

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

Applicant/Program: ANGELS OF LOVE, INC.

Executive Summary of Request:
Angels of Love, Inc. appropriation for Homeless for the Holidays Program/Dinner 2015

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

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.

3 Maryc Koolridge \$1950. 10/9/15
District # Council Member Signature Amount Date

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

Approved by:

Appropriations Committee Chairman Date

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

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$250⁰⁰</u> Amount	<u>10/8/15</u> Date
<u>21</u> District #	<u>D. J. Jones</u> Council Member Signature	<u>300</u> Amount	<u>10/8/15</u> Date
<u>15</u> District #	<u>D. H. Butler</u> Council Member Signature	<u>250-</u> Amount	<u>10-8-15</u> Date
<u>4</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$250.00</u> Amount	<u>10.8.15</u> Date
<u>1</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$250.00</u> Amount	<u>10/8/15</u> Date
<u>2</u> District #	<u>Barbara Shanklin</u> Council Member Signature	<u>\$250.00</u> Amount	<u>10/8/15</u> Date
<u>14</u> District #	<u>Cecilia Jones</u> Council Member Signature	<u>\$500.00</u> Amount	<u>10/8/15</u> Date



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Angels of Love, Inc.	
(as listed on: http://www.sos.ky.gov/business/records)			
Main Office Street & Mailing Address: 4534 Riverview Avenue Louisville, KY 40211			
Website: N/A			
Applicant Contact:	Tanyeka Holt-Percentie	Title:	Director
Phone:	502-475-7715	Email:	angelsofloveinc@gmail.com
Financial Contact:	Tanyeka Holt-Percentie	Title:	Director
Phone:	502-475-7715	Email:	angelsofloveinc@gmail.com
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	2001 Dixie Hwy Louisville, KY 40210		
Council District(s):	3 and 5	Zip Code(s):	40210, 40211
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Homeless for the Holidays			
Total Request: (\$)	\$4,000	Total Metro Award (this program) in previous year: (\$)	N/A
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	None	Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Homeless for the Holidays began in 2011 as a small group of people determined and dedicated to do something for the homeless of Louisville. The first year of this program, approximately 50 individuals were served. To date, more than 600 individuals have been served and partnerships have been created to add different services and grow Homeless for the Holidays.

We envision a place where each one helps one. This vision followed with action will make a change.

The mission of Angels of Love, Inc is to assist the homeless, with a concentration on homeless Veterans, with resources and referrals for positive transition into civilian society and stabilized living.

Angels of Love, Inc. provides services to the homeless that include food, educational and empowerment workshops, and referrals to meet immediate needs.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Homeless for the Holidays takes place on the 2nd Saturday in December. It serves the homeless population in Louisville, KY with a home-cooked Christmas meal, Holiday entertainment, a speaker, and backpacks filled with winter care items and personal care supplies. Transportation is provided to and from the local shelters. Participants are served and offered feet washing. Participants also have the opportunity to "shop" from donations of clothing, shoes, and other miscellaneous items collected.

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

No funds will be used for sub grantees.

Funding will be spent on supplies that are distributed directly to the people who attend the program. Items to be purchased include food for the Christmas meal, backpacks, hats, gloves, hand and feet warmers, hygiene products, and food gifts card for each individual for a future meal. The actual cost of these items is \$39.50 per person. \$3,501 is contributed through private contributions and has a per person cost of \$11.67 The items donated that benefit the participants value at \$4,350 or \$14.50 per person. We are asking for \$4,000 from the Metro funds that will equal \$13.33 person.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This is not a fundraiser.

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

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Individuals being served are Louisville's homeless. This benefits of this program to them include:

a hot meal, items to help them preparation for the winter, a future meal, and positive interaction with other individuals from the community.

Objectives:

To provide a full course home-cooked Christmas meal to 300 homeless individuals in Louisville, KY.

To equip 300 of Louisville's homeless with backpacks filled with winter gear and personal care items.

To provide an opportunity for the community to interact with Louisville's homeless population

Both quantitative and qualitative data is collected from the participants of the program through self report and from the volunteers through paper surveys.

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.

In serving our homeless population of people we know that not any one organization can provide all the need.

