Recieved le-16-14@9:24am

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

**Applicant/Program:** Louisville Nature Center

**Executive Summary of Request:** 

This is a request for funding for outdoor nature education. This program serves youths from preschool to eighth grade. The program utilizes hands on exploration in the preserve that helps children link the natural world to the natural science, math, history and writing studies. Programs are aligned with the Common Core ELA Standards.

Funds will be offered to JCPS and the archdiocese with special consideration given to students from underserved areas.

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

In King

2000

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. Rob Holtzam former LA is a hember This aganizate Shave no Connector to him how 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

**Appligant/Program:** Natur Centa / Outdoor Natur Elucation Trisville

### **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 District # Amount Date 15 District # Council Member Signature Amount Date LØT District # Council Member Signature Amount Date **Council Member Signature** Amount Date District # Y District # Council Member Signature Date Amount District # Council Member Signature Amount Date District # **Council Member Signature** Amount Date

# **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

Amount

1/2/2014 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 District # Council Member Signature Amount Date District # Council Member Signature Amount Date



March 10, 2014

Louisville Metro Council 601 W. Jefferson Street Louisville, KY 40202

Dear Councilman King,

Thank you for your commitment to environmental education and for your support of the Louisville Nature Center through the years. We truly appreciate all the council members who have assisted with funding that allows children from all areas of Metro Louisville to experience the joy of hands on education in an urban forest. Thanks to generous supporters, many children from low income homes have attended free or reduced cost programs. We find that some of these youths have a fear of the forest and the wildlife within it. One trip down the trails is often all it takes to help them overcome their fears and gain a true appreciation of the flora and fauna in the preserve.

The Louisville Nature Center is a valuable resource to the school system and teachers. All of our school programs adhere to the JCPS Core Content guidelines and compliment the in-classroom curriculum that enhances studies in a way that can only occur in an outdoor setting. LNC is conveniently located in the heart of the city so schools and individuals have easy access to our trail system, bird blind, gardens and picnic areas. Without leaving the city limits, folks can see how nature and people can co-exist and quickly discover that nature begins in our own backyard.

I've enclosed in this packet comments from the teachers, but most importantly, I've enclosed comments from the children. There is no question they are discovering the wonder of nature during their visits and appreciate having this learning opportunity.

LNC is an independent 501c3 non profit organization so grants and donations are vital to our continuing to provide low cost programming and free recreation for the community. Feel free to contact me via my cell phone at 502-297-5096 or via email at <u>Inc@bellsouth.net</u> with questions regarding my request. Thank you again for your support.

Sincerel Kathy Morris Director

Our mission at LNC is to provide nature education and encourage stewardship in an urban forest. www.louisvillenaturecenter.org

501(c)(3)



# LOUISVILLE METRO COUNCIL



# NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFOR	MATION						
Legal Name of Applicant Organization: (as listed on: <u>http://www.sos.ky.gov/business/records/</u> ) LOUISVIILE Na	ature Center, Inc.						
Main Office Street & Mailing Address: 3745 Illinois Avenue, Louisville, KY 40213							
Website: www.louisvillenaturecenter.org							
Application Contact: Kathy Morris Title: Director							
Phone: 502-458-1328 Email: Inc@bellsouth.net							
Financial Contact: Kathy Morris Title: Director							
Phone: 502-458-1328 En	nail: Inc@bellsouth.net						
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVI	TIES ARE (WILL BE) PROVIDED						
Program Facility Location(s): 3745 Illinois Avenue, Louisville, KY 40213							
Council District(s): 10, but serves all districts in metro Louisville Zip Code(s	): all						
SECTION 2 – PROGRAM REQUEST & FINAN	ICIAL INFORMATION						
Program Name: Outdoor Nature Education							
Total Request: \$6,250 Total Metro Award (this pro	gram) in previous year : \$4,700						
The following are required attachments:							
<ul> <li>IRS Exempt Status Determination Letter</li> <li>Current Year Projected Budget</li> <li>List of Board of Directors (include term &amp; term limits)</li> <li>Current financial statement</li> <li>Most recent IRS Form 990 or 1120-H</li> <li>Articles of Incorporation</li> <li>Cost estimates from proposed vendor if request is for capital expense</li> <li>Signed lease if rent costs are being requested</li> <li>Signed lease if rent costs are being requested</li> <li>IRS Form W9</li> <li>Evaluation forms if used in the proposed program</li> <li>Annual audit (if required by organization)</li> <li>Faith Based Organization Certification Form, if required</li> <li>Staff including the 3 highest paid staff</li> </ul>							
Agency Fiscal Yr Start Date: July 1, 2014							
For the current fiscal year ending June 30, list all funds received from Louisville N expense, including funds received through Metro Federal Grants, from any depar Development Funds). Attach additional sheet if necessary.	Aetro Government for this or any other program or tment or Metro Council Appropriation (Neighborhood						
Source: Metro Council	Amount: \$2,700						
Source: MHHM Initiative	Amount: \$2,000						
Source:	Amount: \$						
Has the applicant contacted the BBB Charity Review for participation?  Pess No Has the applicant met the BBB Charity Review Standards?  Yess No SECTION 3 - SIGNATURE							
I certify under the penalty of law the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization.							
Signature of Legal Signatory:	Date: WWEeh 12, 2014						
Legal Signatory (please print): Charlie Marsh	Title: President, board of directors						
Phone: Extension: 502-458-1328	Email: Inc@bellsouth.net						

#### SECTION 4 - AGENCY DETAILS

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

The Louisville Nature Center's (LNC) mission is to provide nature education and encourage stewardship in an urban forest. LNC welcomed approximately 5,400 youths from Jefferson County during the past year. Many of these participants attended FREE of charge due to donations and grants from LNC supporters. The Nature Center is the site manager for adjacent Beargrass Creek State Nature Preserve (BCSNP). LNC ensures the trails are maintained and monitored for the safety of the public and to protect the flora and fauna located in the preserve. The preserve is the outdoor classroom for children's programs and provides the community with hiking and nature observation opportunities. The preserve and LNC grounds are open FREE to the public daily sunrise to sunset. There are several gardens located on LNC grounds including a sensory garden. The sensory garden has disability friendly walkways and a variety of plants that can be experienced through touch, taste, sight, sound or smell. The rain garden exhibits the benefits of storm water runoff and proper use of native plants. There are picnic areas, other garden areas and a bird blind. The bird blind allows visitors a close up view of the birds and other wildlife in their natural habitat. The LNC visitor center includes a native fish display as well as an assortment of living examples of native animals. Reference materials relating to flora and fauna are available in the library and there are interactive kid friendly activities throughout the visitor center. A large wall display provides visitors with an overview of the watershed, and an auditory system gives a detailed explanation of how watersheds work.

#### SECTION 5 - PROGRAM NARRATIVE

### A: Purpose of Request (check all that apply):

and the second second

□ Operating Funds (generally cannot exceed 33% of agency's total operating budget)

Programming/services/events for direct benefit to community or qualified individuals

□ Capital Project of the organization (equipment, furnishing, building, etc)

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

The nature programs are for youths, typically, of pre-school through eighth grade. All programs include hands-on exploration in the preserve that help children link the natural world to the natural sciences, math, history and writing studies. Programs are aligned with the Common Core ELA Standards. Students learn through hands-on activities which is proven to increase retention of study materials.

The maximum number of students is 50 and the cost of the programs is \$7 per student. The money will be offered to JCPS and the archdiocese with special consideration given to students from under-served areas. Some funding may be used to assist the schools with transportation when the school is unable to cover that cost.

Funds will be used for school years 2014/2015 

	ecifically how the funding will be spent including identification of funding to subgrantee(s):
Funding will	l be spent in the following manner:
-LNC admir	ator salaries for development and delivery of nature education programs istrative staff salaries for marketing, accounting, advertising, registration and reporting plies and janitorial supplies and services materials
-	one, internet and copies
and ends on Jui before the gran □ The funding ✓ At	ture Reimbursement Only - The grant award period begins with the Metro Council Appropriation Committee approval d ne 30 of the fiscal year in which the grant is approved. If any part of this funding request is for funds that will be spent at award period, identify the applicable circumstances: grequest is a reimbursement of the following expenditures that have occurred prior to the application date: tach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this
✓ At	plication. tach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this plication.
	request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to th approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the
grant agreemer ✓ If select	it. ting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. antee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
grant agreemer ✓ If select	ting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

NA

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

-JCPS partners with LNC to ensure that LNC programs adhere to educational standards and complement the in-school curriculum. In exchange, when funding is available, LNC offers free and/or reduced cost programming and/or assistance with transportation costs.

-Beargrass Creek State Nature Preserve partners with LNC to provide education guidance as it relates to the activities and wildlife in the preserve. In exchange, LNC is the site manager for the preserve and recruits volunteers to assist with trail maintenance and invasive species removal in the preserve. -Jefferson County Master Gardener Association (JCMGA) partners with LNC to maintain various gardens located on the grounds and also to offer educational assistance for garden related programming for children. LNC provides JCMGA free space for association meetings and partners with JCMGA on other events and activities.

Kentucky Herpetological Society allows LNC to house one of its native species snakes at LNC for use in educational programs. In return, LNC provides reduced cost on space rentals for club meetings and events.

-LNC provides free and/or reduced price meeting space for various local non-profit groups including but not limited to Louisville Rose Society, KYANA, Kentucky Society of Natural History, Falls City Woodcarvers, universities and many others.

-Bellarmine University and the University of Louisville partner with LNC on intern programs. Interns assist with various activities at LNC including assistance with educational programs. In return, the universities gain a valuable learning resource for their students and the students earn college credit for their time spent at LNC. LNC currently has six interns working for the spring semester and earning over 600 college credit hours.

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

The benefits are that student's formal education is enhanced through hands on outdoor learning. Students are more likely to retain information by experiencing the natural world firsthand. Studies show that students who develop a bond with nature at an early age are more likely to grow up to be good stewards of the environment.

One indicator of our success is the number of former students who come back to offer service hours at LNC. They have obviously grown up with an appreciation of the natural world.

LNC also collects teacher evaluations. The evaluations are evidence that the teachers are well pleased with the programs and find them to be beneficial to the student's learning progress. Attached are samples of actual evaluations that were completed by teachers of the JCPS system.

The number of students attending programs at LNC is another indication of our success in delivering high quality educational programs. Attached is information about the schools that chose to have their students attend LNC programs over the past year.

