

O-297-22
(as amended)**NEIGHBORHOOD DEVELOPMENT FUND**
Not-for-Profit Transmittal and Approval Form

Applicant/Program: Preston Area Business Alliance, Inc. / Operating Funds & Mural Restoration Project
 Applicant Requested Amount: \$22,000
 Appropriation Request Amount: ~~\$10,000~~ ~~\$17,166~~ **\$22,000**

Executive Summary of Request

Preston Area Business Alliance is the newly formed business association for the Preston Corridor. This NDF is for personnel costs to help fund admin time for the group and funds to pay for mural restoration in the right of way at the railroad trestle.

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.

21
District #
Primary Sponsor Signature\$10,000
Amount10/4/2022
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:

10/24/2022

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

sh

Approved Committee

Date: 10/19/22

Applicant/Program:

Preston Area Business Alliance, Inc. / Operating Funds & Mural Restoration Project

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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

Council Member Signature and Amount

District 1		\$
District 2	<i>Barb Smith</i>	\$ 2,166
District 3		\$
District 4	<i>Jeonny Arthur</i>	\$ 500
District 5		\$
District 6		\$
District 7		\$
District 8		\$
District 9		\$
District 10	<i>Ernest M. Smith</i>	\$ 5,000
District 11		\$
District 12		\$
District 13		\$
District 14		\$
District 15		\$

Applicant/Program:

Preston Area Business Alliance / Operating Funds & Mural Restoration Project

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 Robin J. Engel \$ 334

District 23 James Peden \$ 2,000

District 24 Madonna Flood \$ 2,000

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Preston Area Business Alliance, Inc.

Program Name and Request Amount Operating Funds & Mural Restoration Project / \$22,000

Yes/No/NA

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	N/A
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	No
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	N/A
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No

Prepared by: Rachel Roarx District 21 Legislative Aide

Date: 10/4/2022

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Preston Area Business Alliance, Inc.	
(as listed on: http://www.sos.ky.gov/business/records)			
Main Office Street & Mailing Address:		PO Box 32338, Louisville, KY 40203	
Website:		prestonareabizalliance.org	
Applicant Contact:	Elizabeth Warlick	Title:	Administrator
Phone:	(502) 345-1354	Email:	prestonareabizalliance@gmail.com
Financial Contact:	Same as above	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: Elizabeth Warlick, Administrator			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): Preston Corridor (Route 61) and train trestle 3300 Preston			
Council District(s): 2,4,6,10,13,15,21,22, 23, 24		Zip Code(s): 40229,40219,40213,40209,40208 40217,40202,40203,40204	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Operating Funds & Mural Restoration Project (Preston Hwy)			
Total Request: (\$)		\$22,000	
Total Metro Award (this program) in previous year: (\$)		n/a	
Purpose of Request (check all that apply):			
☒ Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
☒ Programming/services/events for direct benefit to community or qualified individuals			
☐ Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
☒ IRS Exempt Status Determination Letter (application)		☐ Signed lease if rent costs are being requested	
☒ Current year projected budget		☒ IRS Form W9	
☒ Current financial statement		☐ Evaluation forms if used in the proposed program	
☐ Most recent IRS Form 990 or 1120-H		☐ Annual audit (if required by organization)	
☒ Articles of Incorporation (current & signed)		☐ Faith Based Organization Certification Form, if applicable	
☐ Cost estimates from proposed vendor if request is for capital expense			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	n/a	Amount: (\$)	n/a
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No			
Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Preston Area Business Alliance (PABA) is a network of business owners and community leaders dedicated to advancing business through enhanced connection, understanding, and action. We focus on supporting, promoting, strengthening business along the PrestonCorridor. PABA is a collective of individuals with personal or business interests along the corridor, and creates a platform for its members to strengthen business relationships through networking; voice their most pressing concerns in a unified way; and leverage the alliance as a resource for communicating trends, needs, and recommending strategy and vision for the future of Preston Corridor.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Patricia Williams, Wesley House Community Services (Board Chair) - Term Ends July 31 2023	
Eric Keyes, Keyes Architects (Board Member) - Term Ends July 31 2025	
David Beck, KY Venues (Board Member) - Term Ends July 31 2025	
Steven Matly, Matly Digital Printing (Board Member) - Term Ends July 31 2023	
Jennifer Rubenstein, Louisville Independent Alliance (Honorary) - Term Ends July 31 2024	
Nagley Duarte, La Morena Pandeleria & Tortilleria (Board Member) - Terms Ends July 31 2024	
Nashia Holmes, The Weekend Coordinator (Board Member) - Term Ends July 31 2024	
Veronica Rodriguez, Multi Servicios Latinos (Board Member) - Term Ends July 31 2023	

Describe the Board term limit policy:

The elected Board Members (Patricia Williams, Eric Keyes, David Beck, Steven Matly, and Jennifer Rubenstein) will each serve staggered terms to start because this is the first established Board of Directors as PABA is a new organization. The staggered terms allow roughly one-third of the board to roll-off each year, which facilitates an annual election of approx. 1 third of board members to bring new insights, skills, and perspectives into the organization. The council districts along Preston Corridor are appointed Ex-Officio Board Members and this appointment will follow whomever is the elected official for the district. Neighborhoods Associations may attend in an Advisory capacity to the Board of Directors

Three Highest Paid Staff Names	Annual Salary
Elizabeth Warlick, Administrator	\$10,400 per 1-year contract

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SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The Trestle Mural Restoration Project will include touch-up of the original mural and cover up of graffiti. Trestle is located at 3300 Preston Hwy; 1 block south of Audubon and 1 block north of fairgrounds entrance #6. This is a high-traffic, high pedestrian thoroughfare with bus stops along this section. The mural restoration will bring a more vibrant aesthetic to the physical split on Preston that is the trestle itself; by beautifying the DIVIDE, Preston feels more fluid where this physical barrier exists. Preston has high rates of auto accidents, active criminal activity, and gun violence reported by business owners in the area. This art restoration project will beautify the area and slow traffic down to enjoy the art, making the area feel safer.

The operating funds will cover the administrative expenses for the administration of the Preston Area Business Alliance (PABA), which is focused on promoting economic development along the Preston Corridor through programs, including monthly networking events, bi-weekly newsletters, social media engagement, community outreach & engagement, membership recruitment & retention, business promotions & marketing, community & policy advocacy.

