



### CIF, NDF, MAP OR PAV INTERAGENCY CHECKLIST

**Interagency Name:** Old Louisville Neighborhood Council  
**Program/Project Name:** Old Louisville LIVE: Shakespeare in Dance

	Yes/No/NA
<b>Request Form:</b> Is the Request Signed by all Council Member(s) Appropriating Funding?	--- YES
<b>Request Form:</b> If matching funds are to be used, are they disclosed with account numbers in the request form description?	--- N/A
<b>Request Form:</b> If matching funds are to be used, does the amount of the request exclude the matching fund amount?	--- N/A
<b>Request Form:</b> If other funds are to be used for this project, are they disclosed with account numbers in the request form description?	--- NO
<b>Funding Source:</b> If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.	--- <del>NO</del> N/A
<b>Funding Source:</b> If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.	--- N/A
<b>Ordinance Required:</b> Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.	--- NO
<b>Ordinance Required:</b> Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?	--- NO
<b>Supporting Documentation:</b> Does the attachment include a valid estimate and description of cost?	--- YES

**Prepared by:**

**Date:**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Old Louisville Neighborhood Council</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1340 S. 4th Street, Louisville, KY 40208			
<b>Website:</b> oldlouisville.org			
<b>Applicant Contact:</b>	Shawn Fields Williams	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-635-5244	<b>Email:</b>	shawn.williams@oldlouisville.org
<b>Financial Contact:</b>	Eric Cowley	<b>Title:</b>	Treasurer, OLNC
<b>Phone:</b>	502-994-9009	<b>Email:</b>	ecowley@gmx.com
<b>Organization's Representative who attended NDF Training:</b> Shawn Fields Williams			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Old Louisville		
<b>Council District(s):</b>	6	<b>Zip Code(s):</b>	40203, 40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Old Louisville LIVE: Shakespeare in Dance-- Louisville Ballet			
<b>Total Request: (\$)</b>	1000	<b>Total Metro Award (this program) in previous year: (\$)</b>	1500
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter			
<input checked="" type="checkbox"/> Current Year Projected Budget			
<input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)			
<input checked="" type="checkbox"/> Current financial statement			
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H			
<input checked="" type="checkbox"/> Articles of Incorporation			
<input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
<input type="checkbox"/> Signed lease if rent costs are being requested			
<input checked="" type="checkbox"/> IRS Form W9			
<input type="checkbox"/> Evaluation forms if used in the proposed program			
<input type="checkbox"/> Annual audit (if required by organization)			
<input type="checkbox"/> Faith Based Organization Certification Form, if required			
<input checked="" type="checkbox"/> Staff including the 3 highest paid staff			
<b>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.</b>			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

**Vision:** 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:** 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.

**Services:** In meeting those goals, the Old Louisville Neighborhood Council provides the following services: 1) Chairman, Vice Chair and Executive Director serve in an outreach capacity advocating for the community on many levels; 2) the OLNC serves as a guardian of the historic preservation district and advocates for preservation of these historic buildings through the work of its property improvement committee; 3) To encourage heritage tourism the OLNC operates the Historic Old Louisville Neighborhood and Visitors Center for community use and as a visitors center; it also offers the Historic Old Louisville Walking tour which is a guided tour of the Victorian mansion district and a walking tour booklet for self-guided tours; it also works closely with the Louisville Convention and Visitors Bureau to increase heritage tourism; each December the OLNC hosts the Old Louisville Holiday Home Tour which is an educational/enrichment tour of the interiors of about 10 Victorian mansions; 4) To promote artistic and cultural events which build community and foster cooperation, the OLNC has launched a new performance series called Old Louisville LIVE. This series features a variety of performers at the C. Douglas Ramey Amphitheater in Central Park. All performances are free and open to the public. 5) To promote neighborhood revitalization and business development, the OLNC has been working with community and business interests to find ways to promote Old Louisville to families and young professionals to encourage home ownership in the area. Creating vibrancy through activities such as the Old Louisville LIVE series serves that purpose.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

As part of the Old Louisville Neighborhood Council's Old Louisville LIVE series, which launched this April, the Louisville Ballet has arranged a collaboration with the Kentucky Shakespeare Festival to do a five-night performance entitled "Shakespeare in Dance." The Louisville Ballet will perform Wednesday August 10-Sunday August 14, 2016 at the C. Douglas Ramey Amphitheater in Central Park. Performance times will be 8-10 pm. It will be free and open to the public.

This is a family event which will be promoted to the 12,000 residents of Old Louisville and beyond. A multi-pronged outreach will occur to promote this event, thus drawing people from all backgrounds from the community and the city-at-large. It will not only offer a world-class ballet company in a series of performances for free, but will showcase the beauty of Central Park in the heart of the Old Louisville Victorian mansion district.

