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

Executive Summary of Request:	
or Request:	
40	
*	
Is this program/project a fundraiser?	
	tion? Yes No
Does this application include funding f	or sub-grantee(s)? Yes No
have roview 1.1	I 103 NO
within Metro Council within Me	nood Development Fund Application and have found it complete and quest approval of funding in the following amount(s). I have read the letted the disclosure.
organization's statement of the statemen	quest approval of funding in the state of th
purpose is legitimate. I have	quest approval of funding in the following amount(s). I have read the set to be furthered by the funds requested and I agree that the public letted the disclosure section below, if required.
also complete	leted the disclosure section below is
	required.
5 M. R.	
District # District #	milder 5 10000 sl
Primary Sponsor Signatu	ire Amount
	Date
rimary Sponsor Disclosure	
rganization, its volunteers its and	Onship you, your family or your last to
rganization, its volunteers, its employees	onship you, your family or your legislative assistant have with this or members of its board of directors.
	or directors.
Provide La	
proved by:	
Appropriations Committee Chairma	
Committee Chairma	Date
rk's Office Only:	
uest Amount:	
inal Appropriation:	Committee Amended Appropriation:
Appropriation:	Council Amended Appropriation:

1|Page Effective February 2014

OFFICE OF METRO COUNCIL CLERK REVIEWED

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization:	
Program Name: Request Amount:	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	
Request form: Is the funding proposed less than or equal to the request amount?	
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	
Application Page 1: Has prior Metro funds committed/granted been disclosed?	
Application Page 1: Is the application properly signed and dated by authorized signatory?	~
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	~
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	
Application Budget Page 6: 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?	
Faith Based Organizations: Is the signed Faith Based Form signed and included?	NA
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	V
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	V
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	1
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	/
Operating Budget: Is the organization's current fiscal year operating budget included?	V
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	V.
Board Members: Is the entity's board member list (with term length/term limits) included?	V.
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	V
Annual Audit: Is the most recent annual audit (if required by organization) included?	1/
Rent Requests: Is a copy of signed lease included?	V
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	1/
IRS Form W-9: Is the IRS Form W-9 included?	V
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	V
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	· V
Prepared by: Date: 8 / 11/14	



are a processor and the	4.54	SECTION 1	ADDITO			INT FUND AP	NOTE
Legal Name of A	pplicant Org	SECTION 1 -				Control of the	
(as listed on: http://	www.sos.ky.gov	/business/records)	Portla	nd N	OW	Inc	and the second
iviain Office Stre	et & Mailing	Address: 20	1 N 25th C4		Ovv,	IIIC.	
Website:		20	1 N 25th St	reet, Louis	sville, KY	40212	
Applicant Contac	t: Judy	Schroeder		71.1			
Phone:	(502)	296-5056		Title:		Finance Con	nmittee membe
Financial Contact		Rogers		Email:		judys@iglou.	com
Phone:	(502)	931-0245	* -	Title:		Festival Comr	nittee Chair
Organization's Re	presentative	who attended NDF		mail:		sandy214@in	sightbb.com
G	EOGRAPHICA	AREA(S) WHITEE	Training: N	Mary Turn	er		0 100111
Program Facility L	ocation(s):	L AREA(S) WHERE P	ROGRAM A	CTIVITIES	ARE (WIL	L BE) PROVIDE	D
Council District(s):		2-day Festival alo	ng Northw	estern Pa	arkway, I	between 33rd-	36th Streets
	RIBIO.	ON 2 PROGRAM	Zi	p Code(s):		40212	our otreets
PROGRAM/PROJECT	CT NAME: P	ON 2 – PROGRAM RE Ortland Family Reun	QUEST & F	NANCIAL	INFORM	ATION	2 t 7 t 7 t 7 t 2 c
Total Request: (\$)	\$5,000	army Reun	ion Festival			THE WAY IN	Sept. Becker
Purpose of Reques	t (check all +h	1 Otal Metr	o Award (th	is prograr	n) in pre	vious year: (\$)	\$5,000
☐ Operating	Funds Igono	at apply):				7-4 (\$)	φ5,000
Programn	oing/sand	rally cannot exceed 3	33% of agen	cy's total o	Operating	hudget)	
Capital Da	iing/services/	events for direct ber	nefit to com	munity or	gualifiad	lindistri	
The Followin	oject of the or	ganization (equipme	ent, furnishi	ng, buildin	g etc)	individuals	
	- qui cu Attat	illinents:					
IRS Exempt Status D Current Year Projec	etermination L	etter	Signe	d leaso if no			
List of Board of Dire	red Budget		IRS Fo	orm Ma	ent costs a	re being requeste	ed
List of Board of Dire Current financial sta	tement	erm & term limits			if used to		
Most recent IRS For	m 990 or 1120		Annua	al audit (if re	ii usea in	the proposed pro	ogram .
I Articles of Incorpora	tion		☐ Faith E	Based Organ	nization C	/ organization) ertification Form,	
Cost estimates from	proposed vend	or if request is for	☐ Staff i	ncluding the	e 3 highes	ertification Form, t paid staff	if required
				and the	c 3 mgnes	t paid staff	
r the current fiscal	year ending J	une 30, list all funds rogram or expense, i	annronviet				
m any department	r any other pr	ogram or expense, i	ncluding fur	d and/or r	eceived	from Louisville I	Metro
et if necessary.	or Metro Cou	une 30, list all funds rogram or expense, in ncil Appropriation (N	leighborhoo	d Develor	o throug	h Metro Federa	I Grants,
urce:					ment Fu	nus). Attach add	ditional
irce:			Amount: (\$) -(0- in FY	2014-15	
irce:			Amount: (\$)			
	ntadal ==		Amount: (\$	5)			
the and	cted the BBB	Charity Review for p	articipation	? Yes			
tile applicant mot ti	na DDD at			.			
the applicant met t	he BBB Charit	y Review Standards?	Yes [No les	■ No		

Effective April 2014



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

MISSION: Portland Now, Inc. (PNI) serves Portland by enhancing and promoting the physical, social, cultural, and economic development of the neighborhood.

With its river connections, cultural diversity and immigrant spirit, Portland's close-knit community of extended families is centered around parks, churches, and locally-owned businesses. This historic and friendly neighborhood provides: - affordable, architecturally distinct homes

- with deep yards to remind you that there's a little bit of small-town living in the city
- easy access to both sides of the river, as well as to downtown Louisville, and
- social and economic diversity, with a home for everyone.

SERVICES: PNI communicates and organizes community action on issues that are important to neighbors in regular and specially-called meetings and forums; monitors the Portland Neighborhood Plan by working closely with for-profit and non-profit developers; sponsors or joins partnerships for major projects like the Drug-Free Community Prevention Partnership, the Family Reunion Festival, and Pick-Up Portland Clean Up Campaign; and offers general community supports to families and local businesses.

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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 2014 Portland Family Reunion Festival is held the first Friday and Saturday of June along Northwestern Parkway, between 33rd and 36th Streets, in Council District 5/ 1st

Open to the general public, the Portland Festival is the oldest neighborhood festival in Louisville, celebrating its 40th Anniversary this year. Two evenings of stage concerts and a full day of games, children's rides and entertainment in an "alcohol-free zone", with food, beverage, and sales vendors, community-service information, and a neighborhood

Approximately 25,000 people are in attendance each year, according to estimates vendor sales and police estimates of street crowds at our concerts and parade.

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

Metro Council's \$5,000 is used by Portland Now, Inc. to cover a little more than 1/6 of the costs of the Portland Family Reunion Festival, paid from a separate Festival Account at PNC Bank. PNI specifically covers costs that are important for public health and safety, including Metro fees and event permits (discounted to \$1,737.48); all private security needed for the Festival (\$2,334.00); and partial payment for portable restrooms (the remaining grant balance, which is approximately 60% of a \$1,620 bill.)

Other costs of the Festival (approximately \$24,000) are raised by the Portland Festival Committee from corporate sponsorships and other private sources.

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- " " sins request is a fundra	iser, please detail how the proceed	o will t
	now the proceed	s will be spent:
		9 4
		begins with the Metro Council approval dat
Effective October 24, 2015		an ournstances.
Effective October 24, 2013, the primary council sponsor. /oices or proof of payment): Attach a copy of invoices a identified in this application Attach a copy of cancelled identified in this application	reimbursements should not be mad The funding request is a reimbursen and/or receipts to provide proof of purchance checks to provide proof of payment of the checks to provide provide provide provide proof of payment of the checks to provide provide provide provide provide provide p	le unless an emergency can be demonstrated nent of the following expenditures (attach ase of activities associated with the work plan as invoices or receipts associated with the work plan
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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:

The Portland Festival is a family-friendly program that has been run by Portland resident volunteers every year since 1974. We think the longevity of this event says a lot about the enjoyment it has brought to this low/moderate income neighborhood over the years.

Hundreds of visitors who grew up in Portland return every year from across the City and as far away as New Orleans, Michigan, or Texas to enjoy stage music Friday and Saturday, the Parade on Saturday morning, children's rides, vendors, games, and information booths, as can be seen at the Festival Information message board. The Portland Anchor runs an extra 20,000 copies every year, and they are all distributed. It's a tradition that brings thousands of residents from all ends of Portland together with Festival in Jefferson County.

Community groups that distribute educational literature are especially helpful for tracking the interests of people coming to this Festival: Portland Now, Inc. signs up dozens more people every year for our clean-up crews, housing applications, and petitions. Portland Now Prevention Partnership collects an annual survey on attitudes about drug, alcohol, and tobacco use with hundreds of respondents and their results form our local prevention strategies.