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

Mural Restoration: The funds will pay the artist for the art supplies, materials, and costs of labor for the professional services, equipment, and supplies to complete mural restoration. The admin fee for the grant is 10% of the total cost of statement of work (\$5,000).

The operational funds will supplement the payments to the part-time, contracted Administrator to administer the PABA programs, including monthly networking events, bi-weekly newsletters, social media engagement, community outreach & engagement, membership recruitment & retention, business promotions & marketing, community & policy advocacy.

PABA Administrator: contracted for 10 hours per week X \$20.00 per hour = \$200 per week.

The operational funds will support the single paid role, which is a contracted position, and allow the Board Chair to periodically approve additional hours as work may require, and as permitted in the contract terms and conditions.

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

This is not a fundraiser.

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

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

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

Payment to the Artist and payment(s) to contract Administrator

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

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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:

MURAL RESTORATION: All commuters along the 3300 block of Preston Highway, including employers, employees, business owners large and small, pedestrians, transit/TARC commuters, residents of the area, and passersby on this section of the Preston Highway thoroughfare. Based on the Kentucky Transportation Cabinet's most current Average Daily Traffic (AADT) for each site. The closest AADT site to the trestle is 5 blocks south. The AADT is 16,177 vehicles per day, 113,239 vehicles per week, OR 5,888,428 vehicles per year that will travel under the restored Train Trestle Art Mural. With improved aesthetic paired with the existing high traffic count, the primary impact is on community enjoyment, which determines where people live, work, & play. The secondary impacts are economic development, violence and motor vehicle accident reduction in the area. (<https://maps.kytc.ky.gov/trafficcounts/>)

OPERATIONAL FUNDS:

Set-up Financial Bookkeeping (i.e. Quickbooks) and establish and document Reconciliation Processes for PABA Board meeting preparation including agenda setting, monthly meeting with Board Chair, email communications and invitations, facilitation & follow-up post meeting minutes, calendar and complete any tasks resulting from meeting.

Planning, marketing, facilitation, and follow-up of monthly networking meetings

Biweekly newsletters covering X,Y, & Z topics e.g. new member spotlights, member promotions, development opportunities along the corridor, etc.

A minimum of 8 social media posts a month

A minimum of 4 check-ins with existing PABA members monthly

Maintain an active membership directory

1 Monthly Networking Event (Rotating Morning, Afternoon, Evening)

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.

PABA is a new organization and is establishing many new partnerships, especially through its board members, including private business representatives, nonprofit representatives, and publicly elected officials (specifically councilpersons) as well as among our business members and prospects. We will share information about this project with them and we will ask that they share the information as well (i.e. social media marketing, promo flyers, community outreach and announcement). Because we are a new organization, we would like to leverage this project to get our name out there in the community and having a very exciting restoration project will create a buzz in the immediate area and beyond of the importance of Preston Corridor and Economic Development. The word-of-mouth aspect of this project as well as the social media announcements and coverage will help us in our getting our brand and logo out in the community while highlighting a great community asset in the form of art. The operation funds component of this grant application seeks to expand the mission and vision of PABA with a key focus on economic development achieved through enhanced business connections. Business connections, opportunities, and engagement are key to sustainable programs.

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$ 17,000.00	\$ 9,000.00	\$ 26,000.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts	\$ 5,000.00	\$ 3,475.00	\$ 8,475.00
H: Program Materials		\$ 10,200.00	\$ 10,200.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 22,000.00	\$ 22,675.00	\$ 44,675.00
% of Program Budget	49.24%	50.76%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	\$ 18,550.00
Other (please specify) Directory	\$ 4,125.00
Total Revenue for Columns 2 Expenses **	\$ 22,675.00

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

**Must equal or exceed total in column 2.

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
n/a			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
meeting venue rental	\$2,400	Market rate
meeting refreshments	\$1,200	Market rate
Donated Printing	\$6,000	Market rate
Volunteer Hours	\$1,000	Market rate
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$10,600	

*** 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: July 1

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Elizabeth Warlick</i>	Date:	September 9, 2022
Legal Signatory: (please print):	Elizabeth Warlick	Title:	Administrator
Cell: (502) 345-1354	Extension: n/a	Email: prestonareabizalliance@gmail.com	
Phone:			

**Application for Recognition of Exemption
Under Section 501(a) or Section 521
of the Internal Revenue Code**Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form1024 for instructions and the latest information.*Note: If exempt status is approved, this application will be open for public inspection.*

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant**1** Full Name of Organization (exactly as it appears in your organizing document)

PRESTON AREA BUSINESS ALLIANCE

2 Care of Name (if applicable)**3** Mailing Address (number, street and room/suite)

PO BOX 32338

4 City

LOUISVILLE

5 Country

United States

6 State

Kentucky

7 Zip Code + 4

40232

8 Foreign Province (or State)**9** Foreign Postal Code**10** Employer Identification Number

87-3022766

11 Month Tax Year Ends

DECEMBER

12 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative)

JENNIFER RUBENSTEIN

13 Contact Telephone Number

502-473-4687

14 Fax Number (optional)**15** User Fee Submitted

\$600.00

16 Organization's Website (if available): www.prestonareabizalliance.org**17** List the names, titles, and mailing addresses of your officers, directors, and/or trustees.

First Name: PATRICIA

Last Name: WILLIAMS

Title: DIRECTOR

Mailing Address: 5114 PRESTON HWY

City: LOUISVILLE

State (or Province): KENTUCKY

Zip Code (or Foreign Postal Code): 40213-2739

First Name: DAVID

Last Name: BECK

Title: OFFICER

Mailing Address: 937 PHILLIPS LANE

City: LOUISVILLE

State (or Province): KENTUCKY

Zip Code (or Foreign Postal Code): 40209-1331

First Name: ERIC

Last Name: KEYES

Title: OFFICER

Mailing Address: 4717 PRESTON HWY

City: LOUISVILLE

State (or Province): KENTUCKY

Zip Code (or Foreign Postal Code): 40213-2147

First Name: STEVEN

Last Name: MATLY

Title: OFFICER

Mailing Address: 3432 PRESTON HWY

City: LOUISVILLE

State (or Province): KENTUCKY

Zip Code (or Foreign Postal Code): 40213

First Name: NAGELY

Last Name: DUARTE

Title: OFFICER

Mailing Address: 8659 PRESTON HWY

City: LOUISVILLE

State (or Province): KY

Zip Code (or Foreign Postal Code): 40219

☒ Check here to add more officers, directors, and/or trustees.

