OFFICE OF METRO COUNCIL CLER
RECEIVED
DATE 9:3:14 TIME: 1:4/pu

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

Executive Summary of Request: Neighborhood Development Funding will be directed to the Southwest Community Festival to cover the associated costs of musical performances during the event.
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
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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.
District # Primary Sponsor Signature \$625.00 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
Clerk's Office Only:
Request Amount: Committee Amended Appropriation:
Original Appropriation: Council Amended Appropriation:

OFFICE OF METRO COUNCIL CLERK
REVIEWED

DATE 9-10-14 TIME 12: 23pm

1|Page Effective February 2014 Applicant/Program: Riverside, the Farnsley-Moremen Landing, Inc. - "200 Years on the Ohio" Event

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.

District #	Council Member Signature	#625 °D Amount	8/28/14 Date
District #	Council Member Signature	Amount Amount	8/28/14 Date
District #	Council Member Signature	Amount	<u>8/28/14</u> Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Southwest Community Festival	7
Program Name: Southwest Festival Music Request Amount: \$2,500	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	YES
Request form: Is the funding proposed less than or equal to the request amount?	YES
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	YES
Application Page 1: Has prior Metro funds committed/granted been disclosed?	YES
Application Page 1: Is the application properly signed and dated by authorized signatory?	YES
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	N/A
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	YES
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	N/A
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	YES
Faith Based Organizations: Is the signed Faith Based Form signed and included?	N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	YES
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	N/A
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	YES YES YES
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	N/A
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	YES
Operating Budget: Is the organization's current fiscal year operating budget included?	YES
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	NO
Board Members: Is the entity's board member list (with term length/term limits) included?	YES
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	N/A
Annual Audit: Is the most recent annual audit (if required by organization) included?	N/A
Rent Requests: Is a copy of signed lease included?	N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	YES
IRS Form W-9: Is the IRS Form W-9 included?	YES
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: Adulta Date: 8/28/14	

Bowman, Michael

From:

Welch, Vicki A

Sent:

Monday, August 25, 2014 12:20 PM

To:

Bowman, Michael

Cc:

Blackwell, Rick; Yates, David; Kennedy, Liz; Triplett, Kevin D; Boles, Brian; Fowler, Cindi

Subject:

Re: Southwest Festival Music

District 13 is in for \$625.

Vicki Aubrey Welch Councilwoman District 13 574-1113 www.louisvilleky.gov/district13 Sent from iPhone

On Aug 25, 2014, at 12:18 PM, "Bowman, Michael" < Michael. Bowman@louisvilleky.gov > wrote:

Good Morning All!

As you may recall, Councilwoman Fowler discussed the possibility of the SW members sponsoring the music for the Southwest Festival this year to cover the costs of the Monarchs performance.

Our office has received the NDF request from the festival committee to cover the associated costs. The request is for \$2,500.

If all 4 SW offices split the cost evenly, the total amount per District would be \$625.

If your office would like to contribute, please let me know and I will work to secure the appropriate signatures.

Please let me know if you have any questions or concerns.

Thanks!

Michael Bowman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114

e: michael.bowman@louisvilleky.gov

City Hall

601 West Jefferson Street, Ste. 307 Louisville, Kentucky 40202

Bowman, Michael

From:

Blackwell, Rick

Sent:

Monday, August 25, 2014 12:20 PM

To:

Bowman, Michael

Cc:

Kennedy, Liz

Subject:

Re: Southwest Festival Music

Works for me

Councilman Rick Blackwell

Louisville Metro Council- District 12 Rick.Blackwell@Louisvilleky.gov w. 502.574-1112

On Aug 25, 2014, at 12:18 PM, "Bowman, Michael" < Michael. Bowman@louisvilleky.gov > wrote:

