

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

Applicant/Program: Old Louisville Neighborhood Council / Old Louisville Live
Applicant Requested Amount: 2,500
Appropriation Request Amount: 2,500


Executive Summary of Request

Funds are requested to be used toward portion of \$5,500 contract fee for The Crashers band.

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

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

6
District #


Primary Sponsor Signature

\$ 2,500
Amount

Jul 15, 2019
Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Old Louisville Neighborhood Council

Program Name and Request Amount Old Louisville Live, \$2,500

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

Prepared by: **Shalanna Taylor**

Date: Jul 15, 2019

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Old Louisville Neighborhood Council <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1340 S 4th Street, Louisville, KY 40208			
Website: oldlouisville.org			
Applicant Contact:	Shawn Fields Williams	Title:	Executive Director
Phone:	502-338-2893	Email:	shawn.williams@oldlouisville.org
Financial Contact:	Michael Meador	Title:	Treasurer
Phone:	917-929-9609	Email:	michaelsmeador@gmail.com
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1340 S 4th Street, Louisville, KY 40208		
Council District(s):	6th District	Zip Code(s):	40203, 40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Old Louisville LIVE			
Total Request: (\$)	2500	Total Metro Award (this program) in previous year: (\$)	2500
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Division of Community Forestry	Amount: (\$)	25,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Old Louisville Neighborhood Council

Vision Statement

Historic Old Louisville seeks to be a vibrant and diverse community that welcomes all who call this place home or visit us to enjoy our rich architectural and arts heritage.

Mission Statement

To advocate, promote and protect Old Louisville's historic architecture and streetscapes within a diverse neighborhood of residents and businesses while advancing artistic and cultural events to build community.

Goals

To be the official voice of Old Louisville, serving as a strong advocate for a safe, clean, healthy community where all can flourish.

To preserve and protect one of the nation's oldest historic preservation districts of Victorian mansions, as well as its distinctive 19th and early 20th century homes and landscapes.

To encourage heritage tourism for enrichment and educational purposes.

To promote artistic and educational events within this culturally diverse neighborhood, thereby building community and fostering cooperation.

To promote neighborhood revitalization and business development.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Brent Logsdon, Chairman	December 31, 2019
Leah Stewart, Vice Chair	December 31, 2019
Michael Meador, Treasurer	December 31, 2019
Chuck Anderson, Secretary	December 31, 2019
Darlene Metts, Belgravia Court Association	December 31, 2019
Justin Elliott, Central Park West Association	December 31, 2019
Jena Blythe, Garvin Gate Neighborhood Association	December 31, 2019
Stephen Peterson, Limerick Association for Neighborhood Development	December 31, 2019
Lira Johnson, Ouerbacker Court Association	December 31, 2019
Janice Theriot, St. James Court Association	December 31, 2019
Ginny Ehrlich, Second Street Neighborhood Association	December 31, 2019
Bruce Cohen, Seventh Street Edge Neighborhood Association	December 31, 2019
Jim Brooks, South Fourth Street Association	December 31, 2019
Sharon Dills, Third Street Association	December 31, 2019
Michael Seale, The 1300 Association	December 31, 2019
Todd Lewis, Toonerville Trolley Neighborhood Association	December 31, 2019
Rachel Montoya, West St. Catherine Neighborhood Association	December 31, 2019

Describe the Board term limit policy:

The Old Louisville Neighborhood Council Board of Directors are Representatives of the 14 neighborhood associations and the elected executive committee. Board members are chosen by their neighborhood associations and then serve a two year term. The executive committee is elected by the Board of Directors and serves a two-year term. Currently, the Board of Directors are serving from January 1, 2018-December 31, 2019.

Three Highest Paid Staff Names	Annual Salary
Shawn Fields Williams, Executive Director	\$35,000
Kelli Guinn, Administrative Assistant	\$16,744

Page 3 Addendum

Continuation of Board of Directors

Term End Date

Irene Spicer, Treyton Oak Towers Neighborhood Association

December 31, 2019



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Old Louisville LIVE is a free concert series in Central Park aimed at fostering arts access and building a greater sense of place and community among neighbors in Old Louisville. As part of the series, the Old Louisville Neighborhood Council has contracted with the Crashers, a popular local dance band, to perform on Friday, April 24, 2020 from 7-10 pm at the C. Douglas Ramey Amphitheater.

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

The requested funds of \$2500 will be used as a portion of the \$5500 contract with the Crashers band.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

By launching the Old Louisville LIVE series, the Old Louisville Neighborhood Council is striving to create a more vibrant community by providing artistic and cultural events for the area residents. We are fostering arts access across generations, incomes and ethnicities.

During the performance, we will request attendees to tell us what they think of this performance and have a table top set up for people to give us their responses in a short survey. We will also ask what kind of performances they would like to see, i.e. music genre, dance, etc...Volunteers will count the peak number of attendees at the performance to capture one of the measurable outcomes. Social media platforms will also be used to promote and track the event and response rates. The Old Louisville Neighborhood community Facebook page, Twitter and Instagram accounts will be utilized and tracked.

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

The Old Louisville Neighborhood Council is always expanding its community partnerships. We spearheaded an Old Louisville Arts Council with area arts organizations to improve our collaboration and cross promotion. The Arts Council is comprised of: OLNC, Kentucky Shakespeare, Conrad Caldwell House Museum, St. James Court Art Show, Garvin Gate Blues Festival, the University of Louisville, Filson Historical Society, Kentucky College of Art and Design, Louisville Free Public Library, and the Asia Institute Crane House. In addition we helped reactivate an Old Louisville Business Alliance with whom we work to solve problems proactively. The businesses and organizations in the OLBA include: Louisville Memorial Auditorium, St. James Court Art Show, Conrad Caldwell House Museum, SoBro district businesses, Genscape, Christian Care Communities, Ellie Kerstetter, Attorney, Dan Borsch restaurants, The Tavern, Toonerville Deli, and Burger Boy, Old Louisville Brewery, Mag Bar and Pizza Donisi, Amici Cafe, Filson Historical Society, U of L Visitor Services, Synergy Rehabilitation, Old Louisville Fleur de Lis B&B, Virtue, Gallery 133, Aztec Flooring, Craig Machinery and Design, Grover Enterprises, Cabbage Patch Settlement House, BC Plumbing, Happy Balls Candy, and Reworked Design.

Specifically, we work with Kentucky Shakespeare, the University of Louisville School of Music, and Metro Parks for Old Louisville LIVE. KSF allows us to use the stage in Central Park in April-May, then in August-September. Metro Parks works with us to ensure a successful series of concerts by providing help on scheduling, cleanup, promotion, and an electrical patch box. The 14 neighborhood association of Old Louisville and area businesses make significant

... significant contributions to the concert series, making up the vast majority of our funding.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	2500.00	3000.00	5500.00
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	45 %	55 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	3000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	3000

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

***Must equal or exceed total in column 2.*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Old Louisville LIVE <i>Crashers Band contract</i>	2,500	3,000	5,500
Total	2500	3000	5500

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

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

Agency Fiscal Year Start Date: January 1, 2019

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory: 	Date:	7/1/2019
Legal Signatory: (please print): Shawn Fields Williams	Title:	Executive Director
Phone: 502-338-2893/635-5244	Extension:	Email: shawn.williams@oldlouisville.org



Department of the Treasury
Internal Revenue Service

P.O. Box 2508

Cincinnati OH 45201

In reply refer to: 0248153327
Jan. 27, 2015 LTR 4168C 0
31-1106357 000000 00

00021940

BODC: TE

THE OLD LOUISVILLE NEIGHBORHOOD
COUNCIL INC
1340 S 4TH ST IN CENTRAL PARK
LOUISVILLE KY 40208



030796

Employer Identification Number: 31-1106357
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 15, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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 the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248153327
Jan. 27, 2015 LTR 4168C 0
31-1106357 000000 00
00021941