Financially, the Portland Festival Committee charges \$175 for each commercial vendor, earning a minimum of \$7,000 annually from approximately 40 Festival booths. Portland businesses along the Parade route (Portland Avenue between 23rd - 33rd Streets) report increased sales and new customers every year at Shaheen's Department Store, Annie's Pizza, In & Out Dairy, and CVS.

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.

Other than the Festival Committee, which operates as a semi-autonomous decision-making body under PNI, PNI has also functioned as the fiscal agent for the management team of the Portland Now Prevention Partnership (PNPP), a federally funded Drug-Free Communities Coalition ended its 10th year of operation in 2013, and instigated the Festival's "Alcohol-Free Zone" for children's activities.

Portland Now, Inc. (PNI) has many other collaborative relationships with groups that join us at our Festival information booth, at no charge. For example: PNI members promote Louisville Grows and the Shawnee Garden Market, the West Louisville Alcohol License Campaign, and Vacant Properties Task Force meetings with the Metropolitan Housing Coalition; and a new Financial Empowerment Project at Neighborhood House. For historic preservation, we co-sponsor many activities with the Portland Museum, Preservation Louisville, and Neighborhood Planning & Preservation.

Finally, PNI's Revitalization Committee has had a long collaboration with Metro Government. We've functioned since 2006 in a unique role for neighborhood-level "Category 3 Review" of housing development proposals received by Metro Planning and Development. Most recently, we've been working as advisors to New Directions Housing Corporation and Habitat for Humanity while they development.

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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.

		Column 1		Column 2	Column (1+2)=3
Program/Project Expenses	M	Proposed etro Fund	ls	Non- Metro	Total Funds
A. Personnel Costs Including Benefits	** 1 Jak			Funds	
B: Rent/Utilities	-		\perp		
C: Office Supplies					
D: Telephone	-				
E: In-town Travel					
F: Client Assistance (Attach Detailed List)	+-				
G: Professional Service Contracts					
d: Program Materials	+				
: Community Events & Festivals (Attach Detail List)	-				
: Small Equipment	\$5	5,000	\$2	4,070	\$29,070
: Capital Equipment	-				
Other Expenses (Attach Detail List)					
*TOTAL PROGRAM/PROJECT FUNDS	Q E	000			
of Program Budget		,000	\$24	,070	\$29,070
and the second s	17	%	83	%	100%

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

Other (please specify)	10,000
ees Collected from Program Participants	14,100
Private Contributions (do not include individual donor names)	0
Other State, Federal or Local Government United Way	0

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

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^{**}Must equal or exceed total in column 2.



Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
5 volunteers x 50 hrs plan & prep	\$5,637.50	@\$22.55/hr Independent Sector
15 vol's x 20 hrs plan & prep	\$6,750.00	@\$22.50/hr Independent Secto
50 vol's x 28 hrs Festival Week	\$31,500.00	@\$22.50/hr Independent Sector
Festival Building space HQ	\$1,000.00	@ \$200/day rental x 5 days
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$44,887.50	a days

^{*} 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 1st

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the

If YES, please explain:

It is very possible that this 40th Anniversary Festival may be the LAST Festival. Decisions will be made over the next few months about leadership and volunteer

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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
- 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
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant 8. 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.
- 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
- 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.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the

Standard Certifications

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

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.

No one on the current Board of Directors has any relationship to the Councilperson et al

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 Signature of Legal Signatory: Date: Legal Signatory: (please print): Becki Winchel Title: President, PNI Phone: (502) 645-2528 Extension: Email: bwinch213@gmail.com

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		-
Membership (July 2014 - June 2015)		
Name and the second sec	Bd. Term	Γ
Name Address Phone E-mail	exp.	

-					Bd. Term	
Mbr	Name	Address	Phone	E-mail	exp.	Signed
В	\$ Becki Winchel – Pres.	2729 Alford Ave	645-2528	bwinch213@gmail.com	1st/2016	Y
В	\$ Gary Watrous – V.P.	2711 W. Main St.	776-7007	watrousoffice@aol.com	2st /2017	Y
В	\$ Jehri Cummins- Treas.	664 N. 26 th St.	619-8096	holidayboy26@yahoo.com	1st/2016	Y
В	\$ Mary Turner -Sec	2540 Griffith	778-6393	mturner57mary@aim.com	1 st /2015	Y
В	Bobby Hickey	3305 Rudd Ave	930-9590	brh6078@juno.com	1 st / 2016	Y
В	\$ Cindy Calvelo	3110 N. W. Pkwy		cindycalvelo@yahoo.com	1st/2016	Y
В	\$ Drew Watkins	PNPP		adw92@rocketmail.com	1st/2017	Y
В	\$ Evie O'Connell	2228 Portland Ave.	778-0502	evieo@juno.com	1st/2016	Y
В	\$ Gina Stiltner	1849 Bank St., 40203	294-5247	ginastjoe@aol.com	1 st /2017	Y
В	John Eberman	1258 S. Brook St.	554-7452	Salix113@yahoo.com	1 st / 2016	Y
В	Larry Stoess	2503 Montgomery St	438-0189	larry.stoess@gmail.com	1 st / 2016	Y
В	\$ Lloyd Hoagland	401 North 34th St.	772-2335 c)	314-8511	1 st / 2015	Y
В	\$ Lynn Quire	Good Garb. 2020 Duncan	774-9900	lynn.goodgarbage@gmail.com	1 st /2017	Y
В	\$ Lisbeth Lanpher	2417 Portland Ave	298-8469	lisbethlanpher@gmail.com	1st/ 2016	Y
В	\$ Mary Leffler	2823 Montgomery St.	554-2806	maryleffler1@gmail.com	1st/2017	
В	\$ Michael Weinert	1651 Portland Ave.	322-6699	michaelgormanweinert@gmail.com	1st/2017	
В	\$ Myrtle Dodson	2307 Duncan St.	776-2198		1st/2016	Y
В	\$ Debra Harlan Richards		724-1944	debraandted@gmail.com	1 st /2016	Y
В	\$ Suzanne Bernert	518 N. 27 th St.		suzib@iglou.com	1st/2017	Y
В	\$ Tommy Barnes	1609 Rowan St.	583-4963		1st/2015	Y
- 60 1		Y			Same Control (1974)	
G	Aron Conaway	2010 Portland Ave	758-8338	aronconaway@hotmai	l.com	Y
G	\$ Alice Garrett	3914 Bank St., 40212		alicegarrett3914@yaho	o.com	Y
G	 Brian McMahan	620 Maylawn Ave, 40217		travelingmcmahans@gm	ail.com	
G	 Betty Villier	2608 N. W. Pkwy	291-0437`	bettyville@twc.co	m	
G	 Beverly North	2301 Duncan St.	776-9094	b.north@insighbb.c	om	Y
G	\$ Cindy Frazier Neighborhood House	201 North 25 th St.	774-2322/223	3 kgarvey@nhky.or	g	Y
G	\$ Chad Hartsfield	1101 W. Main St.	850-510-6211			
G	Christopher Head	1006 W. Ashland Ave	381-0070	christopher.v.head@gm		
G	Colleen Clines	1575 Parsons Pl.		cclines@anchalprojec		Y
G	Dan Hund	338 North 27th St.	802-8214	danhund@twc.cor		Y
G	 Dane McMahan	620 Maylawn Ave, 40217		travelingmcmahans@gm	ail.com	
G	\$ Danny McDole	2504 St. Cecilia St.	772-3861 c)303-496			Y
G	\$ Debra Mercer	1726 Portland Ave	589-4050	dmercer@hospices.o	org	Y
G	 Eder Crenshaw	4204 Bank St	778-5375	ecrens4416@aol.co		Y
G	Emma Cummins	2616 Montgomery St.	224-1842	c/o holidayboy26@yaho	oo.com	
G	Gill Holland			gillholland@gmail.c	om	Y
G	\$ Gregg Rochman	2425 Portland Ave	526-2091	gregg@shineprop.co	om	Y
G	 Hallie Jones	Nelligan Hall				
G	\$ Harriett Seiler	307 Oread Rd, 40207		Hm.seiler@gmail.co	om	Y
G	 Irene Helm (Sissy)	2815 N.W.Pkwy	417-6161	gilbertsissy@yahoo.c	om	
G	\$ Judy Schroeder	2711 W. Main St.	296-5056	judys@iglou.com		Y
G	 Kathryn Aqua	2419 Montgomery St.		yountaqua@aol.com	n	
G	 Kerrie Clifford	403 N 26 th St.	643-1471	kerrie.clifford@yahoo.	com	
G	 Lisa Smith	404 N. 21st St	548-1338			Y
G	 Lois Allen	3429 Bank St.	776-6036	allenbaby7@yahoo.c	om	Y
G	 Maggie Clines	1575 Parsons Pl.	807-0866	mclines@anchalprojec	t.org	Y
G	 Maria McGary	1651 Portland Ave	415-8588	mariamcgary@rocketma	il.com	
G	 Margaret Love	1836 Baird St.	541-0267	momma.love@yahoo.	com	
G	\$ Michael Clifford	2328 Griffiths Ave, 40212	649-8210	cmc2328@att.net		Y
G	 Michael Crenshaw	4204 Bank St	778-5375	ecrens4416@aol.com		
G	 Mike Neagle	613 Creel Ave, 40208	797-1903/736-61	81 mike@argo-networks.	com	Y

