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

**Applicant/Program:** Hibernian Cultural and Charitable Association, Inc. / 2015 St. Patrick's Day Parade

**Executive Summary of Request:**  
The Hibernian Cultural and Charitable Association, Inc. (HCCA), a 501(c)(3) registered public charity, will be conducting the 42nd annual St. Patrick's day Parade on March 14, 2015 from 3:00 pm – 5:00 pm on Bardstown Road between Broadway Ave. and Winsor Place in Louisville KY. HCCA is requesting a grant of \$1,500.00 that shall be designated to pay for Louisville Metro Police Department traffic control and security services provided at the 2015 parade. We estimate those cost will be approximately \$12,000. Last year's parade drew over 100,000 spectators along the parade route (per LMPD estimates) and over 120 parade units, and we expect to see similar numbers in 2015.

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

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

8TH District #      [Signature] Council Member Signature      \$1500.00 Amount      1-3-2015 Date

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

**Approved by:** \_\_\_\_\_ Date \_\_\_\_\_  
Appropriations Committee Chairman

**Clerk's Office Only:**  
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**REVIEWED**  
DATE 1/22/15 TIME 12:04 [Signature]

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Hibernian Cultural and Charitable Association, Inc.	
Program Name: 2015 St. Patrick's Day Parade/\$1,500.00 Request Amount: 2015 St. Patrick's Day Parade/\$1,500.00	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?	<del>No</del> <i>yes</i>
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?	Yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?	Yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?	Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	NA
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?	Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Yes
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?	NA
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?	Yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?	NA
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>	Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NA
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?	Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	No
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?	Yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?	NA
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?	NA
<b>Rent Requests:</b> Is a copy of signed lease included?	NA
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?	Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?	Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?	NA
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NA
Prepared by: 2015 St. Patrick's Day Parade/\$1,500.00	Date: 12/3/2014





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> <span style="float: right;">Hibernian Cultural and Charitable Association, Inc.</span> <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
<b>Main Office Street &amp; Mailing Address:</b> 5927 Dewitt Drive Louisville, KY 40258			
<b>Website:</b> www.LouisvilleIrish.com			
<b>Applicant Contact:</b>	Tim Quinn	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 333-8617	<b>Email:</b>	tquinn80@hotmail.com
<b>Financial Contact:</b>	Tim Quinn	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 333-8617	<b>Email:</b>	tquinn80@hotmail.com
<b>Organization's Representative who attended NDF Training:</b> Tim Quinn			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Baxter Avenue, Louisville Kentucky		
<b>Council District(s):</b>	Tom Owen	<b>Zip Code(s):</b>	40205
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 2015 Louisville St. Patrick's Day Parade			
<b>Total Request: (\$)</b>	\$1,500.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$0.00
<b>Purpose of Request (check all that apply):</b> <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input 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 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>			
<b>Source:</b>	NA	<b>Amount: (\$)</b>	\$0
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Has the applicant met the BBB Charity Review Standards?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The primary mission of the Hibernian Cultural and Charitable Association, Inc. (HCCA) is to promote Irish culture and to support worthy charities consistent with our Catholic faith. HCCA is organized exclusively for charitable, religious and educational purposes, including the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code. HCCA puts on the annual Louisville St. Patrick's Parade and supports other cultural events in the city including World Fest, Irish Fest, and The Portland Parade. The St. Patrick's Day Parade has become one of Louisville's iconic annual community celebrations and the 2015 parade will mark the 42nd year of celebrating Irish culture in Louisville. We proudly support worthy charities including Boys and Girls Haven, the Franciscan Shelter House, and the WHAS Crusade for Children. In 2013 HCCA donated over \$6,900 to local charities.



## 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.):**

The 2015 St. Patrick's Day Parade will be held on March 14 from 3:00 PM to 5:00 PM. The parade route will begin at the intersection of Broadway and Baxter Avenue, run along Bardstown Road and end at Windsor Place. The 2015 St. Patrick's Day Parade will mark the 42nd year of honoring the historic legacy of the Irish in Louisville. Now only second in size to the Pegasus Parade, the St. Patrick's Day Parade brings the community together in a spring celebration that honors a heritage linking many in Louisville with the unique spirit of the Highland's neighborhood and its citizens. Based on last year's LMPD crowd estimate of over 100,000 spectators, we expect as many as 100,000 families, members of the armed forces, schools, businesses and other social groups will watch and march in the upcoming parade. As always, the parade is open to all members of the community and we believe the diversity of spectators and parade units reflects the city's many neighborhoods in the Highlands and beyond. Attached, please find the 2015 parade poster design by local artist Vincent McCullough (Exhibit "C"). Please see our web site at <http://youzoom.com> for more parade details.