THE OLD LOUISVILLE NEIGHBORHOOD
COUNCIL INC
1340 S 4TH ST IN CENTRAL PARK
LOUISVILLE KY 40208

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations I

THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

General Information

Organization Number	0177929
Name	THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/16/1983
Organization Date	5/16/1983
Last Annual Report	4/29/2019
Principal Office	1340 S. 4TH ST.(IN CENTRAL PARK) LOUISVILLE, KY 40208
Registered Agent	OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC. 1340 S. 4TH. ST. IN CENTRAL PARK LOUISVILLE, KY 40208

Current Officers

President	<u>BRENT LOGSDON</u>
Vice President	<u>LEAH STEWART</u>
Secretary	<u>CHUCK ANDERSON</u>
Treasurer	<u>MICHAEL MEADOR</u>
Director	<u>SHAWN FIELDS WILLIAMS</u>
Director	<u>MICHAEL SEALE</u>
Director	<u>JAMES BROOKS</u>

Individuals / Entities listed at time of formation

Director	<u>RICHARD L JANES</u>
Director	<u>COROLYN BEALL</u>
Director	<u>ROSE GREENOUGH NETT</u>
Incorporator	<u>RICHARD L JANES</u>

Images available online

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

<u>Annual Report</u>	4/29/2019	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/15/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/13/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/30/2015	1 page	<u>PDF</u>	
<u>Amendment</u>	8/19/2014	1 page	<u>tiff</u>	<u>PDF</u>

Annual Report	1/24/2014	1 page	PDF	
Annual Report	1/10/2013	1 page	PDF	
Annual Report	1/3/2012	1 page	PDF	
Annual Report	1/13/2011	1 page	PDF	
Annual Report	1/26/2010	1 page	PDF	
Annual Report	1/21/2009	1 page	PDF	
Annual Report	8/5/2008	1 page	PDF	
Annual Report	6/14/2007	1 page	tiff	PDF
Annual Report	6/16/2006	2 pages	tiff	PDF
Annual Report	4/21/2005	1 page	tiff	PDF
Statement of Change	7/12/2004	1 page	tiff	PDF
Annual Report	6/10/2003	1 page	tiff	PDF
Annual Report	7/2/2002	1 page	tiff	PDF
Annual Report	11/29/2001	1 page	tiff	PDF
Statement of Change	10/1/2001	1 page	tiff	PDF
Annual Report	10/30/2000	1 page	tiff	PDF
Sixty Day Notice Return	9/1/2000	1 page	tiff	PDF
Statement of Change	8/31/1999	1 page	tiff	PDF
Annual Report	8/3/1999	1 page	tiff	PDF
Annual Report	5/14/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	3/22/1993	1 page	tiff	PDF
Annual Report	3/27/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Articles of Incorporation	5/16/1983	7 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/29/2019 8:23:03 AM	4/29/2019	
Annual report	2/15/2018 2:46:52 PM	2/15/2018 2:46:52 PM	
Annual report	6/13/2017 11:33:07 AM	6/13/2017 11:33:07 AM	
Annual report	6/28/2016 3:54:17 PM	6/28/2016 3:54:17 PM	
Annual report	6/30/2015 11:30:17 AM	6/30/2015 11:30:17 AM	
Amendment - Change name	8/19/2014 11:15:23 AM	8/19/2014	THE OLD LOUISVILLE INFORMATION CENTER, INC.

OLNC 2019 Budget	OLNC Operations	Holiday Home Tour	Old Lou Brew	Mansions Tour	Community Garden	Old Louisville Live
Income						
- Corporate Contribution		\$2,000	\$500	\$1,250		\$10,000
- Individual Contribution						
- NA Contribution	\$750	\$6,000	\$1,500	\$1,750		\$12,700
- Grant Income			\$2,500	\$2,500		\$2,500
- Membership Dues	\$325					
- Ticket Sales		\$34,500	\$10,904	\$32,000		
- STAR Sponsors		\$2,000				
- Garden Plot Revenue						
- Other Income	\$250	\$250	\$1,750		\$625	\$5,000
Total Income	\$1,325	\$44,750	\$17,154	\$37,500	\$625	\$30,200
Expense						
- Executive Director	\$35,000					
- ED Commissions		\$1,320	\$990	\$413		\$3,300
- Admin Assistant	\$9,867		\$66	\$66		\$110
- Accountant	\$8,400					
- Utilities	\$1,860				\$490	
- Office Supplies	\$1,080	\$100				
- Insurance	\$5,500	\$408		\$408		\$1,200
- Cleaning & Maintenance	\$1,680					
- Printing		\$1,100		\$700		
- Marketing	\$2,750	\$4,425	\$2,500	\$3,130		\$3,865
- Technology						
- Performance Fees			\$1,000			\$18,100
- Permit Fees		\$100				\$732
- Tools & Equipment		\$1,050	\$700			\$125
- Central Park Improvement						
- Tree Plantings						
- Contract Services		\$2,000	\$500	\$1,000		\$1,000
- Bank/Square Fees		\$1,000	\$250	\$1,000		
- Profit Share				\$15,262		
- Sales Tax			\$654			
- Other Expenses	\$875	\$700	\$150	\$260	\$50	\$1,000
Total Expenses	\$67,012	\$12,203	\$6,810	\$22,238	\$540	\$29,432
Total Net Income	-\$65,687	\$32,547	\$10,344	\$15,262	\$85	\$768

+200 volunteer expenses

Add VIP Tour

Event Insurance - can we pay insurance for weather (Old Lou Brew and Mansions Tour as well)

PIC	Tours	Total
		\$13,750
		\$0
\$5,500	\$4,000	\$28,200
		\$11,500
		\$325
	\$11,450	\$88,854
		\$2,000
		\$625
	\$1,500	\$8,750
\$5,500	\$16,950	\$154,004
		\$35,000
	\$495	\$6,518
	\$3,289	\$13,398
		\$8,400
		\$2,350
		\$1,658
\$478		\$7,516
		\$2,166
\$486	\$1,000	\$2,800
	\$3,000	\$16,920
		\$2,750
		\$19,100
		\$832
		\$1,875
\$3,012		\$3,012
\$880		\$880
	\$250	\$4,500
		\$2,500
		\$15,262
		\$654
\$616		\$3,651
\$5,471	\$8,034	\$151,741
\$29	\$8,916	\$2,264

2018 Revenues Bookmarked for 2019 Expenses
 - \$4k from EAF for OLL Performances (Crashers)
 - \$1.1k for
 - \$2.5k for Monarchs