Food truck vendors will offer food during this event. The Kentucky Shakespeare Festival will provide an alcohol concession.

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

The request for \$1000 will pay a small portion of the \$20,000 expense for these collaborative performances between the Louisville Ballet and the Kentucky Shakespeare Festival during those five dates. The Old Louisville Neighborhood Council is raising \$5500. The Louisville Ballet and the Kentucky Shakespeare Festival are both raising funds from private donors to make this special event happen.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:** 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 to the area residents. We are striving to foster 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 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; theater. Volunteers will count the number of attendees to the event to track one of the measurable outcomes. Social media platforms will also be used to promote and track the event. Old Louisville community facebook page, twitter, and instagram 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 reached out to the Louisville Ballet to consider a summer performance at Central Park. The Louisville Ballet decided to reach out to the Kentucky Shakespeare Festival to discuss a collaboration. But they needed help in funding a significant performance event. The requested the help of the OLNLC to raise at least \$5000 of the projected \$20,000 projected budget for this event. This request for an NDF grant is less than one-fifth of the pledged amount for the OLNLC's contribution. KSF and LB are raising the additional funds.

More generally, the OLNLC works closely with the other arts organizations and community partners such as: the University of Louisville; the Kentucky College of Art and Design at Spalding University; the Filson Historical Society; the Conrad-Caldwell House Museum; the Asia Institute-Crane House; the Kentucky Shakespeare Festival; the St. James Court Art Show; the Garvin Gate Blues Festival; the Louisville Free Public Library; and Vault 1031. Together we have formed the Old Louisville Arts Council, which the OLNLC spearheaded. We are working to collaborate and cross promote events. The OLAC partners will help promote our Old Louisville LIVE series through promotional materials and communication efforts. The area universities will promote the Louisville Ballet event to their collegiate communities. Local area businesses will also promote the event with posters. And the Louisville Free Public Library will display the poster of the events at their Main Library and all 18 branches throughout the city.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	1000	4500	5500
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	1000	4500	5500
<b>% of Program Budget</b>	18 %	82 %	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)	4500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	4500

*\*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 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
Volunteers (3 at 10 hours each)	510	900*17
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	510	

\* 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, 2016

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 6 – CERTIFICATIONS & ASSURANCES

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

### Standard Assurances

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

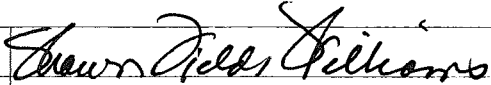
### Standard Certifications

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

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

## SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	July 1, 2016
Legal Signatory: (please print):	Shawn Fields Williams	Title:	Executive Director
Phone:	502-635-5244	Extension:	
Email:	shawn.williams@oldlouisville.org		

Old Louisville Neighborhood Council

Application for Neighborhood Development Fund

District 6 Councilman David James

Section 5 Detailed List Community Event

July 1, 2016

The Louisville Ballet Performance in Central Park at the C. Douglas Ramey Amphitheater.

Non-Metro Funds --\$4500

Expenses

Louisville Ballet

(Contribution toward )Dancers (10 dancers for 3 weeks, flat fee of \$1000 each) (\$4500) /(\$10,000\*) )

\*See attached \$20,000 budget from Kentucky Shakespeare and Louisville Ballet

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Total \$4500

## KENTUCKY SHAKESPEARE & LOUISVILLE BALLET COLLABORATION

### KENTUCKY SHAKESPEARE

#### Staff

Production Manager	\$	450.00
Production Stage Manager	\$	450.00
Assistant Stage Manager/Backstage	\$	300.00
Sound Engineer	\$	350.00
House Manager/Assistant PM	\$	350.00
Deck Supervisor	\$	400.00
Technical Director	\$	350.00
Master Electrician/Lighting Operator	\$	350.00
Front of House Assistant	\$	200.00
Wardrobe Backstage Crew	\$	350.00
Technical Assistant	\$	300.00
Backstage Crew	\$	400.00
Tech Intern	\$	100.00
Assistant ME	\$	250.00
Stage Management Intern	\$	200.00
Sound/SM Intern	\$	200.00

#### Rentals

Restrooms - one week	\$	300.00
Tech and Dressing Trailers	\$	300.00
Actors (2 actors for 3 weeks @ \$400/week)	\$	2,400.00

### LOUISVILLE BALLET

Dancers (10 dancers for 3 weeks, flat fee of \$1000 each)	\$	10,000.00
Choreographer (Roger Creel, flat fee of \$1000)	\$	1,000.00
Live Music (Composer musician to accompany Roger Creel's ballet)	\$	1,000.00

**TOTAL** \$ **20,000.00**



P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248153327  
Jan. 27, 2015 LTR 4168C 0  
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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](http://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.