<u>G</u>		Nathalie Andrews	Portland Museum		T	
G		Osha Shireman	1515 Wurtele Ave	776-7678	pmuse@iglou.com	T .
G		Paul Jolly			osha.shireman@gmail.com	\neg
G		Persi Moore	2515 Montgomery St., 4021		Pjjolly1@gmail.com	\dashv
G	\$		5206 Eugene Way, 40216	475-6010	persim12@yahoo.com	
		Scott Harris	518 N. 27 th St.		rmeadows@gmail.com	
G		(V.P. Maupin Center)	6027 5		rmeadows@gman.com	
G		Sheila Barrett	6827 Fenway Rd 40258		kybred2win@gmail.com	
G		Steve Hickerson	Portland Realtor	876-7518	shebarrett@gmail.com	
_			1247 Everett Ave.	202-607-4395	sghindc@gmail.com	-
G		Tiffany Sayre	1709 Colsterworth Lane 40215		- Simuco eginan.com	
			2 Laire 40215		bowdowntoroger@gmail.com	
		5	NEW MEMBERS	MAGORA		
G	\$	D. A. CI	TIE W TATE TATE TO THE) AN UR 7-1-14		
	4	Pete Chamberlin	2600 Linday: A			
	\$	John Lastinger	2609 Lindsey Ave	541-2855		
G		John Lastinger	2609 Lindsey Ave			T
G G	\$	John Lastinger Deloris White	2609 Lindsey Ave 111 N. 42 nd St.	541-2855	dwhite67@att net	
G G G	\$	John Lastinger Deloris White Christina Clifford	2609 Lindsey Ave	541-2855 432-7277	dwhite67@att.net	
G G G	\$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris	2609 Lindsey Ave 111 N. 42 nd St.	541-2855 432-7277 774-3054	cmc2328@att.net	
G G G G	\$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman	2609 Lindsey Ave 111 N. 42 nd St. 2328 Griffins Ave	541-2855 432-7277 774-3054		
G G G G G	\$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman Cherise Williams	2609 Lindsey Ave 111 N. 42 nd St. 2328 Griffins Ave 2729 NW Pkwy	541-2855 432-7277 774-3054 551-8895	cmc2328@att.net margaretharris@louisvilleky.gov	Y
G G G G G	\$ \$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman	2609 Lindsey Ave 111 N. 42 nd St. 2328 Griffins Ave	541-2855 432-7277 774-3054 551-8895 641-1468 592-0885	cmc2328@att.net margaretharris@louisvilleky.gov billygoathill@bellsouth.net	Y
G G G G G G	\$ \$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman Cherise Williams John Hicks	2609 Lindsey Ave 111 N. 42 nd St. 2328 Griffins Ave 2729 NW Pkwy 2729 NW Pkwy	541-2855 432-7277 774-3054 551-8895 641-1468	cmc2328@att.net margaretharris@louisvilleky.gov	
G G G G G G G	\$ \$ \$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman Cherise Williams	2609 Lindsey Ave 111 N. 42 nd St. 2328 Griffins Ave 2729 NW Pkwy	541-2855 432-7277 774-3054 551-8895 641-1468 592-0885	cmc2328@att.net margaretharris@louisvilleky.gov billygoathill@bellsouth.net	Y

Legend: G = General Member, B = Board Member, \$ = \$ 1.00 Annual Dues Paid (Year = July 2014 to June 2015), Y = Code of Conduct Signed

Portland Now Inc. Treasury Report for June 2014 Submitted at the July 2014 Board Meeting

PNC CHECKING ACCOUNT- xxxxxx7528 General Checking Account

		•		
DATE	DESCRIPTION	EXPENSES	DEPOSITS	BALANCE
5/31/2014	Balance Forward			\$ 20,250.50
6/2/2014	Check #1018 AT&T Wary Turner Internet	\$ 31.00		
6/2/2014	Check #1019 AT&T Mary Turner Phone Installation	\$ 89.25		
6/3/2014	Check #1022 AT&T Mary Turner Internet	\$ 39.00		
6/6/2014	Check #1025 Mary Turner Printer Ink	\$ 28.59		
6/9/2014	Check #1024 Annies Pizza	\$ 66.00		
6/19/2014	Deposit (member dues)		\$ 2.00	
6/19/2014	Deposit (Jehri's Computer final payment)		\$ 53.29	
6/24/2014	Check #1020 Jackie McComb - Pizza for *PNR meeting	\$ 25.68		
6/30/2014	Ending Balance			\$ 20,026.27
The same of the sa				

st Gateway Project account of \$1806.42 is obligated and will be debited from the above checking account.

PNC SAVINGS ACCOUNT xxxxxx2633 - 2012 Metro United Way grant: Clean-up

\$ 6,398.28			Ending Balance	6/30/2014
	\$ 0.05		Interest payment	6/30/2014
\$ 6,398.23			Balance Forward	5/31/2014
BALANCE	DEPOSITS	EXPENSES	DESCRIPTION	DATE

PNC CHECKING ACCOUNT xxxxxx44445 - PNI Art & Heritage Checking Account

DATE	DESCRIPTION	EXPENSES	S	DEPOSITS	BALANCI	
5/31/2014	Balance Forward				\$ 5,0	00.00
6/5/2014	Check #201 Rental fee for PO Box	\$	31.00			
6/5/2014	Check Printing Fee	\$	131.29			
6/30/2014	Ending Balance				\$ 4,8	37.71

^{*} PNR - Portland Now Resource

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 590 (see itestructions). All other organizations with gross receipts less than \$200,000 and total easets less than \$500,000 at the of the year may use this form.

The arranization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Additional shape Additional shape Application periods Application peri			te Service	The organization may have to use a copy of this total in the constitution of the const	6/30	. 20	113
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Received Method: Cash Accruel Other (specify)				Portland Now the.		· days the court of the court of	
Received Method: Cash Accruel Other (specify)				201 North 25th Street	50	2-774	-2322
Received Method: Cash Accruel Other (specify)				Lausville, Ky 40212	F Gro	up Exem	ption
G Accounting Method:				2043-14-7			
Website: N/A Calcalance Surviva Surviv				+ IVI Cash	I Check ►	if the org	anization is not
Jax-exempt status (check only ene) — ∑SI(c)(3)					required to a	ttach Sch	ledule B (Form
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normally not more than \$50,00, A Form \$97-00 in the control instructions. But if the organization chooses to file a return, be sure to file a complete return. Instructions. But the organization chooses to file a return, be sure to file a complete return. 1. Add lines \$0, 60, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets of \$741, line 25, column (8) below are \$50,000 or more, the Form \$90 instead of Form \$900.EZ				eck only one) — [25] with a properties 527 (rganization an	d its gros	s receipts are
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Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20,000 m or \$30,000 or more, interference sees to Found Balances (see the instructions for Part I) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I. 137,132.							
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 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 Total expenses. Add lines 10 through 16. 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 Net assets or fund balances at end of year. Combine lines 18 through 20.		0	Const and	et er (loca) from sales of inventory (Subtract line 7b from line 7a)	*		
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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 Total expenses, Add lines 10 through 16. 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 Net assets or fund balances at end of year. Combine lines 18 through 20.			Other reve			9	
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 Total expenses. Add lines 10 through 16. 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). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.		9	Total reve	nue. Add lines 1, 2, 3, 4, 30, 60, 70, and 3.		10	5,000.
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 Total expenses. Add lines 10 through 16. 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). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.		10000	Grants and	similar amounts paid (list in schedule o)		11	
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 Total expenses. Add lines 10 through 16. 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 Net assets or fund balances at end of year. Combine lines 18 through 20.		111	Benefits p	aid to or for members		. 12	
Professional fees and other payments to independent contractors 14 3,750. 15 Occupancy, rent, utilities, and maintenance	E	12	Salaries, o	other compensation, and employee benefits		13	64,142.
Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 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). 19 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20.	2	13	Profession	nal fees and other payments to independent contractors		14	
15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 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 Net assets or fund balances at end of year. Combine lines 18 through 20.	N	14	Occupanc	y, rent, utilities, and maintenance			
16 Other expenses (describe in Schedule O)	ě	15	Printing, p	oublications, postage, and shipping	ule 0		75.740.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at end of year. Combine lines 18 through 20	14	16	OH	charge (describe in Schadule (1)	***************************************		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 45,838. 19 Other changes in net assets or fund balances (explain in Schedule O)	4.	17	Total exp	enses, Add lines 10 through 16,			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 45,838. 19 Other changes in net assets or fund balances (explain in Schedule O)	1	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		-	22, 1511
figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. Form 990-EZ (2012)	Ħ	3 70			nth end-of-year	10	AE 939
Other changes in net assets or fund balances (explain in Schedule O)	Œ.	5 13					40,000.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form 990-EZ (2012)	L.	20	Other she	inges in net assets or fund balances (explain in Schedule O)			24 241
BAA For Paperwork Reduction Act Notice, see the separate instructions.	~	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20		- 21	
	S	AA E	r Paperwo	k Reduction Act Notice, see the separate instructions.			LOLUI 220-EV (5015)