Admin Assistant Hourly Rate
 Jan - Mar
 Apr - Dec

Executive Director Commissions Level 33%

Old Louisville Neighborhood Council INC
Profit & Loss by Class

April 2019

Ordinary Income/Expense	HHT (Events)	Old Lou Brew (Events)	Old Lou Mansions (Events)	Events - Other (Events)	Total Events	OLNC Operations
Income						
43400 · Direct Public Support						
43401 · Corporate/Business Contribution	0.00	0.00	750.00	0.00	750.00	0.00
43403 · Individual Contributions	0.00	0.00	0.00	0.00	0.00	0.00
43404 · Neighborhood Assoc Contribution	500.00	0.00	500.00	0.00	1,000.00	0.00
Total 43400 · Direct Public Support	500.00	0.00	1,250.00	0.00	1,750.00	0.00
44000 · Grant Income						
44001 · NDF Grants	0.00	0.00	0.00	0.00	0.00	0.00
44000 · Grant Income - Other	0.00	2,500.00	0.00	0.00	2,500.00	0.00
Total 44000 · Grant Income	0.00	2,500.00	0.00	0.00	2,500.00	0.00
45000 · Investments						
45030 · Interest	0.00	0.00	0.00	0.00	0.00	0.29
Total 45000 · Investments	0.00	0.00	0.00	0.00	0.00	0.29
46400 · Other Types of Income						
47412 · Garden Plot Rental	0.00	0.00	0.00	0.00	0.00	0.00
47410 · Gift Shop Income	0.00	0.00	0.00	0.00	0.00	41.60
46415 · Membership Dues Income	0.00	0.00	0.00	0.00	0.00	50.00
47122 · Ad Sales	0.00	0.00	0.00	0.00	0.00	0.00
Total 46400 · Other Types of Income	0.00	0.00	0.00	0.00	0.00	91.60
47500 · Ticket Sales						
47501 · Pre-Sale Tickets	104.00	0.00	50.00	0.00	154.00	0.00
47502 · Ticket Sales - Door	0.00	0.00	165.00	0.00	165.00	0.00
47503 · Joint Event Ticket Sales	0.00	0.00	15,963.29	0.00	15,963.29	0.00
70001 · Joint Event Profit Share	0.00	0.00	-8,991.72	0.00	-8,991.72	0.00
Total 47500 · Ticket Sales	104.00	0.00	7,186.57	0.00	7,290.57	0.00
48250 · Concessions Income						
48251 · Food/Alcohol/Beverage Sales	0.00	0.00	1,904.00	0.00	1,904.00	0.00
Total 48250 · Concessions Income	0.00	0.00	1,904.00	0.00	1,904.00	0.00
Total Income	604.00	2,500.00	10,340.57	0.00	13,444.57	91.89
Cost of Goods Sold						
65217 · Food/Alcohol/Bev. Costs-Program	0.00	0.00	0.00	0.00	0.00	0.00

Old Louisville Neighborhood Council INC

Profit & Loss by Class

April 2019

	HHT (Events)	Old Lou Brew (Events)	Old Lou Mansions (Events)	Events - Other (Events)	Total Events	OLNC Operations
Total COGS	0.00	0.00	0.00	0.00	0.00	0.00
Gross Profit	604.00	2,500.00	10,340.57	0.00	13,444.57	91.89
Expense						
65000 · Operations						
66001 · Payroll Expenses						
66010 · Admin Payroll Expenses	0.00	0.00	0.00	0.00	0.00	1,688.52
67000 · Payroll Tax Expense	0.00	0.00	0.00	0.00	0.00	20.17
Total 66001 · Payroll Expenses	0.00	0.00	0.00	0.00	0.00	1,708.69
62100 · Contract Services						
62130 · Commissions	0.00	0.00	0.00	0.00	0.00	0.00
62135 · ExDirector Contract	0.00	0.00	0.00	538.44	538.44	807.70
Total 62100 · Contract Services	0.00	0.00	0.00	538.44	538.44	807.70
65006 · Appreciation Gifts	0.00	0.00	9.52	0.00	9.52	90.90
60930 · Bank Fees						
60931 · Square Fees- Operations	0.00	0.00	0.00	0.00	0.00	1.45
Total 60930 · Bank Fees	0.00	0.00	0.00	0.00	0.00	1.45
65011 · Cleaning & Maintenance	0.00	0.00	0.00	0.00	0.00	120.00
65018 · License & Fees	0.00	0.00	0.00	0.00	0.00	15.00
65025 · Postage, Mailing Service	0.00	0.00	0.00	0.00	0.00	1.30
65032 · Professional Fees	0.00	0.00	0.00	0.00	0.00	600.00
65035 · Refreshments	0.00	0.00	0.00	0.00	0.00	69.48
65040 · Office Supplies	0.00	0.00	0.00	0.00	0.00	300.76
65060 · Telephone, Telecommunications	0.00	0.00	0.00	0.00	0.00	130.55
65090 · Utilities	0.00	0.00	0.00	0.00	0.00	0.00
Total 65000 · Operations	0.00	0.00	9.52	538.44	547.96	3,845.83
60000 · Program Expenses						
62104 · Contract Services- Program	0.00	0.00	0.00	0.00	0.00	0.00
62103 · Artist/Talent/Performer Fees-P	0.00	0.00	0.00	0.00	0.00	0.00
62885 · Park Grounds- Program	0.00	0.00	0.00	0.00	0.00	0.00
62808 · Comm Garden Expenses- Program	0.00	0.00	0.00	0.00	0.00	0.00
70200 · Bank Fees Program- Program						
60950.3 · Square Fees	0.00	0.00	0.00	0.00	0.00	0.00

Old Louisville Neighborhood Council INC
Profit & Loss by Class
April 2019

	HHT (Events)	Old Lou Brew (Events)	Old Lou Mansions (Events)	Events - Other (Events)	Total Events	OLNC Operations
Total 70200 · Bank Fees Program- Program	0.00	0.00	0.00	0.00	0.00	0.00
61100 · Postage and Mail Processing- P	0.00	0.00	0.00	0.00	0.00	0.00
61101 · Printing&Copying- Program	0.00	0.00	0.00	0.00	0.00	0.00
61400 · Refreshments- Program	0.00	0.00	0.00	0.00	0.00	0.00
61700 · Supplies- Program	0.00	0.00	0.00	0.00	0.00	0.00
61900 · Marketing- Program						
61900.3 · Web Design and Maintenance	0.00	0.00	0.00	0.00	0.00	625.00
61900.7 · Online/Web Related	0.00	0.00	0.00	0.00	0.00	0.00
Total 61900 · Marketing- Program	0.00	0.00	0.00	0.00	0.00	625.00
60000 · Program Expenses - Other	0.00	0.00	0.00	0.00	0.00	0.00
Total 60000 · Program Expenses	0.00	0.00	0.00	0.00	0.00	625.00
70000 · Event Expenses						
70910 · Refreshments- Events	0.00	0.00	300.00	0.00	300.00	0.00
70300 · Bank Fees- Events						
70300.2 · Square Fees- Events	3.62	0.00	526.73	0.00	530.35	0.00
Total 70300 · Bank Fees- Events	3.62	0.00	526.73	0.00	530.35	0.00
65100 · Marketing- Events						
65101 · PR/Promotion Services	0.00	0.00	500.00	0.00	500.00	0.00
65102 · Graphic Design	0.00	0.00	785.00	0.00	785.00	0.00
65104 · Online/Web Related	0.00	0.00	125.00	0.00	125.00	0.00
65100 · Marketing- Events - Other	0.00	555.48	0.00	0.00	555.48	0.00
Total 65100 · Marketing- Events	0.00	555.48	1,410.00	0.00	1,965.48	0.00
Total 70000 · Event Expenses	3.62	555.48	2,236.73	0.00	2,795.83	0.00
Total Expense	3.62	555.48	2,246.25	538.44	3,343.79	4,470.83
Net Ordinary Income	600.38	1,944.52	8,094.32	-538.44	10,100.78	-4,378.94
Net Income	600.38	1,944.52	8,094.32	-538.44	10,100.78	-4,378.94