Jan. 27, 2015

LTR 4168C

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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 1

**OLD LOUISVILLE NEIGHBORHOOD  
BOARD OF DIRECTORS  
January 1, 2016 – December 31, 2017**

Name	Office	Telephone (All 502)	Email
Howard Rosenberg	Chair		
Leah Stewart	Vice-Chair		
Ashley Peak	Secretary		
Eric Cowley	Treasurer		
Peggy Heimerdinger	Belgravia Court		
Michael Meador	Central Park West		
David Mowder	East OL Multi-Family Living		
Christopher Bosson	Garvin Gate		
Stephen Peterson	Limerick Ass. For Ngh. Adv.		
Kim Mowder	North OL Multi-Family		
Roz Fishman	Ouerbacker Court		
Christopher White	100 Block Ormsby Ave.		
Janice Theriot	St. James Court		
Ken Herndon	Second Street		
Bruce Cohen	Seventh Street Edge		
Leah Stewart	600 Block W. Magnolia		
Jim Brooks	S. Fourth Street		
Michael Richards	S. Third Street		
David McNeese	The 1300 Association		
Doug Humble	Toonerville Trolley		
Irene Spicer	Treyton Oaks		
Brian Aviles	W. St. Catherine		

**Revenue**

Victorian Tales of Terror	17,500
Holiday Home Tour	42,000
Grants/Public Support <sup>1</sup>	52,720
Central Park Improvement <sup>3</sup>	3,500
OLNC Tours	3,000
NA Dues <sup>2</sup>	525
Community Garden <sup>3</sup>	1,000

**Total Revenue** **120,245**

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**Expenses**

**Victorian Tales of Terror**

Gift Shop	250	
Marketing	1,000	
Refreshments	1,000	
Square Fees	413	
Supplies	4,337	
		<u>7,000</u>

**Holiday Home Tour**

Equipment Rental	1,450	
Labor	240	
Marketing	6,075	
Postage	900	
Printing & Copying	375	
Professional Fees	300	
Refreshments	900	
Square Fees	775	
Supplies	475	
		<u>11,490</u>

**Central Park Improvement<sup>3</sup>**

Facilities & Equipment	1,000	
Operations	1,200	
Refreshments	1,300	
		<u>3,500</u>

**Community Garden<sup>3</sup>**

Facilities & Equipment	500	
Operations	150	
Utilities	350	
		<u>1,000</u>

**OLNC Tours**

Tour Guide Fees	1,000	
Square Fees	225	
Marketing	1,775	
		<u>3,000</u>



**Admin**

Cleaning	1,170
Computer	1,500
CPA <sup>5</sup>	5,500
Insurance	1,600
Marketing	3,500
Memberships	150
Misc	1,890
Payroll - Admin <sup>7</sup>	16,016
Payroll - Executive Dir <sup>7</sup>	38,500
Payroll - Tax & Insurance <sup>7</sup>	13,629
Phones & Internet	3,000
Postage	250
Printing	1,050
Supplies	2,500
Support for Organizations <sup>4</sup>	3,500
Website	500

94,255

**Total Expenses**

**120,245**

**Net Income<sup>6</sup>**

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Footnotes:

- 1 Income includes Ex Dir's initiatives and year 2 of declining grant
- 2 21 Member associations with Dues @ \$25.00
- 3 These 3 programs shall be fully self supporting and may not spend more than generated
- 4 Support of SpringFest Pledging 2,500 and 1,000 for Misc Support
- 5 Estimated outsourced bookkeeping cost \$3,000
- 6 Net Income for 2016 as shown is balanced
- 7 Payroll represents 72% of Admin Budget & 57% of Total Budgeted Expenses

# Old Louisville Neighborhood Council INC Budget to Actual 2015

	2015	
	Budget	Actual
Revenue:		
Victorian Tales of Terror	18,000	16,979
Holiday Home Tour	40,000	46,234
Executive Director from NA	28,000	7,500
Grants/Public Support	16,500	19,352
Central Park Improvement	3,500	7,200
Domine Tours	14,000	7,280
SpringFest	40,750	43,821
NA Dues	325	425
Community Garden	1,500	1,016
<b><u>TOTAL REVENUE:</u></b>	<b><u>162,575</u></b>	<b><u>149,807</u></b>
Expenses:		
Victorian Tales of Terror	4,850	8,428
Holiday Home Tour	11,490	10,033
Central Park Improvement	3,500	5,899
Community Garden	1,500	636
Domine Tours	9,525	4,905
SpringFest	40,750	43,821
Admin	90,960	62,869
<b><u>TOTAL EXPENSES:</u></b>	<b><u>162,575</u></b>	<b><u>136,591</u></b>
<b>Net Income (Loss)</b>	<b>-</b>	<b>13,216</b>

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Old Louisville Neighborhood Council INC  
**Profit & Loss**  
January through December 2015

