

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

Applicant/Program: Germantown-Schnitzelburg Businaees Association. INC (GSBA)
Applicant Requested Amount: \$4,800.00
Appropriation Request Amount: \$3,400.00

Executive Summary of Request
Grant Request is for annual operating and program expenses. for the Germantown-Schnitzelburg Business Association, Inc.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes 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.

10 *Pat Mulvihill* \$2,400 1/18/2018
District # Councilman Pat Mulvihill Amount Date
Primary Sponsor Signature

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: _____

Applicant/Program:

Germantown-Schnitzelburg Business Association, Inc

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.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	<i>Barbara Garton Griedl</i>	\$ 1000 -
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Germantown-Schnitzelburg Business Association, Inc.

Program Name and Request Amount Operating and Program Expenses

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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"/> No <input checked="" type="checkbox"/> Yes
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
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"/> No <input checked="" type="checkbox"/> Yes

Prepared by: Geoff wohl D10 LA

Date: 1/18/2018



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: German Town - Schnitzelburg Business Association

Participant Name: Mike Morris

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.

Participant Signature

12/11/2017

Date



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: _____ Germantown-Schnitzelburg Business Association _____

Grantee Representative Name: _____ Mike Morris _____

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.
Client Assistance, Community Events & Festivals, 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.

Grantee Representative Signature

Date

12/11/2017

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 METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION, IN
(as listed on: <http://www.sos.ky.gov/business/records>)

Main Office Street & Mailing Address: 947 GOSS AVENUE LOUISVILLE, KY 40217

Website: GSBABIZZ.COM

Applicant Contact:	MIKE MORRIS	Title:	PARLIAMENTARIAN
Phone:	502-637-4900	Email:	MIKE@MIKEMORRISLAW.COM
Financial Contact:	SAME	Title:	
Phone:		Email:	

Organization's Representative who attended NDF Training: MIKE MORRIS

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

Program Facility Location(s): GERMANTOWN-SCHNITZELBURG

Council District(s): 10.4 Zip Code(s): 40204, 40217

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: programming expenses

Total Request: (\$) 3,394.64 Total Metro Award (this program) in previous year: (\$) 0.00

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
 - Current year projected budget
 - Current financial statement
 - Most recent IRS Form 990 or 1120-H
 - Articles of Incorporation (current & signed)
 - Signed lease if rent costs are being requested
 - IRS Form W9
 - Evaluation forms if used in the proposed program
 - Annual audit (if required by organization)
 - Faith Based Organization Certification Form, if 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:	NA	Amount: (\$)
Source:		Amount: (\$)
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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of the Germantown-Schnitzelburg Business Association (GSBA) is to foster economic development while preserving the rich history and traditions in the neighborhood. While recognizing that Goss Avenue is our "Main Street" and understanding that what is good for Goss is good for all, the Association's goal is to serve the entire area. GSBA activities will include beautification through landscaping and public art as well organizing events to promote the area and enhance its image as a fun and friendly place to work and live. The Association supports collaboration with all community stakeholders.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
ROB HOLTZMANN, HYLAND INSURANCE	DEC. 31, 2018
LAURA CLEMMONS, THE POST PIZZA	DEC. 31, 2018
BRIAN HOLTON, MONNIK BEER COMPANY	DEC. 31, 2018
TAYLOR SPRINGELMEYER, LEO	DEC. 31, 2018
PRINCETON HURST, FOUR PEGS BEER LOUNGE	DEC. 31, 2018
MIKE MORRIS, LAW OFFICE, MORRIS REALTORS	DEC. 31, 2018
TISHA GAINY, TAILSPIN ALE FESTIVAL	DEC. 31, 2018
MICHAEL MOELLER	DEC. 31, 2018
JOHN RONAYNE, BREWGRASS HOME BREW	DEC. 31, 2018
CATHERINE STEVENS, HAIR 502	DEC. 31, 2018
CHUCK SCHMIDT, KENTUCKY CENTER FOR THE ARTS	DEC. 31, 2018
MEGAN UELTSCHY SCHEPS, REPUBLIC BANK	DEC. 31, 2018
ROBBIE GIBSON, BEL MAR FLOWER SHOP	DEC. 31, 2018

Describe the Board term limit policy:

NO TERM LIMITS

Three Highest Paid Staff Names	Annual Salary
NA	

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.):

12/17/2017 -- GSBA HOLIDAY PARTY AT ART SANCTUARY

Free and open to the public
please attached flier

6/9/18 -- GSBA NETWORKING/MEMBERSHIP DRIVE

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

As you can see by the budget summary, the majority will be spent to offset the costs related to public relations and social media promotions including facebook, website, snapchat, and twitter.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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.