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Michael Bowman | Legislative Assistant
Office of Councilwoman Cindi Fowler
Louisville Metro Council | District 14

p: 502.574.1114

e: michael.bowman@louisvilleky.gov

City Hall

601 West Jefferson Street, Ste. 307 Louisville, Kentucky 40202



SECTION 1 – APPLICANT INFORMATION						
Legal Name of Applicant Organization: (as listed on: http://www.sps.ky.gov/hysiness/records) Southwest Community Festival and Parade Committee, Inc.						
(as listed on: http://www.sos.kv.gov/business/records) Main Office Street & Mailing Address: 6500 W Orell Rd Louisville, KY 40272						
			Louisville, KY 40	0272		
	Website: www.southwestfestival.org					
Applicant Contact:	i	ary Mattingly	Title:	Committee member		
Phone:		5-8918	Email:	rosemar1@att.net		
Financial Contact:	Tresa		Title:	Treasurer		
Phone:		3-6188	Email:	tresa@twc.com		
Organization's Repr	esentative	who attended NDF Trair	ing: Rosemary Ma	ttingly (online certification)		
		L AREA(S) WHERE PROG	RAM ACTIVITIES AR	E (WILL BE) PROVIDED		
Program Facility Loc	ation(s):	Sun Valley Park 6505	Bethany Lane Lo	puisville, KY 40272		
Council District(s):		14	Zip Code(s):	40272 40258		
	SECTI	ON 2 - PROGRAM REQU	EST & FINANCIAL IN	FORMATION		
PROGRAM/PROJECT	NAME: So	uthwest Community Fe	stival			
Total Request: (\$)	2500	Total Metro A	ward (this program) in previous year: (\$) 3506		
Purpose of Request	(check ail t	hat apply):				
		erally cannot exceed 33%				
		s/events for direct benef				
☐ Capital Pro	ject of the	organization (equipment	, furnishing, building	g, etc)		
The Following are Re	equired Att	achments:				
IRS Exempt Status D		Letter	Signed lease if re	nt costs are being requested		
Current Year Project	-	!	IRS Form W9			
		e term & term limits	Evaluation forms	if used in the proposed program		
Current financial sta			Annual audit (if n	equired by organization)		
Most recent IRS For Articles of Incorpora		20-H	Faith Based Orga	nization Certification Form, if required		
		endor if request is for	Staff including th	ne 3 highest paid staff		
capital expense						
For the current fiscal	year endin	g June 30, list all funds a	ppropriated and/or	received from Louisville Metro		
Government for this	or any othe	r program or expense, in	cluding funds receiv	ed through Metro Federal Grants		
from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.						
Source:	park fees	pd	Amount: (\$)	2482		
Source:	61		Amount: (\$)	2.702		
Source:			Amount: (\$)			
Has the applicant contacted the BBB Charity Review for participation? Yes No						
Has the applicant met the BBB Charity Review Standards? Yes No						
No the applicant met the BBB chartly Review Standards? [] Yes [] No						

Page 1 Effective April 2014 Applicant's initials Pur



Describe Agency's Vision, Mission and Services: To provide a festival for the residents of Southwest Jefferson county, as well as for all citizens for Louisville Metro. The event consists of activities for families, food, educational displays and musical entertainment. Most activities are free of charge.	
To provide a festival for the residents of Southwest Jefferson county, as well as for all citizens for Louisville Metro. The event consists of activities for families, food	
citizens for Louisville Metro. The event consists of activities for families, food	
	To provide a festival for the residents of Southwest Jefferson county, as well as for all citizens for Louisville Metro. The event consists of activities for families, food, educational displays and musical entertainment. Most activities are free of charge.



SECTION 4 - PROGRAM/PROJECT NARRATIVE

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

The events for the Southwest Festival begin the week of October 3 and end on October 11. The scheduled events are a Music in the Park, Spelling Bee and a full day of festivities on Sat, Oct 11, 2014 for all residents of Louisville Metro. The activities involved will be specific for for families and children. On the day of the festival there will be many activities for the children free of charge in "Kids City" such as face painting, games, exploration of police and emergency equipment along with music and entertainment throughout the day.