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

This \$1,500.00 funding request from the Louisville Metro Council Neighborhood Development Fund is intended to be spent exclusively on Louisville Metro Police Department traffic control and safety costs provided by the City of Louisville, at the 2015 Louisville St. Patrick's Day Parade. Those services will be similar to those provided by the LMPD at the 2014 parade, as detailed in the Exhibit "A". We anticipate that the cost of such services to be between \$8,000 and \$13,000 for the 2015 parade. We expect to be presented with the invoice for LMPD parade services sometime after the 2015 parade, in April or May of 2015.



Metro Special Events  
 License and Permits  
 444 S. 5<sup>th</sup> Street  
 Louisville, KY 50202

# INVOICE

Invoice # 00014EVE1006

Invoice Date 06/26/14

Due Date 07/10/14

St. Patrick's Day Parade  
 Erin Fischer  
 PO Box 206176  
 Louisville, KY 40250

This Invoice Is To Be Obtained Through Metro Development Center. Please Refer All Checks To Metro Finance. For All Billing Questions Please Contact **Audrey Knigge - 502.574.3364**

Item	Description	Unit Price	Quantity	Amount
Metro Permit	Special Event Permit	\$75.00	(1)	\$75.00
LMPD	Metro LMPD Services <i>Due to Metro Changes Of The Fee Structure, For The First Year Of Your Event You Will Be Requested To Pay 25% - To 50% Of The True To Cost Estimate. Next Year Your Event Will Be Reduce Half Of Your Cost. To The Full True To Cost Amount.</i>	\$16,090.95	(- 75% Of True To Cost ) + \$2,900.00 Over Time Hour Cleaning And Crowd Control - \$725.00 Covering The Over Time Cost	\$6,197.74
<b>Subtotal</b>				\$ 6,197.74
<b>Total</b>				\$ 6,197.74
<b>Amount Paid</b>				\$ 75.00
<b>Balance Due</b>				\$ 6,197.74

EXHIBIT "A"

*Handwritten signature and amount: \$6,197.74*

*Handwritten signature*

**TOTAL DETAIL COST**

Title	Reg Pay Rate	Reg Hrs	O.T. Pay Rate	O.T. Hrs	Total Hrs	Total Cost
Deputy Chief	\$0.00	0			0	\$0.00
Lt. Colonel	\$0.00	0			0	\$0.00
Major	\$78.39	0			0	\$0.00
Captain	\$70.76	0			0	\$0.00
Lieutenant	\$63.66	9	\$91.85	3	12	\$848.49
Sergeant	\$51.99	0	\$74.35	0	0	\$0.00
Officer	\$42.16	224	\$59.60	0	224	\$9,443.84
Recruit	\$24.36	0	\$34.22	0	0	\$0.00
TCO	\$25.38	0	\$35.74	11	11	\$393.14
PEO	\$22.81	0	\$31.89	8	8	\$255.12
TG-FT			\$32.37	82	82	\$2,654.34
TG-PT			\$23.54	105	105	\$2,471.70
Tow Operator	\$29.24	0	\$41.54	0	0	\$0.00
Typist	\$24.32	1	\$34.16	0	1	\$24.32
0	\$0.00	0	\$0.00	0	0	\$0.00
<b>TOTAL</b>		<b>234</b>		<b>209</b>	<b>443</b>	<b>\$16,090.95</b>

EXHIBIT "A"

*Handwritten signature*

*Handwritten signature*



## 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.

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## 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:**

It is our goal to maintain the St. Patrick's Day Parade as one of Louisville's premier community events. At the March 2014 parade, LMPD estimated that over 100,000 spectators lined up along Baxter Avenue to watch the 2 hour procession. A successful parade in our estimation would be to duplicate the crowd size of last year as the parade is foremost a community and civic event. While estimating crowd size is at best challenging, we believe last year's parade was the most well attended it may have every reason to believe that the 2015 parade will be as well attended. Our other metric of success is the number of parade unit participants. Approximately 120 units can be accommodated given time and pre-parade staging area constraints. We would define success as accepting between 100 and 120 units into the 2015 parade.

**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.**

We partner with establishment along the parade route and other sponsors for financial support. These include O'Shea's Irish Pub, Molly Malone's, Wick's Pizza, the Ford Motor Company and Valu Market to name but a few. Without their financial support the annual parade would not be possible. We also believe that we "partner" with all of the parade entrants. Please see Exhibit "B" which represents a list of entrants from the 2014 parade (as of December 2014, we have not opened up applications for the 2015 parade). While there no guarantee that entrants to the 2015 parade will emulate this list, we hope it does give a flavor of the diversity and broad community support that a typical parade experiences.