- 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:

THROUGH OUR NETWORKING EVENTS, OUR LOCAL BUSINESSES - BOTH OLD AND VENERABLE LIKE HAUCK'S HANDY STORE, CHECK'S CAFE, OLD HICKORY INN, AND THE PLACE TO GO HAIRSTYLING - AND NEW AND EXCITING LIKE THE POST PIZZA, FOUR PEGS BEER LOUNGE, MONNIK BEER CO., AND HAIR 502 - HAVE BEEN ABLE TO MEET AND GET TO KNOW AND APPRECIATE ONE ANOTHER AS WELL RECIPROCATE SUPPORT. CONSEQUENTLY, A VIBRANT NEIGHBORHOOD ECONOMY BENEFITS ALL RESIDENTS.

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.

GSBA WORKS CLOSELY WITH OUR TWO LONG TIME AND VERY ACTIVE NEIGHBORHOOD ASSOCIATIONS - SCHNITZELBURG AREA COMMUNITY COUNCIL (SACC) AND GERMAN-PARISTOWN NEIGHBORHOOD ASSOCIATION (GPNA). THEY BOTH HAVE BEEN VERY SUPPORTIVE AND HELPFUL IN WORKING WITH US TO DILINEATE OUR ROLE IN THE NEIGHBORHOOD AND HOW WE CAN BEST PROMOTE OUR AREA AND OUR BUSINESSES.



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	0.00	0.00	0.00
B: Rent/Utilities	0.00	0.00	0.00
C: Office Supplies	82.00	18.00	100.00
D: Telephone	0.00	0.00	0.00
E: In-town Travel	0.00	0.00	0.00
F: Client Assistance (See Detailed List on Page 8)	0.00	0.00	0.00
G: Professional Service Contracts	1968.00	432.00	2400.00
H: Program Materials	0.00	0.00	0.00
I: Community Events & Festivals (See Detailed List on Page 8)	688.64	151.16	839.80
J: Machinery & Equipment	0.00	0.00	0.00
K: Capital Project	0.00	0.00	0.00
L: Other Expenses (See Detailed List on Page 8)	656.00	144.00	800.00
*TOTAL PROGRAM/PROJECT FUNDS	3394.64	745.16	4139.80
	82 %	18 %	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)	
Fees Collected from Program Participants	
Other (please specify)	dues: 3825.00
	3825.00

*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

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
HOLIDAY PARTY	442.64	97.16	539.8
NETWORKING MEMBERSHIP	246	54	300
WEBSITE	246	54	300
CPA	410	90	500
Total	1,344.64	295.16	1,639.8

Applicant's Initials 

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
MEETING PLACE	1100.00	11 meetings x \$100/
DOOR PRIZES	400.00	\$100/EVENT
BOARD MEMBERS	\$20,000.00	2hrs/wk x 50weeks x \$20
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$21,500.00	

*** 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:

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.

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: 	Date:	12/11/2017
Legal Signatory: (please print): MIKE MORRIS	Title:	PARLIAMENTARIAN
Phone: 502-637-4900	Extension:	Email: mike@mikemorrislaw.com

W-9

Rev. 11/16/17
Department of the Treasury
Internal Revenue Service

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.
GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION INC.

2 Business name (disregarded entity, name if different from above)

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:
 Individual sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification: C-Corporation, S-S Corporation, P-Partnership ▶
Note. Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC. If the LLC is classified as a single-member LLC that is disregarded from the owner, unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions) ▶

4 Exemptions (does not apply only to certain entities; not for individuals; see instructions on page 3).
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

5 Address (number, street, and apt. or suite no.) See instructions.
947 GOSS AVENUE

6 City, state, and ZIP code.
LOUISVILLE, KY 40217

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

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 ▶ 

Date ▶ **3/26/18**

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-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*, later.

Board of Directors
continued for Germantown-Schnitzelburg Business Association, Inc.