The event begins at 9 am and ends at 5 pm on Oct 11, 2014.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Funds will be used to provide payment for entertainment (The Monarch's Band) 2500.00 and 2482.00 to pay for Metrito Park rental fees, picnic table and trash can use and rental of electric patch boxes.

All payments are paid by the SW Festival organization's bank check.

Facility Rental Agreement



Contract #:

21412

Date:

13-Jun-14

User:

robynr

Status:

Firm

Louisville / Jefferson County Metro Government by and through its Metro Parks Department, 1297 Trevilian Way, Louisville, Kentucky 40213 hereby grants Southwest Festival Committee (hereinafter called the "Licensee") represented by Rosemary Mattingly, permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement.

P	greement contained herein and	attac	hed hereto	all o	f which fo	rm part of	this Agreeme	ent.			
	1) Furpose of Use		ial Event hwest Fewsti	val 2	014						
	ii) Conditions of Use	ittions of Use stage to Sun Valley., 20 picnic tables, 20 trash cans, 31 patch boxes, electrians. Mas							s. Master		
	iii) Date(s) and Time(s) of Use	# of B	ookings: 9			10 Oct 14 o n 13 Oct 14				Expec	ted: 200,608
	Facility/Equipment	Day	Start Date		Page Tim	eEnd Date	End Time	Fee	XFoo	Tax	Total
	Sun Valley Park - Sun Valley Park - Special Event	Fri	10-Oct-14		09:00 AM	10-Oct-14		\$212.50	\$0.00	\$0.00	\$212.50
	Sun Valley Park - Sun Valley Park Pionie Shalter	Fri	10-Oct-14		MA 00:90	10-Oct-14	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
(Iroquois Amphitheater - City Stage	Fri	10-Oct-14		09:00 AM	11-Oct-14	12:00 AM	\$850.00	,268.75	\$0.00	\$3,118.75 -
	Sun Valley Park - Sun Valley Park - Special Event	Sat	11-Oct-14		09:00 AM	11-Oct-14	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
	Sun Valley Park - Sun Valley Park Picnic Shelter	Sat	11-Oct-14		09:00 AM	11-Oci-14	19:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
	iroquois Amphitheater - City Stage	Sat	11-Oct-14		09:00 AM	12-Oct-14	12:00 AM	\$0.00	\$0.00	\$0.00	\$0.00
	Sun Valley Park - Sun Valley Park - Special Event	Sun	12-Oct-14		09:00 AM	12-061-14	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
	Sun Valley Park - Sun Valley Park Picnic Shelter	Sun	12-Oct-14		09:00 AM	12-Oct-14	10:00 PM	\$0.00	\$0.00	\$0.00	\$0.00
	Iroquois Amphitheater ~ City Stage	Sun	12-Oct-14		09:00 AM	13-Oct-14	12:00 AM	\$0.00	\$0.00	\$3.00	\$0.00
	Iv) Additional Food / DELIVER	ARI	F ITEMS								
	Extra Fee - Bookings Electric Fee	u-w	-E II EMIQ	Qua	ntity I	lours 45.00	Charge		7an		Total
	musched for Land			16		15:00	\$340.00		\$0.00		\$340.00
	Mobile Vending Permit			1		15:00	\$250.00		\$0.00		\$250.00
	Patch Box			11		15:00	\$1,168.75		\$0.00	\$	1,168,75
	Picnic Tables-(Set of 10	-Deli	/ered)	2		15:00	\$255.00		\$0.00		\$255.00
	Trash Cans- 10			2		15:00	\$255.00		\$0.00		\$255.00
	v) Payment Method		_		32	75:00	\$2,268.75	4-	\$0.00	\$	2,268.75
	Rental Fees Extra Fees		Tax Ren	tai T	otal Dar	nage Depos	it Total Ap	piled	Baland	;e	Current
17	Jun-14, 08:17 AM						1				Page: 1
Lic	ensee Initials:	aires			24	81.2	5				r ago, i
					W	ello	s)	lay	e		