Old Louisville Neighborhood Council INC

Profit & Loss by Class

April 2019

2:56 PM
05/29/19
Accrual Basis

Ordinary Income/Expense	Community Garden (Programs)	Old Louisville Live (Programs)	Property Improvement Comm (Programs)	Tours (Programs)
Income				
43400 · Direct Public Support				
43401 · Corporate/Business Contribution	0.00	0.00	0.00	0.00
43403 · Individual Contributions	0.00	5,000.00	0.00	0.00
43404 · Neighborhood Assoc Contribution	0.00	6,500.00	935.00	0.00
Total 43400 · Direct Public Support	0.00	11,500.00	935.00	0.00
44000 · Grant Income				
44001 · NDF Grants	0.00	0.00	0.00	2,666.00
44000 · Grant Income - Other	0.00	0.00	25,000.00	0.00
Total 44000 · Grant Income	0.00	0.00	25,000.00	2,666.00
45000 · Investments				
45030 · Interest	0.00	0.00	0.00	0.00
Total 45000 · Investments	0.00	0.00	0.00	0.00
46400 · Other Types of Income				
47412 · Garden Plot Rental	425.00	0.00	0.00	0.00
47410 · Gift Shop Income	0.00	0.00	0.00	0.00
46415 · Membership Dues Income	0.00	0.00	0.00	0.00
47122 · Ad Sales	0.00	0.00	0.00	350.00
Total 46400 · Other Types of Income	425.00	0.00	0.00	350.00
47500 · Ticket Sales				
47501 · Pre-Sale Tickets	0.00	0.00	0.00	0.00
47502 · Ticket Sales - Door	0.00	0.00	0.00	1,143.15
47503 · Joint Event Ticket Sales	0.00	0.00	0.00	0.00
70001 · Joint Event Profit Share	0.00	0.00	0.00	0.00
Total 47500 · Ticket Sales	0.00	0.00	0.00	1,143.15
48250 · Concessions Income				
48251 · Food/Alcohol/Beverage Sales	0.00	365.04	0.00	0.00
Total 48250 · Concessions Income	0.00	365.04	0.00	0.00
Total Income	425.00	11,865.04	25,935.00	4,159.15
Cost of Goods Sold				
65217 · Food/Alcohol/Bev. Costs-Program	0.00	500.84	0.00	0.00

Old Louisville Neighborhood Council INC

Profit & Loss by Class

April 2019

	Community Garden (Programs)	Old Louisville Live (Programs)	Property Improvement Comm (Programs)	Tours (Programs)
Total COGS	0.00	500.84	0.00	0.00
Gross Profit	425.00	11,364.20	25,935.00	4,159.15
Expense				
65000 · Operations				
66001 · Payroll Expenses				
66010 · Admin Payroll Expenses	0.00	0.00	0.00	0.00
67000 · Payroll Tax Expense	0.00	0.00	0.00	0.00
Total 66001 · Payroll Expenses	0.00	0.00	0.00	0.00
62100 · Contract Services				
62130 · Commissions	0.00	247.50	0.00	0.00
62135 · ExDirector Contract	0.00	0.00	0.00	0.00
Total 62100 · Contract Services	0.00	247.50	0.00	0.00
65006 · Appreciation Gifts	0.00	0.00	0.00	0.00
60930 · Bank Fees				
60931 · Square Fees- Operations	0.00	0.00	0.00	0.00
Total 60930 · Bank Fees	0.00	0.00	0.00	0.00
65011 · Cleaning & Maintenance	0.00	0.00	0.00	0.00
65018 · License & Fees	0.00	0.00	0.00	0.00
65025 · Postage, Mailing Service	0.00	0.00	0.00	0.00
65032 · Professional Fees	0.00	0.00	0.00	0.00
65035 · Refreshments	0.00	0.00	0.00	0.00
65040 · Office Supplies	0.00	0.00	0.00	0.00
65060 · Telephone, Telecommunications	0.00	0.00	0.00	0.00
65090 · Utilities	36.65	0.00	0.00	0.00
Total 65000 · Operations	36.65	247.50	0.00	0.00
60000 · Program Expenses				
62104 · Contract Services- Program	0.00	525.00	0.00	0.00
62103 · Artist/Talent/Performer Fees-P	0.00	4,400.00	0.00	0.00
62885 · Park Grounds- Program	0.00	0.00	200.00	0.00
62808 · Comm Garden Expenses- Program	89.03	0.00	0.00	0.00
70200 · Bank Fees Program- Program				
60950.3 · Square Fees	0.00	11.72	0.00	40.61

Old Louisville Neighborhood Council INC

Profit & Loss by Class

April 2019

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05/29/19
Accrual Basis

	Community Garden (Programs)	Old Louisville Live (Programs)	Property Improvement Comm (Programs)	Tours (Programs)
Total 70200 · Bank Fees Program- Program	0.00	11.72	0.00	40.61
61100 · Postage and Mail Processing- P	0.00	0.00	82.87	0.00
61101 · Printing&Copying- Program	0.00	0.00	0.00	2,772.26
61400 · Refreshments- Program	0.00	62.37	0.00	0.00
61700 · Supplies- Program	0.00	0.00	339.22	0.00
61900 · Marketing- Program				
61900.3 · Web Design and Maintenance	0.00	0.00	0.00	0.00
61900.7 · Online/Web Related	0.00	657.69	0.00	0.00
Total 61900 · Marketing- Program	0.00	657.69	0.00	0.00
60000 · Program Expenses - Other	0.00	0.00	0.00	0.00
Total 60000 · Program Expenses	89.03	5,656.78	622.09	2,812.87
70000 · Event Expenses				
70910 · Refreshments- Events	0.00	0.00	0.00	0.00
70300 · Bank Fees- Events				
70300.2 · Square Fees- Events	0.00	0.00	0.00	0.00
Total 70300 · Bank Fees- Events	0.00	0.00	0.00	0.00
65100 · Marketing- Events				
65101 · PR/Promotion Services	0.00	0.00	0.00	0.00
65102 · Graphic Design	0.00	0.00	0.00	0.00
65104 · Online/Web Related	0.00	0.00	0.00	0.00
65100 · Marketing- Events - Other	0.00	0.00	0.00	0.00
Total 65100 · Marketing- Events	0.00	0.00	0.00	0.00
Total 70000 · Event Expenses	0.00	0.00	0.00	0.00
Total Expense	125.68	5,904.28	622.09	2,812.87
Net Ordinary Income	299.32	5,459.92	25,312.91	1,346.28
Net Income	299.32	5,459.92	25,312.91	1,346.28

Old Louisville Neighborhood Council INC
Profit & Loss by Class
 April 2019

2:56 PM
 05/29/19
 Accrual Basis

Ordinary Income/Expense	Programs - Other (Programs)	Total Programs	Unclassified	TOTAL
Income				
43400 · Direct Public Support	0.00	0.00	0.00	750.00
43401 · Corporate/Business Contribution	0.00	5,000.00	0.00	5,000.00
43403 · Individual Contributions	0.00	7,435.00	0.00	8,435.00
43404 · Neighborhood Assoc Contribution	0.00	12,435.00	0.00	14,185.00
Total 43400 · Direct Public Support				
44000 · Grant Income	0.00	2,666.00	0.00	2,666.00
44001 · NDF Grants	0.00	25,000.00	0.00	27,500.00
44000 · Grant Income - Other	0.00	27,666.00	0.00	30,166.00
Total 44000 · Grant Income				
45000 · Investments	0.00	0.00	0.00	0.29
45030 · Interest	0.00	0.00	0.00	0.29
Total 45000 · Investments				
46400 · Other Types of Income	0.00	425.00	0.00	425.00
47412 · Garden Plot Rental	0.00	0.00	0.00	41.60
47410 · Gift Shop Income	0.00	0.00	0.00	50.00
46415 · Membership Dues Income	0.00	350.00	0.00	350.00
47122 · Ad Sales	0.00	775.00	0.00	866.60
Total 46400 · Other Types of Income				
47500 · Ticket Sales	0.00	0.00	0.00	154.00
47501 · Pre-Sale Tickets	0.00	1,143.15	0.00	1,308.15
47502 · Ticket Sales - Door	0.00	0.00	0.00	15,963.29
47503 · Joint Event Ticket Sales	0.00	0.00	0.00	-8,991.72
70001 · Joint Event Profit Share	0.00	1,143.15	0.00	8,433.72
Total 47500 · Ticket Sales				
48250 · Concessions Income	0.00	365.04	0.00	2,269.04
48251 · Food/Alcohol/Beverage Sales	0.00	365.04	0.00	2,269.04
Total 48250 · Concessions Income				
Total Income	0.00	42,384.19	0.00	55,920.65
Cost of Goods Sold				
65217 · Food/Alcohol/Bev. Costs-Program	0.00	500.84	0.00	500.84