VERONICA RODRIGUEZ OFFICER 5211-B PRESTON HWY. Louisville KY 40219 NASHIA MARIE HOLMES
OFFICER 4243 Charlotte Ann Drive Louisville KY 40219 JENNIFER RUBENSTEIN HON. OFFICER 1219 W. Jefferson St
Ste. 205 Louisville KY 40203

Part II Organizational Structure

- 1 You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.

Select your type of organization.

☒ Corporation

At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proof of filing with the appropriate state agency.

☐ Limited Liability Company (LLC)

At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.

☐ Unincorporated Association

At the end of this form, you must upload a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.

☐ Trust

At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.

- 2 Enter the date you formed. (MM/DD/YYYY)

10/01/2021

- 3 Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.

Kentucky

- 4 Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees. ☐ Yes ☒ No

No Bylaws have been executed by PABA at this time. However, the most recent version of what shall be adopted is attached hereto.

Part II **Organizational Structure** (continued)

5 Check the appropriate box below to indicate the section under which you are applying:

- ☐ Section 501(c)(2)—Title holding corporations (Schedule A)
- ☐ Section 501(c)(5)—Labor, agricultural, or horticultural organizations (Schedule B)
- ☒ Section 501(c)(6)—Business leagues, chambers of commerce, etc. (Schedule C)
- ☐ Section 501(c)(7)—Social clubs (Schedule D)
- ☐ Section 501(c)(8)—Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E)
- ☐ Section 501(c)(9)—Voluntary employees' beneficiary associations (Schedule F)
- ☐ Section 501(c)(10)—Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E)
- ☐ Section 501(c)(11)—Teachers' Retirement Fund Associations
- ☐ Section 501(c)(12)—Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G)
- ☐ Section 501(c)(13)—Cemeteries, crematoria, and like corporations (Schedule H)
- ☐ Section 501(c)(14)—Credit Unions (Schedule I)
- ☐ Section 501(c)(15)—Mutual insurance companies or associations, other than life or marine (See Instructions for Part III)
- ☐ Section 501(c)(16)—Corporations organized to finance crop operations
- ☐ Section 501(c)(17)—Trusts providing for the payment of supplemental unemployment compensation benefits (Schedule J)
- ☐ Section 501(c)(18)—Employee funded pension trusts (created before June 25, 1959)
- ☐ Section 501(c)(19)—A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K)
- ☐ Section 501(c)(21)—Black Lung Benefit Trusts
- ☐ Section 501(c)(22)—Withdrawal Liability Payment Funds
- ☐ Section 501(c)(23)—Veterans' organizations (created before 1880)
- ☐ Section 501(c)(25)—Title holding corporations or trusts with multiple parents (Schedule A)
- ☐ Section 501(c)(26)—State-Sponsored High-Risk Health Coverage Organizations
- ☐ Section 501(c)(27)—State-Sponsored Worker's Compensation Reinsurance Organizations
- ☐ Section 501(c)(28)—National Railroad Retirement Investment Trust
- ☐ Section 501(c)(29)—Qualified Nonprofit Health Insurance Issuers (See Instructions for Part III)
- ☐ Section 501(d)—Religious and apostolic organizations (Schedule L)
- ☐ Section 521—Farmers' Cooperative Associations (Schedule M)

Part III Your Activities

- 1 Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document or speculate about potential future programs. Your narrative description of activities should be thorough and accurate because we determine whether you qualify for exempt status based on the information in your application.

For each past, present, or planned activity, include information that answers the following questions:

- What is the activity?
- Who conducts the activity?
- Where is the activity conducted?
- What percentage of your total time is allocated to the activity?
- How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- How does the activity further your exempt purposes?

PABA was established to connect a network of business owners and community leaders dedicated to advancing business in the Preston Corridor of Louisville, Kentucky, through enhanced connection, understanding, and action. The majority of time, energy and resources will focus on supporting, promoting, and strengthening businesses in the area to work with city, Commonwealth and other agencies (including, but not limited to, the Louisville Metro Police Department, Louisville Metro Fire Department, Mayor's Office and others) to unify the voice of the Preston Corridor. Members of PABA will, first, volunteer services like litter pick-up, beautification, landscaping, and other services to limit both its Members' businesses, as well as the City's expenses relating to same. Moreover, to capitalize on its collective voice, PABA intends to explore potential for branding, directories and events in the Preston Corridor which will drive attention, resources, and ultimately potential revenue to the area. PABA will develop and implement marketing activities that promote and improve the business climate, work as a unifying force and advocate for solutions when issues emerge, and support the work of area neighborhood associations and charitable organizations.

Membership dues and Restricted Grants will fund the activities of PABA, as well as the interest revenue generated in conjunction with same.

Part III Your Activities (continued)

- 2 Enter the 3-character NTEE Code that best describes your activities.

S41

Or check here if you want the IRS to select the NTEE Code that best describes your activities. ☐

- 3 Do you or will you spend any money or time attempting to influence the selection, nomination, election, or appointment of any person to any federal, state, or local public office or to an office in a political organization? If "Yes," explain in detail and list the amounts of money and time you spent or plan to spend in each case. ☐ Yes ☒ No

- 4 Are you a successor to another organization? Answer "Yes" if you have taken or will take over the activities of another organization, you took over 25% or more of the fair market value of the net assets of another organization, or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," explain. If "No," continue to Line 5. ☐ Yes ☒ No

- 4a Are you a successor to a for-profit organization? ☐ Yes ☐ No

- 4b List the name, last address, and EIN of your predecessor organization and describe its activities.

- 4c List the owners, partners, principal stockholders, officers, and governing board members of your predecessor organization. Include their names, addresses, and share/interest in the predecessor organization (if for-profit).