### SECTION 6 - PROGRAM BUDGET SUMMARY

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The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits	\$5,125		\$5,125
B: Rent/Utilities	\$500		\$500
C: Office Supplies	\$275		\$275
D: Telephone	\$200		\$200
E: In-town Travel	0		0
F: Client Assistance (Attach Detailed List)	0		0
G: Professional Service Contracts	0		0
H: Program Materials	\$150		\$150
I: Community Events & Festivals (Attach Detailed List)	0		0
J: Machinery & Equipment	0		0
K: Capital Project	0		0
L: Other Expenses (Attach Detail List)	0		0
SUBTOTAL			
% of Program Budget	%	%	100%
Value of volunteer services and how computed:	N/A	\$1,584*	\$1,584
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (Detail on Next Page)	N/À		,
Total Program Funds	\$6,250	\$1,584	\$7,834

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

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	0

#### PROGRAM BUDGET SUMMARY (CONTINUED)

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
LNC Volunteers	\$1,584	3*volunteers/class @ \$8/hour for a total of 66 hrs*.
- -		
,		
<b>Total Value</b> of In- <b>Kind</b> ( <i>to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)	\$1,584	

\* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

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

If YES, please explain:

## SECTION 7 - CERTIFICATIONS AND ASSURANCES

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

**Standard Assurances** 

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

#### **Standard Certifications**

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

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

Board member, Rob Holtzmann, was previously a council aide.



# Program Evaluation for: Animal In My Backyard

The Louisville Nature Center would appreciate your evaluation of our program. In order to evaluate and improve our programs we rely heavily on your feedback and input. Your cooperation is greatly appreciated.

# Program Date: 10/03/12 Program Leader: Cathy Neely

Please circle the number that best represents your feelings. The higher the number circled, the more satisfied you were with your experience with 5 being the most satisfied.

1. Program staff were friendly and knowledgeable	1	2	3.,	4	<b>3</b> ~	
2. Program applied to your curriculum	1 .	2	3	4	Ō	
3. Program content suitable for your students	t and	2	3	4	Ō	
4. Program enhanced students' understanding	1	2	3	4	Ō	
5. Learning environment was stimulating	1	2	3	4	ē.	
6. Program activities were effective	1	2	3	4	6	
7. Overall satisfaction with your visit	I	2	3	4	Ō	

Will you bring your students back for another program at Louisville Nature Center?

How could we improve your experience at Louisville Nature Center?

How did our program connect with your curriculum? If addiesed standards of
what all organisms need to survive; how plants + adminh
adapt te various environments
Comments: We all thoroughly injoyed the day.
Name of School: Hartitum Elem.
Name of Lead Teacher(s) Barbie Comin + Derbie Rennet
Grade Level:



# Program Evaluation for: Animal In My Backyard

The Louisville Nature Center would appreciate your evaluation of our program. In order to evaluate and improve our programs we rely heavily on your feedback and input. Your cooperation is greatly appreciated.

## Program Date: 10/03/12 Program Leader: Cathy Neely

Please circle the number that best represents your feelings. The higher the number circled, the more satisfied you were with your experience with 5 being the most satisfied.

1. Program staff were friendly and knowledgeable	1	2	3., <sub>yer</sub>	4	<b>3</b> ~
2. Program applied to your curriculum	1	2	3	4	G
3. Program content suitable for your students	1	2	3	4	0
4. Program enhanced students' understanding	1	2	3	4	5
5. Learning environment was stimulating	<b>Y</b> mantres	2	3	4	G
6. Program activities were effective	1	2	3	4	6
7. Overall satisfaction with your visit		2	3	4	0

Will you bring your students back for another program at Louisville Nature Center?

How could we improve your experience at Louisville Nature Center?

· ·
How did our program connect with your curriculum? If addiesed standards of
what all organisme need to survive; how plants + admish
adapt the various environments.
Comments: We all thoroughly injoyed the day.
Name of School: Hartitik Elina
Name of Lead Teacher(s) Barlin burnin + Delie Rennet
Grade Level: 5

# November 15, 2013

Kathy, I want to personally thank you and the staff at the Louisville Nature Canter for the fun-filled, informative day our fifth graders spent there. Sure, the beautiful weather helped, but the students were completely engaged in all activities provided. Many of the science core content standards relating to living organisms, adaptation, habitats, characteristics, etc. were addressed. Without exception, the students loved the experience. Enclosed are their notes of appreciation. I hope -LNC continues to thrive as the valuable educational resource that it is.

Sincerely, Ender Brohn-C.

Barbie Bruker-Corwin

Hartstern Elementary

Louisville Nature Center Activity Report				
Type of Activity	# Programs	-	# Attendees	Title 1 School*
ADULT Education	# Programs	24	284	
ARCHDIOCESE		9	547	
BIRTHDAY PARTIES		20	276	
CAMPS		20 13		
PUBLIC LIBRARIES			180	
FAMILY PROGRAMS		12	408	
		8	209	
HOME SCHOOLS		1	14	
INDEPENDENT SCHOOLS		26	608	_
		11	1212	7
PROFESSIONAL DEVELOPMENT		2	28	
SCOUTS		9	163	##1+# 1941-19-19-19-19-19-19-19-19-19-19-19-19-19
Total Activity 2010	: 	135	3929	7
ADULT EDUCATION		7	93	
ARCHDIOCESE		12	539	
BIRTHDAY PARTIES		26	390	
CAMPS		13	192	
PUBLIC LIBRARIES		3	150	
FAMILY PROGRAMS		1	67	
HOME SCHOOL		1	25	
INDEPENDENT SCHOOLS		10	202	
JCPS		20	2015	10
PROFESSIONAL DEVELOPMENT		5	125	
SCOUTS		19	119	
Total Activity 2011	, 	117	3917	10
ADULT EDUCATION		13	110	***************************************
ARCHDIOCESE		9	496	1
BIRTHDAY PARTIES		10	150	
CAMPS		9	44	
PUBLIC LIBRARIES		3	243	
FAMILY PROGRAMS		26	278	
HOME SCHOOL		8	126	
INDEPENDENT SCHOOLS		5	168	
JCPS		22	2626	13
PROFESSIONAL DEVELOPMENT		6	21	
SCOUTS		7	40	
Total Activity 2012	مېرى يېرىمىنىڭ رىغىنى مېرىمى مەرىپىز دو. مەرامەر بو	118	4302	14
ADULT EDUCATION		12	132	
ARCHDIOCESE		6	223	1
BIRTHDAY PARTIES		15	218	ł
CAMPS		10	199	
FAMILY PROGRAMS		39	616	
HOME SCHOOL		25	279	
INDEPENDENT SCHOOLS		4	92	
JCPS		20	2334	13
PROFESSIONAL DEVELOPMENT		20	2334	13
SCOUTS		4	28	,
Total Activity 2013		$\frac{4}{136}$		
		100	4131	14

\*Most Title I schools received free or discounted programs and/or transportation assistance.

Louisville Nature Center Group Porgram Attendees - On and Off Site 2010

#### 2011

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. . . Atria Springdale Senior Living Audubon Traditional Elementary Brandeis Elementary Byck Elementary Camp Taylor Elementary Cane Run CEP Chancey Elementary Chenoweth Elementary Crescent Hill Library **DeSales High School** Eisenhower Elementary S . 19 1 Fairdale Library **Gilmore Lane Elementary** 1.5 Gloria Davis Lutheron School Goldsmith Elementary Highlands Library Holy Family Holy Spirit Home of the Innocents Iroquois Library Jeffersontown Library Jewis Community Center ÷. ... Jewis Community Center Kaleidoscope Inc 12 the set Kaleidoscope Inc . . KY Country Day . . Little Scholars Louisville Collegiate Louisville Jewish Day School Lousiville Adventist Academy . . . . Lousiville Collegiate Main Library Middletown Christian Preschool Middletown Library New Directions Housing Corp. New Directions Housing Corp. Newburg Library **Our Savior Lutheran School** Portland Elementary **Portland Library** Puzzles Academy Rock Creek Community Academy Shawnee Library Shively Library Southwest Library St Agnes St Bernard St Gabriel St Mary's St Michael St Raphael **Teeter Tottlers Play Group** Watson Lane Elementary Wiz Kids Academy

Adelante Hispanic Achievers **Beechmont Community Center** Bloom Elementary **Brandeis Elementary** Byck Elementary Chance School **Chenoweth Elementary Coleridge Taylor elementary Dreams with Wings** Eisenhower Elementary Engelhard Elementary Fairdale Library Gilmore Lane Elementary Hawthome Elementary **Heuser Hearing Center** Holy Family Holy Spirit Home of Innocents / Indian Trail Elementary John Paul II Kennedy Montessori Keyfield Academy **KY Country Day** La Petite Academy Middletown Library Portland Elementary **Rock Creek Community Academy** Schaffner Traditional Shively Library **Slaughter Elementary** St Agnes St Gabriel St James Pre School St Joe's St Martha St Mary Center St Michaels St Raphael St. Bernard St. Greg **Trunnell Elementary** Westport Middle Westport TAPP Wheeler Elementary Wilder Elementary YMCA Cochran

2012

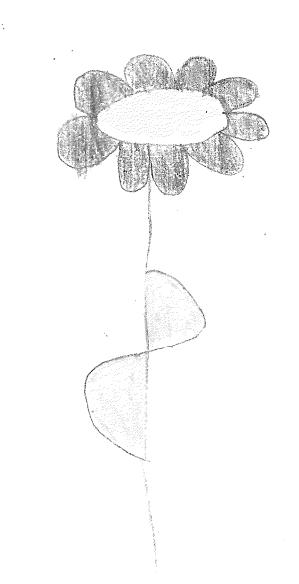
**Bloom Elementary Byck Elementary Cane Run Elementary Carter Traditional** Chance School **Chenoweth Elementary** Cochran Elementary Down Syndrome/Dreams with Wings **Eisenhower Elementary** Engelhard Elementary **Gilmore Lane Elementary** Goldsmith Elementary **Greathouse Elementary** 11 A Hartstern Elementary Highland Common Ministries Holy Spirit Indian Trail Elementary Jacob Elementary . : Kennedy Montessori Kentucky Country Day Kenwood Elementary Louisville Collegiate Louisville Free Public Library (Main Branch) Louisville Free Public Library (Middletown Branch) Lowe Elementary Montessori School of Louisville 5 ..... ·. . Okolona Elementary St. March and stranger in **Portland Elementary** .7 Rock Creek Community Academy St Agnes 1. 1. 12 24 St Athanasius St Gabriel St Martha St Michael St. Benedict St. Mary Center St. Nicholas St. Raphael St. Raphael Child Enrichment Center Waldorf School Wilder Elementary