**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>	0	7,500	7,500
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>	1,500	20,952	22,452
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	1,500	28,452	29,952
<b>% of Program Budget</b>	5 %	95 %	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)	33,000
Fees Collected from Program Participants	6,500
Other (please specify)	
Total Revenue for Columns 2 Expenses **	39,500

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

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

# 2015 St Patrick's Day Parade

## Other Expense Detail

<u>Metro</u>	<u>Non-Metro</u>	<u>Total</u>	<u>Description</u>
-	750.00	750.00	Golf cart rental
-	1,900.00	1,900.00	Reliable Rentals /Tent Rental & Misc. for Judges Stand
-	600.00	600.00	RCS Communications / Radio rental
1,500.00	11,500.00	13,000.00	Louisville-Jefferson Co. Metro Govt/traffice control during parade
-	2,000.00	2,000.00	traffic barricades (Highway Safety Services)
-	602.00	602.00	Drinks & food for parade judges
-	3,600.00	3,600.00	All Other
<u>1,500.00</u>	<u>20,952.00</u>	<u>22,452.00</u>	





**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).

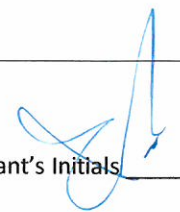
Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Clear Channel Radio	5,000	Vendor estimate of on air advertisement
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

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

**Agency Fiscal Year Start Date:** 1/1/2014

**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:**

Applicant's Initials 



**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:	12/3/2014
Legal Signatory: (please print):		TIM QUINN		Title:	TREASURER
Phone:	502-333-8617	Extension:	-	Email:	TQUINN80@HOTMAIL.COM

Applicant's Initials

OGDEN UT 84201-0038

013917.154485.0060.002 1 MB 0.405 536



HIBERNIAN CULTURAL AND CHARITABLE  
ASSOCIATION INC  
% MARK WAKEFIELD  
5927 DEWITT DR  
LOUISVILLE KY 40258-2585

013917

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,  
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

Use for payments

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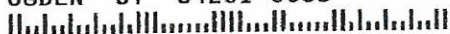
Letter Number: LTR4168C  
Letter Date : 2013-02-08  
Tax Period : 201012



HIBERNIAN CULTURAL AND CHARITABLE  
ASSOCIATION INC  
% MARK WAKEFIELD  
5927 DEWITT DR  
LOUISVILLE KY 40258-2585

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0038



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OGDEN UT 84201-0038

In reply refer to: 0438077500  
Feb. 08, 2013 LTR 4168C 0  
[REDACTED] 201012 67  
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BODC: TE

HIBERNIAN CULTURAL AND CHARITABLE  
ASSOCIATION INC  
% MARK WAKEFIELD  
5927 DEWITT DR  
LOUISVILLE KY 40258-2585



013917

Employer Identification Number: [REDACTED]  
Person to Contact: Mike Lecker  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 30, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in January 2007.

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 509(a)(2).

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.

0438077500  
Feb. 08, 2013 LTR 4168C 0  
[REDACTED] 201012 67  
00027008

HIBERNIAN CULTURAL AND CHARITABLE  
ASSOCIATION INC  
% MARK WAKEFIELD  
5927 DEWITT DR  
LOUISVILLE KY 40258-2585

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

Sincerely yours,



Sharon Davies  
Accounts Management I





Hibernian Cultural and Charitable Association, Inc.  
 2014 Actual through 9/30/2014 and 2014 Budget

	2014 YTD Actual <u>Thru 9/30</u>	2014 Budget
Revenue		
Parade Entry Fee & Sponsorships	\$ 33,520	\$ 35,000
Golf Scramble Revenue	12,235	12,000
Fundraising & Donations	9,945	12,000
Ad Sales	1,760	1,500
Misc. Merchandise Sales (net)	245	250
Investment income	1,411	1,860
Other	585	1,000
Total Revenue	<u>\$ 59,700</u>	<u>\$ 63,610</u>
Expense		
Fundraising & Event Costs	(24,003)	(25,000)
Event Planning	(5,000)	(5,000)
Insurance	(2,791)	(2,800)
Police/Security	(7,321)	(7,500)
Printing	(1,690)	(1,800)
Stamps/Postage/Overnight	(162)	(250)
Other Expenses	(1,930)	(2,400)
Donations	(1,162)	(9,500)
Total Expense	<u>\$ (44,058)</u>	<u>\$ (54,250)</u>
Net	<u>\$ 15,641</u>	<u>\$ 9,360</u>

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

**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 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**The Hibernian Cultural and Charitable Association, Inc.**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**C/O 2000 Lancashire Ave** 202  
 City or town, state or province, country, and ZIP or foreign postal code  
**Louisville, KY 40205**