	<u>Jan - Dec 15</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
46000 · Rental Income	1,200
43415 · Walking Tour Booklet Revenue	9,400
43420 · UK Scholarship Fund	1,100
43400 · Direct Public Support	18,375
43460 · Sponsorships	33,000
44000 · Grant Income	7,437
45000 · Investments	8
46400 · Other Types of Income	588
47000 · Program Income	21,728
47100 · Event Income	56,970
<b>Total Income</b>	<u>149,807</u>
<b>Gross Profit</b>	149,807
<b>Expense</b>	
60930 · Bank Fees	1,994
60000 · Program Expenses	41,688
50000 · Support of Other Organization	18,810
60900 · Business Expenses	55
62100 · Contract Services	10,866
62800 · Facilities and Equipment	3,001
65000 · Operations	21,219
65200 · Other Types of Expenses	891
66000 · Admin Payroll Expenses	38,068
<b>Total Expense</b>	<u>136,591</u>
<b>Net Ordinary Income</b>	<u>13,216</u>
<b>Net Income</b>	<u><u>13,216</u></u>

**Old Louisville Neighborhood Council INC**  
**Profit & Loss**  
January through December 2015

	<u>Jan - Dec 15</u>	<u>Jan - Dec 14</u>
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
43400 - Direct Public Support	6,900	0
43460 - Sponsorships	300	0
<b>Total Income</b>	<u>7,200</u>	<u>0</u>
<b>Gross Profit</b>	7,200	0
<b>Expense</b>		
60000 - Program Expenses	2,630	0
62800 - Facilities and Equipment	2,497	0
65000 - Operations	772	0
<b>Total Expense</b>	<u>5,899</u>	<u>0</u>
<b>Net Ordinary Income</b>	<u>1,301</u>	<u>0</u>
<b>Net Income</b>	<u><u>1,301</u></u>	<u><u>0</u></u>

Old Louisville Neighborhood Council INC  
**Summary Balance Sheet**  
As of December 31, 2015

	<u>Dec 31, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	87,543
Accounts Receivable	7,047
Other Current Assets	6,679
<b>Total Current Assets</b>	<u>101,269</u>
<b>Fixed Assets</b>	60,730
<b>Other Assets</b>	3,405
<b>TOTAL ASSETS</b>	<u><u>165,404</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Credit Cards	469
Other Current Liabilities	8,910
<b>Total Current Liabilities</b>	<u>9,379</u>
<b>Total Liabilities</b>	9,379
<b>Equity</b>	<u>156,026</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>165,404</u></u>



Old Louisville  
Neighborhood Council

March 09, 2016

RE: List of Employees

To Whom It May Concern,

As required by the NDF grant application and as of the date of this correspondence, the Old Louisville Neighborhood Council, Inc. employs two persons, David Williams and Shawn Williams (no relation). Mr. David Williams is employed at a part-time, non-exempt status receiving hourly compensation of ten (\$10.00) dollars per hour at an average of twenty-eight (28) hours each work week. Ms. Shawn Williams is employed at a full-time, exempt status receiving a salaried compensation of \$35,000.00 per annum.

Sincerely,

Eric A. Cowley  
Treasurer

## Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL** [REDACTED]

**Net Asset / Fund Balance at Beginning of Year** 22,682

**Revenue**

Contributions	<u>112,149</u>	
Program service revenue	<u>84,253</u>	
Investment income	<u>4</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>141</u>	
<b>Total revenue</b>		<u>196,547</u>

**Expenses**

Program services		
Management and general		
Fundraising		
<b>Total expenses</b>		<u>79,730</u>
<b>Excess / (deficit)</b>		<u>116,817</u>

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 139,499

**Reconciliation of Revenue**

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

**Reconciliation of Expenses**

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

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>23,010</u>	<u>149,099</u>	
Liabilities	<u>328</u>	<u>9,600</u>	
Net assets	<u>22,682</u>	<u>139,499</u>	<u>116,817</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/15  
 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

For calendar year 2014, or fiscal year beginning ..... 2014, and ending ..... 20 .....