C: If this request is a fundraiser, please detail how the proceeds will be spent: NA
Dr. For Evranditura Poimhureament Only. The
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
 Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
identified in this application.
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Applicant's Initials PM



	E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
	The program provides an opportunity for neighborhoods to come together for fellowship. The way we measure the success of the event is that each year more citizens take advantage of the fun event.
	F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
	The SW Festival Sponsors include: Kentucky One Health, Dignity Memorial Funeral Homes, L G & E, and many smaller local businesses. The LMPD and PRP Fire
1	departments provide informational support for the day of the festival. The sponsors provide funds for the festival along with educational information about the role they play in our community.



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	4982	43268	48250
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	4982	43268	48250
% of Program Budget	11 %	89 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	21000
Fees Collected from Program Participants	13000
Other (please specify)	14250
Total Revenue for Columns 2 Expenses **	48250

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



^{**}Must equal or exceed total in column 2.

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC

August 18, 2014

Page 6 Item I

Requested Funds from NDF will be used for Entertainment 2500.00 (The Monarch's Band)

And Metro Park Rental fees 2482.00

Page 6

Income (Other Funds)

Fundraisers....Golf Scramble, food sales etc 14338.00



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 Total Value of In-Kind (to match Program Budget Line Item. 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 Agency Fiscal Year Start Date:** Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES [If YES, please explain:





SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- 1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- 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
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- Applicant understands fallure 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal 7.
- 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.
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 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.
- 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.
- 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.

	SE	CTION 7 - CER	TIFICATIONS	& ASSUR	ANCES	
falsification	nder the penaity of law the information the best of my knowledge. I am a poor if falsification is shown after fundfurther certify that I am legally authors.	ware my organiza ding has been ann	tion will not be (eligible for t	unding if investig	ation at any time shows
Signatu	re of Legal Signatory:	disa	Zuha		Date:	8/18/2014
Legal Sig	gnatory: (please print):	resa L	Ward		Title:	Treasurer
Phone:	502-403-6188	Extension:		Email:	tresa@atv	<u> </u>

Swf. tresace gmail.com

Page 8

Effective April 2014

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC.

General Information

Organization Number

0451276

Name

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE,

INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status A - Active
Standing G - Good
State KY

 File Date
 1/27/1998

 Organization Date
 1/27/1998

 Last Annual Report
 7/16/2014

Principal Office

6500 W. ORELL RD.

LOUISVILLE, KY 40272

Registered Agent

TRESA WARD 6500 W. ORELL RD LOUISVILLE, KY 40272

Current Officers

PresidentKathy WilsonVice PresidentSandy GentryDirectorDana DelepierneDirectorTresa WardDirectorKristen Rouse

Individuals / Entities listed at time of formation

 Director
 DAVID HOLTEN

 Director
 ROBERT MEREDITH

 Director
 AMY DILLON

Director YVONNE WELLS

Incorporator <u>IUDSON B WAGENSELLER</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.

Annual Report	7/16/2014	1 page	PDF
Annual Report	6/24/2013	1 page	PDF
Registered Agent name/address change	2/10/2012 8:23:48 AM		PDF
Principal Office Address Change	2/10/2012 8:19:06 AM	1 page	PDF
Annual Report	2/10/2012	1 page	PDF
Annual Report	2/8/2011	1 page	PDF
Annual Report	3/10/2010	1 page	PDF
Annual Report	1/16/2009	1 page	PDF
Annual Report	1/12/2008	1 page	PDF
Annual Report Amendment	8/20/2007	1 page	tiff