**D** Employer identification number  
 [REDACTED]

**E** Telephone number  
**(502) 333-8617**

**F** Group Exemption Number ▶

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

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [www.louisvilleirish.com](http://www.louisvilleirish.com)

**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 . . . . . ▶ \$

**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 . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, and similar amounts received . . . . .						0.00																							
	2	Program service revenue including government fees and contracts . . . . .																													
	3	Membership dues and assessments . . . . .							0.00																						
	4	Investment income . . . . .							1,936.94																						
	5a	Gross amount from sale of assets other than inventory . . . . .																													
	b	Less: cost or other basis and sales expenses . . . . .																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																													
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																													
	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) . . . . .																													
c	Less: direct expenses from gaming and fundraising events . . . . .																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																														
7a	Gross sales of inventory, less returns and allowances . . . . .																														
b	Less: cost of goods sold . . . . .																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																														
8	Other revenue (describe in Schedule O) . . . . .																														
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																														
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																													
	11	Benefits paid to or for members . . . . .																													
	12	Salaries, other compensation, and employee benefits . . . . .																													
	13	Professional fees and other payments to independent contractors . . . . .																													
	14	Occupancy, rent, utilities, and maintenance . . . . .																													
	15	Printing, publications, postage, and shipping . . . . .																													
	16	Other expenses (describe in Schedule O) . . . . .																													
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																													
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																													
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																													



**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	89,367.28	96,251.17
<b>23</b> Land and buildings		23
<b>24</b> Other assets (describe in Schedule O)		35.00
<b>25 Total assets</b>	89,367.28	96,286.17
<b>26 Total liabilities</b> (describe in Schedule O)		26
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	89,367.28	96,286.17

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To promote Irish Catholic culture, heritage and values  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
<b>28</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mark J. Wakefield President	6	0	0	0
Kevin Powers Vice President	6	0	0	0
Brad Miller Social Chairman	6	0	0	0
Tim Quinn Treasurer	6	0	0	0
Rob Fallahay Recording Secretary	4	0	0	0
Matthew Huber Membership Chairman	4	0	0	0
Brian Clarke Sentinal	1	0	0	0
Bill Whelan Marshall	1	0	0	0
_____				
_____				
_____				
_____				

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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
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) and 501(c)(4) 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?
40c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Tim Quinn Telephone no. 502 333-8617 Located at 2000 Lancashire Ave. #202 ZIP + 4 40205
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?
44b Did the organization operate one or more hospital facilities during the year?
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?
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)?

Handwritten signature in blue ink.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
		46	<input checked="" type="checkbox"/>

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

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

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

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
		47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .		<input type="checkbox"/>
49b			

(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 . . . . . ▶ None

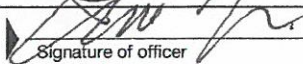
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 . . . . . ▶ None

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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>		Date <u>8/12/2014</u>
	<b>Tim Quinn, Treasurer</b> Type or print name and title	

<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 ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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**

OMB No. 1545-0047

**2013**

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

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).

**Open to Public Inspection**

Name of the organization <b>The Hibernian Cultural and Charitable Association, Inc.</b>	Employer identification number [REDACTED]
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**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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</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 type="checkbox"/>	
<b>b 33 1/3% support test—2012.</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"/>	
<b>17a 10%-facts-and-circumstances test—2013.</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 IV 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—2012.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .					62,726.19	
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .					62,726.19	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .					62,726.19	
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					1,936.94	
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .					1,936.94	
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					64,663.13	
<b>14 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 checked="" type="checkbox"/>

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2013.** 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—2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

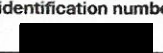
**2013**

Open to Public Inspection

Name of the organization

The Hibernian Cultural and Charitable Association, Inc.

Employer identification number



**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** . . . . . ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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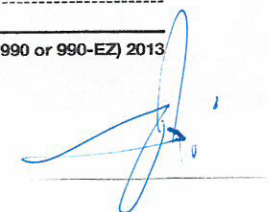
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		St Patrick's Parade (event type)	Golf Scramble (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	31,285.00	14,311.00	7,278.00	52,874.00
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	31,285.00	14,311.00	7,278.00	52,874.00
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .			4,406.05	4,406.05
	<b>8</b> Entertainment . . . . .			500.00	500.00
	<b>9</b> Other direct expenses . . . . .	23,701.28	7,106.58	578.66	31,386.52
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				36,292.57
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				16,581.43

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
  - b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
  - c If "Yes," enter name and address of the third party:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

The Hibernian Cultural and Charitable Association, Inc.