**Do not send to the IRS. Keep for your records.**

**Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2014

Name of exempt organization

Employer identification number

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Name and title of officer

**ERIC COWLEY  
TREASURER**

#### 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 1 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	<b>196,547</b>
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, Part I, line 3c or Part II, line 8c)	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 2014 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 2014 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 2014 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 **08/13/15**

#### 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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 **08/13/15**

**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** (2014)



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

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <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	<p><b>C</b> Name of organization <b>OLD LOUISVILLE NEIGHBORHOOD COUNCIL</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  <b>1340 SOUTH FOURTH ST-IN CENTRAL PAR</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LOUISVILLE KY 40208</b></p>	<p><b>D</b> Employer identification number [REDACTED]</p> <p><b>E</b> Telephone number <b>502-635-5244</b></p> <p><b>F</b> Group Exemption Number ▶</p>
--	---	---

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **N/A**

**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 ..... ▶ \$ **196,547**

**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

	Description	Code	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>112,149</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>84,253</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> 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)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>141</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>196,547</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>14,064</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>2,212</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>1,897</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>291</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>61,266</b>
<b>17/ Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>79,730</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>116,817</b>
	<b>19</b> 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)	<b>19</b>	<b>22,682</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>139,499</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)



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
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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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)

		Yes	No
<b>46</b> 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 .....	46		<b>X</b>

**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

		Yes	No
<b>47</b> 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 .....	47	<b>X</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	48		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	49a		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	49b		

**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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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 ▶  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.

<b>Sign Here</b>	Signature of officer	<b>ERIC COWLEY</b>	Date	
	Type or print name and title	<b>TREASURER</b>		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	<b>Mary Morrow &amp; Associates</b>	<b>02/23/16</b>		
	Firm's address ▶	<b>1347 S 3rd St Ste 304 Louisville, KY 40208-3300</b>	Firm's EIN ▶		

Phone no. **502-419-8025**

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

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

**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Employer identification number

[REDACTED]

**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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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)						
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,646	16,250	13,047	14,518	112,149	172,610
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 <b>Total.</b> Add lines 1 through 3	16,646	16,250	13,047	14,518	112,149	172,610
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 <b>Public support.</b> Subtract line 5 from line 4.						172,610

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	16,646	16,250	13,047	14,518	112,149	172,610
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 <b>Total support.</b> Add lines 7 through 10						172,610
12 Gross receipts from related activities, etc. (see instructions)					12	84,398
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100.00 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2014.** 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—2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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).		
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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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 <b>Part VI</b> .		

**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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
2	Activities Test. <b>Answer (a) and (b) below.</b>		
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 <b>Part VI identify those supported organizations and explain</b> 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.		
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 <b>Part VI</b> 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. <b>Answer (a) and (b) below.</b>		
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 <b>Part VI</b> .		
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 <b>Part VI</b> 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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  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 <b>Total annual distributions.</b> 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Employer identification number

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	<b>X</b>		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<b>X</b>	
<b>c</b> Media advertisements?		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public?		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements?		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes?		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>X</b>	
<b>i</b> Other activities?		<b>X</b>	
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>X</b>	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

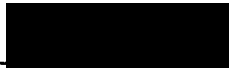
<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Schedule C, Part II-B, Line 1**

**18 VOLUNTEERS WERE INVOLVED IN NEIGHBORHOOD REZONING ATTEMPTS**



**Part IV** Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.



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

**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Employer identification number

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

Description	Amount
MISC	\$ 141
<b>Total</b>	<b>\$ 141</b>

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

Description	Amount
<b>Expenses</b>	
BANK FEES	\$ 45
BANK FEES	\$ 89
BANK FEES	\$ 22
REFRESHMENTS	\$ 59
SUPPLIES	\$ 1,408
TELEPHONE	\$ 1,446
UTILITIES	\$ 160
MARKETING	\$ 1,750
MISC	\$ 517
APPRECIATION GIFTS	\$ 191
WEBSITE	\$ 162
TECH SUPPLIES	\$ 105
LIABILITY & D&O INS	\$ 1,815
HOLIDAY HOUSE TOUR	\$ 8,869
DAVID DOMINE TOURS	\$ 4,456
SPRINGFEST	\$ 26,393
PARK GROUNDS	\$ 3,575

Name of the organization

Employee identification number

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

COMMUNITY GARDEN	\$	3,377
GHOST TOUR	\$	6,320
Non-investment Depreciation	\$	507
Total	\$	61,266

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

Description	Amount
PRIOR YEAR ADJUSTMENT	\$ 0

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

Description	Beg. of Year	End of Year
Grants Receivable	\$ 0	\$ 4,779
Prepaid Expenses and Deferred Charges	\$ 0	\$ 336
FF&E	\$ 825	\$ 50,441
Less Accumulated Depreciation	\$ 627	\$ 1,499
Total	\$ 198	\$ 54,057

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 328	\$ 9,600
CLEARING ACCOUNT	\$ 0	\$ 0
PAYROLL LIABILITIES	\$ 0	\$ 0
SALES TAX PAYABLE	\$ 0	\$ 0

Form 990-EZ, Part III - Primary Exempt Purpose

THE OLD LOUISVILLE INFORMATION CENTER IS COMMITTED TO PROMOTING THE OLD LOUISVILLE NIGHBORHOOD AND ITS UNIQUE ARCHITECTURAL AND HISTORICAL