2013

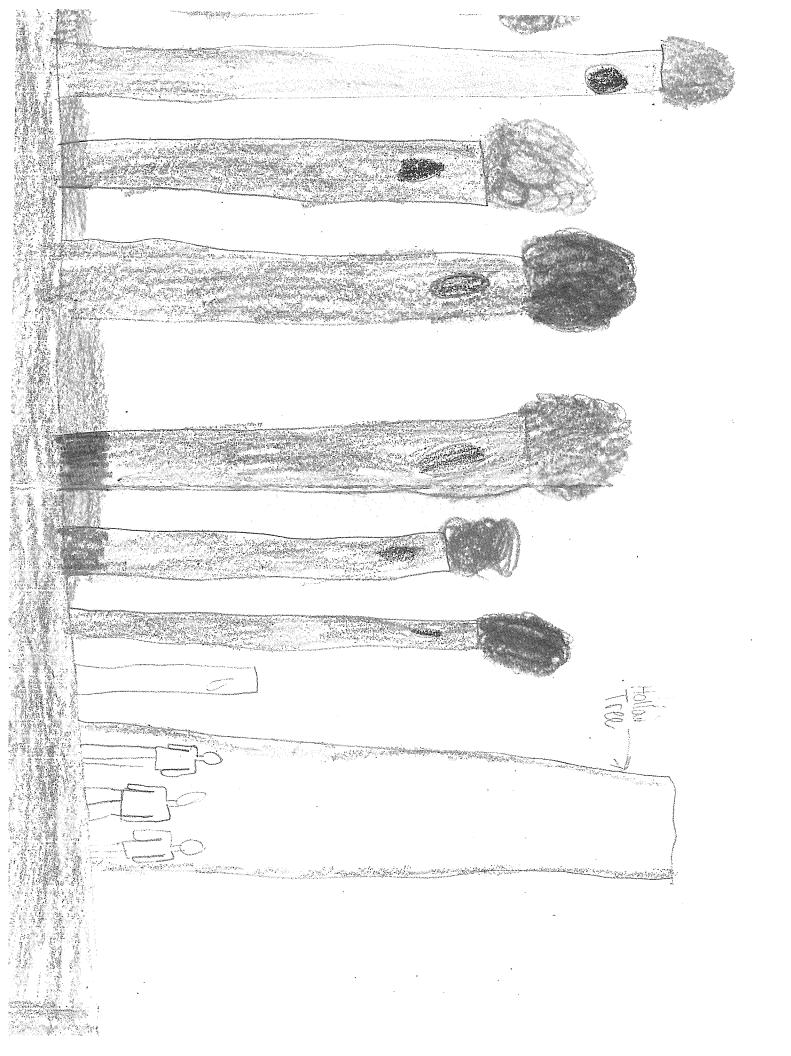
American Printing House for the Blind Ascension Catholic School **Bluegrass Bioneers Byck Elementary** Cane Run Elementary Chenoweth Elementary Coleridge Taylor elementary **Dawson Orman Preschool** Dawson Orman Preschool Dawson Orman Preschool Dawson Orman Preschool Dawson Orman Preschool **Eisenhower Elementary** Engelhard Elementary Frayser Elementary Gilmore Lane Elementary Goldsmith Lane Elementary Greater Louisville Council of the Blind Greathouse/Shyrock Elementary Harstern Elementary Holy Family Holy Spirit **Jacob Elementary** Jewish Community Center John Paul Academy Kentucky Country Day School Kenwood Elementary (Club Kenwood) Laukhuf Elementary Loisville Free Public Library Highlands Branch Louisville Free Public Library Jeffersontown Louisville Free Public Library Newburg Louisville Free Public Library St. Matthews Louisville Free Public Library Western Louisville Free Public Library Westport Portland Elementary Price Elementary St. Gabriel St. Gabriel St. Nicholas Stopher Elementary Waldorf School Watterson Elementary Wilder Elementary

Inank you forgiving us the opportunity to see and learn about noture. It wo cool to see all the piras so close up. About the nature hike was sun and cool to learn about will animals and plants.





CARTHONKS WERE SO WHE ALE 602 It Flownk hoverold I calle I Web in Birds Dwe Jun 2 but and hore the puritates Shakes OF Nerss I really NYOU FOR THE MIRE H Sids like the hade I CSS The animats I mean North 7.00 Warle.



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## Scheduling a Program

- Select a program
- Contact the Louisville Nature Center at: 458-1328 Inc@bellsouth.net
- Schedule your visit at least 2 weeks in advance
- Have the following information on hand: Contact info including email When you want to come Selected program Number of chaperones How you will make your payment

Program Fee: \$7 per student

\$5 per preschool student

Maximum: 60 students

Teachers & adult chaperones are free! Home school groups please call LNC for fees. Title I schools may receive free programs on a first come first serve basis - depending on availability of funding.

Most programs are two hours long and will continue rain or shine - please come prepared to hike outdoors in the forest.

### **Outreach Program Fee:**

\$100 per program

Maximum: 30 students per program

Cancellation Policy: We can reschedule programs but not refund fees.

### The Louisville Nature Center

Where hearts and minds awaken to nature's possibilities.

This treasure is located directly across from the Louisville Zoo and located on the 41 acre Beargrass Creek State Nature Preserve.

In this upland and floodplain forest, there are over 180 species of trees, shrubs and flowering plants, 150 species of resident and migratory birds, and many other animals.

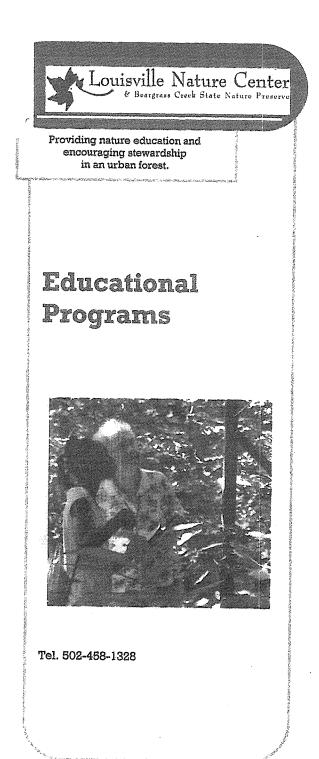
A visit to the Nature Center can enhance your classroom lessons through:

- Interactive hands-on activities
- Interaction with live organisms depending upon availability
- Interaction with nature
- Outreach programs that come to you

All programs adhere to Kentucky Core Content and JCPS Core Content and may include handson activities, live animals, a hike, or a visit to the bird blind.







## Scheduling a Program

- Select a program
- Contact the Louisville Nature Center at: 458-1328 lnc@bellsouth.net
- Schedule your visit at least 2 weeks in advance
- Have the following information on hand: Contact info including email
   When you want to come Selected program
  - Number of chaperones

How you will make your payment

## Program Fee: \$7 per student

\$5 per preschool student

Maximum: 60 students

Teachers & adult chaperones are free! Home school groups please call LNC for fees. Title l schools may receive free programs on a first come first serve basis - depending on availability of funding.

Most programs are two hours long and will continue rain or shine - please come prepared to hike outdoors in the forest.

**Outreach Program Fee:** 

\$100 per program

Maximum: 30 students per program

Cancellation Policy: We can reschedule programs but not refund fees.

### The Louisville Nature Center

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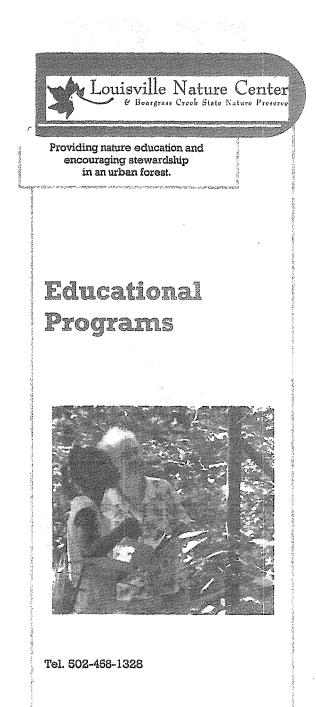
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Internal Revenue Service

District Director

Date: MAR 26 1992

Louisville Nature Center Ine PO Box 7414 Louisville, KY 40257-0414 Department of the Treasury

P.O. Box 2508 Cincinneti, OH 45201

Person to Contact: Gordon Schnur Pelephone Number: 513-684-3957 Refer Reply to: EP/EO Employer Identification Number: 61-6036081

Dear Sir or Medam:

This is in response to your request for a copy of your determination letter.

Our records indicate that by a determination letter issued in March, 1965 your organization was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(l) and 170(b)(l)(A)(vi).

The classification was based on the assumption that your operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on your exempt status and foundation status.

As of January 1, 1984, you are liable for taxes under Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of

(2)

# Louisville Nature Center Inc.

You are required to file Form 990, Return of Organization Exempt free Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the lith day of the fifth month after the and of your annual accounting pariod. The law imposes a penalty of \$10 & day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of

the Code. If you are subject to this tax you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not decormining whether any of your present or proposed activities are unrelated trade or business as defined in

Because this letter could help resolve any questions about your exampt status and foundation status, you should keep it in your parmanen:

If you have any questions, you may contact us at the audress or relephone number shown in the heading of this letter.