Part III Your Activities (continued)

- 4h Will you lease or rent any property or equipment to or from the predecessor organization or any persons listed in Line 4c or a for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the arrangement(s) including how the lease or rental value was determined. ☐ Yes ☐ No

- 5 Do you have members? If "Yes," state your membership requirements, your classes of membership, the number of members in each class, and the voting rights or privileges associated with each class. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. ☒ Yes ☐ No

Membership is open to individuals & entities operating businesses, performing services for the benefit of, and/or located in the Preston Corridor of Louisville, Kentucky. No persons or entities shall be required to join as Members. Further, membership shall be open to any person or business without regard to sex, race, color, creed, disability, or national origin upon payment of yearly current dues as determined by PABA's Board of Directors.

- 6 Do you or will you make any distributions of property or surplus funds to shareholders or members? If "Yes," explain. ☐ Yes ☒ No

- 7 Have you or will you issue capital stock? If "Yes," state the class or classes of stock, number and par value of the shares, consideration for which stock was issued, and if any dividends have been or will be paid. ☐ Yes ☒ No

Part III Your Activities (continued)**8** Explain how your assets will be distributed upon dissolution.

The duration of PABA is perpetual. In the event of the dissolution or liquidation of PABA, all remaining assets, after payment of just debts and liabilities, shall be distributed to a not-for-profit charitable organization established and existing under Section 501(c)(6) of the Code as the Board may direct.

9 Do you or will you have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits, pensions, or annuities)? If "Yes," describe the arrangement, including the terms and conditions of eligibility for membership and benefits.☐ Yes☒ No**10** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," name each foreign organization, the country and region within each country in which each foreign organization operates, any relationship you have with each foreign organization, and whether the foreign organization accepts contributions earmarked for a specific country or organization (if so, specify which countries or organizations). If "No," continue to Line 11.☐ Yes☒ No**10a** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.☐ Yes☐ No

Part III Your Activities (continued)

- 10b** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including periodic reporting requirements, auditing grantees, site visits by your employees or compliance checks by impartial experts, etc., to verify that grant funds are being used appropriately. ☐ Yes ☐ No

- 10c** Do you share board members or other key personnel with the recipient organizations? If "Yes," identify the relationships. ☐ Yes ☐ No

- 10d** When you make grants, loans, or other distributions to foreign organizations, will you check the Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-exempt activities. ☐ Yes ☐ No

- 10e** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? ☐ Yes ☐ No

- 10f** Will you acquire from OFAC the appropriate license and registration where necessary? ☐ Yes ☐ No

- 11** Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Part IV. ☐ Yes ☒ No

Part III Your Activities (continued)

- 11a** When you conduct activities in foreign countries, will you check the Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-exempt activities. ☐ Yes ☐ No

- 11b** Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC? ☐ Yes ☐ No

- 11c** Will you acquire from OFAC the appropriate license and registration where necessary? ☐ Yes ☐ No

Part IV Compensation and Other Financial Arrangements

- 1** Do you or will you compensate your officers, directors, trustees, employees, members, or independent contractors? If "No," continue to Line 2. ☒ Yes ☐ No

- 1a** Do or will the individuals that approve compensation arrangements follow a conflict of interest policy? If "No," describe how you set compensation that is reasonable. ☒ Yes ☐ No

- 1b** Do you or will you compensate any of your officers, directors, trustees, employees, members, or independent contractors through nonfixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all nonfixed compensation agreements. ☐ Yes ☒ No

Part IV Compensation and Other Financial Arrangements (continued)

- 2 Do you or will you purchase or sell any goods, services, or assets from or to: (i) any of your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; (v) your highest compensated independent contractors; or (vi) any member of your organization? If "Yes," describe any such transactions that you made or intend to make, with whom you make or will make such transactions, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 3 Do you or will you have any leases, contracts, loans, or other agreements with: (i) your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest; (iv) your highest compensated employees; (v) your highest compensated independent contractors; or (vi) any member of your organization? If "Yes," describe any written or oral arrangements that you made or intend to make, with whom you have or will have such arrangements, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 4 Do you or will you be paid for services you perform? If "Yes," describe these services, the income and expenses related to the services, and how they further your exempt purposes.

☐ Yes ☒ No

- 5 Do you or will you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," for each joint venture, state your ownership percentage and your investment in each joint venture, describe the tax status of all other participants, describe the activities of each and how you exercise control over those activities, and describe how each joint venture furthers your exempt purposes.

☐ Yes ☒ No

Part V Financial Data**A. Statement of Revenues and Expenses**

Type of revenue	Current tax year	2 prior or succeeding tax years	
	From: 01/01/2022 To: 12/31/2022	From: 01/01/2023 To: 12/31/2023	From: 01/01/2024 To: 01/31/2024
1 Gifts, grants, and contributions received	\$22,000.	\$23,000.	\$23,000.
2 Membership fees received	\$3,075.	\$5,550.	\$8,850.
3 Gross investment income			
4 Net unrelated business income			
5 Taxes levied for your benefit			
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)			
7 Any revenue not otherwise classified (provide an itemized list below)	\$6,750.	\$17,500.	\$20,000.
8 Total of lines 1 through 7	\$31,825.	\$46,050.	\$51,850.
9 Gross receipts from any activity that is related to your exempt purpose (provide an itemized list below)			
10 Total of lines 8 and 9	\$31,825.	\$46,050.	\$51,850.
11 Net gain or loss on sale of capital assets (provide an itemized list below)	\$0.		
12 Total Revenue	\$31,825.	\$46,050.	\$51,850.
Type of expense	Current tax year	2 prior or succeeding tax years	
13 Fundraising expenses	\$1,920.	\$13,888.	\$15,002.
14 Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)			
15 Disbursements to or for the benefit of members (provide an itemized list below)			
16 Compensation of officers, directors, and trustees			
17 Other salaries and wages	\$7,000.	\$19,500.	\$19,500.
18 Interest expense			
19 Occupancy (rent, utilities, etc.)	\$20.	\$370.	\$395.
20 Depreciation and depletion			
21 Professional fees		\$1,000.	\$3,000.
22 Any expense not otherwise classified, such as program services (provide an itemized list below)	\$290.	\$375.	\$450.
23 Total Expenses	\$9,230.	\$35,133.	\$38,347.