Name of the organization

Employer identification number

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

CHARACTERISTICS BY SERVING AS A SOURCE OF INFORMATION, REFERENCE AND PROJECT SUPPORT

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

OTHER PROGRAMS INCLUDE THE FRIEND OF CENTRAL PARK FOR THE BENEFIT OF THE TENNIS COURTS), EDUCATIONAL FORUMS AND A COMMUNITY GARDEN

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

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	500,000
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	2,000,000
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 2013 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	375
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	79
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 2014 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		374	7.0	HY	200DB	53
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	09/01/14	48,867	27.5 yrs.	MM	S/L	365
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2014 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	<b>Total.</b> 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	872
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		Yes		No		24b		If "Yes," is the evidence written?		Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
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) .....									25				
26 Property used more than 50% in a qualified business use:													
		%											
		%											
27 Property used 50% or less in a qualified business use:													
		%				S/L-							
		%				S/L-							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....									28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....										29			

**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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not 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 are not more than 5% owners or related persons (see instructions).

	Yes	No
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," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
<b>PROGRAM START-UP</b>	<b>09/01/14</b>	<b>988 59 (e)</b>		<b>5.0</b>	<b>198</b>
43 Amortization of costs that began before your 2014 tax year .....					<b>43</b>
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44 198</b>

**Federal Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>7-year GDS Property:</b>									
3	FURNITURE & FIXTURES	9/01/14	749		X	374	7 HY 200DB	0	428
			<u>749</u>			<u>374</u>		<u>0</u>	<u>428</u>
<b>Non-Residential Real Property:</b>									
2	LEGACY LEASEHOLD IMP	9/01/14	48,867			48,867	39 MMS/L	0	365
			<u>48,867</u>			<u>48,867</u>		<u>0</u>	<u>365</u>
<b>Prior MACRS:</b>									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	627	79
			<u>825</u>			<u>412</u>		<u>627</u>	<u>79</u>
<b>Amortization:</b>									
4	PROGRAM START-UP	9/01/14	988			988	5 MO Amort	0	198
			<u>988</u>			<u>988</u>		<u>0</u>	<u>198</u>
	<b>Grand Totals</b>		51,429			50,641		627	1,070
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>51,429</u>			<u>50,641</u>		<u>627</u>	<u>1,070</u>

**KY Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	KY Prior	KY Current	Federal Current	Difference Fed - KY
<b>7-year GDS Property:</b>								
3	FURNITURE & FIXTURES	9/01/14	749	749	0	107	428	321
			<u>749</u>	<u>749</u>	<u>0</u>	<u>107</u>	<u>428</u>	<u>321</u>
<b>Non-Residential Real Property:</b>								
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	48,867	0	365	365	0
			<u>48,867</u>	<u>48,867</u>	<u>0</u>	<u>365</u>	<u>365</u>	<u>0</u>
<b>Prior MACRS:</b>								
1	COPIER	5/11/12	825	825	429	158	79	-79
			<u>825</u>	<u>825</u>	<u>429</u>	<u>158</u>	<u>79</u>	<u>-79</u>
<b>Amortization:</b>								
4	PROGRAM START-UP	9/01/14	0	0	0	0	198	198
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>198</u>	<u>198</u>
	<b>Grand Totals</b>		50,441	50,441	429	630	1,070	440
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>50,441</u>	<u>50,441</u>	<u>429</u>	<u>630</u>	<u>1,070</u>	<u>440</u>

**AMT Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
3	FURNITURE & FIXTURES	9/01/14	749		X	374	7 HY 200DB	0	428
			<u>749</u>			<u>374</u>		<u>0</u>	<u>428</u>
<b>Non-Residential Real Property:</b>									
2	LEGACY LEASEHOLD IMP	9/01/14	48,867			48,867	39 MMS/L	0	365
			<u>48,867</u>			<u>48,867</u>		<u>0</u>	<u>365</u>
<b>Prior MACRS:</b>									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	627	79
			<u>825</u>			<u>412</u>		<u>627</u>	<u>79</u>
<b>Grand Totals</b>			50,441			49,653		627	872
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>50,441</u>			<u>49,653</u>		<u>627</u>	<u>872</u>



**Bonus Depreciation Report**

FYE: 12/31/2014

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
1	COPIER	5/11/12	825		0	0	413	412
3	FURNITURE & FIXTURES	9/01/14	749		0	375	0	374
	<b>Form 990, Page 1</b>		<u>1,574</u>		<u>0</u>	<u>375</u>	<u>413</u>	<u>786</u>
	<b>Grand Total</b>		<u>1,574</u>		<u>0</u>	<u>375</u>	<u>413</u>	<u>786</u>

**Depreciation Adjustment Report**

FYE: 12/31/2014

**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>
<b>MACRS Adjustments:</b>						
Page 1	1	1	COPIER	79	79	0
Page 1	1	2	LEGACY LEASEHOLD IMP	365	365	0
Page 1	1	3	FURNITURE & FIXTURES	428	428	0
				<u>872</u>	<u>872</u>	<u>0</u>