This is an affirmation letter.

rely yours,

Robert T. Johnson District Director

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	419491 · Don	nation Based Educational Programs			\$	25,000																	\$	1,000			\$	26,000
	419492 · Fee	Based Educational Programs	\$	300	\$	2,150	\$	5,000	\$	5,500	\$	6,368	\$	3,900	\$	4,350	\$	500	\$	3,000	\$	1,700	\$	700	\$	250	\$	33,718
Total 41949	0 · Educational	l Programs	\$	300	\$	27,150	\$	5,000	\$	5,500	\$	6,368	\$	3,900	\$	4,350	\$	500	\$	3,000	\$	1,700	\$	1,700	\$	250	\$	59,718
	419851 · Ren	tals	\$	175	\$	725	\$	500	\$	300	\$	225	\$	375	\$	250	\$	500	\$	1,250	\$	275	\$	275	\$	150	\$	5,000
	419852 · Fun	draisers	\$		\$	•	\$	-	\$	9,374	\$	-	\$	-	\$	-	\$	4,500	\$	7,000	\$	-	\$	-	\$	1,000	\$	21,874
	419853 · Gift	Shop Receipts	\$	300	\$	100	\$	400	\$	250	\$	350	\$	250	\$	300	\$	50	\$	50	\$	200	\$	100	\$	250	\$	2,600
	419854 · Rain	n Barrels	\$	-	\$	-	\$	-	\$	700	\$	1,400	\$	1,400	\$	1,400	\$	•	\$	-	\$	-	\$		\$	-	\$	4,900
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		65122 · D & O Insurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	1,140	\$	-	\$	-	\$	-	\$	-	\$	1,140
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# Louisville Nature Center Profit & Loss January 1 through October 1, 2013

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	523200	Fundraising Expenses	-				<u> </u>		\$	-	\$	5,940	\$		\$	-	\$	-	\$	3.600	\$	-	\$	-	\$	750	ŝ	10,290
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		on LNC budget, not on NC chart																					···	-+		+		

### Peers, Carrie G

From:	Louisville Nature Center <inc@bellsouth.net></inc@bellsouth.net>
Sent:	Monday, June 16, 2014 10:30 AM
To:	Peers, Carrie G
Cc:	Kathy Morris
Subject:	Re:
Attachments:	2013 Current Board Contact Infomation List w-oxls.xls
Follow Up Flag:	Follow up
Flag Status:	Flagged

Carrie,

Thanks, attached is the board member list. We have two year terms, but all but one board member have stayed on the board continuously over the past 4 or 5 years. So I don't really have term end dates specific to those individuals other than Helen Dorroh. She is a new board member with a term end date of 4-2016 if she chooses at that time to roll off. Kathy

Louisville Nature Center <u>www.louisvillenaturecenter.org</u> 3745 Illinois Avenue Louisville, KY 40213 Phone: (502)458-1328 LNC@bellsouth.net

On Monday, June 16, 2014 9:49 AM, "Peers, Carrie G" <<u>Carrie.Peers@louisvilleky.gov</u>> wrote:

I am filing this with the clerk's office today. Pres. King and Councilman Owen have signed on. Can you send a separate e-mail with the names of the board members and the dates when their terms expire. That is the only thing the Clerk's office identified as needing updating.

Thanks,

From: Louisville Nature Center [mailto:<u>Inc@bellsouth.net]</u> Sent: Monday, June 09, 2014 10:05 AM To: Peers, Carrie G Cc: Kathy Morris Subject: Re:

No problem. I appreciate your help.

Our articles call for a three year term for all board members. The terms occur at various times depending upon when the board members come onto the board.

The \$500 is for gas and electric only.

I have not had much luck getting any other assistance. Tom Owen said it was a little late in the cycle for additional allocations, but he said he would see what he could do. Will Jim still give us the \$2,000 if I don't get the remaining funds requested?

### LOUISVILLE NATURE CENTER Current Board Member List

	Kevin	Bowling
	Walt	Christensen
	Russell	Cotton
	Perri	Eason
	Mark	Eley
Secretary	Phyllis	Fitzgerald
	Pete	Glauber
Vice President	Rob	Holtzmann
Treasurer	Ron	Jolly
	Ken	Machtolff
President	Charlie	Marsh
	Chris	O'Bryan
	Kenneth	Popp

11:37 AM 03/13/14 Cash Basis

# Louisville Nature Center Balance Sheet As of February 28, 2014

	Jan 31, 14	Feb 28, 14
ASSETS		
Current Assets		
Checking/Savings		
100000 · Cash Accounts		
100002 · Stock Yards Bank-Charitable Gam	50.62	50.62
100005 · Total SYB Checking		
1000052 · SYB Regular Checking	5,556.52	-4,523.74
1000051 · SYB Temp. Restricted Checking	9,510.57	35,858.94
Total 100005 · Total SYB Checking	15,067.09	31,335.20
111100 · Petty Cash	100.00	100.00
112000 · Gift Shop Cash	25.00	25.00
Total 100000 · Cash Accounts	15,242.71	31,510.82
Total Checking/Savings	15,242.71	31,510.82
Other Current Assets		
119000 · Invested Cash		
18000 · Marketable Securities	10,339.22	10,830.17
119000 · Invested Cash - Other	15,684.34	15,684.34
Total 119000 · Invested Cash	26,023.56	26,514.51
Total Other Current Assets	26,023.56	26,514.51
Total Current Assets	41,266.27	58,025.33
Fixed Assets		
190010 · Buildings	423,137.67	423,137.67
190020 · Furniture and Equipment	66,299.58	66,299.58
190030 · Accumulated Depreciation	-201,826.95	-201,826.95
Total Fixed Assets	287,610.30	287,610.30

11:37 AM 03/13/14 Cash Basis	Balar	Nature Center Ice Sheet Iruary 28, 2014
	Jan 31, 14	Feb 28, 14
Other Assets		
18700 · Security Deposits Asset	395.00	395.00
Total Other Assets	395.00	395.00
TOTAL ASSETS	329,271.57	346,030.63
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
224100 · Deficit Payable	14,682.07	12,257.69
25500 · Sales Tax Payable	2.80	2.80
Total Other Current Liabilities	14,684.87	12,260.49
Total Current Liabilities	14,684.87	12,260.49
Total Liabilities	14,684.87	12,260.49
Equity		
30000 · Opening Balance Equity	-1,666.67	-1,666.67
31300 · Perm. Restricted Net Assets	25,550.00	25,550.00
31500 · Temp. Restricted Net Assets	3,345.20	3,345.20
32000 · Unrestricted Net Assets	282,365.01	282,365.01
Net Income	4,993.16	24,176.60
Total Equity	314,586.70	333,770.14
TOTAL LIABILITIES & EQUITY	329,271.57	346,030.63

9 m	)90-EZ	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2012
		<ul> <li>(except black lung benefit trust or private foundation)</li> <li>Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512/b)(13) must file Form 990 (see instructions)         All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000</li> </ul>		Open to Public
e	int of the Treasu levenue Service	at the end of the year may use this form		Inspection
		lendar year, or tax year beginning , 2012, and ending	an a	, 20
			mployer	identification numb
	k if cable:	LOUISVILLE NATURE CENTER INC		
3	ess change	10015VILLD WHICKE CERTER 2017	-6036	5081
i	e change	Number and street (or P O box. if mail is not delivered to street address) Room/suite ET	elephone	number
ł	l return	3745 ILLINOIS AVENUE 50	2-45	3-1328
1	inated		roup Exe	mption
( ·	nded return		umber	•
	ication ling			if the organization is
Acc	ounting Met	Ind. Cash 21 Additian Other (openity)	فسيبسنا	attach Schedule B
		f(x) = f(x) +		990-EZ, or 990-PF)
	exempt sta	tus(check only one) - $X = 501(c)(3) = 501(c)() ◄$ (insert no.) = 4947(a)(1) or = 527 [ (for the organization is not a section 509(a)(3) supporting organization or a section 527 organization	and the second se	and the second
Che	ck 🕨 📘	if the organization is not a section 509(a)(3) supporting organization of a section 527 organization 50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	he requir	ed (see instructions).
not	more than \$	50,000. A Form 990-Ez or Form 990 return is not required though Form 990-K (e-postoard) may	uo roquin	
the o	organization	chooses to file a return, be sure to file a complete return.		•
Add	lines 5b, 6c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	b ⊂	148,799
	ssets (Part	I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. F w	
12 le	Revo	nue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions	ior citi)
	Chec	if the organization used Schedule O to respond to any question in this Part I	1	57,573
	1 Contr	butions, gifts, grants, and similar amounts received	2	83,098
	2 Progr	am service revenue including government fees and contracts	3	7,390
	3 Memi	pership dues and assessments	4	738
		ment income	. 4	
	5 a Gross	amount from sale of assets other than inventory	-	
	b Less:	cost or other basis and sales expenses	- 5c	
	c Gain	or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
າບອ	6 Gam	ng and fundraising events		
Revenue		s income from gaming (attach Schedule G if greater than \$15,000) 6a	-	
Re	b Gros	a income from fundraising events (not including S of contributions	5	
		fundraising events reported on line 1) (attach Schedule G if the sum		
	of su	ch gross income and contributions exceed \$15,000)	4	
	c Less	direct expenses from gaming and fundraising events	$\dashv$	
	d Net i	come or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<mark>6</mark> d	
	7 a Gros	s sales of inventory, less returns and allowances 7a		
	b Less	cost of goods sold		
	c Gros	s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Othe	r revenue (describe in Schedule O)		
	9 Tota	I revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	148,799
	10 Gran	ts and similar amounts paid (list in Schedule O)	10	
	11 Bene	fits paid to or for members	. 11	
ŝ	12 Sala	ries, other compensation, and employee benefits	. 12	
nse	13 Profe	essional fees and other payments to independent contractors	13	95,186
Expenses	14 Occi	ipancy, rent, utilities, and maintenance	14	5,713
យ៍	15 Print	ing, publications, postage, and shipping	15	6,181
	16 Othe	r expenses (describe in Schedule O)	16	39,160
		I expenses. Add lines 10 through 16		146,246
	18 Exce	uss or (deficit) for the year (Subtract line 17 from line 9)	18	2,553
sets	19 Net	assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
	is net	of-year figure reported on prior year's return)	19	253,137
sset	and.			
Net Assets	end- 20 Othe	er changes in net assets or fund balances (explain in Schedule O)	20	

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...