	1.990-EZ (2012) Fortland	Now, INC.			- 15 3 5 3 14 Page 2
Pai	til Balance Sheets. (see the ins Check if the organization used Schee	tructions for Part II.)	etion in this Part II		П
	Check if the organization used Sched	due o to respond to any que	SUOTH THE PARTITION OF) Beginning of year	(B) End of year
22	Cash, savings, and investments	CONTROLS IN THE STATE COME AND		45,838.	
23	Land and buildings.				23
24	Other assets (describe in Schedule O) .				24
25			–		25 34,341.
26	Total liabilities (describe in Schedule O)				26 0.
27	Net assets or fund balances (line 27 of or				27 34,341.
Pai	t III Statement of Program Service Accor			20700011	Expenses
	Check if the organization used Sch	edule O to respond to any qu	uestion in this Part III .	X (R	Required for section 501
What	s the organization's primary exempt purpose? See	Schedule 0		اغذا	c)(3) and 501(c)(4) rganizations and section
Desc	ribe the organization's program service ac	complishments for each of its	s three largest program	services, as 40	947(a)(1) trusts; optional
bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	ach program title.	es provided, the number	fo.	or others.)
28	TO ENHANCE AND PROMOTE TH	E PHYSICAL, SOCIAL	, CULTURAL, AN	DECONOMIC	
	DEVELOPMENT OF THE PORTLA	ND NEIGHBORHOOD.			1
	(Grants \$) If thi	s amount includes foreign gr	ants, check here	2	8a
29					1
					1
	(Grants \$) If thi	s amount includes foreign gr	ants, check here	2	9a
30					1
					1
	70-1-X				no - 1
		s amount includes foreign gr	ants, check here	1 3	00 a
31	Other program services (describe in Scho (Grants \$) If the		onto chack have	- In s	n a
20	Total program service expenses (add line	is amount includes foreign gr			12
32				the second secon	
Pa	List of Officers, Directors, Check if the organization used Sch	rustees, and Ney Emp	ployees.List each one eve Liestion in this Part IV	n it not compensated, (se	e the instructions for Part IV.)
		(b) Average hours per			
	(a) Name and Title	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employe benefit plans, and deferre	ee (e) Estimated amount of other compensation
DAI	(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-)		ee (e) Estimated amount of other compensation
	(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 employe benefit plans, and deferre compensation	
Pr	(a) Name and Title NY MCDOLE esident	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employe benefit plans, and deferre compensation	(e) Estimated amount of other compensation 0. 0.
Pr	(a) Name and Title NY MCDOLE esident XY WATROUS	position 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	0. 0.
Pr GA Vi	(a) Name and Title NY MCDOLE esident NY WATROUS Se President	(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 employe benefit plans, and deferr compensation	
GA V1 DE	(a) Name and Title NY MCDOLE esident XY WATROUS BE President BRA MERCER	position 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	0.
Pr GA V1 DE Tr	(a) Name and Title NY MCDOLE esident NY WATROUS Se President	90sibon 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	0. 0.
Pr GA V1 DE Tr	(a) Name and Title NNY MCDOLE esident RY WATROUS DE President BRA MERCER easurer RY TURNER	90sibon 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	0.
Programme GAN DE Tro	(a) Name and Title NY MCDOLE esident RY WATROUS BE President BRA MERCER BRAMERCER BRAYTURNER	5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	0. 0. 0. 0.
Pr GA Vi DE Tr MA Se MI BO	(a) Name and Title NY MCDOLE esident RY WATROUS BE President BRA MERCER	5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferrence compensation	0. 0. 0. 0.
Programme GA VIO DE Tro	(a) Name and Title INY MCDOLE esident RY WATROUS DE President BRA MERCER EASURET RY TURNER CRETARY KE PIERCE ARD MEMBER I HUND	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferrence compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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PICAL VIOLENT DE LIGHT DA BOLLENT DE LIGHT DE LI	(a) Name and Title INY MCDOLE SIDENT MATROUS SE President BRA MERCER SEASURET RY TURNER STEERCE ARD MEMBER ON HUND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, combinations to employe benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programme Tol. Bo. LL. Bo. Bo. Bo. Bo. Bo. Bo. Bo. Bo. Bo. Bo	(a) Name and Title INY MCDOLE SIDENT MATROUS SE President BRA MERCER SEASURET RY TURNER STEEREE ARD MEMBER OYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER MY BARNES ARD MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, combinations to employe benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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Programme Control of the Control of	(a) Name and Title INY MCDOLE Sident RY WATROUS SE President SRA MERCER SASURET RY TURNER STORMER STORMER STORMER STORMER ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER INIFER STRANE-HARRIS ARD MEMBER INIFER STRANE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Sident RY WATROUS SE President SRA MERCER SASURET RY TURNER STORMER STORMER STORMER STORMER ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER INIFER STRANE-HARRIS ARD MEMBER INIFER STRANE	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title INY MCDOLE Desident RY WATROUS DE President BRA MERCER DESAURCE RY TURNER DETECT ARD MEMBER OVER HOND ARD MEMBER DYD HOAGLAND ARD MEMBER MY BARNES ARD MEMBER UNIFER STRANE-HARRIS ARD MEMBER WILLIAM MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Programmer of the control of the con	(a) Name and Title NNY MCDOLE esident RY WATROUS CE President BRA MERCER EASURET RY TURNER CITCHARY CITCHARY CITCHARY ARD MEMBER OYD HOAGLAND ARD MEMBER AMY BARNES ARD MEMBER NNIFER STRANE-HARRIS ARD MEMBER VRENCE COLE ARD MEMBER VRENCE COLE ARD MEMBER	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(d) Health benefits, combinations to employs benefit plans, and deferr compensation	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Form 990-EZ (2012)

	m. 990-EZ (2012) Portland Now, Inc. 42	- 153	52	ПU с	2000
Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part		ile	0	age X
33		· · ·	·· ·	Yes	No
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if the		33		X
	a change to the organization's name. Otherwise, explain the change on Schedule O (see pretrictions)		-		·
35	a bid die digdilization have unrelated business dross income of \$1 000 or more diving the year face.	nties	34		X
	(Section as those reported of liftles 2, ba, and 7a, among others)?	1	35 a		X
	b if 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sched c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6022(c) and	ule O	. 35 b		
20	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		35 c		x
35	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	1		\vdash	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . > 37a		36		X
	billd the organization file Form 1120-POL for this year?	0.	37 b		v
302	and 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 and of the tay year covered by the set made.	·	38 a		X
•	amount involved		-		Α.
	Section 501(c)(7) organizations. Enter:	N/A			
٤	a Initiation fees and capital contributions included on line 9	N/A			
t	Gross receipts, included on line 9, for public use of club facilities	N/A			
40 e	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	\$8000 4911 A 1 section 4912 A	_ 0.			
F.	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been report on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	rted			
c	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.	· · ·	40 b	-	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958.	0.		- 1	
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.	- 1	1	
0	All organizations. At any time during the tay year, use the assessment				
	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	L	40 e		X
	MOHE				
42 a	The organization's				
	books are in care of F JACKIE MCCOMB Telephone no. F	312-28	3-04	21	
	TOT WEST MOHAMMAD ALL BOULEVARD LOUISVILLE KY ZIP + 4 > 7	40202		=	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a		Yes	No
	If 'Yes,' enter the name of the foreign country: ►	[42 b		X
			- [
	Out that I have a second of the second of th		.	.	
^	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	[4	42 c		X
	1995, Strict the Harrie of the loreign country;				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 - Check hera			П	I/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	1			I/A
44 a	Did the organization maintain any depart of the desired to the second for the sec				No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed inste	ad	4a		v
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	···· -	74	-	X
c	Did the organization receive any payments for indoor tanning services during the year?	<u> </u>	46		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to separt these areas to a	4	4c	\Box	X
400	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? Old the organization have a controlled and the organization have a controlled on the organization.		4 d		
100	and on garillation have a controlled entity of the organization within the meaning of section 512(5)(12)2		5a	+	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Ye Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	s,'	-23	.	
	TEEA0812L 103/14/13	4	5b	<u> </u>	X
		LOLL	1 990-	-4(2	U12)

Form 990-	EZ (2012)	Portland	Now	Inc.			42-1	535374	Page 4
46 Did to	the organization	n engage, directly ic office? If 'Yes,'	or indirect	tly, in political camp Schedule C, Part I.	aign activities	on behalf of			Yes No
Part VI	Section 5	01(c)(3) organi	zations	only			nd 52, and compl		
			Schedule	O to respond to an	y question in th	nis Part VI.			П
47 Did t	he organization	n engage in lobbyir C, Part II	ng activitie		501(h) electron	n ın effect d	luring the tax year? If	1 000	Yes No
48 Is the	e organization a	a school as descri	oed in sec	tion 170(b)(1)(A)(ii)	? If 'Yes,' com	plete Sched	ule E .	48	X
49 a Did t	he organization	make any transfe	ers to an e	exempt non-charitab	ie related orga	nization?		49a	X
50 Com	plete this table	for the organization	n's five h	527 organization? Ighest compensated	employees (o	that than of	ficers, directors, trust f there is none, enter	ees and key	
· · · · · · ·		of each employee hen \$100,000		(b) Average hours per week devoted to position	(c) Reportable (Forms W-2)		(d) Health henefile		
None	~ ~ ~ ~ ~ ~ ~			7					
					(90.1				
f Total	number of oth	er employees paid	over \$10	0,000 . >			L		
51 Comp	plete this table	for the organization	n's five h	ighest compensated	independent o	contractors v	who each received mo	re than \$100,	000 of
		f each independent con			1		of service	(c) Compe	
None								-	
					-				
					-				·
					_				
					_				•
52 Did th	ne organization	complete Schedu	e A? Not	each receiving over e: All section 501(c)	(3) organization	ns and 4947	(a)(1) nonexempt		
Under penalties true, correct, s	of penury, I declare and complete. Declar	st attach a comple that I have exemined this ration of preparer (other	return, include than officer	Ing accompanying schedule:) is based on all information	and statements, an	d to the best of a	my knowledge and bakef, it is reledge.	► XYes	No
	Signature of o	2000/11	many	ins			2-12	-14	
Sign Here	BERAI	d w Cun	nmin	5 JR. 7	LEASULE		Date		
	Print/Type prepare	er's name		Preparer's signature	whell 5-iol	Date	T., D.	PTIN	
Paid		CHAEL SMITH		Jonathan Michael		02-11-1	4 Check LJ if self-employed	P01419011	
Preparer Use Only	Firm's name ► Firm's address ►	Jonathan Mich		th CPA PLLC					
out Only	- IIII G GUUICEE P	7818 Rain Cre					Phone no (81	45-444703 2) 787-102	
May the IR:	discuss this r			wn above? See insti	ructions		1	. ► X Yes	No
······································									-EZ (2012)