**Future Depreciation Report FYE: 12/31/15**

FYE: 12/31/2014

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
1	COPIER	5/11/12	825	48	48
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	1,253	1,253
3	FURNITURE & FLXTURES	9/01/14	749	92	92
			<u>50,441</u>	<u>1,393</u>	<u>1,393</u>
<b><u>Amortization:</u></b>					
4	PROGRAM START-UP	9/01/14	988	197	0
			<u>988</u>	<u>197</u>	<u>0</u>
<b>Grand Totals</b>			<u>51,429</u>	<u>1,590</u>	<u>1,393</u>

**KY Future Depreciation Report**

**FYE: 12/31/15**

FYE: 12/31/2014

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>KY</u>
<b>Prior MACRS:</b>				
1	COPIER	5/11/12	825	95
2	LEGACY LEASEHOLD IMP	9/01/14	48,867	1,253
3	FURNITURE & FIXTURES	9/01/14	749	183
			<u>50,441</u>	<u>1,531</u>
<b>Amortization:</b>				
4	PROGRAM START-UP	9/01/14	0	0
			<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>50,441</u>	<u>1,531</u>

Form **990T**

**Two Year Comparison Report**

**2013 & 2014**

For calendar year 2014, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**



		2013	2014	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>		<b>1,000</b>
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>		<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

Form **990T**

**Tax Return History**

**2014**

Name **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Employer Identification Number [REDACTED]

	2010	2011	2012	2013	2014	2015
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						
<b>Total trade or business income.</b>						
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						

	2012	2013
<b>Contributions</b>		
\$30		
\$20		
\$10		
\$0		

	2012	2013
<b>Exempt Revenue (Loss)</b>		
\$30		
\$20		
\$10		
\$0		

	2012	2013
<b>Expenses Deductions</b>		
\$30		
\$20		
\$10		
\$0		

	2012	2013
<b>Net Exempt Revenue</b>		
\$30		
\$20		
\$10		
\$0		

Form **990T**

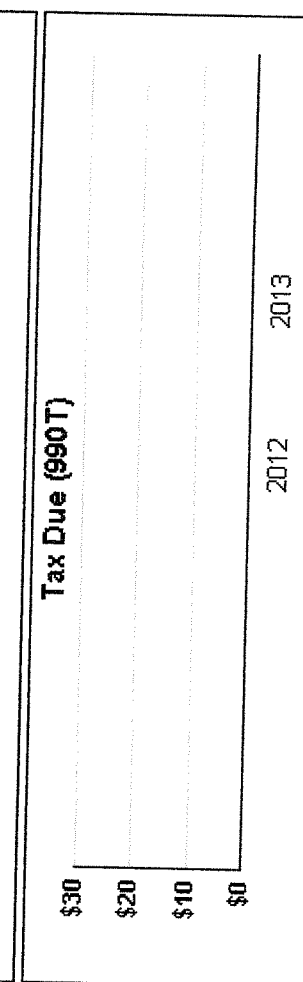
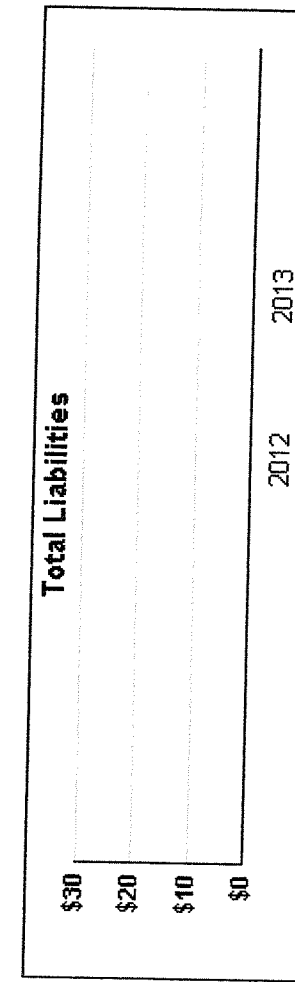
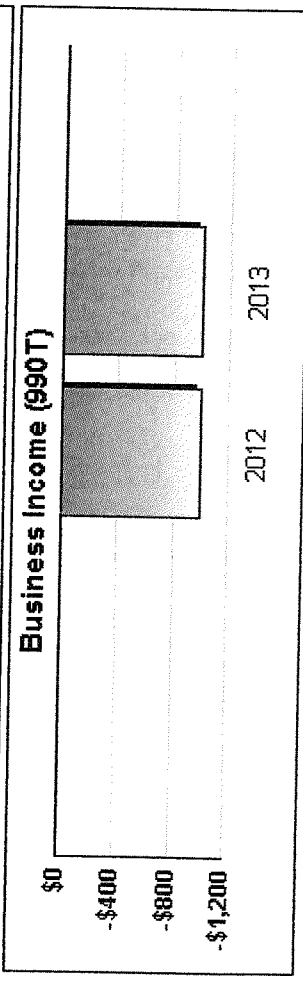
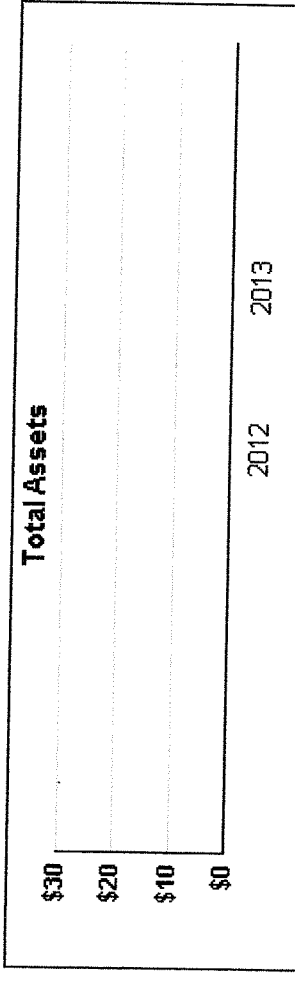
**Tax Return History**