We are continually seeking partnerships with organizations that can contribute to the cause. We currently have relationships with the following:

- Delta Dental provides 300 toothbrushes
- Mortenson Family Dental at the Jefferson Mall provides 300 tubes of toothpaste
- Southeast Christian Church Grief Support Group volunteers and provides personal care donations
- Equinox All-Star Cheerleaders volunteers
- Antioch Baptist Church provides volunteers transportation to and from local shelters
- Foster Traditional Academy provides personal care donations and volunteers including the choir singing
- The Homeless Coalition of Louisville helps disseminate information to shelters and street ministries
- AmVets Riders Club Chapter 6 provides volunteers and help disseminate information



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)	\$4,000	\$8,500	\$12,500
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	32% %	68% %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	\$3500.00
Fees Collected from Program Participants	0
Other (please specify) <i>See Attached In-kind sheet</i>	\$5000.00
Total Revenue for Columns 2 Expenses **	\$8,500.00

*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

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.
Metro Government employee, Brian Percentie, Sr. is the former spouse of one of our Directors, Tanyeka Percentie.

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>T.A.P.</i>	Date:	9/23/15
Legal Signatory: (please print):	Tanyeka Holt-Percentie	Title:	Director
Phone:	502-475-7715	Extension:	
Email:	angelsofloveinc@gmail.com		



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
see attachement		
<i>Total Value of In-Kind</i> (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: **January 1st**

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

N/A

Homeless for the Holidays
In-Kind Donations

Donor/Type of Contribution	Value	Method of Valuation
Space	\$150.00	\$150 for 5 hours
Food	\$1,950.00	\$6.50 per person
Mortenson Family Dental (Jefferson Mall Location)	\$300.00	300 tubes of toothpaste
Delta Dental	\$300.00	300 toothbrushes
Clothing & Shoes	\$500.00	\$3 per item
Southeast Christian Church Grief Support Group	\$300	\$2 per item
Foster Academy	\$1,500	\$2 per item

Total: \$5,000.00

Volunteers 4 ppl @ 2 hrs/wk 25 ppl @ 3hrs (one time)	491 hrs X 19.68 www.volunteeringinamerica.com
Total \$19.68/hr \$9,662.88	

Angels of Love, Inc has not completed a full tax year and has not filed its first IRS 990 Form.
The end of 2015 will be the first complete tax year for the organization under its nonprofit status.

This request is not for capital expense therefore no vendors are being used.

There are no rent costs therefore no lease is presented.

An annual audit is not required.

Angels of Love, Inc is not a Faith Based Organization.

Angels of Love, Inc does not have staff, only volunteers.

INTERNAL REVENUE SERVICE
P. O. BOX 2509
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 30 2015**

ANGELS OF LOVE INC
4534 RIVERVIEW AVENUE
LOUISVILLE, KY 40211-0000

Employer Identification Number:

[REDACTED]

DIN:

26053426004045

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

July 07, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

Letter 5436

Homeless for the Holidays
2015 Proposed Budget

	Per Person Cost	Total Cost
Space		\$150
Food	\$6.50	\$1,950
Backpacks	\$10	\$3,000
Personal Hygeine	\$12	\$3,600
soap/body wash		
deodorant		
toothbrushes		
toothpaste		
mouthwash		
shampoo		
conditioner		
shaving cream		
razors		
comb/brush		
lotion		
wash cloth/sponge		
Winter Gear	\$6	\$1,800
socks		
hats		
gloves		
scarfs		
hand/feet warmers		
Gift Cards	\$5	\$1,500
Clothes, shoes, coats		\$500
	\$39.50	\$12,500
Volunteer Hours		
(total 491)		\$9,662.88
		\$22,162.88

Angels of Love, Inc
2015-2017 Board of Directors

Tanyeka Holt-Percentie, President
James Irvin, Vice President
Jacquetta Jones, Vice President
SirRitta Rhodes, Secretary
Roy Jones, Treasurer

Angels of Love, Inc
Financial Statement

<u>Assets</u>		<u>Liabilities</u>	
Cash	\$200	Liabilities	\$0
Inventory	\$500		
Total	\$700	Total	\$0

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NAOI
0891440.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
7/7/2014 8:06:02 AM
Fee receipt: \$8.00

