every invoice should show that delivery was made to you and should bear the exemption permit number shown above. The vendor may deduct receipts from these sales on Line 4 of his/her return.

If any of the property purchased is not used within the exempt function of your charitable, educational, or religious institution, you will immediately report and pay the required tax measured by the purchase price of the property (you must contact the Department of Revenue immediately if such a situation arises). Any official or employee of the institution who uses official position to make tax-free purchases for personal use, or that of any other person, will be subject to the penalties provided in KRS 139.990 and other applicable laws.

This exemption authorization applies only to PURCHASES made by your organization. If you are a nonprofit charitable, educational, or religious institution making retail sales of tangible personal property, a sales and use tax permit must be obtained for reporting and remitting the tax on such sales. For further information refer to the enclosed fact sheet. In addition, this authorization does not exempt your agency/organization from motor vehicle usage tax when purchasing a vehicle or u-drive-it tax when renting a motor vehicle.

In the event there is a change in your name, address, or operations from the information submitted in your application, you must notify the Department of Revenue in writing of the change immediately.

If you require additional information or assistance in this matter, please contact the undersigned at: Department of Revenue, Division of Sales and Use Tax, Station 67, PO Box 181, Frankfort, KY 40602-0181, or call 502-564-5170.



Connie Rodgers, Supervisor
Certification Section
Division of Sales and Use Tax

Enclosure

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

DEPARTMENT OF THE TREASURY

Date: SEP 11 2012

COMMUNITY HOPE CHURCH INC
4427 FALLEN APPLE LAKE
LOUISVILLE, KY 40218

Employer Identification Number:
27-2068804
DIN:
17053213344042
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(i)
Form 990 Required:
No
Effective Date of Exemption:
March 9, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(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.

Letter 947 (DC/CG)

Statement of Cash Flow as of 9/30/19

Opening Balance

25474.9

Income			
	1000-Contribution Income		
	1100-Tithes & Offering		12658.75
	1110- Media Ministry		20
	1120-Building Fund		5
	1121- Helping Hands Repayment		0
	1130- Building Fund - Van		1340

Total Income

14023.7

Expense

5000-Facility Expense		
5140- Metro Bank		5700
5145- PNC		1860
Total Facility Expense		7560

6000-Compensation/Salaries

6100- Payroll		0
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Total Compensation/Salaries

0

7000-Misc Expenses

7150-Sunday School & Bibles		290.33
7160-Equipment Rental		8.48
7170-Speakers		3475
7400-Misc		932.34

Total Misc Expenses

4706.15

8000- Building Expense

8100-LG & E		821.94
8110-Water		823.47
8120-Insurance		789.95
8130-AT & T		270.23
8140-ADT		203.85
8150-Sanitation		114.19

Total Building Expense

3023.63

Total Expenses

15289.7

Net Income

24208.9

2020 Budget

		1110- Media Ministry	
		1120-Building Fund	
		1121- Helping Hands Repayment	
		1130- Building Fund - Van	

Total Income

Expense

5000-Facility Expense		
	5140- Metro Bank	
	5145- PNC	
Total Facility Expense		

6000-Compensation/Salaries

6100- Payroll		
---------------	--	--

Total Compensation/Salaries

7000-Misc Expenses

7150-Sunday School & Bibles		
7160-Equipment Rental		
7170-Speakers		
7400-Misc		

Total Misc Expenses

8000- Building Expense

8100-LG & E		
8110-Water		
8120-Insurance		
8130-AT & T		
8140-ADT		
8150-Sanitation		

Total Building Expense

Total Expenses

Net Income

2020 Budget

Tithes & Offering	62400
Mero Bank	22800
PNC	7440
payroll	0
Misc Expenses	10000
Building Expense	14000

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Community Hope Church Inc</i>		
	2 Business name/disregarded entity name, if different from above <i>Community Hope Baptist Church</i>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input checked="" type="checkbox"/> Other (see instructions) ▶ <i>501(c)3</i>		
	5 Address (number, street, and apt. or suite no.) See instructions. <i>6416 Uandre Ave</i>		Requester's name and address (optional)
6 City, state, and ZIP code <i>Louisville KY 40228</i>			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
27 - 2068804	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ <i>Luz Eder</i>	Date ▶ <i>3/26/20</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

Community Hope Church Inc

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:

Larry Tucker

Date: *3/26/20*

Legal Signatory (please print):

Larry Tucker

Title: *CEO / Pastor*

Phone: *502-966-6977* Extension:

Email: *CHBCKY@JMAI.COM*

Community Hope Church Inc.