24 Itemized financial data

See Exhibit V.1 for Projected Balance Sheet and see Exhibit V.2 for Proposed Budget, with further description therein, each attached hereto and fully incorporated by reference

Part V Financial Data (continued)

B. Balance Sheet (for your most recently completed tax year)		Year End: 12/31/2021
Assets		
1 Cash		\$5,100.
2 Accounts receivable, net		
3 Inventories		
4 Bonds and notes receivable (provide an itemized list below)		
5 Corporate stocks (provide an itemized list below)		
6 Loans receivable (provide an itemized list below)		
7 Other investments (provide an itemized list below)		
8 Depreciable assets (provide an itemized list below)		
9 Land		
10 Other assets (provide an itemized list below)		\$500.
11 Total Assets		\$5,600.
Liabilities		
12 Accounts payable		
13 Contributions, gifts, grants, etc. payable		
14 Mortgages and notes payable (provide an itemized list below)		
15 Other liabilities (provide an itemized list below)		\$0.
16 Total Liabilities		\$0.
Fund Balances or Net Assets		
17 Total fund balances or net assets		
18 Total Liabilities and Fund Balances or Net Assets		\$0.

19 Itemized financial data

Other assets includes \$500.00 in Prepaid Expenses (database & PO Box) \$5,100.00 is a grant from local business to cover expenses for the formation of PABA For the Year Ending '21, PABA had \$0 liabilities

Part VI Reinstatement After Automatic Revocation

- 1 Are you applying for reinstatement of exemption after being automatically revoked for failure to file required returns or notices for three consecutive years? If "No," continue to Part VII. ☐ Yes ☒ No
- 1a Revenue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the section of Revenue Procedure 2014-11 under which you want us to consider your reinstatement request.
- ☐ Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.
- ☐ Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in at least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices.
- ☐ Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices.
- ☐ Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

Part VII Annual Filing Requirements

If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.

- 1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N?

☐ Yes ☒ No

If "Yes," are you claiming you are excepted from filing because you are:

- ☐ An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418
- ☐ Other (describe)

Part VIII Signature

- ☒ I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

PATRICIA WILLIAMS
(Type name of signer)

DIRECTOR
(Type title or authority of signer)

08/16/2022
(Date)

Upload checklist:

- ☒ Organizing document (and any amendments)
- ☒ Bylaws, if adopted
- ☐ Form 2848, Power of Attorney and Declaration of Representative (if applicable)
- ☐ Form 8821, Tax Information Authorization (if applicable)
- ☒ Supplemental responses (if applicable)
- ☐ Expedited handling request (if applicable)

Schedule C Organizations described in section 501(c)(6)—Business leagues, chambers of commerce, etc.

1 Select your type of organization from the list below.

- ☐ Business league
- ☒ Chamber of commerce
- ☐ Real estate board
- ☐ Board of trade
- ☐ Professional football league

2 Describe your members' common business interests.

All of the members are connected by location or geographic-scope within/to the Preston Corridor of Louisville, Kentucky. Since the members share common areas, landscape, emergency services, etc., its efforts to drive commerce to the area, and to beautify, maintain, enhance and improve same, are common.

3 Describe any services you perform or will perform for members or others.

PABA may from time-to-time perform educational or informational lectures/workshops/seminars based on the needs of the Preston Corridor residents & business owners. However, it is anticipated that any such rendition may be provided by Volunteers rather than in exchange for any payment.

4 Do you or will you restrict your membership to individuals, firms, associations, and/or corporations, each representing a different trade, business, occupation, or profession, and organized for the purpose of exchanging information on business prospects? If "Yes," explain.

☐ Yes ☒ No

5 Do you or will you market a specific product(s) and/or brand(s) within an industry? If "Yes," explain.

☐ Yes ☒ No

Schedule C Organizations described in section 501(c)(6)—Business leagues, chambers of commerce, etc. (continued)

6 Do you or will you limit your activities to users of a specific product within an industry? If "Yes," explain.

☐ Yes☒ No

7 Do you or will you operate a listing or referral system? If "Yes," explain.

☒ Yes☐ No

There is a Membership Directory, to include contact information of paid members, which may be offered to the public in exchange for payment for same.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1171180.09 Michael G. Adams Secretary of State Received and Filed 10/1/2021 4:44:12 PM Fee receipt: \$8.00	NAOI
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Preston Area Business Alliance, Inc.

Article II: The street address of the company's initial registered office in Kentucky is

1219 W. Jefferson St. Ste. 205, Louisville, KY 40203

and the name of the initial registered agent at that address is **Louisville Independent Business Alliance**

Article III: The mailing address of the company's initial principal office is

Po Box 4759, Louisville, KY 40204

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

Louisville Independent Business Alliance 1219 W. Jefferson St. Ste. 205, Louisville, KY 40203

Article V: The number of directors constituting the initial board of directors is 4. The name and mailing address of each director is

Laura Kelty	3242 Cross Bill Rd, Audubon Park, KY 40213
Patricia Williams	5114 Preston Hwy, Louisville, KY 40213
David Beck	937 Phillips Ln, Louisville, KY 40209
Eric Keyes	4717 Preston Hwy, Louisville, KY 40213

Article VI: The purpose of the company is: **We will be a network of business owners and community leaders dedicated to advancing business through enhanced connection, understanding, and action; focusing on supporting, promoting, and strengthening businesses along the Preston Highway Corridor.**

Executed by the Incorporator on Friday, October 1, 2021

Name of incorporator: **Louisville Independent Business Alliance**

Signature of individual signing on behalf of Incorporator: **Jennifer Rubenstein**

I, **Louisville Independent Business Alliance**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

1171180.09
Michael G. Adams
Secretary of State
Received and Filed
10/1/2021 4:44:12 PM
Fee receipt: \$8.00

NAOI

NAI

company serving as Registered Agent:

Jennifer Rubenstein

Balance Sheet (Projected)