SCHEDULE: A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

-		Vac+1. I A.	-					Emp	lover Identi	Reation number	
Pa	rt I - Reason for P	Portland Not Tublic Charity Statu Drivate foundation beca	a /All ananai!						42-1	53537	
The	organization is not a	private foundation beca	s (All Organizations	must	comple	ete this	part.)	See i	nstruct	ions.	
1	A church, conve	ntion of churches or as	sociation of churches d	rough 11	, check	only one	e box.)				
2	A school describ	ed in section 170(b)(1)	AVII) (Attach Cahadata	escribed	in secti	on 170(l	(A)(I)(c	(I).			
3	I I woohild of a c	ooderaiiva hosoital car	MCO OFGODISCHOOL Jan								
4	A medical resear	ch organization operat	ed in convention with	Ded In S	ection 7	70(b)(1)(A)(iii).				
	name, city, and	ch organization operat	od in conjunction with a	nospita	describ	ed in se	ction 1	70(b)(1)((A)(III). E	inter the hos	pital's
5	An organization	operated for the benefit	of a college or univers								
6	170(b)(1)(A)(lv).	operated for the benefit (Complete Part II.) or local government or	or a conede of childele	ity owne	d or ope	rated by	a gove	ernment	al unit de	scribed in s	ection
7	An organization	or local government or	governmental unit desc	ribed in	section	170(b)(1	YAYVL				
1150	In section 170(b)	TXAXVI). (Complete P	art II i	support f	rom a g	overnme	ntal un	it or from	m the ce	nerel nublic	doo
8	A community trus	st described in section	170(bW1VAWd) (Compl	oto Dout					u.o go	noral public	describe(
9	X An organization that	at normally receives: (1) r	nore than 32.1/200 at the	ete Part	11.)	20 0					
	related to its exemi	at normally receives: (1) root functions — subject to	certain exceptions, and (2)	upport more	than 33	butions, i	nembers	hip fees	, and gros	s receipts fro	m activitie
	(Complete Part II	1)	uon 511 tax) from busines	ses acqu	red by th	e organi	zation af	ter June	gross inve 30, 1975,	stment incom	e and
10	I wi organization o	ruanized and operated	eveluencely to best for								
11	An organization org	anized and operated excitons described in section zation and complete lin	USIVELY for the henefit of	to nortem	ety. Sei	section	1 509(a)	(4).			
	supported organiza	tions described in section zation and complete lin	509(a)(1) or section 509(a)(2). See	n ine fun section	ctions of, 509(a)(3	or carry	out the	purposes	of one or mo	re publicly
	a Type I	b Type II	les 11e through 11h.			1.7(0	y	COLO DOX	ulai uesc	ribes the type	of of
8	By checking this t		c Type III - Functi				d \square	Type II	I - Non-	functionally	Integrate
	other than founda	ox, I certify that the or tion managers and oth	ganization is not contro er than one or more or i	lled direc	tly or in	directly	by one	or more	disquali	fled persons	
f											
•	check this box	received a written det	ermination from the IRS	that is a	Type !	Type II	or Type	e III sun	nortina a	ranization	59
g	check this box Since August 17,	received a written det	from accepted any set	that is a	Type I	Type II	or Type	III sup	porting o	rganization,	
	Since August 17,	2006, has the organiza	tion accepted any gift of	or contrib	ution fro	om any o	of the fo	llowing	persons	rganization,	
	(i) A person wh	2006, has the organization	tion accepted any gift of	or contrib	ution fro	om any o	of the fo	llowing	persons	rganization,	Yes N
0.20	(i) A person who below, the g	2006, has the organiza o directly or indirectly o overning body of the si	tion accepted any gift of controls, either alone or apported organization?	or contrib	ution fro	om any o	of the fo	llowing	persons	,	••••
0.50	(i) A person who below, the g	2006, has the organization of directly or indirectly or indirectly overning body of the sumber of a person descr	tion accepted any gift of controls, either alone or ipported organization?. ibed in (1) above?	togethe	r with pe	om any o	of the fo	llowing	persons	7 11 g (f)	••••
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control	o directly or indirectly of overning body of the sumber of a person describiled entity of a person	controls, either alone or upported organization?. Upported organization?. Upported in (1) above?	together	r with pe	om any o	of the fo	llowing	persons	11 g (i)	••••
	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows:	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or upported organization?. Upported organization?. Upported in (1) above?	together	r with pe	om any o	of the fo	llowing	persons	7 11 g (f)	••••
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control	o directly or indirectly of overning body of the sumber of a person describiled entity of a person	tion accepted any gift of controls, either alone or apported organization? abed in (i) above? described in (i) or (ii) a supported organization.	together together bove?	r with pe	om any o	of the fo	illowing	persons	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	to the lated in th	(v) Did ye	of the fo	d in (ii)	persons:	11 g (i)	Yes N
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	tion accepted any gift of controls, either alone or apported organization? abed in (i) above? described in (i) or (ii) a supported organization.	bove?	r with pe	(v) Did ye	of the fo	d in (ii)	persons:	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	bove?	Is the zation in overning	(v) Did ye	of the fo	d in (ii)	persons	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h A)	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h A) B)	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s).	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h A) B) C)	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s). (tv) organicolumn your g	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h A) B) C)	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s). (tv) organicolumn your g	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N
g h A) B)	(i) A person who below, the g (ii) A family mer (iii) A 35% control Provide the follows (i) Name of supported	could be organized or of the state of a person described entity of a person described entity of a person information about the	controls, either alone or apported organization?. ibed in (i) above? described in (i) or (ii) a supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	together together bove? on(s). (tv) organicolumn your g	Is the zation in (i) bested in oversegment?	(v) Did you column (of the fo	(vi) (ii) (ii) (vi) (vi) (vi) (vi) (vi)	persons: and (III) Is the zation in mn (I) and in the S.?	11 g (i) 11 g (ii) 11 g (ii)	Yes N

Schedule A (Form 990 or 990-EZ) 2012

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									
	ndar year (or fiscal year nning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		2			¥			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1							
	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					2000			
6	Public support. Subtract line 5 from line 4								
Sec	Section B. Total Support								
begli	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources	*							
9	Net income from unrelated business activities, whether or not the business is regularly carried on.								
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12 T			-				
	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12			
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
Sec	tion C. Computation of Pu								
14		1970	(5.5°)	1000			%		
	Public support percentage from 2						%		
16 a	16a 33-1/3% support test - 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and step here. The organization qualifies as a publicly supported organization.								
b	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st — 2012. If the o meets the 'facts-a i-and-circumstance	rganization did no nd-circumstances es' test. The orga	ot check a box on to test, check this nization qualifies	line 13, 16a, or 16 box and stop her as a publicly supp	5b, and line 14 is 1 • Explain in Part I orted organization	10% V how ►		
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this ation qualifies as a	box and stop here a publicly supporte	Explain in Part I d organization	V how the		
18	Private foundation. If the organiz	zation did not che	x a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instr	ructions . L		
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2012		

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.)