PDF

Statement of Change	8/20/2007	1 page	tiff	PDF
Principal Office Address Change	8/20/2007	1 page	tiff	PDF
Annual Report	8/2/2007	1 page	PDF	
Annual Report	4/18/2006	1 page	tiff	PDF
Annual Report	4/11/2005	1 page	tiff	PDF
Annual Report	6/15/2004	1 page	tiff	PDF
Statement of Change	9/9/2003	1 page	tiff	PDF
Annual Report	8/28/2003	1 page	PDF	
Annual Report	12/10/2002	1 page	tiff	PDF
Annual Report	7/18/2002	1 page	PDF	
Annual Report	10/31/2001	1 page	tiff	PDF
Statement of Change	5/30/2001	1 page	tiff	PDF
Annual Report	5/17/2001	1 page	PDF	
Annual Report	8/23/2000	1 page	tiff	PDF
Statement of Change	6/28/2000	1 page	tiff	PDF
Annual Report	6/21/1999	1 page	tiff	PDF
Articles of Incorporation	1/27/1998	4 pages	tiff	PDF

Assumed Names

Activity History

A	ACLIVITY HISTORY			
	Filing	File Date	Effective Date	Org. Referenced
	Annual report	7/16/2014 9:18:12 AM	7/16/2014 9:18:12 AM	
	Annual report	6/24/2013 10:21:43 AM	6/24/2013 10:21:43 AM	
	Annual report	2/10/2012 8:38:57 AM	2/10/2012 8:38:57 AM	
	Registered agent address change	2/10/2012 8:23:48 AM	2/10/2012 8:23:48 AM	
	Principal office change	2/10/2012 8:19:06 AM	2/10/2012 8:19:06 AM	
	Annual report	2/8/2011 4:56:54 PM	2/8/2011 4:56:54 PM	
	Annual report	3/10/2010 1:36:43 PM	3/10/2010 1:36:43 PM	
	Annual report	1/16/2009 3:15:06 PM	1/16/2009 3:15:06 PM	
	Annual report	1/12/2008 12:13:49 PM	1/12/2008 12:13:49 PM	
	Finicipal office change	8/20/2007 1:45:46 PM	8/20/2007	
	registered agent address change	8/20/2007 1:44:58 PM	8/20/2007	
	Amendment to annual report	1.41:24 PM	8/20/2007	
	Allitual Teport	9:30:14 AM	8/2/2007 9:30:14 AM	
	Aindai report	15:00:21 PM	4/18/2006	
		2:37:19 PM	9/9/2003	
			8/28/2003	
	Almuai report	7/18/2002	7/18/2002	

Registered agent address change	5/30/2001 4:08:03 PM	5/30/2001
Annual report	5/17/2001	5/17/2001
Principal office change	5/17/2001	5/17/2001
Registered agent address change	6/28/2000 5:04:41 PM	6/28/2000
Annual report	6/28/2000 5:02:55 PM	6/28/2000
Add	1/27/1998	1/27/1998

Microfilmed Images

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

Annual Report	3/15/2005	1 page
Annual Report	12/31/2004 2:06:18 PM	1 page
Annual Report	8/4/2004	1 page
Statement of Change	9/9/2003	1 page
Annual Report	12/10/2002	1 page
Annual Report	10/31/2001	1 page
Statement of Change	5/30/2001	1 page
Annual Report	8/23/2000	1 page
Statement of Change	6/28/2000	1 page
Annual Report	6/21/1999	1 page
Articles of Incorporation	1/27/1998	3 pages

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

Date:

JUN 792014

SOUTHWEST CONGUNITY FESTIVAL & FARADE COMMITTER INC C/O TRESA WARD 6500 WEST ORBLL ROAD LOUISVILLE, KY 40272 Employer Identification Number:



COSTOMER SERVICE Contact Telephone Number: (877) 829-5500

ID# 31954

Accounting Period Ending:
DECEMBER

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
May 15,2010

Contribution Deductibility: Yes

Addendum Applies: Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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

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.