Old Louisville Neighborhood Council INC
Profit & Loss by Class
April 2019

	Programs - Other (Programs)	Total Programs	Unclassified	TOTAL
Total COGS	0.00	500.84	0.00	500.84
Gross Profit	0.00	41,883.35	0.00	55,419.81
Expense				
65000 · Operations				
66001 · Payroll Expenses				
66010 · Admin Payroll Expenses	0.00	0.00	0.00	1,688.52
67000 · Payroll Tax Expense	0.00	0.00	0.00	20.17
Total 66001 · Payroll Expenses	0.00	0.00	0.00	1,708.69
62100 · Contract Services				
62130 · Commissions	0.00	247.50	0.00	247.50
62135 · ExDirector Contract	1,346.16	1,346.16	0.00	2,692.30
Total 62100 · Contract Services	1,346.16	1,593.66	0.00	2,939.80
65006 · Appreciation Gifts	0.00	0.00	0.00	100.42
60930 · Bank Fees				
60931 · Square Fees- Operations	0.00	0.00	0.00	1.45
Total 60930 · Bank Fees	0.00	0.00	0.00	1.45
65011 · Cleaning & Maintenance	0.00	0.00	0.00	120.00
65018 · License & Fees	0.00	0.00	0.00	15.00
65025 · Postage, Mailing Service	0.00	0.00	0.00	1.30
65032 · Professional Fees	0.00	0.00	0.00	600.00
65035 · Refreshments	0.00	0.00	0.00	69.48
65040 · Office Supplies	0.00	0.00	0.00	300.76
65060 · Telephone, Telecommunications	0.00	0.00	0.00	130.55
65090 · Utilities	0.00	36.65	0.00	36.65
Total 65000 · Operations	1,346.16	1,630.31	0.00	6,024.10
60000 · Program Expenses				
62104 · Contract Services- Program	0.00	525.00	0.00	525.00
62103 · Artist/Talent/Performer Fees-P	0.00	4,400.00	0.00	4,400.00
62885 · Park Grounds- Program	0.00	200.00	0.00	200.00
62808 · Comm Garden Expenses- Program	0.00	89.03	0.00	89.03
70200 · Bank Fees Program- Program				
60950.3 · Square Fees	0.00	52.33	0.00	52.33

Old Louisville Neighborhood Council INC
Profit & Loss by Class
April 2019

Programs - Other (Programs)	Total Programs	Unclassified	TOTAL	
Total 70200 · Bank Fees Program- Program	0.00	52.33	0.00	52.33
61100 · Postage and Mail Processing- P	0.00	82.87	0.00	82.87
61101 · Printing&Copying- Program	0.00	2,772.26	0.00	2,772.26
61400 · Refreshments- Program	0.00	62.37	0.00	62.37
61700 · Supplies- Program	0.00	339.22	0.00	339.22
61900 · Marketing- Program				
61900.3 · Web Design and Maintenance	0.00	0.00	0.00	625.00
61900.7 · Online/Web Related	0.00	657.69	0.00	657.69
Total 61900 · Marketing- Program	0.00	657.69	0.00	1,282.69
60000 · Program Expenses - Other	0.00	0.00	0.00	0.00
Total 60000 · Program Expenses	0.00	9,180.77	0.00	9,805.77
70000 · Event Expenses				
70910 · Refreshments- Events	0.00	0.00	0.00	300.00
70300 · Bank Fees- Events				
70300.2 · Square Fees- Events	0.00	0.00	0.00	530.35
Total 70300 · Bank Fees- Events	0.00	0.00	0.00	530.35
65100 · Marketing- Events				
65101 · PR/Promotion Services	0.00	0.00	0.00	500.00
65102 · Graphic Design	0.00	0.00	0.00	785.00
65104 · Online/Web Related	0.00	0.00	0.00	125.00
65100 · Marketing- Events - Other	0.00	0.00	0.00	555.48
Total 65100 · Marketing- Events	0.00	0.00	0.00	1,965.48
Total 70000 · Event Expenses	0.00	0.00	0.00	2,795.83
Total Expense	1,346.16	10,811.08	0.00	18,625.70
Net Ordinary Income	-1,346.16	31,072.27	0.00	36,794.11
Net Income	-1,346.16	31,072.27	0.00	36,794.11

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

31-1106357

Net Asset / Fund Balance at Beginning of Year		<u>128,658</u>
Revenue		
Contributions	<u>59,923</u>	
Program service revenue	<u>63,806</u>	
Investment income	<u>1</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>412</u>	
Total revenue		<u>124,142</u>
Expenses		
Program services	<u> </u>	
Management and general	<u> </u>	
Fundraising	<u> </u>	
Total expenses		<u>136,071</u>
Excess / (deficit)		<u>-11,929</u>
Changes		<u>275</u>
Net Asset / Fund Balance at End of Year		<u><u>117,004</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u> </u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u> </u></u>

	Beginning	Ending	Differences
Assets	<u>139,237</u>	<u>121,569</u>	
Liabilities	<u>10,579</u>	<u>4,565</u>	
Net assets	<u><u>128,658</u></u>	<u><u>117,004</u></u>	<u><u>-11,654</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/18
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2017

Name and title of officer
OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number
31-1106357

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	124,142
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Mary Morrow & Associates** to enter my PIN **31110** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ **08/07/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61213452535
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ **08/07/18**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2017

Department of the Treasury
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OLD LOUISVILLE NEIGHBORHOOD COUNCIL		D Employer identification number 31-1106357
	Number and street (or P.O. box, if mail is not delivered to street address) 1340 SOUTH FOURTH ST-IN CENTRAL PAR		E Telephone number 502-635-5244
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE KY 40208		F Group Exemption Number _____
	Room/suite _____		_____

G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ **OLDLOUISVILLE.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: ▶ \$ **124,142**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	59,923
	2	Program service revenue including government fees and contracts	2	63,806
	3	Membership dues and assessments	3	
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	412	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,142	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	33,720
	13	Professional fees and other payments to independent contractors	13	32,368
	14	Occupancy, rent, utilities, and maintenance	14	2,677
	15	Printing, publications, postage, and shipping	15	3,169
	16	Other expenses (describe in Schedule O)	16	64,137
	17	Total expenses. Add lines 10 through 16	17	136,071
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,929
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	128,658
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	275
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	117,004

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

OLD LOUISVILLE NEIGHBORHOOD COUNCIL 31-1106357

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	73,979	22	63,320
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	65,258	24	58,249
25 Total assets	139,237	25	121,569
26 Total liabilities (describe in Schedule O)	10,579	26	4,565
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,658	27	117,004