W22628	Check if the organization used Schedule O to re	espond to any question i	n this Part II.	* * * * * * * * * * *			
				(A) Beginn	ing of year	I	(B) End of year
22	Cash, savings, and investments				,113.		33,815.
23	Land and buildings				,829.	23	260,680.
24	Other assets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •				24	12,041.
25	Total assets					25	306,536.
26	Total liabilities (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · ·		,288.		50,846.
21 11	Net assets or fund balances (line 27 of column (B) mu	ist agree with line 21)	<u></u>	253	,137.	27	255,690.
		mplishments (see	the instruction	ons for Par	t III.)		
	Check if the organization used Schedule O to re nat is the organization's primary exempt purpose? SEE	espond to any question in	n this Part III				Expenses
De	scribe the organization's program service accomplishmer	SCHEDULE U	proport proprio	-			uired for section 501(c)(3) 501(c)(4) organizations and
me	scribe the organization's program service accomplishmer basured by expenses. In a clear and concise manner, des nefited, and other relevant information for each program t	cribe the services provid	led, the number	per of persi	ons		ion 4947(a)(1) trusts
28		ATTON PROCENT	Me mo e	ואידורוריו	mo	optic	onal for others )
	TEACHERS, HANDICAPPED AND TH	HE GENERAL DI	10 10 2 191 TC C	N A S			
	NATURE PRESERVCE			<u>na r o</u>	IAIL		
	(Grants \$ ) If this amount inclue	des foreign grants, checl	k horo	-		•	100 007
29		des loreign grants, cheu	Nileie			28a	132,097.
	<u> </u>						
	(Grants \$ ) If this amount include	des foreign grants, check	< here			29a	
30						234	
	(Grants S ) If this amount includ	des foreign grants, check	( here			30a	
31	Other program services (describe in Schedule O)						
	(Grants \$ ) If this amount include	des foreign grants, check	here		🕨 🗍 🗍	31a	
					and the second se		And the second
32	Total program service expenses (add lines 28a throug	h 31a)				32	132,097.
32 P2	Total program service expenses (add lines 28a throug List of Officers, Directors, Trustees, and Key	Employees. List each	one even if r	not comper	isated (see	e the	132,097. instructions for Part IV.)
32 E	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to rea	Employees. List each spond to any question in	one even if r this Part IV.	not comper	isated. (see	e the	instructions for Part IV.)
32 122	List of Officers, Directors, Trustees, and Key	Employees. List each spond to any question in (b) Average hours per week	one even if r	not comper	(d) Health be	e the	instructions for Part IV.)
<b></b>	Check if the organization used Schedule O to reaction (a) Name and title	Employees. List each spond to any question in (b) Average hours per week devoted to position	one even if r this Part IV.	not comper	isated. (see	e the	instructions for Part IV.)
<b></b>	Check if the organization used Schedule O to re-	Employees. List each spond to any question in (b) Average hours per week	one even if r	ation 9-MISC) niter-0)	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
<b></b>	(a) Name and title	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2	one even if r	not comper	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
CH	(a) Name and title	Employees. List each spond to any question in (b) Average hours per week devoted to position	one even if r	hot comper able ation 9-MISC) nter-0}	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
CH	Intera       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule O to re:         (a) Name and title         IARLIE       MARSH         DB       HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1	one even if r	ation 9-MISC) niter-0)	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Intera       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule O to re:         (a) Name and title         NARLIE         MARSH         DB         HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2	one even if r	able ation 9-MISC) nter-0)	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Intera       List of Officers, Directors, Trustees, and Key         Check if the organization used Schedule O to re:         (a) Name and title         NARLIE         MARSH         DB         HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	hot comper able ation 9-MISC) nter-0}	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	able ation 9-MISC) nter-0)	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of
	Check if the organization used Schedule O to reaction (a) Name and title IARLIE MARSH DB HOLTZMAN	Employees. List each spond to any question in (b) Average hours per week devoted to position PRESIDENT 2 VICE PRES 1 SECRETARY 1	one even if r	not comper ation 9-MISC) nter-0-) 0 0	(d) Health be (d) Health be employee ben	e the	instructions for Part IV.) (e) Estimated amount of

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_	990-EZ (2012) LOUISVILLE NATURE CENTER INC 61-60360	31	Pa	ge 3
Form IPali	318 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruct	ions for		
	Part V.) Check if the organization used Schedule O to respond to any question in this Part V.		<u></u>	
	Pair V.) Oneok in the organization data of the state of t	1	Yes	No
<b>~</b> ~	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each		ł	
33		33		X
~ 4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
34	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	34		<u>X</u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		C. Contractor	
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	activities (such as those reported on lines 2, oa, and 7a, among others). If "No", provide an explanation in Schedule O	35b	1	
b	If "Yes", to line 35a, has the organization filed a rount 950-rior the year in the portion subject to section 6033(e) notice	t		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	36		Х
	If "Yes," complete applicable parts of Schedule N	- 30		
37 a	Criter amount of political expenditures, direct of indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		l	1.1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
30	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			ł
b	Gross receipts, included on line 9, for public use of club facilities			
40-2	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
408	section 4911▶ ; section 4912 ▶ ; section 4955 ▶			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction			-
b	during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its			
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
	prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part Finner and properties			<u>†</u>
¢	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		İ	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		l	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by	tige		
	the organization		l	l.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40.		X
	If "Yes," complete Form 8886-T	. 40e	L	
41	List the states with which a copy of this return is filed. ► KY	5 4 6	0 1	
42a		2-45		.34
	Located at > 3745 ILLINCIS AVENUE KY LOUISVILLE ZIP+4 > 402	213-		
Ł	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	1
	account)?	42b	1	X
	If "Yes," enter the name of the foreign country:▶		1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
C		·	1	<u></u>
	If "Yes." enter the name of the foreign country:▶			
43	Section 4947(a)(1) nonexempt charitable trusts him profil 990-22 in field of Portiri 1041 - Offect field in the factor			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N
		[	1 es	149
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	. 44a	<u> </u>	<u> </u>
ł	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b	<u> </u>	
,	: Did the organization receive any payments for indoor tanning services during the year?	. 44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	. 44d		
	- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	45a		X
45;	The second se		1	1
45	Did the organization receive any payment non or engage in any transaction with a controlled entry mean dis meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		X
	Form 990-EZ (see instructions)			<u>محمد المحمد</u>

P	a	ge 4
Yes		No

Part VI					<u></u>	λ	
	All section 501(c)(3) organizations		7-49h and 52 and com	nlete the tables for lines			
	50 and 51.	inust answer questions +		piete the tables for times			
	Check if the organization used Sch	nedule O to respond to an	y question in this Part V	l			
<u></u>						Yes	No
	e organization engage in lobbying ac						Х
	If "Yes," complete Schedule C, Part organization a school as described in						X
	ne organization make any transfers to						X
b If"Ye	s," was the related organization a sec	ction 527 organization?			49b		
	plete this table for the organization's f				s and key em	ployee	s) w
each	received more than \$100,000 of com	pensation from the organ	ization. If there is none,		<u> </u>		
(a) Nar	ne and title of each employee	(b) Average hours per week	(C) Reportable compensation	(d) Health benefits contributions to employee benefit plans, and deferred	(e) Estimati		
(4) (42)	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation	or other con	pensand	<b>1</b> 4 5
ONE							
					e - Veragente - Veragente		
	umber of other employees paid over !	\$100.000					
Comple comper	ate this table for the organization's five nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	-	is none, enter "None."		vho each received more the service	han \$100,000 (c) Compensi		
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name	nsation from the organization. If there	is none, enter "None."					
1 Comple comper (a) Name IONE d Total n	nsation from the organization. If there and address of each independent co umber of other independent contracto	is none, enter "None." ontractor paid more than S	5100,000 (b) Typ	be of service			
1 Comple comper (a) Name IONE d Total n 2 Did the charital	umber of other independent contractor organization complete Schedule A?	is none, enter "None." ontractor paid more than S ors each receiving over \$7 Note: All section 501(c)(3 chedule A	5100,000 <b>(b)</b> Typ 	pe of service	(c) Compens	sation	No
1 Comple comper (a) Name IONE d Total n 2 Did the charital nder penaltie	umber of other independent contractor organization complete Schedule A?	is none, enter "None." potractor paid more than S potractor paid more than S pors each receiving over \$' Note: All section 501(c)(3 chedule A	5100,000 (b) Typ 	7(a)(1) nonexempt	(c) Compens	sation	No
1 Comple comper (a) Name IONE d Total n 2 Did the charital moder penaltie	umber of other independent contractor organization complete Schedule A? ble trusts must attach a completed Sc s of penjury. I declare that I have examined this re-	is none, enter "None." potractor paid more than S potractor paid more than S pors each receiving over \$' Note: All section 501(c)(3 chedule A	5100,000 (b) Typ 	7(a)(1) nonexempt	(c) Compens	sation	No
1 Comple comper (a) Name ONE ONE d Total n 2 Did the charital nder penaltie prrect, and co	umber of other independent contractor organization complete Schedule A? ble trusts must attach a completed Sc s of penjury. I declare that I have examined this re implete. Declaration of preparer (other than office Signature of officer	is none, enter "None." potractor paid more than S potractor paid more than S pors each receiving over \$' Note: All section 501(c)(3 chedule A	5100,000 (b) Typ 	De of service       7(a)(1) nonexempt       he best of my knowledge and beline.	(c) Compens	sation	No
1 Comple comper (a) Name IONE IONE d Total n 2 Did the charital nder penaltie prrect, and co	umber of other independent contractor organization complete Schedule A? ble trusts must attach a completed Sc s of penjury. I declare that I have examined this re- implete. Declaration of preparer (other than office Signature of officer Type or print name and title	is none, enter "None." potractor paid more than S pors each receiving over \$7 Note: All section 501(c)(3 chedule A sum. including accompanying sor r) is based on all information of wh	5100,000 (b) Typ b) Typ b) Typ c) c) c	pe of service	(c) Compens (c) Compens Yes ef. it is true.	sation	No
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SCH	EDUI	LEA	1
(Form	990 c	or 990	).EZ

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Employer identification number Name of the organization LOUISVILLE NATURE CENTER INC 61-6036081 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions PELL The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  $\overline{X}$ 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated а Type By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified e persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization?..... 11g(i) (ii) A family member of a person described in (i) above? ..... 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... .i11a(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organ-(V) Did you (vi) Is the (vii) Amount of organization (described on lines 1-9 ization in col notify the organization in support above or IRC section (i) listed in your organization in col. (i) (see instructions)) aovernina cot (i) of your organized document? support? in the U.S ? Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