Employer identification number



**Part I, Line 8, Other Revenue**

Other 2013 miscellaneous collections \$2,253.62

**Part I, Line 16, Other Expenses**

Costs related to 2013 Ancient Order of Hibernian, Shamrock Degree service and reception \$5,477.19

Purchase of sashes for resale \$1,575.00

Other misc expenses \$2,742.25

**Part I, Line 20, Other Changes in Net Assets**

Net Increase in market value of investments \$3,056.33

**Part II, Line 24, Other Assets**

Misc. receivable \$35.00

**Part I, Line 10, Grants and Similar Amounts Paid**

Boys & Girls Haven, \$6,500.00

WHAS Crusades for Children, \$100.00

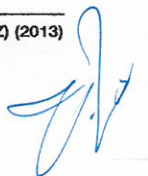
Franciscan Shelter House, \$329.65

Scholarship, \$632.00

Name of the organization

Employer identification number

Lined area for providing organization details.



Hibernian Cultural and Charitable Association, Inc.  
Current Officers as of 9/30/2014

<u>Title</u>	<u>Name</u>	<u>Term (2 years)</u>	<u>Term Limit</u>
President	Mark J. Wakefield	3rd	None
Vice President	Kevin P. Powers	1st	None
Secretary	Robert Fallahay	3rd	None
Treasurer	Timothy J. Quinn	1st	None
Director	Matthew T. Huber	1st	None
Director	Bradley J. Miller	1st	None
Director	William E. Whelan	3rd	None



COMMONWEALTH OF KENTUCKY  
TREY GRAYSON  
SECRETARY OF STATE



0648240.09

AMcRay  
NAOI

Trey Grayson  
Secretary of State  
Received and Filed  
10/03/2006 11:18:11 AM  
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION  
Nonprofit Corporation

For the purposes of forming a nonprofit corporation in Kentucky Pursuant to KRS Chapter KRS 273, the undersigned incorporator(s) hereby submit(s) the following Articles of Incorporation to the Secretary of State for filing:

Article I: The name of the corporation is

The Hibernian Cultural and Charitable Association, Inc.

Article II: The purpose for which the corporation is organized is cultural and charitable

Article III: The street address of the corporation's initial registered office in Kentucky is

459 University Avenue Louisville KY 40206  
Street City State Zip Code

and the name of the initial registered agent at that office is Shaun McKiernan

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

459 University Avenue Louisville KY 40206  
Street or PO Box Number City State Zip Code

Article V: The number of directors constituting the initial board of directors is 8. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Shaun McKiernan 459 University Ave Louisville KY 40206  
Name Street or PO Box Number City State Zip Code

Michael McGuire 11102 Foxgate Place Louisville KY 40223  
Name Street or PO Box Number City State Zip Code

Joseph Shields 3116 Dale Ann Drive Louisville KY 40220  
Name Street or PO Box Number City State Zip Code

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

Shaun McKiernan 459 University Ave Louisville KY 40206  
Name Street or PO Box Number City State Zip Code

Name Street or PO Box Number City State Zip Code

Name Street or PO Box Number City State Zip Code

Executed by the Incorporator(s) on October 2, 2006  
Date

Shaun P. McKiernan  
Signature of Incorporator

Signature of Incorporator

I, Shaun McKiernan  
Type or print name of registered agent

consent to serve as the registered agent on behalf of the corporation.

Shaun P. McKiernan  
Signature of Registered Agent

Shaun McKiernan, HCCA Chairman  
Type or Print Name & Title

This form does not comply with the 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.



Hibernian Cultural & Charitable Association, Inc.

Board of Directors, continued

name	street address	city, state, zip
Patrick Dunlevy	2309 Phoenix Hill	Louisville, KY 40207
Michael Sheridan, III	8609 Loftingham Ct.	Louisville, KY 40222
Anthony Lindauer	1072 Everett Ave.	Louisville, KY 40204
William Riley	1206 Delor Ave.	Louisville, KY 40217
John Chamberlain	2147 Emerson Ave.	Louisville, KY 40205



0648240.09

AMcRay  
NAOA

Trey Grayson  
Secretary of State  
Received and Filed

01/22/2007 12:24:00 PM

Fee Receipt: \$8.00

**Amendment to the Articles of Incorporation for:**

**The Hibernian Cultural and Charitable Association, Inc.**

Article II is deleted and then replaced to read as follows:

The Hibernian Cultural and Charitable Association, Inc. is organized exclusively for charitable, religious, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article VII and VIII (below) are added:

**Article VII:**

No part of the net earnings of the Hibernian Cultural and Charitable Association, Inc. shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in, (including the publishing of statements) and political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or by corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**Article VIII:**

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Membership in the Hibernian Cultural and Charitable Association, Inc. at this time consists of only the Board of Directors. The Board of Directors unanimously approved this amendment at a meeting on Sunday, January 21, 2007.