Preston Area Business Alliance

	Beginning as of 01/01/2022	Projected as of mm/dd/yyyy
Assets		
<u>Current Assets</u>		
Cash in bank	\$ 5,100	\$ -
Accounts receivable	-	-
Inventory	-	-
Prepaid expenses	500	- database and PO Box
Other current assets	-	-
Total Current Assets	\$ 5,600	\$ -
<u>Fixed Assets</u>		
Machinery & equipment	\$ -	\$ -
Furniture & fixtures	-	-
Leasehold improvements	-	-
Land & buildings	-	-
Other fixed assets	-	-
(LESS accumulated	-	-
Total Fixed Assets (net of	\$ -	\$ -
<u>Other Assets</u>		
Intangibles	\$ -	\$ -
Deposits	-	-
Goodwill	-	-
Other	-	-
Total Other Assets	\$ -	\$ -
TOTAL Assets	\$ 5,600	\$ -
Liabilities and Equity		
<u>Current Liabilities</u>		
Accounts payable	\$ -	\$ -
Interest payable	-	-
Taxes payable	-	-
Notes, short-term (due within 12	-	-
Current part, long-term debt	-	-
Other current liabilities	-	-
Total Current Liabilities	\$ -	\$ -
<u>Long-term Debt</u>		
Bank loans payable	\$ -	\$ -
Notes payable to stockholders	-	-
LESS: Short-term portion	-	-
Other long term debt	-	-
Total Long-term Debt	\$ -	\$ -
Total Liabilities	\$ -	\$ -
<u>Owners' Equity</u>		
Invested capital	\$ -	\$ -
Retained earnings - beginning	-	-
Retained earnings - current	-	-
Total Owners' Equity	\$ -	\$ -
Total Liabilities & Equity	\$ -	\$ -

Preston Area Business Alliance

ine:

INCOME:

	2022	2023	2024
Standard memberships (\$75)	\$ 1,875.00	\$ 3,750.00	\$ 5,250.00
Partner memberships (\$300)	\$ 1,200.00	\$ 1,800.00	\$ 3,600.00
7. Founding (then Premier) Partners (\$750)	\$ 6,750.00	\$ 2,500.00	\$ 5,000.00
Sponsorships	\$ -	\$ 3,000.00	\$ 5,000.00
Metro Council NDF Grants	\$ 22,000.00	\$ 20,000.00	\$ 18,000.00
2. Membership Printed Directory	\$ -	\$ 15,000.00	\$ 20,000.00
TOTAL	\$ 31,825.00	\$ 46,050.00	\$ 56,850.00

EXPENSES:

7. Administrator Salary & Taxes	\$ 7,000.00	\$ 19,500.00	\$ 19,500.00
11. Contractors (Accounting, facilitation, design, etc.)	\$ -	\$ 1,000.00	\$ 3,000.00
3. Membership Printed Directory	\$ -	\$ 10,000.00	\$ 10,000.00
3. Membership Software	\$ 648.00	\$ 1,188.00	\$ 2,052.00
3. Email, Zoom, other software	\$ -	\$ 500.00	\$ 750.00
9. Website domain name	\$ 20.00	\$ 20.00	\$ 20.00
3. Printing	\$ 450.00	\$ 1,000.00	\$ 1,000.00
3. Meeting locations	\$ -	\$ 600.00	\$ 600.00
3. Meeting food	\$ 250.00	\$ 600.00	\$ 600.00
9. PO Box	\$ 322.00	\$ 350.00	\$ 375.00
3. Logo development	\$ 250.00	\$ -	\$ -
12. Credit card processing fees	\$ 140.00	\$ 200.00	\$ 250.00
22. Bank fees	\$ 150.00	\$ 175.00	\$ 200.00
TOTAL	\$ 9,230.00	\$ 35,133.00	\$ 38,347.00

Profit/Loss: \$ 22,595.00 \$ 10,917.00 \$ 18,503.00

Preston Area Business Alliance				
INCOME:	2023	NDF Category	Presumptions	
Standard memberships	\$ 3,750.00	Fees Collected from Program Participants	50 regular members	
Partner memberships	\$ 1,800.00	Fees Collected from Program Participants	6 partner members	
Premier Partners	\$ 10,000.00	Fees Collected from Program Participants	2 \$5000 partnerships with major employers (Derby City Gaming, Ford, KEC, etc.) but could be 4 \$2500 partnerships	
Sponsorships	\$ 3,000.00	Fees Collected from Program Participants	10 event sponsorships at \$300 each	
Metro Council NDF Grants	\$ 22,000.00			
Membership Printed Directory	\$ 15,000.00	Other (Directory Advertising)	Advertising in the directory, targeted timeline of fall 2023. Guessing advertising to sell for \$50 (highlighted listings) to \$500 (full pages), plus a \$2500 sponsorship of the directory.	
TOTAL	\$ 55,550.00			
EXPENSES:				
Administrator Contract	\$ 26,000.00	Personnel	\$25/hour, 20 hours a week	
Contractors	\$ 1,000.00	Professional Service Contracts	Accounting, facilitation, design, etc.	
Membership Printed Directory	\$ 8,000.00	Program Materials	printing costs for 10,000 copies.	
Membership Software	\$ 1,200.00	Professional Service Contracts	Wild Apricot up to 500 members	
Software	\$ 500.00	Professional Service Contracts	Email, Zoom, other software	
Website domain name	\$ 50.00	Professional Service Contracts	registration of URL	
Printing (membership materials, etc.)	\$ 1,000.00	Program Materials	window clings, stickers, etc.	
Meeting locations	\$ 600.00	Program Materials	most donated, but some cushion	
Meeting food	\$ 600.00	Program Materials	most donated, but some cushion	
PO Box	\$ 350.00	Professional Service Contracts	annual fee	
Credit card processing fees	\$ 200.00	Professional Service Contracts	paid via Wild Apricot	
Bank fees	\$ 175.00	Professional Service Contracts	online checking, etc.	
Mural Repair	\$ 5,000.00	Professional Service Contracts		
TOTAL	\$ 44,675.00			
Profit/Loss:	\$ 10,875.00			
Based on these numbers, we could ask Metro Council for \$17,671 for operational, plust the \$5k for the mural.				