General Information

Organization Number 0758254
Name Community Hope Church Inc.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 3/9/2010 8:07:18 AM
Organization Date 3/9/2010 8:07:18 AM
Last Annual Report 7/12/2019
Principal Office 4427 Fallen Apple Lane
Louisville, KY 40218
Registered Agent Larry Tucker
4427 Fallen Apple Lane
Louisville, KY 40218

Current Officers

CEO [Larry Tucker](#)
Director [Louise Tucker](#)
Director [Ronald Hudson](#)
Director [Gary Boulware](#)

Individuals / Entities listed at time of formation

Director [LARRY TUCKER](#)
Director [LOUISE TUCKER](#)
Director [RON HUDSON](#)
Incorporator [LARRY TUCKER](#)

Images available online

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

Annual Report	7/12/2019	1 page	PDF
Reinstatement Certificate of Existence	11/30/2018 11:27:03 AM	2 pages	PDF
Reinstatement	11/30/2018 11:26:55 AM	2 pages	PDF
Administrative Dissolution Reinstatement Certificate of Existence	10/16/2018	1 page	PDF
Reinstatement	2/27/2017 2:33:31 PM	2 pages	PDF
Administrative Dissolution Reinstatement Certificate of Existence	2/27/2017 2:33:23 PM	2 pages	PDF
Reinstatement	10/1/2016	1 page	PDF
Administrative Dissolution Reinstatement Certificate of Existence	10/7/2015 10:55:04 AM	2 pages	PDF
Reinstatement	10/7/2015 10:54:58 AM	2 pages	PDF
Administrative Dissolution Reinstatement Certificate of Existence	9/12/2015	1 page	PDF
Reinstatement	6/17/2014 11:10:46 AM	2 pages	PDF
Administrative Dissolution Reinstatement Certificate of Existence	6/17/2014 11:10:39 AM	2 pages	PDF
Annual Report	9/28/2013	1 page	PDF
	8/19/2012	1 page	PDF

[Annual Report](#)
[Amendment](#)
[Articles of Incorporation](#)

7/12/2011
6/16/2011
3/9/2010 8:07:18 AM

1 page
2 pages
1 page

[PDF](#)
[tiff](#) [PDF](#)
[PDF](#)

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/12/2019 5:16:01 PM	7/12/2019 5:16:01 PM	
Reinstatement	11/30/2018 11:27:00 AM	11/30/2018	
Admin Dis. A. report not in	10/16/2018	10/16/2018	
Reinstatement	2/27/2017 2:33:28 PM	2/27/2017	
Admin Dis. A. report not in	10/1/2016	10/1/2016	
Reinstatement	10/7/2015 10:55:00 AM	10/7/2015	
Admin Dis. A. report not in	9/12/2015	9/12/2015	
Reinstatement	6/17/2014 11:10:42 AM	6/17/2014	
Admin Dis. A. report not in	9/28/2013	9/28/2013	
Annual report	8/19/2012 5:02:51 PM	8/19/2012 5:02:51 PM	
Annual report	7/12/2011 1:14:03 PM	7/12/2011 1:14:03 PM	
Amendment - Miscellaneous amendments	6/16/2011 2:35:29 PM	6/16/2011	
Add	3/9/2010 8:07:18 AM	3/9/2010 8:07:18 AM	

Microfilmed Images

Organization ID # 0758254
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State



Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2020 Annual Report
Due June 30, 2020
Filing Fee \$15.00

ARP

Exact organization name and principal office address

COMMUNITY HOPE CHURCH INC.
4427 FALLEN APPLE LANE
LOUISVILLE KY 40218

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

Larry Tucker
4427 Fallen Apple Lane
Louisville, KY 40218

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

CEO	LARRY TUCKER	

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

LOUISE TUCKER	
RONALD HUDSON	
GARY BOULWARE	

X

Signature of officer Or chairman of the board (Required)

Title (Required)

Date (Required)

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0758254> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2020.

To file via mail

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2020**
- If you file and pay online, do not return this document to the Secretary of State.



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Community Hope Church Inc

Grantee Representative Name: Larry Tucker

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Clean Assist, Comm Events and Other Expense
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
who, what, when and where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Larry Tucker
Grantee Representative Signature

3/26/20
Date

NOTE: Please return to Roxanne Steele

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