 1/22/07

Shaun P. McKiernan  
Chairman, Hibernian Cultural and Charitable Association, Inc.



Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0648240  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
7/22/2014 5:59:30 PM  
Fee receipt: \$15.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

Annual Report  
Online Filing

ARP

**Company:** THE HIBERNIAN CULTURAL AND CHARITABLE ASSOCIATION, INC.  
**Company ID:** 0648240  
**State of origin:** Kentucky  
**Formation date:** 10/3/2006 12:00:00 AM  
**Date filed:** 7/22/2014 5:59:30 PM  
**Fee:** \$15.00

**Principal Office**

5927 DEWITT DRIVE  
LOUISVILLE, KY 40258

**Registered Agent Name/Address**

MARK J. WAKEFIELD  
5927 DEWITT DRIVE  
LOUISVILLE, KY 40258

**Current Officers**

President	Mark J Wakefield	5927 Dewitt Drive Louisville KY 40258
Secretary	Robert Fallahay	2615 Whitehall Terrace #201 Louisville KY 40220
Vice President	Kevin P Powers	2820 Eleanor Ave., Louisville, KY 40205
Treasurer	Timothy J Quinn	2000 Lancashire Ave. #202, Louisville, KY 40205

**Directors**

Director	Matthew T Huber	3103 Talisman Rd. Louisville Ky 40220
Director	Bradley J Miller	1158 Eastern Parkway #3, Louisville KY 40217
Director	William E Whelan	4809 Ferrer Way Louisville KY 40219

**Signatures**

<b>Signature</b>	Tim Quinn
<b>Title</b>	Treasurer

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**THE HIBERNIAN CULTURAL AND CHARITABLE ASSOCIATION, INC.**


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**General Information**


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<b>Organization Number</b>	0648240
<b>Name</b>	THE HIBERNIAN CULTURAL AND CHARITABLE ASSOCIATION, 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>	10/3/2006
<b>Organization Date</b>	10/3/2006
<b>Last Annual Report</b>	7/22/2014
<b>Principal Office</b>	5927 DEWITT DRIVE LOUISVILLE, KY 40258
<b>Registered Agent</b>	MARK J. WAKEFIELD 5927 DEWITT DRIVE LOUISVILLE, KY 40258

**Current Officers**


---

<b>President</b>	<a href="#">Mark J Wakefield</a>
<b>Vice President</b>	<a href="#">Kevin P Powers</a>
<b>Secretary</b>	<a href="#">Robert Fallahay</a>
<b>Treasurer</b>	<a href="#">Timothy J Quinn</a>
<b>Director</b>	<a href="#">Matthew T Huber</a>
<b>Director</b>	<a href="#">Bradley J Miller</a>
<b>Director</b>	<a href="#">William E Whelan</a>

**Individuals / Entities listed at time of formation**


---


<b>Director</b>	<a href="#">SHAUN MCKIERNAN</a>
<b>Director</b>	<a href="#">MICHAEL MCGUIRE</a>
<b>Director</b>	<a href="#">JOSEPH SHIELDS</a>
<b>Incorporator</b>	<a href="#">SHAUN MCKIERNAN</a>

**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.

<a href="#">Annual Report</a>	7/22/2014	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/8/2013	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	5/20/2012 10:06:31 PM	1 page	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	5/20/2012 10:01:46 PM	1 page	<a href="#">PDF</a>



<u>Annual Report</u>	5/20/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/29/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	4/29/2010	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address Change</u>	4/29/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	4/29/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/1/2008	1 page	<u>PDF</u>	
<u>Statement of Change</u>	10/24/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	1/22/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	10/3/2006	2 pages	<u>tiff</u>	<u>PDF</u>

## Assumed Names

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## Activity History

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Filing	File Date	Effective Date	Org. Referenced
Annual report	7/22/2014 5:59:30 PM	7/22/2014 5:59:30 PM	
Annual report	8/8/2013 4:29:41 PM	8/8/2013 4:29:41 PM	
Annual report	5/20/2012 10:38:28 PM	5/20/2012 10:38:28 PM	
Registered agent address change	5/20/2012 10:06:31 PM	5/20/2012 10:06:31 PM	
Principal office change	5/20/2012 10:01:46 PM	5/20/2012 10:01:46 PM	
Annual report	6/29/2011 1:24:18 PM	6/29/2011	
Registered agent address change	4/29/2010 2:32:29 PM	4/29/2010	
Principal office change	4/29/2010 2:31:55 PM	4/29/2010	
Reinstatement	4/29/2010 2:31:14 PM	4/29/2010	
Admin Dis. A. report not in	11/1/2008	11/1/2008	
Registered agent address change	10/24/2007 11:53:17 AM	10/24/2007	
Annual report	1/22/2007 4:29:09 PM	1/22/2007 4:29:09 PM	
Amendment - Miscellaneous amendments	1/22/2007 12:24:00 PM	1/22/2007	
Add	10/3/2006 11:18:11 AM	10/3/2006	