OMB No. 1545-0047

2012

**Open to Public** 

## Page 3

## Part III

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	***************************************					
	lar year (or fiscal year beginning in) 🛛 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1							
	membership fees received. (Do not						
	include any "unusual grants.")	21695.	22237.	54879.	32937.	57573.	189321.
2	Gross receipts from admissions, merchan-				1		
	dise sold or services performed, or facilities				1		
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	63725.	97395.	72907.	78009.	90488.	402524.
3	Gross receipts from activities that				1		
	are not an unrelated trade or business						
4	under section 513 Tax revenues levied for the organization's		<del></del>		<u></u>		
-	benefit and either paid to or expended on		age and the second s				
	its behalf.		i T		artiste to a		
5	The value of services or facilities		4 <u></u>				
5	furnished by a governmental unit to the						
	organization without charge		1 2 2				
6	Total. Add lines 1 through 5	25420.	119632.	127786.	110946.	148061.	391845.
	Amounts included on lines 1, 2, and 3						
16	received from disqualified persons		- many many many many many many many many	u produktion Pro-			
	Amounts included on lines 2 and 3				1		
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year			re e anticipat de la constante			
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		{		+	<u> </u>	591845.
- Children and Children	ion B. Total Support	}	: 		4	<u> </u>	1 036930.
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	85420.	119632.	127786.	110946.	148061.	591845.
-	Gross income from interest, dividends,			1			1 022040.
104	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	307.	1267.	4.	553.	738.	2949.
ь	Unrelated business taxable income (less	· · ·			1		
	section 511 taxes) from businesses			nande fan			
	acquired after June 30.1975	a na an					
с	Add lines 10a and 10b	327.	1267.	4.	553.	73.9.	2949.
11	Net income from unrelated business				1	1	
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on			(			
12	Other income. Do not include gain or						
	loss from the sale of capital assets	- See - Lander					
	(Explain in Part IV.)			1 August 1			
13	Total support. (Add lines 9, 10c, 11, and 12.)	35807.	120899.	127790.	111499.	142799.	394794.
14	First five years. If the Form 990 is for the org	······			1		1.0000000
	organization, check this box and stop here					, , , ,	ь П
Sect	ion C. Computation of Public Supp						
15	Public support percentage for 2012 (line 8, co					15	99.50 %
16	Public support percentage from 2011 Schedu						<u>99.50 %</u>
	ion D. Computation of Investment I					<u></u>	
17	Investment income percentage for 2012 (line			3. column (f))		. 17	0.50 %
18	Investment income percentage from 2011 Sci		•			18	$\frac{0.50}{0.50}$ %
	33 1/3 % support tests - 2012. If the organiz					1	
194	not more than 33 1/3 %, check this box and s						
b							
ų	is not more than 33 1/3 %, check this box and						
20	Private foundation. If the organization did no						
BCA	i invate i ouridation, il die biganization die he		15990AS3	TIDE CHECK THE	يسير والرواني والبرادية مسيرا كالانكر كالمراسم معاصيتهم ومعادي والمكري كالها	بالدائية والمتراف والمراجع والمتراجع والمتحاص والمراجع والمحاط والمتحاط والمتحاط والمتحاط والمتحاط والمراجع	or 990-E7) 2012

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	
Name of the organization		Employer identification number 61-6036081
	PART I LINE 8 OTHER REVENUE:	
DESCRIPTION	OF OTHER REVENUE:	
INTEREST INC	OME	
FORM 990EZ P That are nee	ART I LINE 16 OTHER EXPENSES ARE OTHER OPERA DED FOR THE DAY TO DAY OPERATION OF CENTER	TING EXPENSES
FORM 990 EZ	PART II LINE 24 OTHER ASSETS:	· · · · · · · · · · · · · · · · · · ·
SEE OTHER LI	ST ATTACHMENT	
FORM 990 EZ	PART II LINE 26 OTHER LIABILITIES:	
SEE OTHER LI	ST ATTACHMENT	
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For Paparwork Peduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (Form 990 or 990-EZ) (2012)
BCA		

# Prepared For LOUISVILLE NATURE CENTER INC

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M HATFIELD OLIVA TAX SERVICE INC 7530 DIXIE HIGHWAY LOUISVILLE KY 40258 Telephone: 502-937-8006

## LOUISVILLE NATURE CENTER INC

3745 ILLINOIS AVENUE LOUISVILLE KY 40213-

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INVOICE DATE: 07/18/2013 ID NUMBER: 61-6036081 TELEPHONE: 502-458-1328 INVOICE NO.: 138

# 2012 INVOICE

Description		
1 FORM 990-EZ 1 SCHEDULE A, SUPPLEMENTARY INFORMATION	390	
1 SCHEDULE O, SUPPLEMENTAL INFORMATION TO FORM 9 3 DETAIL SHEETS	290	
Remarks:		175.00
	Total Charges Discount Sales Tax Payments	115.00
© 2012 CCH Small Firm Services. All rights reserved	Amount Due	175.00 INVOICE

# **Detail Sheet**

# Name: LOUISVILLE NATURE CENTER INC

ID: 61-6036081

2012

# Description: OTHER EXPENSES

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ADVERTISING Type	Amount
BANK CHARGES	6
DUES	3
GIFT CERTIFICATES	34
HORTICULTURAL SUPPLIES	34
NSURANCE EXPENSE	55
JICENSE PERMITS	3,88
IEETING EXPENSES	
ERCHANT FEES	]]1
ISCELLANEOUS EXPENSE	944
ALES TAX EXPENSE	414
UPPLIES	
UNDRAISING EXPENSES	7,233
NTEREST EXPENSE	7,142
ACILITIES AND EQUIPMENT	7,142
ASH SHORTAGE	2,265
EPRECIATION	
	14,149
Total	

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**Detail Sheet** 

#### Name: LOUISVILLE NATURE CENTER INC

ID: 61-6036081

## Description: OTHER LIABILITIES

Туре	Amount 24,652. 26,194.
ACCOUNTS PAYABLE NOTES PAYABLE	24,652.
OTES PAYABLE	26,194.
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Total	

**Detail Sheet** 

Name: LOUISVILLE NATURE CENTER INC

ID: 61-6036081

# Description: OTHER ASSETS

Туре	Amount
ACCOUNTS RECEIVABLE	1,300 395 10,340
SECURITY DEPOSIT	301
THER DEPRECIABLE ASSETS	10 340
T - 4 - 1	
Total	

#### Amended and restated By-laws Of

#### LOUISVILLE NATURE CENTER, INC.

#### ARTICLE 1

#### MEMBER8

1.1 <u>Non-Voting</u>. There shall be one class of members of the Louisville Nature Center, Inc. (the "Association") with the designations set forth below, which may be changed by the Board of Trustees (as hereinafter defined) from time to time. Members shall have no voting rights or privileges as such, but may be entitled to such other rights, benefits or privileges as the Board or the Association may from time to time provide. Members shall be those persons who are current in their membership dues or contributions or who are life members, as evidenced by a list kept by the Association. Trustees, officers and employees shall be members of the Association during their period of service without regard to dues.

1.2 <u>Designations</u>. There shall be such designations and categories of membership, including, but not limited to yearly and life memberships, as the Trustees shall by resolution establish. The Trustees may, in their discretion, delegate by resolution to any officer the authority to establish membership designations.

# ARTICLE 2

## PRINCIPAL OFFICE

2.1 The principal office of the Association shall be Louisville Nature Center, Inc., P.O. Box 7414, Louisville, Kentucky, 40257-0414, but the location of such office may be, from time to time, otherwise designated and changed by the Board of Trustees.

#### ARTICLE 3

## NO CAPITAL STOCK

3.1 The Association shall have no capital stock or stockholders, and its business and affairs shall not be conducted for private pecuniary gain or profit, nor shall any of its gain, profit or property inure to any officer, a member or trustee thereof.

## ARTICLE 4

# BOARD OF TRUSTEES

4.1 <u>Powers</u>. The property and affairs of the Association shall be managed by a Board of Trustees (the "Board"). The members of the Board shall be selected as set forth in Section 4.3, and shall be referred to herein and in all documents and business of the Association as the "Trustees."

4.2 Generally.

**a.** <u>Composition of Board</u>. The number of Trustees shall be not less than 12 nor more than 21 and shall be fixed in Section 4.2.b, subject to change by amendment of these By-Laws.

b. <u>Number of Trustees</u> There shall be 15 Trustees.

4.3 <u>Designation and Selection of Trustees</u>. The Trustees shall be selected as follows:

a. <u>In General</u>. All but one of the seats on the Board shall be divided into 3 classes as nearly equal in number as possible, designating such classes as the first class, the second class and the third class. Trustees of these classes shall be elected as prescribed in Section 4.4.

b. <u>Trustee Representing the Advisory Committee</u>. In addition to the designation of Trustees as described above, and their election as prescribed in Section 4.3.a, the Board shall elect one person as Trustee who shall be nominated in writing by the Advisory Committee (as hereinafter defined). The Board may, in its sole discretion, waive the requirement of a designation in writing. Further, should the Board in its discretion and in good faith be unable to determine to its satisfaction the nominee properly designated by the Advisory Committee, the Board may either fill the vacancy with its own nominee or leave the seat vacant until such time as it can satisfactorily determine the nominee of the Advisory Committee.

The Trustees of each class and the Trustee representing the Advisory Committee shall all have the same powers, rights and obligations as Trustees of the Association, and shall differ only in their manner of appointment or election, and in their respective terms of office as provided in Sections 4.2.b and 4.3.

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# BOOK 433 PAGE 941

## AMENDED AND RESTATED ARTICLES OF INCORPORATION OF

LOUISVILLE NATURE CENTER, INC.

#### ARTICLE I

#### <u>Name</u>

The name of the corporation is Louisville Nature Center, Inc. (the "Corporation").

#### ARTICLE II

#### Capital Stock

Any provision of these Articles of Incorporation to the contrary notwithstanding, the Corporation shall not have capital stock or shareholders and shall not have any purpose or object, nor have or exercise any power, nor engage in any activity, which in any way contravenes, or is in conflict with, the other provisions of Article III of these Articles of Incorporation.

#### ARTICLE III

#### Purposes and Powers

The objects and purposes of the Corporation, and the powers it shall have and may exercise are as follows:

(a) As general and controlling purposes, to conduct and carry on its work, not for profit, but exclusively for charitable, scientific, literary, or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent Federal tax laws (the "Code"), in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, except as reasonable compensation for services actually rendered, (ii) that it shall not cirectly or indirectly participate in or intervene in any political campaign on behalf of any candidate for public office, and (iii) that no substantial part of its activities shall be carrying on propaganda or otherwise attempting to influence legislation.

(b) As particular purposes in furtherance of, consistent with, and subject to, the general purposes set forth in Section (1)(a) of this Article III:

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# BOOK 433 PAGE 942

(i) to establish and maintain a nature preserve and nature center for environmental education and to engage in activities incidental thereto with the objective of stimulating interest and knowledge concerning the preservation of our environment and natural areas; and

(ii) to organize, promote, foster, assist (whether financially or otherwise), and conduct charitable, scientific, literary and educational enterprises, activities and institutions.

(c) In furtherance of, and at all times subject to, the aforesaid purposes, enterprises, activities, and projects the Corporation shall have the authority and power to engage in any lawful act or activity for which corporations may be organized under the Kentucky Non-Profit Corporation Act, and to exercise any and all powers that corporations may now or hereafter exercise under the Kentucky Non-Profit Corporation Act.

#### ARTICLE IV

# Voluntary Dissolution

If, at any time, the Corporation voluntarily dissolves, the assets of the Corporation shall be applied and distributed as follows:

(a) All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provisions shall be made therefor;

(b) Assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred, or conveyed in accordance with such requirements;

(c) Assets that have been received and are held by the Corporation subject to limitations permitting their use only for charitable, scientific, literary, educational, and/or similar purposes, and that are not held upon a condition requiring return, transfer, or conveyance by reason of dissolution, shall be transferred or conveyed to one or more corporations, societies, or organizations, organized under the laws of any state, that are exempt under section 501(c)-(3) of the Code, or to the Federal government, or to a state or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law;

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(d) Other assets, if any, shall be transferred or conveyed to one or more corporations, societies, or organizations, organized under the laws of any State, that are exempt under section 501(c)(3) of the Code, or to the Federal government, or to a State or local government, for a public purpose, pursuant to a plan of distribution adopted as provided by law; and

(e) Any assets not disposed of pursuant to the provisions of this Article IV shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located to such organizations as the court shall determine, which are organized and operated exclusively for charitable purposes and are exempt under section 501(c)(3) of the Code.