Preston Area Business Alliance			
INCOME:	2022	2023	2024
Standard memberships (\$75)	\$ 1,875.00	\$ 3,750.00	\$ 5,250.00
Partner memberships (\$300)	\$ 1,200.00	\$ 1,800.00	\$ 3,600.00
Founding (then Premier) Partners (\$750)	\$ 6,750.00	\$ 2,500.00	\$ 5,000.00
Sponsorships	\$ -	\$ 3,000.00	\$ 5,000.00
Metro Council NDF Grants	\$ -	\$ 10,000.00	\$ -
Membership Printed Directory	\$ -	\$ 15,000.00	\$ 20,000.00
TOTAL	\$ 9,825.00	\$ 36,050.00	\$ 38,850.00
EXPENSES:			
Administrator Salary & Taxes	\$ 7,000.00	\$ 19,500.00	\$ 19,500.00
Contractors (Accounting, facilitation, design, etc.)	\$ -	\$ 1,000.00	\$ 3,000.00
Membership Printed Directory	\$ -	\$ 10,000.00	\$ 10,000.00
Membership Software	\$ 648.00	\$ 1,188.00	\$ 2,052.00
Email, Zoom, other software	\$ -	\$ 500.00	\$ 750.00
Website domain name	\$ 20.00	\$ 20.00	\$ 20.00
Printing	\$ 450.00	\$ 1,000.00	\$ 1,000.00
Meeting locations	\$ -	\$ 600.00	\$ 600.00
Meeting food	\$ 250.00	\$ 600.00	\$ 600.00
PO Box	\$ 322.00	\$ 350.00	\$ 375.00
Logo development	\$ 250.00	\$ -	\$ -
Credit card processing fees	\$ 140.00	\$ 200.00	\$ 250.00
Bank fees	\$ 150.00	\$ 175.00	\$ 200.00
TOTAL	\$ 9,230.00	\$ 35,133.00	\$ 38,347.00
Profit/Loss:	\$ 595.00	\$ 917.00	\$ 503.00

**FIRST AMENDED AND RESTATEDS ARTICLES OF INCORPORATION
OF
PRESTON AREA BUSINESS ALLIANCE, INC.**

The undersigned, after proper corporate action and resolution and grant of authority executes these First Amended and Restated Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky, KRS 273.161 et seq., in accordance with the following provisions.

**ARTICLE I
NAME**

The name of this corporation is PRESTON AREA BUSINESS ALLIANCE, INC.

**ARTICLE II
DURATION**

The duration of the corporation shall be perpetual.

**ARTICLE III
PURPOSES AND POWERS**

The purposes for which this Corporation is organized are limited to any legal activity which is permitted to be undertaken by such form of corporation under the Act and pursuant to Section 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code").

In order to carry out the foregoing purposes, this corporation may take and hold by bequest, devise, gift, grant, purchase, lease, or otherwise, any interest in property, real, personal, tangible or intangible, or any undivided interest therein, without limitation as to the amount of value; to sell, convey or otherwise dispose of any such property, and to invest, reinvest, or deal with the principal or the income thereof in such manner as in the judgment of its Board of Directors deems best to promote the purposes of the corporation.

The corporation shall have the power to do any other act or thing incidental to or connected with the foregoing purposes or advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers, except as permitted by law. In furtherance of its corporate purposes, and not in limitation thereof, the corporation shall have all general powers conferred by the laws of the Commonwealth of Kentucky upon corporations created thereunder.

ARTICLE IV NON-PROFIT ORGANIZATION

The corporation is to be operated so as to attract substantial support directly or indirectly from interested persons and from contributions from the general public and local businesses. The corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the corporation is distributable to or will inure to the benefit of its directors, officers, employees and staff except reasonable compensation permitted by law. No part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in, including the publishing or distribution of statements, any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this certificate, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under the Code, or the corresponding provision of any future United States revenue law, or by a corporation, contributions to which are deductible under of the Code, or the corresponding provisions of any future United States Internal Revenue law.

ARTICLE V LIMITATION ON DISTRIBUTIONS

No part of the income of the corporation shall inure to the benefit of any member, director, officer of the corporation, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no members, officers of the corporation, or any private individual shall be entitled to share in the distribution of any of the activities on dissolution of the corporation. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(6) of the Code.

ARTICLE VI DISSOLUTION

In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501(c)(6) of the Code.

ARTICLE VII REGISTERED OFFICE AND REGISTERED AGENT

The name and mailing address of the registered agent of the corporation is:

Patricia Williams
Wesley House Community Services
5114 Preston Highway
Louisville, Kentucky 40213

ARTICLE VIII DIRECTORS

The business and affairs of the Corporation shall be governed by a Board of Directors. The initial Board of Directors shall have eight (8) members who shall serve until the first annual election of Directors and until their successors are elected and qualified. The number of Directors may be increased or decreased from time to time as stated in the Bylaws of the Corporation. The names and mailing addresses of the current Directors are as follows:

Patricia Williams	5114 Preston Hwy., Louisville, KY 40213
Eric Keyes	PO Box 32338, Louisville, KY 40232
David Beck	PO Box 32338, Louisville, KY 40232
Steven Matly	PO Box 32338, Louisville, KY 40232
Nagely Duarte	PO Box 32338, Louisville, KY 40232
Veronica Rodriguez	PO Box 32338, Louisville, KY 40232
Nashia Marie Holmes	PO Box 32338, Louisville, KY 40232
Jennifer Rubenstein	PO Box 32338, Louisville, KY 40232

ARTICLE IX BYLAWS

The Board of Directors of PRESTON AREA BUSINESS ALLIANCE, INC. shall have the authority to adopt such by-laws and regulations as may be necessary for the government of the corporation and elect such officers as it deems necessary to carry out the work of said corporation. It shall have the power to fill all vacancies in its body; elect and appoint officers and agents that it may deem appropriate; and fill vacancies created by death or resignations from time to time; provide for a quorum of its membership to transact business; and, generally, such other rules and regulations for the conduct of its business as it deems appropriate.

ARTICLE X INDEMNIFICATION

The corporation shall indemnify any and all persons who may serve or who have served at any time as directors or officers or who at the request of the Board of Directors of the corporation may serve or at any time have served as directors or officers of another corporation merged into this corporation and their respective heirs, administrators, successors, and assigns, against any and all personal liability of a director for monetary damages and expenses for any reason, including breach of his or her duties as a director, including amounts paid upon judgments, counsel fees, and amounts paid in settlement (before or after suit is commenced), actually and necessarily incurred by such persons in connection with the defense or settlement of any claim, action, suit or proceeding in which they, or any of them, are made parties, or a party, or which may be asserted against them or any of them by reason of being or having been directors or officers or a director or officer of the corporation or of such other corporation except in relation to matters as to which any such director or officer or former director or officer or person shall be adjudged in any action,

suit or proceeding to be liable for his own negligence or misconduct in the performance of his duty. Provided further, this provision shall not eliminate or limit the liability of a director:

(a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation.