O Many tirter tric tests instead below, please complete if at this								
	tion A. Public Support			410010				
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	and membership fees							
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	150 051	170,928.	167 057	125,985.	127 125	752 756	
2	Gross receipts from admis-	150,851.	170,320.	167,857.	123,365.	137,135.	752,756.	
_	sions, merchandise sold or				7	İ		
	services performed, or facilities					1		
	furnished in any activity that is related to the organization's					1		
	tax-exempt purpose						0.	
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513				l		0.	
4	Tax revenues levied for the						<u></u>	
	organization's benefit and				1			
	either paid to or expended on its behalf						0.	
5	The value of services or						<u></u>	
	facilities furnished by a governmental unit to the		1 6		12	1		
	organization without charge.	_				× 1	0.	
6	Total. Add lines 1 through 5	150,851.	170,928.	167,857.	125,985.	137,135.	752,756.	
	Amounts included on lines 1.	100,0021		201/0071		20.7200.	7007.001	
	2, and 3 received from		_	•			^	
L	disqualified persons	0.	0.	0.	0.	0.	0.	
	and 3 received from other than							
	disqualified persons that				-	1		
	exceed the greater of \$5,000 or 1% of the amount on line 13				1	2		
	for the year	0.	0.	0.	0.	0.	0.	
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.	
8	Public support (Subtract line							
~	7c from line 6.)						752,756.	
	tion B. Total Support	4 1 0000	#3.0000	410040			(D.T.)	
	dar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 6	150,851.	170,928.	167,857.	125,985.	137,135.	752,756.	
104	dividends, payments received							
	on securities loans, rents,				1			
	royalties and income from similar sources		,	40.	17.	3.	60.	
b	Unrelated business taxable			40.	-''	3.	00.	
	income (less section 511				1			
	taxes) from businesses acquired after June 30, 1975						0.	
c	Add fines 10a and 10b	0.	0.	40.	17.	3.	60.	
11	Net income from unrelated business			101				
	activities not included in line 10b,	ĺ	4					
	whether or not the business is regularly carried on		-				0.	
12	Other income. Do not include gain or loss from the sale of						<u>-</u>	
	gain or loss from the sale of capital assets (Explain in	- 1		11				
	capital assets (Explain in Part IV.)						0.	
13	Total support. (Add Ins 9, 10c, 11, and 12)	150,851.	170,928.	167,897.	126,002.	137,138.	752,816.	
14	First five years. If the Form 990 i organization, check this box and				fifth tax year as a	section 501(c)(3)		
	tion C. Computation of Pu			10 1 (0)				
	Public support percentage for 20						99.99 %	
	Public support percentage from					16	0.00 %	
	tion D. Computation of Inv							
17	Investment income percentage for					17	0.01 %	
18	Investment income percentage fi						0.00 ₺	
19 a	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	the organization of	lid not check the b	oox on line 14, an	d line 15 is more to	han 33-1/3%, and I	ine 17 ► X	
b	33-1/3% support tests - 2011 If	the organization of	lid not check a ho	y on line 14 or line	a 19a and line 16	is more than 22.1/	3% and	
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation ▶	
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instructions	▶ 🗍	
BAA			TEEA0403L	08/09/12	Sc	hedule A (Form 99	0 or 990-EZ) 2012	
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Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10 Part III, line 10 17 17 18 Part III, line 12 18 19 Part III, line 12 Part II	Schedule A	(Form 990 or 990	-EZ) 2012	Portland	Now,	Inc.		42-153537 Page 4
	Part IV	Supplemental Part II, line 17 (See instructi	information. Co 7a or 17b; and ons).	mplete this pa Part III, line	rt to provid 12. Also c	le the explanation omplete this p	ons required by Part art for any addition	II, line 10; al information.
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BAA Schedule A (Form 990 or 990-FZ) 2012								
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BAA Schedule A (Form 990 or 990-F7) 2012								
BAA Schedule A (Form 990 or 990-E7) 2012								
BAA Schedule A (Form 990 or 990-F7) 2012								
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BAA Schedule A (Form 990 or 990-EZ) 2012		. – – – – – –						
	BAA						Schedule A	(Form 990 or 990-EZ) 2012

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

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

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Form 990-EZ, Part HI - Organization's Primary Exempt Purpose TO ENHANCE AND PROMOTE THE PHYSICAL, SOCIAL, CULTURAL, AND ECONOMIC DEVELOPMENT OF THE PORTLAND NEIGHBORHOOD. Form 990-EZ, Part Y - Regarding Transfers Associated with Personal Benefit Contracts  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  No indirectly, on a personal benefit contract?  No No	adment of the Treasury	► Attach to Form 990 or 990-E2.	Employer identification number
Form 990-EZ, Part II - Organization's Primary Exempt Purpose  TO ENHANCE AND PROMOTE THE PHYSICAL, SOCIAL, CULTURAL, AND ECONOMIC DEVELOPMENT OF  THE FORTLAND NEIGHBORHOOD.  Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts  (a) Did the organization, during the year, receive any funds, directly or  indirectly, to pay premiums on a personal benefit contract?	mai Revenue Service	2 1. T	42-1535374
THE FORTLAND NEIGHBORHOOD.  Form 990-EZ Part V - Regarding Transfers Associated with Personal Benefit Contracts  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		Portland Now, Inc.	
THE FORTLAND NEIGHBORHOOD.  Form 990-EZ Part V - Regarding Transfers Associated with Personal Benefit Contracts  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Form 990-EZ,	Part III - Organization's Primary Exempt Purpose	
THE PORTLAND NEIGHBORHOOD.  Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts  (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	TO ENHANCE	AND PROMOTE THE PHYSICAL, SOCIAL, CULTURAL, AND ECO.	NOMIC DEVELOTRIBUT OF
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and the continue for Form 990 or 990-EL.		tk Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 12/8/12	Schedule 0 (Form 990 or 990-EZ) 201

2012	Schedule O - Supplemental Information	Page 2
8	Portland Now, Inc.	42-1535374
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Form 990-EZ, Par Other Expenses	I, Line 16	
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YOUTH SCHOLARS		
YOUTH SCHOLARS		

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

• If you are	e filing for an Automatic 3-Month Extension, compl	ete only Pa	rt I and check this box		► 🗓	
• If you are	e filing for an Additional (Not Automatic) 3-Month i	Extension, c	complete only Part II (on page 2 of this for	m).		
Do not come	nlete Part II unless you have already been granted	an automati	c 3-month extention on a previously filed F	Form 8868.		
Electronic fill corporation in request an e	ling (e-file). You can electronically file Form 8868 if required to file Form 990-T), or an additional (not a file file file file any of the forms listed in Pa With Certain Personal Benefit Contracts, which mus ing of this form, visit www.irs.gov/efile and click on	you need a utomatic) 3- art I or Part at be sent to e-file for Ci	<ul> <li>3-month automatic extension of time to fill month extension of time. You can electron ill with the exception of Form 8870, Inform the IRS in paper format (see instructions) harities &amp; Nonprofits.</li> </ul>	le (6 months for a nically file Form 8 lation Return for T	368 to ransfers s on the	
Part I	Automatic 3-Month Extension of Time. O	nly submi	t original (no copies needed).			
	on required to file Form 990-T and requesting an au			plete Part I only		
All other col	rporations (including 1120-C filers), partnerships, R	EMICs. and	trusts must use Form 7004 to request an	extension of time	to file	
income tax	returns		Enter filer's identifyli			
	Name of exempt organization or other filer, see instructions.			mployer identification r		
Type or	Name of Salary and Salary		1			
170 or 1 Pactor 1 August 72-1535374						
× 19	Portland Non, Inc. Number, street, and room or suite number. If a P.O. box, see w	structions.		Social security nun	iber (SSN)	
File by the due date for			i i			
tiling your return See	201 NORTH 25TH STREET  City, town or post office, state, and ZIP code. For a foreign add	ress, see metro	ections.			
instructions.						
	LOUISVILLE, KY 40212					
Enter the P	eturn code for the return that this application is for	(file a sepa	rate application for each return)		01	
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Application is For	)	Return Code	Application is For		Return Code	
	r Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-E		02	Form 1041-A		08	
	(individual)	03	Form 4720		09	
Form 990-F		04	Form 5227		10	
	(section 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
Telephi If the o If this i check the ext I require until	tension is for.  uest an automatic 3-month (6 months for a corpora  2/15 , 20 14 , to file the exempt org extension is for the organization's return for:  calendar year 20 or  x tax year beginning 7/01 , 20 12 e tax year entered in line 1 is for less than 12 month	digit Group check this be ation require anization re , and endi	Exemption Number (GEN) If the name of the form 990-T) extension of time turn for the organization named above.	inis is for the whol	e group,	
2015	Change in accounting period  s application is for Form 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions	720, or 6069	), enter the tentative tax, less any	3 a \$	0.	
b 15 4b	is application is for Form 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment a	Ω69, enter a	any refundable credits and estimated tax	3 b \$	0.	
EFT	ance due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See	Instruction	5	3c \$	0.	
Caution. I payment i	f you are going to make an electronic fund withdra instructions.	wal with this	s Form 8868, see Form 8453-EO and Form		(Rev 1-2013)	

### ARTICLES OF INCORPORATION OF PORTLAND NOW, INC.

The undersigned Incorporator, Jack W. Steiner, Jr., executes these Articles of Incorporation for the purpose of forming and does hereby form a nonstack, nonperfit corporation under the laws of the Commonwealth of Kentucky, KRS 273.10 et sequivition all the rights, privileges and immunities of a corporation organized for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or its successor provisions, in accordance with the following provisions:

### ARTICLE I

### Name

The name of the Corporation is Portland Now, Inc. (hereinafter the "Corporation").

### **ARTICLE II**

### Purposes and Powers

The purposes for which the Corporation is formed, the business and objects to be carried on and promoted by it, and the powers granted to it, are as follows:

- (a) The particular purpose of the Corporation shall include:
- [i] To enhance and promote the physical and social development of the Portland neighborhood;
- [ii] To own property, sponsor events and projects, borrow money, organize events, open bank and financial accounts, publish and distribute documents, join other organizations, engage in partnerships with other groups, and engage in any activity which furthers the purpose of the Corporation.

[iii] To enhance access to capital resources, including a program to encourage philanthropic giving in furtherance of the mission of the Corporation;

[iv] To operate exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the Corporation, including those stated hereinabove; and

[v] Subject to the limitations set out in this Article II, to engage in any other activity the overall purpose of which is intended to further the charitable purposes of the Corporation.

- (b) The Corporation is irrevocably dedicated to and is organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Code (or its successor provision). The Corporation shall receive contributions and fees, and shall distribute its funds for public, charitable and/or educational purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Act, KRS 273.161 *et seq.*; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs (c), (d), (e) and (f) of this Article II.
- (c) As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation, and the Corporation is not empowered, to participate or intervene in (including the publication or distributing of statements) any political campaign on behalf of any candidate for public office, nor to devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.
- (d) Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to

declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Code, including activities to the extent prohibited by Section 501(m) of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

- (e) Any other provision of these Articles to the contrary notwithstanding, the purposes of the Corporation are limited to those set forth in Section 509(a)(3)(A) of the Code, and, as such, the Corporation is not empowered to engage in activities not in furtherance of such purposes.
- (f) Any other provision of these Articles to the contrary notwithstanding, this Corporation shall, if the following provisions of law are applicable to it: [i] not engage in any act of self dealing as defined in Section 4941 of the Code; [ii] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.