- 4) Mike Morris
[REDACTED] Louisville, KY 40217
- 5) John Malone
[REDACTED] Louisville, KY 40217
- 6) John Murrow
[REDACTED] Louisville, KY 40217

GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION

FUNDING SOURCES:

Golf scramble -- 1000.00

Member dues -- 1000.00

What the Germantown?! Festival -- 1000.00

Oktoberfest -- 1000.00

Total projected -- 4000.00

GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION

FUNDING SOURCES 12/11/17 - 6/30/18:

MEMBERSHIP FEES

estimated at \$3,825.00

Organization Name: GSBA

Fiscal Year Period: 2017

	Current Org. Budget	Current YTD Actuals	Previous FY Budget	Previous FY Actuals
Revenue				
Local revenue (grant)	4,800			
Fundraising (golf scramble)	1,000			
Member dues	1,000	25		
What the Germantown	1,000			
Okoberfest	1,000			
Total cash revenue				
Total in-kind revenue				
Total Revenue	\$ 8,800			
Expenses				
CPA	500			
Tisha	4,800			
Website	300			
Office supplies	100	9		
Events	800			
Beautification/landscaping	2,000			
Logo design	300			
other		\$15 SOS registration		
Total cash expenses		\$ 34		

Income		Budget	Actual	Difference
Internal Funding				
	Membership Dues	\$ 3,825.00		
External Funding/Other				
	Government Grants	TBD		
Total Income:		\$3,825.00		

Expenses:		Budget	Actual	Difference
	CPA	\$ 500.00		
	Social Media (Tisha)	\$ 2,400.00		
	Website	\$ 300.00		
	Office Supplies, Printing	\$ 100.00		
	Holiday Party- Santa	\$ 200.00		
	Holiday Party- Event Insurance	\$ 339.80		
	Events (Networking/Membership Drive)	\$ 300.00		
Total Expenses		\$ 4,139.80		

NET (Income-Expenses) \$ (314.80)

Organization Name: GSBA

Fiscal Year Period: 2017

	Current Org. Budget	Current YTD Actuals	Previous FY Budget	Previous FY Actuals
Total in-kind expenses				
Total Expenses	\$ 9,100			
Revenue over Expenses	\$ -			

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

*Note: If exempt status is approved,
this application will be open for
public inspection.*

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Part I Identification of Applicant

1a Full Name of Organization GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION INC				
b Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 947 GOSS AVE		c City LOUISVILLE	d State KY	e Zip code + 4 40217-0000
2 Employer Identification Number [REDACTED]	3 Month Tax Year Ends (MM) 12	4 Person to Contact if More Information is Needed RICHARD R WOODS CPA		
5 Contact Telephone Number 502-327-9520		6 Fax Number (optional) 502-327-9527	7 User Fee Submitted \$275.00	
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)				
First Name: ROB		Last Name: HOLTZMAN		Title: PRESIDENT
Street Address: [REDACTED]		City: LOUISVILLE	State: KY	Zip code + 4: 40217-0000
First Name: LAURA		Last Name: NEELY		Title: VP
Street Address: [REDACTED]		City: LOUISVILLE	State: KY	Zip code + 4: 40217-0000
First Name: BRIAN		Last Name: HOLTON		Title: TREASURER
Street Address: [REDACTED]		City: LOUISVILLE	State: KY	Zip code + 4: 40217-0000
First Name: TAYLOR		Last Name: SPRINGELMEYER		Title: SECRETARY
Street Address: [REDACTED]		City: LOUISVILLE	State: KY	Zip code + 4: 40217-0000
First Name: JOHN		Last Name: MALONE		Title: SGT AT ARMS
Street Address: [REDACTED]		City: LOUISVILLE	State: KY	Zip code + 4: 40217-0000
9a Organization's Website (if available):				
b Organization's Email (optional):				

Part II Organizational Structure

- To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
 Corporation Unincorporated association Trust
- Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 05122016
- State of Incorporation or other formation: Kentucky
- Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
 Check this box to attest that your organizing document contains this limitation.
- Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
 Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
 Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION, INC.**General Information**

Organization Number	0952439
Name	GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/12/2016
Organization Date	5/12/2016
Last Annual Report	3/29/2017
Principal Office	947 GOSS AVENUE LOUISVILLE, KY 40217
Registered Agent	MIKE MORRIS 947 GOSS AVENUE LOUISVILLE, KY 40217