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	VARIOUS NEIGHBORHOOD EVENTS TO ENHANCE QUALITY OF LIFE AND SHOWCASE THE NEIGHBORHOODS UNIQUE HISTORY AND ARCHITECTURE INCLUDING LOUISVILLE LIVE, HOLIDAY HOUSE TOUR, OLD LOU BREW, TOURS AND EDUCATIONAL SEMINARS	(Grants \$ 7,500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	75,870	
29	OPERATION OF OLD LOUISVILLE INFORMATION CENTER AND GENERAL SUPPORT OF NEIGHBORHOOD ORGANIZATIONS AND EVENTS	(Grants \$ 2,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	25,496	
30	CENTRAL PARK IMPROVEMENTS, COMMUNITY GARDEN, AND NEIGHBORHOOD MAINTENANCE	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,007	
31	Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2,395	
32	Total program service expenses (add lines 28a through 31a)			32	106,768

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HOWARD ROSENBERG				
CHAIRMAN	0.00	0	0	0
LEAH STEWART				
TREASURER	0.00	0	0	0
JAMES BROOKS				
VICE - CHAIR	0.00	0	0	0
CHUCK ANDERSON				
SECRETARY	0.00	0	0	0

OLD LOUISVILLE NEIGHBORHOOD COUNCIL 31-1106357

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 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? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of MARY MORROW & ASSOCIATES Telephone no. 502-638-0665
1347 S 3RD ST SUITE 304
Located at LOUISVILLE KY ZIP + 4 40208
42b 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 account)? If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: None

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Leah Stewart, Date 8-8-18, Type or print name and title Treasurer

Paid Preparer Use Only: Print/Type preparer's name Mary C Morrow, Preparer's signature, Date 08/08/18, Check self-employed, PTIN P00769897, Firm's name Mary Morrow & Associates, Firm's address 1347 S 3rd St Ste 304 Louisville, KY 40208-3300, Firm's EIN 73-1688464, Phone no. 502-419-8025

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number

31-1106357

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,518	112,149	63,752	64,101	59,923	314,443
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,518	112,149	63,752	64,101	59,923	314,443
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						314,443

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	14,518	112,149	63,752	64,101	59,923	314,443
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						314,443
12 Gross receipts from related activities, etc. (see instructions)					12	64,219
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a			
11b			
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number

31-1106357

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
RENTAL	\$ 412
Total	\$ 412

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
MARKETING - PROGRAMS	\$ 4,074
SUPPLIES	\$ 52
DUES	\$ 625
SUPPLIES	\$ 900
TELEPHONE	\$ 1,537
REFRESHMENTS	\$ 1,209
PROGRAM SUPPLIES	\$ 1,821
PERMIT FEES	\$ 1,307
TOOLS, MATERIALS EQUIPMENT	\$ 2,250
WEB DESIGN	\$ 1,815
	\$ 20
FINANCE CHARGE	\$ 40
LIABILITY & D&O INS	\$ 2,780
WORKERS COMP	\$ 1,449
PROGRAM INS	\$ 274
OLD LOUISVILLE LIVE	\$ 24,300
TOURS	\$ 2

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

31-1106357

HOLIDAY HOUSE TOUR	\$	6,441
PARK GROUNDS	\$	2,317
COMMUNITY GARDEN	\$	630
OLD LOU BREW	\$	5,311
VICTORIAN TEA	\$	83
APPRECIATION-HHT	\$	415
BANK FEES	\$	463
LICENSE & FEES	\$	340
TOONERVILLE TROLLY	\$	2,500
MIDDLE SCHOOL	\$	200
OTHER	\$	550
Non-investment Depreciation	\$	432
Total	\$	64,137

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR YEAR ADJUSTMENT	\$ 275

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Grants Receivable	\$ 5,550	\$ 600
Prepaid Expenses and Deferred Charges	\$ 0	\$ 336
FF&E	\$ 62,908	\$ 62,908
Less Accumulated Depreciation	\$ 5,135	\$ 6,820
	\$ 3,556	\$ 3,556
Less Accumulated Amortization	\$ 1,621	\$ 2,331
Total	\$ 65,258	\$ 58,249

Name of the organization

Employer identification number

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

31-1106357

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,222	\$ 875
CREDIT CARDS	\$ 4,785	\$ 2,273
PAYROLL LIABILITIES	\$ 3,398	\$ 1,049
SALES TAX PAYABLE	\$ 174	\$ 368

Form 990-EZ, Part III - Primary Exempt Purpose

To advocate, promote, and protect Old Louisville's historic architecture and streetscapes within a diverse neighborhood of residents and businesses while advancing artistic and cultural events to build community.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Support of TOONERVILLE TROLLEY NEIGHBORHOOD ORGANIZATION

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Identifying number

31-1106357

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,556

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	129
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,685
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A--Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B--Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C--Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2017 tax year (see instructions): 43 Amortization of costs that began before your 2017 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	801	24
3	FURNITURE & FIXTURES	9/01/14	749		X	374	7 HY 200DB	585	47
7	ADDITIONAL FF&E	1/01/15	655		X	327	7 HY 200DB	454	58
			<u>2,229</u>			<u>1,113</u>		<u>1,840</u>	<u>129</u>
Other Depreciation:									
2	LEGACY LEASEHOLD IMP	9/01/14	48,867			48,867	39 MO S/L	2,871	1,253
5	WINDOWS	9/08/15	9,900			9,900	39 MO S/L	328	254
6	LEGACY ADDITIONAL	1/01/15	1,912			1,912	39 MO S/L	96	49
	Total Other Depreciation		<u>60,679</u>			<u>60,679</u>		<u>3,295</u>	<u>1,556</u>
	Total ACRS and Other Depreciation		<u>60,679</u>			<u>60,679</u>		<u>3,295</u>	<u>1,556</u>
Amortization:									
4	PROGRAM START-UP	9/01/14	988			988	5 MOAmort	593	197
8	ADDITIONAL START-UP	1/01/15	2,568			2,568	5 MOAmort	1,028	513
			<u>3,556</u>			<u>3,556</u>		<u>1,621</u>	<u>710</u>
	Grand Totals		66,464			65,348		6,756	2,395
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>66,464</u>			<u>65,348</u>		<u>6,756</u>	<u>2,395</u>

KY Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	KY Prior	KY Current	Federal Current	Difference Fed - KY
Prior MACRS:								
1	COPIER	5/11/12	825	825	801	24	24	0
3	FURNITURE & FIXTURES	9/01/14	749	749	585	47	47	0
7	ADDITIONAL FF&E	1/01/15	655	655	454	58	58	0
			<u>2,229</u>	<u>2,229</u>	<u>1,840</u>	<u>129</u>	<u>129</u>	<u>0</u>
Other Depreciation:								
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	48,867	2,871	1,253	1,253	0
5	WINDOWS	9/08/15	9,900	9,900	328	254	254	0
6	LEGACY ADDITIONAL	1/01/15	1,912	1,912	96	49	49	0
	Total Other Depreciation		<u>60,679</u>	<u>60,679</u>	<u>3,295</u>	<u>1,556</u>	<u>1,556</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>60,679</u>	<u>60,679</u>	<u>3,295</u>	<u>1,556</u>	<u>1,556</u>	<u>0</u>
Amortization:								
4	PROGRAM START-UP	9/01/14	988	988	593	197	197	0
8	ADDITIONAL START-UP	1/01/15	2,568	2,568	1,028	513	513	0
			<u>3,556</u>	<u>3,556</u>	<u>1,621</u>	<u>710</u>	<u>710</u>	<u>0</u>
	Grand Totals		<u>66,464</u>	<u>66,464</u>	<u>6,756</u>	<u>2,395</u>	<u>2,395</u>	<u>0</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>66,464</u>	<u>66,464</u>	<u>6,756</u>	<u>2,395</u>	<u>2,395</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	801	24
3	FURNITURE & FIXTURES	9/01/14	749		X	374	7 HY 200DB	585	47
7	ADDITIONAL FF&E	1/01/15	655		X	327	7 HY 200DB	454	58
			<u>2,229</u>			<u>1,113</u>		<u>1,840</u>	<u>129</u>
Other Depreciation:									
2	LEGACY LEASEHOLD IMP	9/01/14	0			0	0 HY	0	0
5	WINDOWS	9/08/15	0			0	0 HY	0	0
6	LEGACY ADDITIONAL	1/01/15	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		2,229			1,113		1,840	129
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>2,229</u>			<u>1,113</u>		<u>1,840</u>	<u>129</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	COPIER	5/11/12	825		0	0	413	412
3	FURNITURE & FIXTURES	9/01/14	749		0	0	375	374
7	ADDITIONAL FF&E	1/01/15	655		0	0	328	327
	Form 990, Page 1		<u>2,229</u>		<u>0</u>	<u>0</u>	<u>1,116</u>	<u>1,113</u>
	Grand Total		<u>2,229</u>		<u>0</u>	<u>0</u>	<u>1,116</u>	<u>1,113</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	COPIER	24	24	0
Page 1	1	3	FURNITURE & FIXTURES	47	47	0
Page 1	1	7	ADDITIONAL FF&E	58	58	0
				<u>129</u>	<u>129</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/18