Alison Lundergan Grimes
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

Angels Of Love Incorporated

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

4534 Riverview Avenue, Louisville, KY 40211

and the name of the initial registered agent at that address is **Brenda Griggs**

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

4534 Riverview Avenue, Louisville, KY 40211

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

Tanyeka Percentie

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

Brenda Griggs

Knanisha Griggs

Cindorrie Holt

Tanyeka Percentie

Article VI: The purpose of the company is: **To provide assistance to homeless individuals and veterans.**

Executed by the Incorporator on Monday, July 07, 2014

Name of Incorporator: **Tanyeka Percentie**

Signature of individual signing on behalf of Incorporator:

Tanyeka Percentie

I, **Brenda Griggs**, 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:

Brenda Griggs

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Angels of Love, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 4534 Riverview Avenue	
	6 City, state, and ZIP code Louisville, KY 40211	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number						
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> - <table border="1" style="width: 20%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>						
or						
Employer identification number						
<div style="background-color: black; width: 100%; height: 20px;"></div>						

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ September 18, 2015
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General Instructions

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

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

Purpose of Form

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

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

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

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

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

4th Annual Homeless *for the* Holidays

Saturday, December 12th

11:30am

Foster Traditional Academy
1401 South 41st Street

Serving homeless individuals with a complete Christmas dinner and winter care packages.

Children are welcomed to attend but please remember this program is being provided for our adult homeless community.

dinner will be served promptly at the end of the program



Homeless for the Holidays is hosted by Angels of Love, Inc. AOLI is a 501 c(3) nonprofit organization. For more information, to make a tax-deductible donation or volunteer, please contact angelsloveinc@gmail.com



Angels of Love, Inc.

Dear Manager,

My name is Tanyeka Percentie and I am writing on behalf of Angels of Love, Inc., a 501(c)3 non-profit organization serving the homeless of Louisville, KY.

For the last three years, Angels of Love, Inc. has hosted a program called Homeless for the Holidays. We have prepared a home cooked Christmas meal and distributed winter care packages for the cold months for our local homeless population. We also were able to arrange transportation to and from the local shelters so everyone who wanted to participate could do so. To date, we have served approximately 650 homeless individuals.

This year, Homeless for the Holidays will be Saturday, December 12th and we need your help. Every year we serve more people. This year we anticipate serving 300 people. We are seeking donations of the following items:

- Backpacks
- Hats, gloves, scarfs
- Hand and feet warmers
- Soap/body wash
- Lotion
- Deodorant
- Shampoo/conditioner

Please remember that Angels of Love, Inc. is a nonprofit organization and all donations are tax-deductible. Thank you for your time and consideration of our request. We look forward to hearing from you soon!

Sincerely,

Tanyeka Holt-Percentie

Angels of Love, Inc.
2001 Dixie Hwy. Louisville, KY 40210

angelsofloveinc@gmail.com
502.475.7715

Angels Of Love Incorporated

General Information

Organization Number	0891440
Name	Angels Of Love Incorporated
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/7/2014 8:06:02 AM
Organization Date	7/7/2014 8:06:02 AM
Last Annual Report	7/28/2015
Principal Office	4534 Riverview Avenue Louisville, KY 40211
Registered Agent	Brenda Griggs 4534 Riverview Avenue Louisville, KY 40211

Current Officers

President	Tanyeka Percentie
Vice President	Jackie Jones
Secretary	SirRitta Rhodes
Director	Tanyeka Percentie
Director	Roy Jones
Director	James Irvin

Individuals / Entities listed at time of formation

Director	BRENDA GRIGGS
Director	KNANISHA GRIGGS
Director	CINDORRIE HOLT
Director	TANYEKA PERCENTIE
Incorporator	TANYEKA PERCENTIE

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	7/28/2015	1 page	PDF	
Amendment	12/23/2014	1 page	tiff	PDF
Articles of Incorporation	7/7/2014 8:06:03 AM	1 page	PDF	

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/28/2015 6:09:21 PM	7/28/2015 6:09:21 PM	
Amendment - Miscellaneous amendments	12/23/2014 8:37:04 AM	12/23/2014	
Add	7/7/2014 8:06:02 AM	7/7/2014 8:06:02 AM	

Microfilmed Images