SOUTHWEST COMMUNITY PESTIVAL &

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC

SOUTHWEST COMMUNITY FESTIVAL &

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the

Your exemption under section 501(c)(4) of the Code is reinstated for the period May 15,2010 to the effective date shown in the heading of this letter.

SOUTHWEST FESTIVAL				
2014 BUDGET				
EXPENSE	2014 BUDGET			
Advertising	\$6,000.00			
Bank Charges	\$50.00			
Balloon Glow/Concert	\$5,000.00			
Car Show	\$0.00			
Charitable Contributions	\$1,000.00			
Entertainment	\$5,700.00			
Golf Carts	\$1,000.00			
Golf Scramble	\$1,000.00			
Information Booth	\$1,500.00			
Kid City	\$1,000.00			
Meeting Expenses	\$500.00			
Mens Tent	\$600.00			
Operating Expense-Banners/Signs	\$1,000.00			
Operating Expense-Decorations	\$1,500.00			
Operating Expense-Equipment	\$4,500.00			
Operating Expense-Insurance	\$2,000.00			
Operating Expense-Legal Fees	\$250.00			
Operating Expense-Parking	\$1,200.00			
Operating Expense-Permits/Fees	\$500.00			
Operating Expense-Pictures	\$500.00			
Operating Expense-Port-a-Cans	\$1,300.00			
Operating Expense-Postal Needs	\$50.00			
Operating Expense-Printing	\$50.00			
Operating Expense-Pumpkins	\$1,000.00			
Operating Expense-Security	\$1,000.00			
Operating Expense-Storage	\$1,650.00			
Operating Expense-Straw	\$2,000.00			
Operating Expense-Waste Containers	\$500.00			
Operating Expense-WebPage	\$600.00			
Operating Expense-Workers	\$1,600.00			
Operating Expense-Senior Tent	\$1,500.00			
Operating Expense-Spelling Bee	\$100.00			
Operating Expense-Teen Area	\$1,100.00			
Operating Expense-Toddler Town	\$500.00			
Unbudgeted/Board Approved	\$500.00			

TOTALS

\$

48,250

Southwest Community Festival & Parade Committee Inc.,

Executive Board 2014

Kathy Wilson	President
Sandy Gentry	Vice
Tresa Ward	Treasurer
Kristen Rouse	Secretary
Dana Delepierre	Community Rep.
Betty Hariamert	Past President



TERM IS IYR JAN - JAN Southwest Community Festival Financial Report as of 31 Jul 14

as of 31 J					
				New	Balance
BUDGET ITEM	BUDGET	YTD	Jul	Total	Remaining
Advertising	6,000.00			0.00	6,000.00
Bank Charges	50.00			0.00	50.00
Balloon Glow/Concert	5,000.00			0.00	5,000.00
Car Show	0.00			0.00	0.00
Contributions	1,000.00			0.00	1,000.00
Entertainment	5,700.00			0.00	
Golf Carts	1,000.00			0.00	1,000.00
Golf Scramble	1,000.00			0.00	1,000.00
Info Booth	1,500.00			0.00	1,500.00
Kid City	1,000.00			0.00	1,000.00
Meetings	500.00			0.00	500.00
Mens Tent	600.00			0.00	600.00
Operating Expenses					000,00
Banners/Signs	1,000.00			0.00	1,000.00
Decorations	1,500.00			0.00	1,500.00
Equipment	4,500.00	164.96		164.96	4,335.04
Insurance	2,000.00			1,224.99	775.01
Legal	250.00			0.00	250.00
Parking	1,200.00			0.00	1,200.00
Permits/Fees	500.00		15.00	15.00	485.00
Photos	500.00			0.00	500.00
PortaCans	1,300.00			0.00	1,300.00
Postage	50.00			0.00	50.00
Printing	50.00			0.00	50.00
Pumpkins	1,000.00			0.00	1,000.00
Security	1,000.00			0.00	1,000.00
Storage	1,650.00	1,522.00		1,522.00	1,000.00
Straw	2,000.00	1,000		0.00	2,000.00
Waste Containers	500.00			0.00	500.00
WebPage	600.00			0.00	600.00
Workers	1,600.00			0.00	
Senior Tent	1,500.00		 i	0.00	1,600.00
Spelling Bee	100.00			0.00	1,500.00
Teen Town	1,100.00			0.00	100.00
Toddler Town	500.00				1,100.00
Unbudgeted/Board Approved	500.00			0.00	500.00
TOTALS	\$48,250.00	2,911.95	15.00	0.00	500.00
	4.03250.00		13.00	2,926.95	\$45,323.05
Income-2014		11,539.56		11,539.56	
Checking Account	\$ 16,152.26				