Current Officers

President	<u>Rob Holtzmann</u>
Vice President	<u>Laura Neely</u>
Secretary	<u>Taylor Springelmeyer</u>
Treasurer	<u>Brian Holton</u>
Director	<u>Rob Holtzmann</u>
Director	<u>Laura Neely</u>
Director	<u>Taylor Springelmeyer</u>
Director	<u>Brian Holton</u>
Director	<u>Mike Morris</u>
Director	<u>Kimberly Curran</u>
Director	<u>Princeton Hurst</u>
Director	<u>John Ronayne</u>
Director	<u>Catherine Stevens</u>
Director	<u>Tisha Gainey</u>
Director	<u>John Murrow</u>

Individuals / Entities listed at time of formation

Director	<u>LAURA NEELY</u>
Director	<u>PRINCETON HURST</u>
Director	<u>BRIAN HOLTON</u>
Director	<u>MIKE MORRIS</u>
Director	<u>JOHN MALONE</u>
Director	<u>JOHN MURROW</u>
Incorporator	<u>MIKE MORRIS</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	3/29/2017	1 page	PDF
Articles of Incorporation	5/12/2016	2 pages	tiff PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/29/2017 10:01:35 AM	3/29/2017 10:01:35 AM	
Add	5/12/2016 11:40:39 AM	5/12/2016	

Microfilmed Images

Republic Bank Balance as of 10/31/17: \$6,475.41

Deposits in sept/oct

9/1 \$36
9/6 \$36
9/14 \$504

> WTB
- MIC.

Cleared Checks in sept/oct

10/2 emily browning \$300 for schnitzelburg walk (check 112)

Balance as of 09/01/17: **\$6,199.41**

Uncleared Checks

none

Germantown-Schnitzelburg Business Association , Inc.

Registration Contact

Mike Morris
[REDACTED]
[REDACTED]

Registered Agent

Mike Morris
[REDACTED]
[REDACTED]

Mailing Address [REDACTED] ue, Louisville, Kentucky, United States, 40217

Business Formation

- A business that will be formed in Kentucky
- Non-Profit Corporation

Business Information

Purpose of Being Organized : foster economic development while honoring the tradition and history of the area

Principal Office Address

947 Goss Avenue, Louisville
Kentucky, 40217, United States

Business Representative(s)

Mike Morris ,

Email : [REDACTED] Phone Number : [REDACTED]

Mailing Address : 9 [REDACTED] ue, Louisville, Kentucky, United States, 40217

Princeton Hurst ,

Email : , Phone Number :

Mailing Address [REDACTED] sville, Kentucky, United States, 40217

Laura Neely ,

Email : , Phone Number :

Mailing Address : 1 [REDACTED] uisville, Kentucky, United States, 40217

Brian Holton ,

Email : , Phone Number :

Mailing Address [REDACTED] uisville, Kentucky, United States, 40217

One Stop Business Administrator(s)

mike morris, [REDACTED] m

Electronic Signatures

Mike Morris, Incorporator, 4/22/2016 8:13:06 AM

Mike Morris, Registered Agent, 4/22/2016 8:13:06 AM

Payment Summary

Description	Quantity	Amount
Application Fee	1	\$8.00
Organization Fee	1	\$0.00
Sub Total	2	\$8.00
Total	2	\$8.00



**COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

0952439.09 balimonos
ADD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
5/12/2016 11:40 AM
Fee Receipt: \$8.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Incorporation Non-profit Corporation <i>Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.</i>	NAI
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Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Germantown-Schnitzelburg Business Association, Inc.

Article II: The purpose for which the corporation is organized Civic

Article III: The name of the registered agent is Mike Morris

and the street address of the corporation's initial registered office in Kentucky is

<u>947 Goss Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Street Address (No Post Office Box Numbers)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article IV: The mailing address of the corporation's principal office is

<u>947 Goss Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is Six

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Laura Neely</u>	<u>1045 Goss Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Princeton Hurst</u>	<u>1053 Goss Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Brian Holton</u>	<u>1036 E. Burnett Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article VI: The name and mailing address of the incorporator is

<u>Mike Morris</u>	<u>947 Goss Avenue</u>	<u>Louisville</u>	<u>KY</u>	<u>40217</u>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Mike Morris</u>	<u>Mike Morris, vice-president</u>	<u>4/30/2016</u>
<small>Signature of Incorporator</small>	<small>Print Name & Title</small>	<small>Date</small>

I, Mike Morris, consent to serve as the registered agent on behalf of the corporation.