**2014**

Name **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Employer Identification Number **[REDACTED]**

	2010	2011	2012	2013	2014	2015
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000			
<b>Income after expense and deductions</b> .....			<b>1,000</b>	<b>1,000</b>		
Income tax (corporate or trust) .....			-1,000	-1,000		
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



Federal Statements

FYE: 12/31/2014

Schedule A, Part II, Line 1(e)

Description	Amount
ST JAMES COURT	\$ 2,300
SOUTH FOURTH ST	3,000
2ND ST	300
OTHER PUBLIC SUPPORT	672
LOUISVILLE /JEFFERSON COUNTY	4,990
CARLA BROECKER	1,000
NEIGHBORHOOD ASSOC FOR PARK	2,600
3RD ST	1,650
TRANSFER OF ASSETS FROM OLNC	95,637
Total	\$ 112,149

Schedule A, Part II, Line 12

Description	Amount
DD OLD LOUISVILLE TOURS	\$ 6,501
COMMUNITY GARDEN	620
SPRING FEST	20,203
EDUCATION/	192
GHOST TOURS	19,387
HOLIDAY HOUSE TOURS	37,350
BANK INTEREST	4
MISC	141
HOLIDAY HOUSE TOUR	
OLD LOUISVILLE INFO CTR	
CENTRAL PARK MAINTENANCE	
EDUCATION	
FRIENDS OF CENTRAL PARK	
COMMUNITY GARDEN	
Total	\$ 84,398



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## THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

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### General Information

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<b>Organization Number</b>	0177929
<b>Name</b>	THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/16/1983
<b>Organization Date</b>	5/16/1983
<b>Last Annual Report</b>	6/28/2016
<b>Principal Office</b>	1340 S. 4TH ST.(IN CENTRAL PARK) LOUISVILLE, KY 40208
<b>Registered Agent</b>	OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC. 1340 S. 4TH. ST. IN CENTRAL PARK LOUISVILLE, KY 40208

### Current Officers

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<b>President</b>	<u>Howard Rosenberg</u>
<b>Vice President</b>	<u>Leah Leah Stewart</u>
<b>Secretary</b>	<u>Ashley Peak</u>
<b>Treasurer</b>	<u>Eric Cowley</u>
<b>Director</b>	<u>James Brooks</u>
<b>Director</b>	<u>Charles Anderson</u>
<b>Director</b>	<u>Leah Stewart</u>

### Individuals / Entities listed at time of formation

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

### Images available online

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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>	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>
<u>Annual Report</u>	1/24/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/10/2013	1 page	<u>PDF</u>	

<a href="#">Annual Report</a>	1/3/2012	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/13/2011	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/26/2010	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/21/2009	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/5/2008	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/14/2007	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	6/16/2006	2 pages	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	4/21/2005	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	7/12/2004	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	6/10/2003	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/2/2002	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	11/29/2001	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/1/2001	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	10/30/2000	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Sixty Day Notice Return</a>	9/1/2000	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/31/1999	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	8/3/1999	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	5/14/1998	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
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<a href="#">Annual Report</a>	3/22/1993	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	3/27/1992	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	1 page	<a href="#">tiff</a> <a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a> <a href="#">PDF</a>

## Assumed Names

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## Activity History

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Filing	File Date	Effective Date	Org. Referenced
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	<a href="#">THE OLD LOUISVILLE INFORMATION CENTER, INC.</a>

## Microfilmed Images

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