## Microfilmed Images

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**Exempt Organizations Select Check**

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page

« Prev | 1-1 | Next »

EIN ▲	Legal Name (Doing Business As) ▲	City ▲	State ▲Country ▲	Deductibility Status ▲
[REDACTED]	Hibernian Cultural and Charitable Association Inc.	Louisville	KY United States	PC

« Prev | 1-1 | Next »

# Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)  
**Hibernian Cultural and Charitable Association Inc.**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ **Public Charity**

Address (number, street, and apt. or suite no.)  
**5927 DEWITT DRIVE**

City, state, and ZIP code  
**LOUISVILLE, KY 40258**

Requester's name and address (optional)

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Employer identification number


--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**      Signature of U.S. person ▶ 

Date ▶ 2/25/2013

### General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

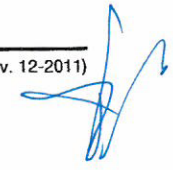
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



## Parade Sponsors

Kentucky Bourbon Distillers Ltd.  
King Southern Bank  
O'Shea's Traditional Inc.  
Stanley Entertainment, LLC dba Shenanigans Irish Grille  
International Brotherhood of Electrical Workers Local Union 369  
Ford Motor Company  
Southern Wines & Spirits of Kentucky, Inc.  
Bright Pest Control  
Baxter's 942 Bar and Grill  
Ford Motor Company  
PT&C, Inc. DBA Skyline Chili  
Valu Discount, Inc.  
Plumbers, Pipefitters & Service Technicians Local 502  
Bright Pest Control  
O'Shea's - Baxter Inc. DBA Flanagan's Ale House  
River City Distributing, Inc. / Molly Malone's  
Pat's Steak House  
Yellow Cab  
Wick's P&P LLC Parlor  
Papallinos Highlands Baxter LLC

## Parade Units / Entrants

Notre Dame Club of Louisville (John C. Watkins)  
McClanahan School of Irish Dance  
Jefferson County Elected Officials(Tony W. Lindaur for PVA)  
The Ryan Family  
21c Museum Hotel(21c Louisville LLC)  
Kentuckians for Single Payer Healthcare(PNHP Kentucky)  
Aahmed Grotto Mini Cab Car Club  
Louisville Pipe Band w/Louisville Police Pipes and Drums  
Louisville Metro Animal Services(The Spot Fund Inc.)  
The Bonnycastle Club, Inc.  
Proud to Be Irish - Through and Through(Arthur J. Potter Jr.)  
Wiggins Family  
Sweeney Clan  
The Thirsty Pedaler  
Republic Bank  
Louisville Irish Marching Zombies(Roy & Amy Robinson)  
Gillespie Clan(James Gillespie)  
Park Community Credit Union  
Jefferson County Search Dog Association  
Marty's Marchers  
Duck O' Dynasty, McCarthy Clan (Katherine Peake)  
John M. Pollio  
Christine Ward for Judge  
Ohio Valley Vette Association(Donald M. Hopwood)  
Knights Athletic Club Inc.  
Shamrock Pet Foundation (Karen Ryan Harris)  
Shady Glen Club Roadsters (William D Falvey)  
Fitzink's Pot o Gold (Action Systems Inc.)  
The Freedom Van (John Farley)

## Parade Units / Entrants (cont)

Galligan Clan  
Safelite Auto Glass(Safelite Fullfillment Inc.)  
PT&C, Inc. DBA Skyline Chili  
Tara Hagerty for Family Court Judge  
Tyler Park Neighborhood Association  
John and Adele Ryan Family  
Lippy Clan  
British Sports Car Club  
Lands Family from Brooks KY (Bill or Mary Lands)  
Andre Bergeron for Judge  
Ninth Michigan Volunteer INF (James T. R. Jones)  
J.D. Byrider  
"Tubby, The Singing Irishman" (Land Ventures LLC/Bart Miller)  
Molly Malone's Hollahan Hooligans (Jayme M. Cline)  
Committee to Elect Lauren Adams Ogden  
Elvis O'Presley's (Medicare Solution / Thomas Brown)  
PT&C, Inc. DBA Skyline Chili  
Louisville Gaelic Athletic Club  
Derby City Jeep Club  
The Bob Ryan Family "The Smiling Irishman" (Don F. Ryan Jr.)  
Meagher's of County Tipperary (Tim Meagher)  
  