<u>Mike Morris</u>	<u>Mike Morris, vice-president</u>	<u>4/30/2016</u>
<small>Print Name of Registered Agent</small>	<small>Print Name & Title</small>	<small>Date</small>

GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION
BYLAWS

ARTICLE I - OFFICERS

GSBA should have four principal officers who shall be the President, Vice-President, Secretary, and Treasurer with two Sergeant at Arms, if possible. These officers shall be elected by the Board of Directors after the annual meeting to hold office for one year or until the respective successors are elected and take office. Vacancies in any of these principal offices during a term of office shall be filled by vote of the members of the Board.

The Treasurer and President shall sign all checks over \$500.00.

Any officer may be removed from office by not less than a two thirds majority of the Board members present at a duly called Board of Directors meeting after reasonable notification and sufficient opportunity have been given such officer to answer the complaint.

ARTICLE II - BOARD OF DIRECTORS

The Association shall be governed by a Board of Directors which shall consist of up to twelve members.

Board Elections: Directors shall be elected by the Council at the annual meeting. The Board shall have the responsibility for managing the affairs and controlling the funds of the Association.

Board Meetings: The Board of Directors shall hold meetings bimonthly either in person or via email, or more frequently if necessary, to conduct the business of the Board. Special Board meetings shall be held at the call of the President or by request of at least five Directors. Meetings shall be conducted, as closely as practical, in accordance with Robert's Rules of Order. At Board meetings a quorum shall consist of majority of members presently serving. There shall be no voting by proxy.

Approval of Projects and Expenditures: No Association projects or other activities shall be undertaken and no expenditures of Association funds exceeding fifty dollars shall be allowed except by majority vote at a meeting of the Board of Directors.

ARTICLE III - ASSOCIATION MEETINGS

The Association shall hold at least one meeting each year on a day designated by the Board of Directors. At Association meetings a quorum shall consist of the lesser of twenty members or ten percent of the Association membership. There shall be no voting by proxy.

The Board of Directors shall be elected at the annual meeting of the Association. A nominating committee can offer a slate of nominees for the Board and members of the Association may make additional nominations. To be elected, a candidate must receive a majority of the votes cast. When no candidate attains majority support, the candidate with the least votes shall be dropped and another ballot taken. This procedure shall be repeated until the Board is full or the pool of available candidates is exhausted. The newly elected Board shall take office at the beginning of the next calendar year.

ARTICLE IV - DUES

Membership in the Association shall require dues at a figure set by the Board of Directors. The

membership year shall be the calendar year. Only members whose dues are paid for the current year shall be allowed to vote on Association matters.

ARTICLE V - AMENDMENTS

These Bylaws may be amended at any duly called meeting of the Association by a two-thirds majority vote of the members present. Proposed amendment(s) shall be introduced at an Association meeting held no more than two months previous to that at which it/they are considered for approval.

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

DEPARTMENT OF THE TREASURY

Date: MAY 24 2017

GERMANTOWN-SCHNITZELBURG BUSINESS
ASSOCIATION INC
947 GOSS AVE
LOUISVILLE, KY 40217-0000

Employer Identification Number:

██████████

DLN:

26053542002627

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:

May 12, 2016

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 947



EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: [REDACTED] 3

Legal Name: GERMANTOWN-SCHNITZELBURG BUSINESS ASSOCIATION

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

[CLICK HERE for Your EIN Confirmation Letter](#) [Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

- [What if I do not have access to a printer at this time?](#)
- [Can I access this letter at a later date?](#)

GERMANTOWN NEIGHBORHOOD

Holiday Party

DEC
17

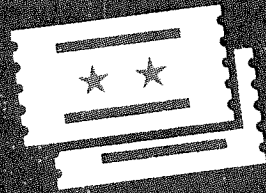
2:00 PM - 5:00 PM

ART SANCTUARY
1433 S. SHELBY ST.



HOLIDAY VENDORS

AND
FREE GIFT WRAPPING



RAFFLES FOR
A BIG SCREEN TV,
WIFI THERMOSTAT
AND MORE!



ORNAMENT,
COOKIE,
& CARD
Decorating

VISITS
WITH
Santa



BEARD
COMPETITION



THE
CENTER
FOR
WOMEN
AND
FAMILIES

- HOLIDAY GIVING -

DONATIONS GIVEN TO THE CENTER FOR WOMEN AND FAMILIES
AT THE EVENT MAY BE ELIGIBLE FOR A MATCH FROM THE GSBA!

BROUGHT TO YOU BY THE



GERMANTOWN-SCHNITZELBURG
BUSINESS ASSOCIATION