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	COPIER	5/11/12	825	0	0
3	FURNITURE & FIXTURES	9/01/14	749	34	33
7	ADDITIONAL FF&E	1/01/15	655	41	41
			<u>2,229</u>	<u>75</u>	<u>74</u>
Other Depreciation:					
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	1,253	0
5	WINDOWS	9/08/15	9,900	254	0
6	LEGACY ADDITIONAL	1/01/15	1,912	49	0
	Total Other Depreciation		<u>60,679</u>	<u>1,556</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>60,679</u>	<u>1,556</u>	<u>0</u>
Amortization:					
4	PROGRAM START-UP	9/01/14	988	198	0
8	ADDITIONAL START-UP	1/01/15	2,568	514	0
			<u>3,556</u>	<u>712</u>	<u>0</u>
	Grand Totals		<u>66,464</u>	<u>2,343</u>	<u>74</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>KY</u>
Prior MACRS:				
1	COPIER	5/11/12	825	0
3	FURNITURE & FIXTURES	9/01/14	749	34
7	ADDITIONAL FF&E	1/01/15	655	41
			<u>2,229</u>	<u>75</u>
Other Depreciation:				
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	1,253
5	WINDOWS	9/08/15	9,900	254
6	LEGACY ADDITIONAL	1/01/15	1,912	49
	Total Other Depreciation		<u>60,679</u>	<u>1,556</u>
	Total ACRS and Other Depreciation		<u>60,679</u>	<u>1,556</u>
Amortization:				
4	PROGRAM START-UP	9/01/14	988	198
8	ADDITIONAL START-UP	1/01/15	2,568	514
			<u>3,556</u>	<u>712</u>
	Grand Totals		<u>66,464</u>	<u>2,343</u>

Form **990T**

Tax Return History

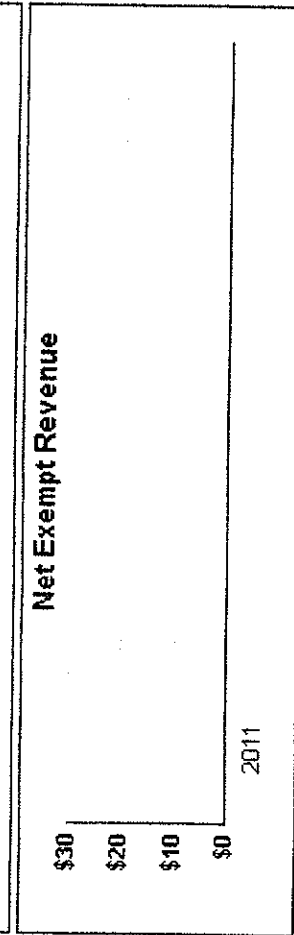
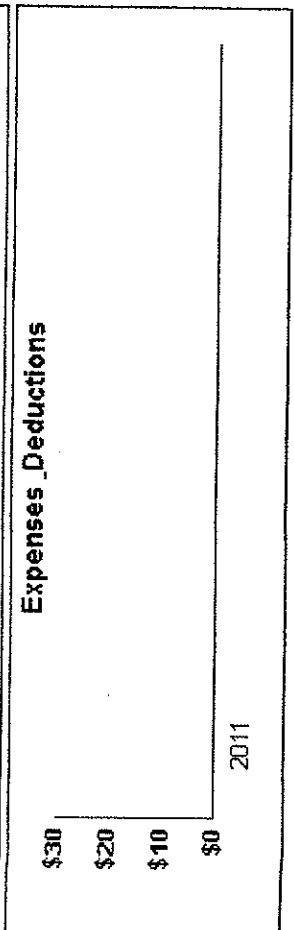
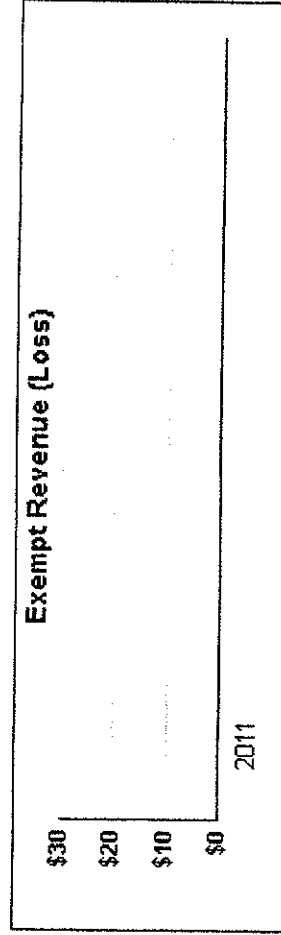
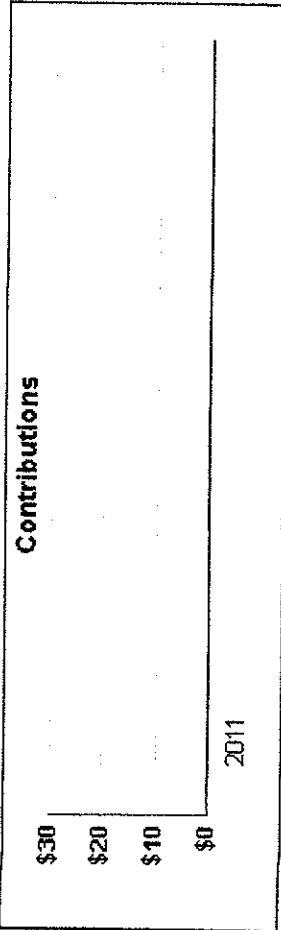
2017

Name

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer Identification Number
31-1106357