#### ARTICLE V

#### Members

The Corporation shall have such members and classes of membership as shall be provided in the By-Laws. The members shall have no right to vote on any matter concerning the Corporation, the Trustees possessing the sole voting power. Members, as such, shall have no claim on the assets, income or property of the Corporation, currently or upon dissolution.

# ARTICLE VI

## Board of Trustees

(1) (a) The affairs of the Corporation shall be conducted by a Board of Trustees and by such committees and officers as shall be provided in the By-Laws.

(b) The Board of Trustees shall consist of not less than three persons, the precise number of whom shall be designated by the By-Laws. The nomination and election of Trustees shall be as provided in the By-Laws and shall take place at the annual meeting of the Board of Trustees, or as otherwise provided in the By-Laws.

(c) The term of office of each trustee shall be as provided by the Corporation's By-Laws. Each Trustee so elected shall hold office for said term and until his or her respective successor shall have been duly elected and shall have accepted office.

(d) Trustees may be removed from office during their term of office as provided in the By-Laws.



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(2) The annual meetings of the Corporation's Board of Trustees shall be held at such time and place as may be fixed by the Corporation's By-Laws.

(3) The duties and powers of the Board of Trustees, committees and officers of the Corporation shall, except as otherwise specifically provided herein or in the By-Laws, be such as are usually incident to similar Boards of Directors or Trustees, similar committees and similar officers, and in addition, shall be such as may be conferred upon said Board of Trustees, upon such committees, or upon such officers by law, or by amendment to the Articles of Incorporation or By-Laws, or by appropriate corporate resolution.

#### ARTICLE VII

#### Registered Office: Registered Agent

Until otherwise changed, the registered office of the Corporation shall be at 4834 Brownsboro Center, Louisville, Kentucky 40207, and the name and address of its registered agent at such address shall be Bruce Hutcherson.

#### ARTICLE VIII

#### Principal Office

The address of the principal office of the Corporation is Louisville Nature Center, Inc., P.O. Box 7414, Louisville, Kentucky 40257-0414.

#### ARTICLE IX

#### Amendment of Articles and By-Laws

(1) The Corporation's Articles of Incorporation may be amended in the manner provided by law.

(2) The Foard of Trustees shall adopt By-Laws for the Corporation and may change or revise such By-Laws at any time and from time to time.

# ARTICLE X

# Private Property

The private property of the members, offices and Trustees shall not be subject to any of the Corporation's debts and liabilities.

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To the fullest extent permitted by, and in accordance with the provisions of the Kentucky Revised Statutes Chapter 273, the Corporation shall indemnify each Trustee or officer of the Corporation against reasonable expenses (including reasonable attorneys' fees), judgments, taxes, penalties, fines (including an excise tax assessed with respect to an employee benefit plan) and amounts paid in settlement (col-lectively "Liability"), incurred by such person in connec-tion with defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative, and whether formal or informal) to which such person is, or is threatened to be made, a party because such person is or was a Trustee or officer of the Corporation, or is or was serving at the request of the Corporation as a Trustee, officer, partner, employee or agent of another domestic or foreign corporation, partnership, joint venture, trust or other enterprise, including service with respect to exployee benefit plans. A Trustee or officer shall be considered to be serving an employee benefit plan at the Corporation's request if such person's duties to the Corporation also impose duties on or otherwise involve services by such person to the plan or to participants in or beneficiaries of the plan. To the fullest extent authorized or permitted by, and in accordance with the provisions of, the Act, the Corporation shall pay or reimburse reasonable expenses (including reasonable attorneys' fees) incurred by a Trustee or officer who is a party to a proceeding in advance of final disposition of 

The indemnification against Liability and advancement of expenses provided by, or granted pursuant to, this Article XI shall not be deemed exclusive of any other rights to which those seeking indemnification or advancement may be entitled under any bylaw, agreement, action of disinterested Trustees, or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office of the Corporation, shall continue as to a person who has ceased to be a Trustee or officer of the Corporation, and shall inure to the benefit of the heirs, executors and administrators of such a person.

The Corporation may purchase and maintain insurance on behalf of any person who is or was a Trustee or officer of the Corporation, or is or was serving at the request of the Corporation as a Trustee, officer, member, partner, employee or agent of another domestic or foreign corporation, part-

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BODK 433 PAGE 946

1001

nership, joint venture, trust or other enterprise, against any liability asserted against such person and incurred by such person in such capacity or arising out of such person's status as such, whether or not the Corporation would have the power or be obligated to indemnify such person against the power or be obligated to indemnify such person against such liability under the provisions of this Article XI or of the Kentucky Revised Statutes Chapter 273 (or corresponding provisions of any subsequent state laws).

Any repeal or modification of this Article XI by the Board of Trustees shall not adversely affect any right or protection of a Trustee or officer of the Corporation under this Article Xi with respect to any act or omission occurring prior to the time of such repeal or modification.

Except as otherwise provided by applicable law, no trustee of the Corporation shall be personally liable to the corporation for monetary damages for breach of his duties as a trustee, provided that this provision shall not eliminate or limit the liability of a trustee for the following: (i) for any transaction in which the trustee's personal finanfor any transaction in which the trustee's personal financial interest is in conflict with the financial interests of the Corporation; (ii) for acts or emissions not in good faith or which involve intentional misconduct or are known to the trustee to be a violation of law; or (iii) for any transaction from which the trustee derived an improper personal benefit. This Article XIII shall continue to be applicable with respect to any such breach of duty by a trustee, as a trustee, notwithstanding that such trustee thereafter ceases to be trustee, and shall inure to the personal benefit of his heirs, executors and administrators.

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6.6 <u>Advisory Committee</u>. a. <u>Generally</u>. The Board may organize or recognize an Advisory Committee whose members will assist the Association in developing programs, exhibits, and research. The Advisory Committee may hold special events on behalf of the Association to promote public relations, further environmental education or aid in fund-raising. The Advisory Committee will assist the Association in publishing a newsletter, recruiting, volunteering and pricing the benefits and programs it may provide to the public.

b. <u>Composition and Procedure</u>. The Advisory Committee shall elect its own members and appoint its own officers. Nominations for membership on the Advisory Committee may be suggested by the Board, the President or the Director of the Association. The Advisory Committee shall adopt its own By-Laws and keep its own records, but the failure to do such shall not affect the validity of any action taken by the Advisory Committee on behalf or in relation to the Association, except as otherwise provided in these By-Laws.

these By-Laws. Control of the Board of Trustees Committee shall be accountable to the Board of Trustees through the Trustee elected as its representative to the Board pursuant to Section 4.3.b. The Advisory Connittee will report regularly to the Association through this representative or through the Director of the Association.

d. Finance and Revenue. The Advisory Committee shall remit revenues from its programs to the Association Treasurer without legal restrictions. However the Advisory Committee reasonably expects that the Association will make such funds available for such purposes as it might reasonably request with approval of the Board. The Association may keep such funds in a separate account and delegate to the Advisory Committee discretion in their disbursement, so long as dual controls are maintained, and such disbursements are consistent with the Association's purpose, including the maintenance of its federal tax exempt

cories as the Board way from time to time designeaning any to and proany rove. The Tressurer shail maintain custody of and proserve all records and documents relating to the propuncy of the Association and **Selp 1986** product of anorunts which and i be open at all times to inspection by the Bear. At any mediling, the Tres**REDING** all render to the France write

7.1 Officers: Oualifications. The officers of the Association shall be elected by the Board, and shall be a President, a Vice President, a Treasurer, a Secretary, a Director and such additional officers as the Board may from time to time elect. Any two or more offices may be held by one person.

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7.2 Terms. Each officer shall hold office for one year and until his successor shall have been elected and shall have assumed office, or until his death, resignation or removal, whichever is sooner.

7.3 Resignations. Any officer may resign at any time by delivering written notice to the Association. The resignation shall take effect at the time specified in the notice. Unless required by the terms of the notice, acceptance shall not be necessary to make the resignation effective,

without cause at any time by the Board.

7.5 <u>Vacancies</u>. Any vacancy in any office, however arising, shall be filled by the Board for the unexpired term.

7.6 President: The President shall be principal officer of the Association and shall; in general, perform all duties incident to the office of President, as well as such other duties as may be prescribed by the Board from time to time. The President shall serve as chairman of the Board and shall preside at all meetings of the Board. The President may appoint board committee chairmen and members and create committees in accordance with Section 6.1. The President shall have authority to co-sign all checks, notes, contracts and other instruments.

7.7. Vice President. The Vice President shall assume such duties as may be assigned by the President or the Board. The Vice President shall serve as vice-chairman of the Board and in the absence of the President, preside at all Board meetings. The Vice President shall have the authority to co-sign all checks, note, contracts and other instruments.

7.8 Treasurer. The Treasurer shall receive and disburse all funds of the Association under the direction of the Board and shall deposit all funds in the name of the Association and all securities in such depository or depositories as the Board may from time to time designate or approve. The Treasurer shall maintain custody of and preserve all records and documents relating to the property of the Association and keep proper books of accounts which shall be open at all times to inspection by the Board. At any meeting, the Treasurer shall render to the Board upon request a financial report, and at intervals specified by the Board, he or she shall submit to the Board a statement of the financial condition of the Association, certified by independent accountants, consisting of a balance sheet and related statements of income and expenses and of changes in all funds for the fiscal year then ended. The Board may LACEISC SAC

require the Treasurer to obtain such insurance and in such amount as it shall determine. The Treasurer shall have authority to co-sign all checks, notes, contracts and other instruments. The Treasurer may delegate such of his duties as may be appropriate to any officer, including, but not limited to, the Director. The Treasurer need not be a Trustee.

7.9 <u>Becretary</u>. The Secretary shall cause notices to be issued of all meetings of the Trustees and a record to be made of the proceedings of the same. The Secretary shall also attend to all official correspondence, shall have custody of and preserve the corporate seal and the archives, and shall affix the seal under the direction of the President or the Board. The Secretary shall have authority to co-sign all checks, notes, contracts and other instruments. The Secretary need not be a Trustee.