(b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) For any transaction from which the director derived an improper personal benefit.

Such indemnification shall be in addition to any other rights to which those indemnified may be entitled under any law, bylaw, agreement, or action by the Board of Directors. If this Article or any portion thereof shall be invalidated on any ground or by any court of competent jurisdiction, the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

ARTICLE XI INCORPORATOR

The name of the incorporator is Louisville Independent Business Alliance, Inc., 1219 W. Jefferson St. Ste. 205, Louisville, Kentucky 40203. The initial principal place of business and office of the corporation shall be PO Box 4759, Louisville, Kentucky 40204.

IN TESTIMONY WHEREOF, witness my signature this the ___ day of September 2022.

By: _____

Patricia Williams, Chairman of the Board
of Directors

COMMONWEALTH OF KENTUCKY)SS
COUNTY OF JEFFERSON)

Subscribed, sworn to and acknowledged by Patricia A. Williams on this 12 day of September 2022.

My Commission expires: 8/4/2025

Hilda Ardite
NOTARY PUBLIC

State-at-Large, Kentucky

Comm No.: KYNP34522

HILDA ARDITE
Notary Public
Commonwealth of Kentucky
Commission Number KYNP34522
My Commission Expires Aug 4, 2025

REAFFIRMATION OF CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 273, the undersigned, as the initial registered agent identified in Article II of the Articles of Incorporation of **PRESTON AREA BUSINESS ALLIANCE, INC.**, hereby consents to serve in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Nonprofit Corporation Act.

**Patricia Williams, Preston Area Business Alliance
Board Chair**

By: 

Patricia Williams, Authorized Agent

The foregoing Articles of Incorporation were prepared by:

Kacie A. Wilkinson
TILFORD, DOBBINS & SCHMIDT, PLLC
1400 One Riverfront Plaza
401 West Main Street
Louisville, Kentucky 40202
T: (502) 584-1000
E: kwilkinson@tilfordlaw.com

Request for Taxpayer Identification Number and Certification

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

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

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

Preston Area Business Alliance, Inc.

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

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

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

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

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

☐ Other (see instructions) ►

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

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

PO Box 32338

6 City, state, and ZIP code

Louisville, KY 40232

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

____ - ____ - ____

or

Employer identification number

8 7 - 3 0 2 2 7 6 6

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Elizabeth Warlick

Date ► **August 1, 2022**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Kentucky Secretary of State

Michael G. Adams

Preston Area Business Alliance, Inc.

[File Annual Report](#)[File Certificate of Assumed Name \(DBA\)](#)[Change Address or Registered Agent](#)[File Dissolution](#)[Printable Forms](#)[Subscribe to changes made to this entity](#)[Certificates](#)

General Information

Organization Number	1171180
Name	Preston Area Business Alliance, Inc.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Country	USA
File Date	10/1/2021 4:44:12 PM
Organization Date	10/1/2021
Last Annual Report	8/1/2022
Principal Office	Po Box 4759 Louisville, KY 40204
Registered Agent	Louisville Independent Business Alliance 1219 W. Jefferson St. Ste. 205 Louisville, KY 40203

Current Officers

Chairman	Patricia Williams
Director	Patricia Williams
Director	Eric Keyes
Director	David Beck
Director	Steven Matly
Director	Nagely Duarte

Director	Veronica Rodriguez
Director	Nashia Marie Holmes
Director	Jennifer Rubenstein

Individuals / Entities listed at time of formation

Director	Laura Kelty
Director	Patricia Williams
Director	David Beck
Director	Eric Keyes
Incorporator	Louisville Independent Business Alliance
Registered Agent	Louisville Independent Business Alliance

Images available online

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

Annual Report	8/1/2022	1 page	PDF
Articles of Incorporation	10/1/2021 4:44:12 PM	1 page	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	8/1/2022 5:42:32 PM	8/1/2022 5:42:32 PM	
Add	10/1/2021 4:44:12 PM	10/1/2021 4:44:12 PM	

Microfilmed Images

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Kentucky Unbridled Spirit

Roarx, Rachel G.

From: Latonya Bell
Sent: Tuesday, August 30, 2022 5:43 PM
To: Rachel Roarx
Cc: Nicole George; Rebecca Katz
Subject: RE: PABA NDF Draft

Good evening,

According to the Louisville Metro Council Policies and Procedures, Section 3 NDF & CIF, "If a non-profit organization has applied but not yet received an IRS determination letter, it is eligible to apply for NDF funding and may submit its Articles of Incorporation and the IRS application for exempt status (on a one-time basis). The Corporate Articles of Incorporation must contain tax exempt language as defined in the IRS Publication 557, Tax-Exempt Status for Your Organization."

Missing supporting documentation:

- The Articles of Incorporation does not reflect the tax exempt language in it
- Copy of IRS Application for Exempt Status
- Form 1120 that was due to the IRS by 4/15/2022

Thank you

From: Roarx, Rachel G. <Rachel.Roarx@louisvilleky.gov>
Sent: Wednesday, August 3, 2022 1:09 PM
To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>
Cc: George, Nicole A. <Nicole.George@louisvilleky.gov>; Katz, Rebecca A. <rebecca.katz@louisvilleky.gov>
Subject: PABA NDF Draft

Hello LaTonya,

I am working with the Preston Are Business Alliance, Inc. (PABA) on their 1st ever NDF application. They are a new group formed to be a business association for the Preston Corridor.

I have attached their NDF to date. They are missing a 990 because they are newly formed and are currently working on their IRS tax exempt application.

How will this impact their ability to apply? We would really like to move this application forward.

Thanks,
Rachel Roarx

From: ScantoMail@louisvilleky.gov <ScantoMail@louisvilleky.gov>
Sent: Wednesday, August 3, 2022 7:45 AM
To: Roarx, Rachel G. <Rachel.Roarx@louisvilleky.gov>
Subject: Message from MCO-601-KM-BizHubC360i-C