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

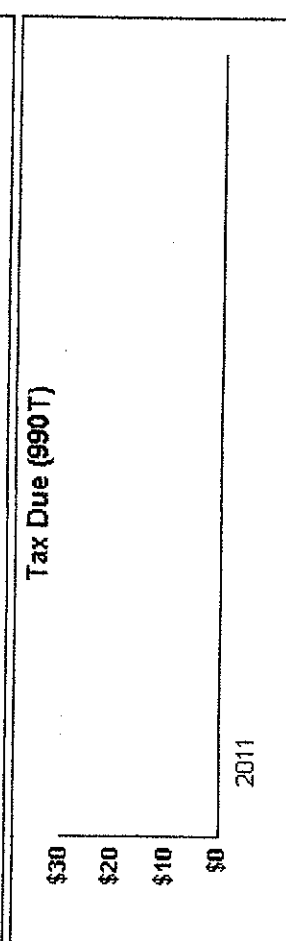
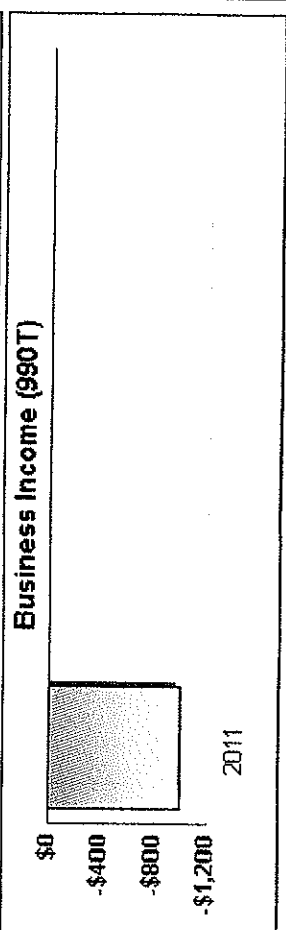
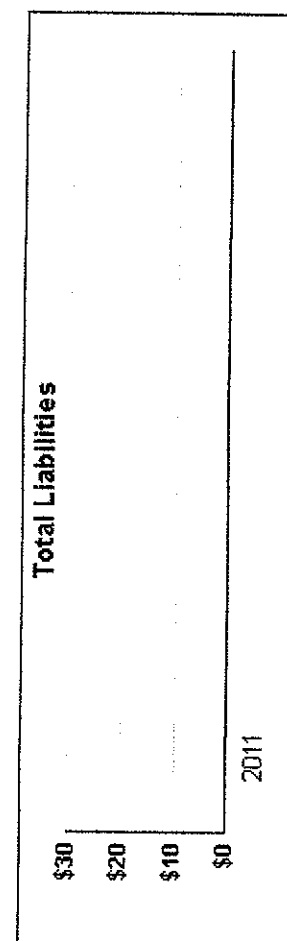
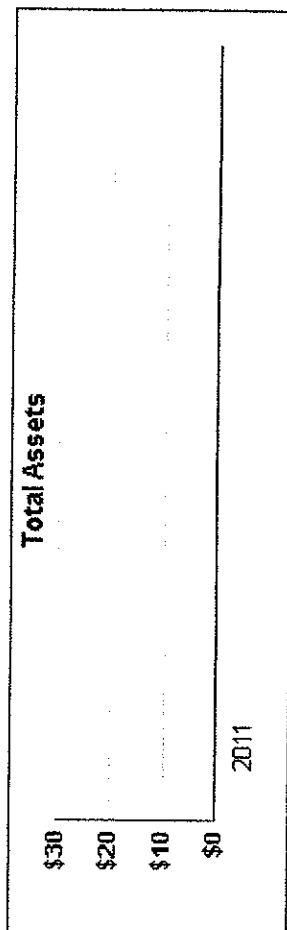


Form 990T Tax Return History 2017

Name: **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Employer Identification Number: **31-1106357**

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



OLNC OLD LOUISVILLE NEIGHBORHOOD COUNCIL

31-1106357

FYE: 12/31/2017

Federal Statements

8/8/2018 3:24 PM

Schedule A, Part II, Line 1(e)

Description	Amount
LOUISVILLE LIVE -- GRANTS	370
LOUISVILLE-LIVE -- GRANTS	7,500
LOUISVILLE LIVE --PUBLIC SUPPORT	26,778
HOLIDAY HOME TOUR SPONSORS	8,755
OPERATING GRANTS	2,000
CENTRAL PARK IMPROVEMENT	3,800
ST JAMES COURT	
LOUISVILLE METRO	
THIRD ST	
GARVIN GATE - CENTRAL PARK	
VARIOUS - CENTRAL PARK	
SOUTH FOURTH ST	
2ND ST	
OTHER PUBLIC SUPPORT	
LOUISVILLE /JEFFERSON COUNTY	10,584
1300 ASSOCIATION	
3RD ST	
UK INTERN SUPPORT	
RON HARRIS	
KOSAIR	
GENSCAPE	
TOM & NANCY WOODCOCK	
SUPPORT FOR STREET SIGNS	
ADVERTISING	
Total	136
	\$ 59,923

Schedule A, Part II, Line 12 - Current year

Description	Amount
OLD LOUISVILLE LIVE	4,311
OLD LOUISVILLE TOURS	10,224
COMMUNITY GARDEN	825
HOLIDAY HOUSE TOURS	38,851
OLD LOU BREW	6,391

Federal Statements

Schedule A, Part II, Line 12 - Current year (continued)

Description	Amount
VICTORIAN TEA	\$ 2,628
GIFT SHOP/T-SHIRTS	446
STAINED GLASS WORKSHOP	130
BANK INTEREST	1
RENTAL	412
Total	\$ 64,219

FILED IN OFFICE
A 29567

JUN 2 1983

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY,
FRANKFORT, KENTUCKY

BREMER ENCL. Clerk
BY *DS* D.C.

ARTICLES OF INCORPORATION

OF

MAY 16 1983

THE OLD LOUISVILLE INFORMATION CENTER, INC.

Carroll James Hill
SECRETARY OF STATE

I, THE UNDERSIGNED, for the purpose of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273 of the Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:

THE OLD LOUISVILLE INFORMATION CENTER, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal place of business of the Corporation is to be located at 1340 So. Fourth Street (in Central Park), Louisville, Kentucky, 40208 and such other places in said city or elsewhere as its Board of Directors may by resolution designate.

The name and address of the registered agent for service of process is:

Richard L. Janes
1340 So. 4th Street (in Central Park)
Louisville, Kentucky 40208

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including

for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

1) To operate a resource center for the residents of the Old Louisville neighborhood which will provide a wide variety of educational material, information, and other services to help them meet social, health, welfare, educational and cultural needs.

2) To engage in educational and charitable activity designed to lessen neighborhood tensions and to encourage and promote community cooperation and pride.

3) To engage in educational and charitable activity designed to combat neighborhood deterioration and to promote community revitalization and development.

4) To encourage, promote, and provide activity for neighborhood youth designed to instill in them a friendly and cooperative spirit and to advance their educational and cultural development.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV, except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

MAILING ADDRESS

Richard L. Janes

1409 So. Brook Street
Louisville, Kentucky 40208

ARTICLE VIII

The names and addresses of the members of the initial Board of Directors are:

Richard L. Janes
1409 So. Brook Street
Louisville, Kentucky 40208

Carolyn Beall
1216 So. Floyd Street
Louisville, Kentucky 40203

Rose Greenough Nett
940 So. 6th Street
Louisville, Kentucky 40203

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

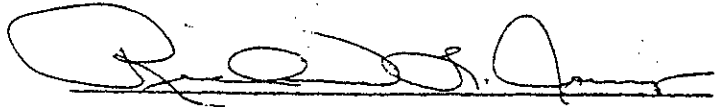
In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.


IN TESTIMONY WHEREOF, witness the signatures of the Incorporator of this Corporation on this 2 day of May, 1983.



Before me, the undersigned authority, personally appeared RICHARD L. JANES and being first duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 2 day of May, 1983.

My Commission Expires: 8-16-86


NOTARY PUBLIC, STATE AT-LARGE,
KENTUCKY

This Document Prepared By:

JEFFREY B. SEGAL
ATTORNEY AT LAW
LEGAL AID SOCIETY, INC.
425 W. Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Old Louisville Neighborhood Council

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1340 S 4th Street

6 City, state, and ZIP code
Louisville, KY 40208

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
or									
Employer identification number									
3	1	-	1	1	0	6	3	5	7

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶

Shawn DeLo Williams, **Exec. Dir.**, OLNC Date ▶ **7/1/19**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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