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7.10. <u>Director</u>. The Director shall manage the day-today business affairs and operations of the Association, unless otherwise determined by the Board, and shall have such other duties as may be assigned by the President or the Board. The Director shall have the authority to enter into contracts and to sign checks in accordance with written procedures as set forth by the Association's accountants.

7.11 <u>Additional Officers</u>. Additional officers shall have such responsibilities, powers, and duties as the Board may from time to time prescribe.

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8.1 <u>Contracts and Debts: Transfers of Securities</u>. Any two of the President, the Vice President, the Treasurer, or any two individuals designated by the Board shall have authority to execute any contract or debt in the name of the Association or execute any form of transfer and assignment customary or necessary to constitute a transfer of stocks, bonds, or other securities standing in the name of or belonging to the Association. Any individual transferring any stocks, bonds, or other securities pursuant to a form of transfer or assignment so executed shall be fully protected and shall be under no duty to inquire whether the Board has taken action in respect thereof.

8.2 <u>Signing of Checks</u>. Pursuant to the provisions of these By-Laws or other written policies and procedures adopted by the Board, the President, the Vice President, and certain officers of the Association may sign, make, and : evidence in the name of the Association checks, vouchers, drafts, warrants, orders for the payment of money or receipts: Change done decide of Jerussell end estimper and itshe resument and an areas lished it as Innorm

8.3 <u>Fiscal Year</u>. The Board of Directors shall have the power to fix, and from time to time change, the fiscal year of the Association by resolution. Unless and until otherwise so provided by the Board, the fiscal year of the Association shall be on a calendar year basis beginning on January 1.

(1.9) Badisievery. The Garrelary Shall Gaves noticer to be insued of all meetrade of the Trajuers and a record to ande of the proceed er SJITAChe Same. The Secretary strielso attend to all official correspondence, shall have orefody of and SNOISTROPARIAD reterses and the orefody of the seal rader tos director of the and shall affir the seal rader tos director of the president of the Seard The Secretary anall have architer.

9.1. Seal. The Board of Trustees may adopt by resolution a corporate seal which shall be circular in form and shall have inscribed thereon the designation "SEAL" and such other information as the Board of Directors may deem advisable. Seal of the enditive of the missile sealand yes

9.2 Compensation: Interested Trustees and Officers. No Trustee or officer of the Association, other than the Director, shall receive compensation for his services in that capacity. A transaction shall not be voidable by the Association solely because Trustee or an officer is interested, directly or indirectly, in a contract or transaction affecting the Association or he or a member of his family is proposed to be compensated for services actually rendered to the Association if (a) the material facts as to the Trustee's or officer's interest are disclosed in good faith to the Board, and the contract or the transaction is approved or ratified by a majority vote of the Board, the interested Trustee not being counted for the purpose of establishing a quorum and not voting; or (b) the contract or transaction is fair to the Association.

9.3 <u>Construction</u>. Unless the context specifically requires otherwise, any reference in these By-Laws to any gender shall include all other genders, any reference to the singular shall include the plural, and any reference to the plural shall include the singular.

9.4 <u>Severability of Provisions</u>. If any provision of these By-Laws or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the invalidity does not affect other provisions or applications of these By-Laws that can be given effect without the invalid provision or application, and to this end the provisions of these By-Laws are severable.

these By-Laws or other written policies and procedures adopted by the Scard, the President, the Vice President, and certain officers of the Association may sign, bake, and evidence in the news of the Association to checks, which will

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#### ARTICLE 10

#### AMENDMENTS

10.1 These By-Laws may be amended or repealed, in whole or in part, by a majority vote of the Trustees at any meeting of the Board, provided, that notice of the proposed amendment or repeal, together with the text of the principal substantive changes, shall have been given with the notice of the meeting.

The above Amended and Restated By-Laws of the Association were adopted by the Board of Trustees as of March \_\_\_, 1992.

Title:

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Form	W.	-9
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Statement of the local division of the local		

# Request for Taxpayer Identification Number and Certification

	Name (ne al		and certi	rication	requester. Do not
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page	Land white waruit	Center			
5 2	Check appropriate bo	k for federal tax			
~ <u>8</u>	classification (required				
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r t	Limited liability c	MDROV Enter the tax of the		Partnership Trust/es	tate
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돈등	Other (see instruc	tions) b		snp) >	Exempt payee
Print or type Specific Instructions on	Address (number, street	t, and apt. or suite no.)			
ě	3745 Illinois Ave	t and apr. of suite no.)			
0	City, state, and ZiP cod	Q		Requester's name and address (	optional)
See	Louisville KY 402	4.0			
F	List account number(s)	13			
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resident	Alien, sole propriate	ridenufication Number (TIN) riate box. The TIN provided must match th For individuals, this is your social security , or disregarded entity, see the Part I instr lentification number (EIN). If you do not ha	e name given on the "Name"	line Sector	
entities,	it is your employer in	, or disregarded entity, see the Part I instr lentification number (EIN). If you do not ha	number (SSN). However, for	line Social security number	
n vivi on p	Dage 3.	EIN). If you do not ha	Ve a number		
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no long	ger subject to back	withholding because: (a) I am exempt from ect to backup withholding as a result of a withholding, and	n backup withholding, or (b) I	have not been pour to me, a	nd
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interest pa	id, acquisition or ab	ort all interest and dividends on your tay re	been notified by the IRS that	VOL Bre cument	
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Sign	s on page 4.	and avidends, you are not require	ed to sign the certification	n individual retirement argan	x mortgage
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# Program Evaluation for: (program name) Date:

The Louisville Nature Center would appreciate your evaluation of our program. In order to evaluate and improve our programs we rely heavily on your feedback and input. Your cooperation is greatly appreciated.

#### **Program Leaders:**

Please circle the number that best represents your feelings. The higher the number circled, the more satisfied you were with your experience with 5 being the most satisfied.

1. Program staff were friendly and knowledgeable	1	2	3	4	5
2. Program applied to your curriculum	1	2	3	4	5
3. Program content suitable for your students	1	2	3	4	5
4. Program enhanced students' understanding	1	2	3	4	5
5. Learning environment was stimulating	1	2	3	4	5
6. Program activities were effective	12	3	4	5	
7. Overall satisfaction with your visit	1	2	3	4	5

Will you bring your students back for another program at Louisville Nature Center?

How could we improve your experience at Louisville Nature Center?

How did our program connect with your curriculum?

Comments:\_\_\_\_

Name of School:

Name of Lead Teacher(s)

Grade Level: \_\_\_\_\_

Please return this completed form by mail or email to the Louisville Nature Center.

## LNC Staff – as of 3/21/2014

Kathy Morris – Director Judy Gardner – Education Coordinator Jessica Wheatley – PT Office Manager Ellie Block – PT Bookkeeper Steve Brown – PT Newsletter Editor Rosemary Bauman – PT Educator Cathy Neeley – PT Educator Joan Shanahan – PT Educator Kerry Jones – PT Educator Amy Berry – PT Educator

# General Information

Organization Number	0119233
Name	LOUISVILLE NATURE CENTER, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	КҮ
File Date	8/11/1961
Organization Date	8/11/1961
Last Annual Report	3/20/2014
Principal Office	3745 ILLINOIS AVE.
	LOUISVILLE, KY 40213
Registered Agent	ROB HOLTZMAN, PRES.
	3745 ILLINOIS AVENUE
	LOUISVILLE, KY 40213

## **Current Officers**

President	CHARLES MARSH
Vice President	ROB HOLTZMANN
Secretary	PHYLLIS FITZGERALD
Treasurer	RON JOLLY
Director	<u>Ken Machtolff</u>
Director	Phyllis Fitzgerald
Director	KEVIN BOWLING
Director	MARK ELY

# Individuals / Entities listed at time of formation

Director	S. SPAFFORD ACKERLY, M.D
Director	W. G. DUNCAN
Director	RUTH G. BROWNE
Incorporator	S. SPAFFORD ACKERLY, M.D
Incorporator	W. G. DUNCAN
Incorporator	RUTH G. BROWNE

# 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.

<u>Annual Report</u>	3/20/2014	1 page	<u>tiff</u>	PDF
Annual Report	6/13/2013	2 pages	tiff	PDF
Annual Report	4/27/2012	1 page	tiff	PDF
Annual Report	3/23/2011	1 page	<u>tiff</u>	PDF

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Registered agent address change	e 6/14/2006 11:13:41 AM	6/14/2006	
Annual report	6/13/2006 10:28:51 AM	6/13/2006	
Registered agent address change	e 11/16/2004 3:26:56 PM	11/16/2004	
Principal office change	5/18/2001 11:15:55 AM	5/18/2001	
Reinstatement	11/24/1999	11/24/1999	
Principal office change	11/24/1999	11/24/1999	
Admin Dis. A. report not in	11/7/1996	11/7/1996	
Amendment previous name	3/6/1992	3/6/1992	<u>NATURE AND</u> <u>CONSERVATION CENTER,</u> <u>INC.</u>

# **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	3/14/2005	1 5365
Statement of Change	11/16/2004	1 page
Annual Report	5/28/2004	1 page
Annual Report	9/23/2004	1 page
Annual Report	8/23/2003	1 page
Annual Report	6/29/2001	1 page
Annual Report	4/17/2000	1 page
Reinstatement		1 page
Administrative Dissolution	11/24/1999	2 pages
Annual Report	11/7/1996	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	2 pages
Annual Report	7/1/1994	3 pages
Annual Report	7/1/1993	3 pages
Statement of Change	7/1/1992	3 pages
Amendment	3/6/1992	1 page
	3/6/1992	10 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Statement of Change	10/17/1989	1 page
Sixty Day Notice	9/1/1989	1 page
Annual Report	7/1/1989	2 pages
Annual Report	7/1/1987	1 page
Annual Report	7/1/1987	1 page
Statement of Change	3/18/1985	2 pages
Statement of Change	9/8/1980	2 pages
Amendment	7/10/1979	4 pages
Amendment	11/12/1964	3 pages
Annual Report	7/1/1962	19 pages
Articles of Incorporation	8/11/1961	3 pages

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Louisville Nature Center	And Control of the set
Program Name: Outdoor Nature Education Request Amount ^6,250.00	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
<b>Request form:</b> 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?	Yes
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
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	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
<ul> <li>Good Standing: Is the entity in good standing with:</li> <li>Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>Internal Revenue Service – most recent Form 990 included</li> </ul>	Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	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
<b>Operating Requests:</b> 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
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?	Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one <b>project/program within an organization</b> in this fiscal year.	
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?	Yes
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?	Yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by May Date: C. 14/19	