Haner For Judge  
Tri Q Crossfit  
Friends of Eastern Cemetery (Georgene B Thompson)  
Dana Cohen For Judge  
Faulkner For Jefferson County Attorney  
Campaign Fund For John Hamlet  
James Michael Green For District County Judge  
CPR Solutions of Louisville (James Schott)  
Irish Hill Neighborhood (Lisa M. Lettlinger)  
Liberty Tax Service (Justin Pinnick)  
Derby City Corvair  
The Blarney Boy's (EZ Outlook Web Services LLC)  
Elvis Water Fall Ministry  
Derby City Mustang Club  
The Derby City Roller Girls  
Ellie Kerstetter For Family Court Judge  
International Brotherhood of Electrical Workers Local Union 369  
Ohio Valley Vette Association  
NECCO  
Ironworkers Local #70(John R. Joseph)  
Louisville Irish Dancers (Shannon N. Huelsman)  
"The Paddy Wagon" (Peggy J. Miller)  
Leibson For Judge  
The Blues Brothers  
St. Francis de Sales Assembly # 3228 (Beverly J. Wright)  
Kosair Shriners  
Matt Bevin for US Senate  
Limbwalker Tree Service  
Louisville Metro Latino Citizens Police Academy (Moneygram)  
Waterfront Development Corp  
KinderCare Learning Center





# Parade Units / Entrants (cont)

International Brotherhood of Electrical Workers Local Union 369  
JP Davis for Metro Council District 9  
Judge Erica Lee Williams  
Jane Natalie Bennett for Metro Council Council 9  
Vote Burke for Judge  
Adele Ryan  
Misc Parade entries  
Vitalis Lanshime for County Clerk  
Carpenters Local 175  
The Sickel Cell Association of Kentuckiana(Carlinda R Mincey-Woodford)  
Gatewood For Judge  
Fairdale Youth Cheer  
1985 Fire Truck (Ahead, Inc.)  
Denise Malone Helline for Family Court Judge  
Amber Wolf for Judge  
Yelp Louisville  
Derby City Wisker Club  
Josephine Layne Buckner for District Court  
Okolona Street Rods (Sean Morris)  
Lyndon Leprechauns (Eddie Peterson)  
Irish Couch Potatoes (Jennifer Rodgers)  
Scott of all Trades, LLC  
Kentucky Home Society (Andrea Blair)  
Louisville Jeep Owners Club  
Jefferson County Teachers Association (Erin Hargan)  
Bachelor's Club of Louisville (John Casey)  
Elect Anne Delahanty District Judge  
AIDS Interfaith Ministries  
US Congressman John Yarmuth  
Louisville League of Mascots (MoneyGram)  
Committee to Reelect Greg Fischer  
Gilda's Club of Louisville, Inc.  
Greenhaven Tree Care  
Chris Hartley for Metro Council District 9  
Lucky Four Leaf Clovers  
The Rest of Us(Chad Tolbert)  
1950 Dodge Stake Truck  
Team Elect Stephanie Morgan-White Judge  
Republic Bank  
Limbwalker Tree Service  
Main Line-Louisville III, LLC  
Josh Schneider for District Judge  
Bellarmine University



The Parade is 3:00 p.m.  
In The Highlands



PRE-PARADE  
PARTY

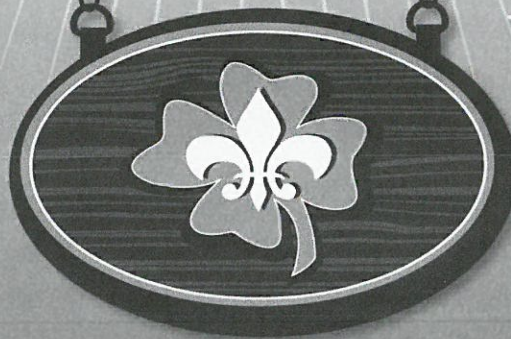
Thursday, March 12

"BLESSING  
OF THE BEER"

5:30 p.m.

AT THE BBC  
TAPROOM

636 E. MAIN...



...THEN ON TO THE

PARADE  
KICKOFF  
PARTY

AT

O'Shea's,  
6:30 p.m. - ?

FOR MORE INFORMATION OR TO BECOME A SPONSOR OF THIS YEAR'S PARADE VISIT  
[WWW.LOUISVILLEIRISH.COM](http://WWW.LOUISVILLEIRISH.COM)

EXHIBIT C