BUDGET ITEM		YTD			New
Booths	\$	1,545.00		 _	Total
Paypal Processing Fee	Ś	(7.44)		\$	1,545.00 (7.44)
Postage	\$	2.00		\$	2.00
Golf Carts				\$	2.00
Golf Scramble-Sponsors		<u></u>	Ś	 Š	
Golf Scramble-Players			\$	 \$	
Balloon Glow			<u> </u>	 7	
Parking				_	
Decoration Sales				-	1
Sponsors	Ś	10,000.00		Ś	10,000.00
Donations				<u> </u>	20,000.00
				 _	

\$ 11,539.56

\$ 11,539.56 \$. \$ 11,539.56

Information copy. Do not send to IRS.

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

2013

Open to Public Inspection

D Employer

Identification

Number

A For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

B Check if applicable

Terminated, Out of Business

Gross receipts are normally

\$50,000 or less

E Website:

www.southwestfestival.org

C Name of organization: SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC

d/b/a:

%c/o Tresa Ward 6500 W Orell Road

Valley Station, KY, US, 40272

F Name of Principal Officer: Tress Ward

6500 W. Orell Road Valley Station, KY, US, 40272

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 refated 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 7/29/2014.

251274

ARTICLES OF INCOMPONATION

RECEIVED & FILED SULMED AND SULMED FILED

SOLUTHWEST COMMUNITY RESTIVAL & PARADE COMMUNITY BESTIVAL

 the undersigned entered person, hereby adopt the following Articles of Incorporation in accordance with the provisions of Chapter 273, Kentucky Revised Stateses.

ARTHURL

The same of the chartable corporation is the "SOUTHWEST COMMUNITY STREETVAL & PARADE COMMUNITIES, INC.", and its principal office is 3905 Valley Station Road, Louisville, Kentucky 40272.

ARTICLEIL

The propose of the Conjunction is to provide a network for the neighbothcode in the southernment portion of Jefferson County and to promote the exchange of ideas, programs and activities that will benefit the arcs, including an annual featival and parasit. To accomplish this purpose, the exponsion may engage in any landed act or authity for which a souprofit exponsion may be found under Chapter 273, Kentucky Series States and which qualifies as clusterable as defined by Section 501 (c)(3) of the integral Revenue Code of 1986, as assented, (the "Code").

ARTICLEME

No part of the net carnings of the componentian shall insure to the benefit of or be distribusable to, its directors, officers or other private persons, except that the componentian shall be authorized and empowered to pay reasonable componentian for acritics random and to make payments and distributions in furtherance of the purposes see forth in Article II thereof. No arbetantial part of the activities of the componentian shall be the complete on a propagation, or otherwise attempting to influence a compalge on behalf of any conditate for public office. Notwithstanding any other provisions of these articles, the components shall not carry on any other activities not permitted to be carried on (a) by a components assume from fadoral income community section of any fators federal tor code, or (b) by a components, contributions to which are deductible under section 170(c)(2) of the internal Reverses Code, or corresponding section of any fators federal tors code.

ARTICLE IV.

The period of its duration is perpetual.

ARTICLE V.

The address of the initial registered office of the corporation is 3905 Valley Station Road, Louisville, Kentucky 40272; and the name of its initial registered agent at such address is David Holsen.

ARTICLE VI.

Upon the dissolution of the corporation, assets shall be distributed for one or more except purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or consequencing Section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the District Court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIL

The name and address of the incorporator is Judson B. Wagenseller, 500 Meldinger Tower, Louisville, Kentucky 40202.

ARTICLE VIII.

The business and affairs of the corporation shall be governed by a board of directors. The 4 members of the initial board of directors shall serve until the first annual election of directors and until their ancomous are elected and qualify. The name(s) and smalling address(es) of the initial director(s) are:

- David Holten, 3905 Valley Station Road, Louisville, Kentucky 40272;
- Robert Mesedith, 7709 Crestline Road, Louisville, Kentucky 40214;
- Amy Differ, 4118 Valley Station Road, Louisville, Kentucky 40272; and
- Yvonne Wells, 9004 Mahoney Drive, Louisville, Kentucky 40258.

 $\ensuremath{\text{PNTESTIMONY}}$ WHEREOF, witness the signature of the incorporator this 26th day of February, 1998.

Modern B. Wageston for Interpretation

Form (Flev. December 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)					
	Southwest Community Festival & Parade Committee, Inc					
ci	Business name/disregarded entity name, if different from above					
			<u> </u>			
8.	Ottack appropriate box for federal tax classification:					
Print or type Specific instructions on page	individual/sole proprietor C Corporation S Corporation Pertnership 1	'nuet/estate				
2 5			Exempt payee			
Print or type instruction	Limited liability company. Enter the tax dessitication (C=C corporation, S=S corporation, P=partner	ship) >	Complete bayes			
유통						
差量	Other (see instructions) ► 501(c)4					
- 4	Address (number, street, and apt. or suits no.)	Requester's name and address (optio	nal)			
X	6500 W. Orell Road					
	City, state, and ZIP code					
8	Louisville, KY 40272					
	List account number(s) here (optional)		· · · · ·			
Pa						
Enter	your TIN in the appropriate box. The TIN provided must match the name given on the "Name	" line Social accurity number				
fro sna	old backup withholding. For inclividuals, this is your social security number (SSN). However, fo ent allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	ra III				
resid	ent allen, sole prophetor, or disregarded entity, see the l'art i instructions on page 3. For other 29, it is your employer identification number (EiN). If you do not have a number, see How to gr	4.6				
	n page 3.					
Note	. If the account is in more than one name, see the chart on page 4 for guidelines on whose					
mant	per to enter.					
Pai	Certification					
	r penalties of perjury, I certify that:					
1. 11	ne number shown on this form is my correct taxpayer identification number (or I am waiting fo	r a number to be issued to me), an	d			
2. 14	2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue					
8	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					
n	o longer subject to backup withholding, and					
	ım a U.S. citizen or other U.S. person (defined below).					
Cert	fication instructions. You must cross out item 2 above if you have been notified by the IRS (that you are currently subject to be	ckup withholding			
pace	bacque you have failed to report all interest and dividends on your tex 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						
instr	actions on page 4.					
Sig	Stansture of ALLAC TILL					
Her	■ U.S. person > / UU / / / U/SD D	late >				
	Mate. If a more reference	chine you a form other than Earn	W-0 to request			

General Instrucțions

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

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

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

- . An individual who is a U.S. citizen or U.S. resident allen,
- A pertnership, 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 tex 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.



Louisville Metro Government Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Southwest Community Festival

Participant Name: Rosemany Mattingly

I agree that I am an authorized signatory of the organization named above and attest to having participated in reviewing the PowerPoint and the NDF financial reporting examples. In addition, I understand the requirements of the Neighborhood Development Fund grant process and the financial reporting documentation guidelines.