### ARTICLE III

### Initial Registered Office and Agent

The street address of the Corporation's initial registered office and the name of its initial registered agent at that address is:

Jack W. Steiner, Jr. 370 Starks Building 455 S. Fourth Avenue Louisville, KY 40202

### ARTICLE IV

### Principal Office

The mailing address of the principal office is:

Portland Now, Inc. C/O Neighborhood House 225 N. 25th Street Louisville, KY 40212

### ARTICLE V

### Duration

The Corporation shall have perpetual existence.

### ARTICLE VI

### Directors

The affairs of the Corporation shall be managed by a Board of Directors in the manner provided in the Bylaws. In addition, the Bylaws shall provide the number and classes of directors, the term of office, method of election, removal procedures and such other matters pertaining or relating to the duties and office of director. In no event shall there be fewer than three (3) directors.

The members of the initial Board of Directors of the Corporation shall serve until the first annual election of directors and until their successors are elected and qualified. The names and addresses of the initial directors are:

John Barrow 225 N. 25th St. Louisville, KY 40212

Jerry Brinson 2429 Montgomery St. Louisville, KY 40212 Evie O'Connell 2228 Portland Ave. Louisville, KY 40212

Eric Rhodes 225 N. 17th St. #114 Louisville, KY 40203

Herb Broadrick 459 N. 29th St. Louisville, KY 40212

Gordon Brown 165 N. Ewing Ave. Louisville, KY 40206

Harold Dennis 2910 Northwestern Pkwy. Louisville, KY 40212

Terry Fultineer 2911 Garfield Ave. Louisville, KY 40212

Joe Gliessner 2525 George Rogers Clark Pl. #305 Louisville, KY 40206

William LaFollette 3206 Creekwood Ct. New Albany, IN 47150 Judy Schroeder 2711 West Main St. Louisville, KY 40212

Debby Seng 2519 Griffiths Ave. Louisville, KY 40212

Larry Stoess 2503 Montgomery St. Louisville, KY 40212

Steve Trout 456 N. 28th St. Louisville, KY 40212

Nailah Jumoke 2910 Northwestern Pkwy. Louisville, KY 40212

Molly Leonard 2915 Portland Ave. Louisville, KY 40211

### ARTICLE VII

### Members

The Corporation's members shall be the residents of the Portland community of Jefferson County, Kentucky; business owners in Portland; property owners in Portland; individuals employed in Portland; and other persons interested in the goals of the Corporation and approved by the Corporation's Board of Directors. Members shall have all voting rights accorded to non-profit corporations under the Kentucky Non-Profit Corporation Act as provided in these Articles of Incorporation, and as provided in the Corporations Bylaws.

### ARTICLE VIII

### Indemnification

Each person who is or was a member, director, trustee or officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a member, director, trustee or officer of another corporation, whether elected or appointed, or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, including the heirs, executors, administrators or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost, or expense (including attorneys' fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer or employee or arising out of such person's status as a member, director, trustee, officer or employee; provided, however, that no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article shall not affect any rights or obligations then existing. If any indemnification payment required by this Article is not paid by the Corporation within ninety (90) days after a written claim has been received by the Corporation, the member, director, trustee, officer or employee may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under the Kentucky Nonprofit Corporation Act or under this Article, but it shall not be obligated to do so. indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any Bylaw, agreement, statute, vote of members or Board of Directors or otherwise. If this Article or any portion thereof shall be invalidated on any ground by any Court of competent jurisdiction, then the Corporation nevertheless shall indemnify each such person, to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or that remains enforceable under any other applicable law. For the purpose of this Article, reference to "the Corporation" includes all constituents absorbed in a consolidation or merger as well as the resulting or surviving corporation.

### ARTICLE IX

Limitation of Director Liability

No director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a director except for liability:

- (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.

Articles of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

### ARTICLE X

### Dissolution

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor. Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all corporate assets by distributing such assets to organizations that are organized and operated exclusively for charitable purposes and at the time qualify as exempt organizations under Section 501(c)(3) of the Code, or its successor provision, or to such organizations described under Section 170(c)(1) of the Code, or its successor provision, as the Board of Directors shall determine. If possible, the purposes of such

charitable donee or donees should be substantially similar to the charitable purposes of the Corporation. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of the County in which the principal office of the Corporation is then located, to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall, at that time, qualify as exempt organizations or as organizations under Section 501(c)(3) of the Code, or its successor provision. If possible, the Court shall cause such remaining assets to be transferred to a donee or donees that have purposes that are substantially similar to the charitable purposes of the Corporation.

### ARTICLE XI

### Incorporator

The name and address of the Incorporator is:

Jack W. Steiner, Jr 370 Starks Bldg. 455 S. 4th Ave. Louisville, KY 40202

Signed by the Incorporator this 3 day of July, 2001.

ACK W. STEINER, JR

THIS INSTRUMENT WAS PREPARED BY:

JACK W. STEINER, JR.

SITLINGER, MCGLINCY, STEINER,

THEILER & KAREM 370 Starks Bldg.

455 S. Fourth Ave.

Louisville, KY 40202

(502) 589-2627

I, Jack W. Steiner, hereby consent to be the initial registered agent of Portland

Now, Inc.

370 Starks Building 455 S. Fourth Avenue

Louisville, KY 40202

(502) 589-2627

Document No.: DN2001138944

Lodged By: sitlinger moglincy steine 10:28:11 Recorded On: 08/21/2001

Total Fees:

Transfer Tax:

.00

County Clerk: Bobbie Holsclaw-JEFF CO KY

Deputy Clerk: CARHAR

### om KY SECRETARY of STATE web page -

### **General Information**

Organization Number

0520521

Name

PORTLAND NOW, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

KY

**File Date** 

8/7/2001 8/7/2001

**Organization Date Last Annual Report** 

6/16/2014

C/O NEIGHBORHOOD HOUSE

**Principal Office** 

201 N 25TH ST LOUISVILLE, KY 40212

Registered Agent

ATTN: PRESIDENT/TREASURER

C/O NEIGHBORHOOD HOUSE

201 N 25TH ST

LOUISVILLE, KY 40212

### **Current Officers**

President

Becki Winchel

Vice President

Gary Watrous Mary Turner

Secretary

**Gerald Cummins** 

Treasurer

Dan Hund

Director Director Lisbeth Lanpher

Director

Robert Hickey

### Individuals / Entities listed at time of formation

Director

JOHN BARROW

Director

JERRY BRINSON EVIE O'CONNELL

Director

ERIC RHODES

Director

HERB BROADRICK

Director

**GORDON BROWN** 

Director Director HAROLD DENNIS

Director

TERRY FULTINEER

Director

**JOE GLIESSNER** 

Director

WILLIAM LAFOLLETTE

Director

JUDY SCHROEDER

Director	DEBBY SENG LARRY STOESS		
Director			
Director	STEVE TROUT		
Director	NAILAH JUMOKE		
Director	MOLLY LEONARD		
Incorporator	JACK W. STEINER, JR.		

### 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 Annual Report Annual Report Annual Report	2/13/2013 5/8/2012 7/19/2011	1 page 1 page 1 page 1 page	PDF tiff tiff tiff	PDF PDF PDF
Registered Agent name/address change	10/2/2010 1:31:37 PM 10/2/2010	1 page 1 page	PDF PDF	
Annual Report Registered Agent name/address change	7/31/2009	1 page	<u>tiff</u>	<u>PDF</u>
Principal Office Address	7/31/2009	1 page	<u>tiff</u>	PDF
Change Annual Report Annual Report Annual Report Sixty Day Notice Return Statement of Change Annual Report Annual Report Annual Report Statement of Change Statement of Change Statement of Change Annual Report	7/29/2009 9/28/2008 7/19/2007 9/15/2006 9/11/2006 9/11/2006 4/8/2005 12/3/2003 11/18/2003 5/9/2003 12/12/2002 9/26/2002 8/7/2001	1 page 1 page 1 page 2 pages 1 page	PDF PDF tiff tiff tiff tiff tiff tiff tiff tif	PDF PDF PDF PDF PDF PDF PDF PDF

### **Assumed Names**

Activity History	File Date	Effective Date	Org. Referenced
Filing	6/16/2014	6/16/2014	
Annual report	8:24:31 PM	8:24:31 PM	
Annual report	2/13/2013 3:34:08 PM	2/13/2013	
Annual report	5/8/2012 8:57:40 AM	5/8/2012	

NTERNAL REVENUE SERVICE . O. BOX 2508 CINCINNATI, OH 45201

PORTLAND NOW INC

1000 E LIBERTY ST

LOUISVILLE, KY

Date:

NOV 2 12002

Employer Identification Number:

42-1535374

DLN:

17053281023042

Contact Person:

ID# 31464

C/O NEW DIRECTIONS HOUSING CORPORATIO HEATHER N BUSS Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30, 2002

Foundation Status Classification:

509(a)(1)

Advance Ruling Period Begins:

August 7, 2001

Advance Ruling Period Ends:

June 30, 2006

Addendum Applies:

No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

# PROJECTED EXPENSES FOR 2014 FESTIVAL

TOTAL EXPENSES:		\$29,070
		<u>\$10,800</u>
POLICE EXPENSES	\$ 1,000.00	
PRIVATE SECURITY JOYNER/JOYNER	\$ 2,200.00	
CECIL COSTUMES	\$ 450.00	
TOTAL ON BANDS	\$ 7,150.00	
Service Contracts:		
The second second decompose. The second decompose of the second s		\$ 1,150
GARBAGE BAGS, OTHER SUPPLIES	\$ 450.00	
FOOD for VOLUNTEERS & POLICE	\$ 500.00	
CISSNA'S TROPHYS	\$ 200.00	
Consumable Supplies:		<b>ATT,T2</b> 2
GAS GENERATORS, GOLF CART	\$ 100.00	\$11,195
GAS GENERATORS, GOLF CART	\$ 375.00 \$ 100.00	
METRO PARKS PICNIC TABLE	\$ 1,720.00	
MOON PORTA POTS	\$ 425.00	
BIG TOP TENTS CASINO	\$ 325.00	
DOO WOP RENT EQUIPMENT SAFE TI CO BARRICADES	\$ 250.00	
TOM KENT STAGE	\$ 8,000.00	
Equipment Rentals:	Ć 0 000 00	7 .,,, 23
LLLCTRIC CHARGES	\$ 300.00	\$ 4,725
ELECTRIC CHARGES	\$ 450.00 \$ 300.00	
METRO FINANCE PERIVITS TOTAL  METRO FINANCE NO PARKING SIGNS	\$ 575.00	
KY FARM BUREAU INSURANCE METRO FINANCE PERMITS TOTAL	\$ 3,400.00	
Insurance, Permits, & Charges:	ć 2 400 00	
		\$1,200
ACTION LOGOZ T SHIRTS	\$ 800.00	
PORTLAND ANCHOR AD	\$ 400.00	
Printing/ Advertising:		

The second of th	Management		
大 川 山 山	Date June 10th 2014	No	321
Received From	m Sandy Case (Chairperson)	Amount	2,334.00
Amount	Amount Two Thousand Three Hundred Thirty Four		Dollars
For Payment of	of Security for the Portland Festival 2014		
From	June 5th 2014 to June 8th 2014	Paid by [ ] Cash	
Received By		[v] Check No. [ ] Money Order	[4] Check No. 12 77 [1] Money Order
	Joyner & Joyner Protection Services	Account Amt	2,334.00
*	Tamiko L. Joyner	This Payment	2,334.00
	Gregory L. Joyner	Balance Due	0.00
 Receipt Template by Vertex42.com	:x42.com		

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### **OPNC**

	1297
PORTLAND FAMILY REUNION INC. 2533 PORTLAND AVE. LOUISVILLE, KY 40212	21-5 ti
Two Theward three hundred thirty four and	\$2334.00 00 DOLLARS @
National City.	Gland
FOR SCURAY 11-0000129711 1:0830000561: 98167108 911 OM	hay Willayi

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Back

This is an image/copy of a check you wrote or deposited.

Please refer to your available balance since this item may not be credited to or debited from your account at this time.

### MOON PORTABLE RESTROOMS, INC.

#### 2021 DUBOURG AVE. LOUISVILLE, KY 40216

# Invoice

Date	Invoice #	7
6/5/2014	20106496	1

Bill To

PORTLAND FAMILY REUNION
ATTN: SANDI
2533 PORTLAND AVE
LOUISVILLE, KY 40212

Deliver To

PORTLAND FAMILY REUNION
33RD & NORTHWESTERN PKWY
LOUISVILLE, KY 40212
TAX EXEMPT INFO ON FILE

	5.00 <b>x</b> .00	P.O. No.	Terms		Ship Da	ate	Gal. Pun	nped
			Due on rec	eipt	06-05-20	)14	*	
Qty		Description		F	Rate	Serviced	Ar	nount
26 2 2 3 3	SERVICE - SERV RENTAL - HAND SERVICE - SERV	DICAP UNIT VICE UNIT DWASHING STATION VICE UNIT E JUNE 7TH			10.50 24.50 29.75 25.25 11.10 33.90 15.00			273.00 637.00 59.50 50.50 33.30 101.70 465.00
=	PLEASE REMIT T MOON PORTABL 2021 DUBOURG A LOUISVILLE, KY	E RESTROOMS AVE			0.00			0.00

Thank you for your business.

PERMIT #654 VEHICLE#95-135A KDHS#71573-A

Make all checks payable to MOON PORTABLE RESTROOMS, INC. If you have any questions please call (502) 776-2199

 Subtotal
 \$1,620.00

 Sales Tax (6.0%)
 \$0.00

 Total
 \$1,620.00

 Balance Due
 \$1,620.00

\$0.00



## @ PNC

PORTLAND FAMILY REUNION INC. 2533 PORTLAND AVE. LOUISVILLE, KY 40212	DA	16514	1286
PAYER MOON ONE MOUSand Six hundred - National City.  FOR POYLARDS NOODO 1 2864 1:0830000561:	7816710B 94	COGO BOLLAN COGO BOLLAN OMENE JOSEPA	200
F- 35-11	Front		
The security whom is goingly 240077 903	and the second	DO NOY WRITE, STAMP OR SIGN BELOW THE LINE	POR CEPOSIT CHLY RECON PORTABLE RESTROCOMS INC. 648409857

This is an image/copy of a check you wrote or deposited.

Please refer to your available balance since this item may not be credited to or debited from your account at this time.

Back

# Off Site Rental Agreement



robynr User: Firm Status: 20829 Contract #: 24-Apr-14 Date:

Louisville / Jefferson County Metro Government by and through its Metro Parks Department, 1297 Trevilian Way, Louisville, Kentucky 40213 hereby grants Portland Family Reunion Festival (hereinafter called the "Licensee") represented by Sandy Rodgers, permission to use the Facilities as outlined, subject to the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of this Agreement.

i) Purpose of Use

**Equipment Rental** Portland Festival

ii) Conditions of Use

June 6 30 picnic tables to 3329 Northwestern Pkwy, to be pick up Monday June 9, 2014

iii) Date(s) and Time(s) of Use

# of Bookings: 1

Starting: Fri 06 Jun 14 10:00 AM Ending: Fri 06 Jun 14 11:00 AM

Expected: 1,000

Start Date

Total Tax **XFee** 

Tax

\$382.50

Facility/Equipment

Start TimeEnd Date

**End Time** 

\$382.50 \$0.00 \$0.00 \$382.50

Shawnee Maintenance - Off Fri

06-Jun-14

10:00 AM 06-Jun-14

11:00 AM

Charge

Site Rentals

iv) Additional Fees / DELIVERABLE ITEMS

Extra Fee - Bookings **Picnic Tables Non Profit**  Quantity Hours \$382.50 1:00 3 1:00 \$382.50

\$382.50 \$0.00 \$382.50 \$0.00

v) Payment Method

**Rental Fees** \$0.00

Extra Fees \$382.50

Tax \$0.00

Rental Total \$382.50

**Damage Deposit** 

**Total Applied** \$0.00

Current Balance

Total

\$382.50

There is a \$50 fee on all returned checks

24-Apr-14, 10:19 Al	M
Licensee Initials:	

Printed: 24-Apr-14, 10:19 AM

Off Site Rental Agreement

User: robynr

20829 Contract #:

24-Apr-14 Date:

User: Status: robynr Firm

vi) Other Information

- (1) The PERMIT is issued to the above stated named Organization / Individual only and is non-transferable without prior permission of the Department.

  The PERMIT is valid only during the hours and on the day and date set forth above.

A copy of drivers license or State ID is required.

(3) A copy of drivers license or State ID is required.
 (4) Customer is responsible for maintaining rental items in same condition received.

Regional Manager / Metro Parks:_

24-Apr-14, 10:19 AM Licensee Initials:



# Louisville-Jefferson County Metro Government

# **Department of Codes & Regulations**

**Licenses & Permits Division** 

444 S. 5th Street, Suite 200 - Louisville, KY 40202 Phone: Phone: 502.574,3591 Web Site: louisvilleky.gov/ipl/

# **Event Permit Invoice**

6/19/2014

Sandra Rodgers 2533 Portland Ave. Louisville, KY 40212

Event Name: Portland Family Reunion Festival - Parade

Permit Number: 14EVE1140

Location: Portland Ave. - 22nd Street

Carter Street - Northwestern Pkway

Portland - 23nd

Category: Parade (FEST-FAIR-MARKET)

To obtain this Event Permit please remit the amount shown at the bottom of this Invoice. Please be informed that the costs shown below are estimates. It is possible that some costs may exceed the amount shown, in these cases an Invoice will be issued after the event has taken place. It is also possible that the costs may not meet the estimated costs shown below. In these cases a refund will be issued to for the difference.

	Control of the Contro	Date!
25.00 05/16/2014 198.75 05/30/2014 037.50	\$ 0.00 \$ 173.75 \$ 173.75	<u>Date Paid</u>
•	25.00 05/16/2014 198.75 05/30/2014	25.00 05/16/2014 \$ 0.00 198.75 05/30/2014 \$ 173.75

Invoice Amount: \$173.75



# Louisville-Jefferson County Metro Government

# **Department of Codes & Regulations**

## **Licenses & Permits Division**

444 S. 5th Street, Suite 200 - Louisville, KY 40202 Phone: Phone: 502.574.3591 Web Site: louisvilleky.gov/ipl/

# **Event Permit Invoice**

6/18/2014

Sandra Rodgers 2533 Portland Ave. Louisville, KY 40212

Event Name: Portland Family Festival Reunion

Permit Number: 14EVE1141

Location: Northwestern Pkwy - 33rd - 36th - 34th - PFlamz - Rudd - 35th

Category: Large (FEST-FAIR-MARKET)

To obtain this Event Permit please remit the amount shown at the bottom of this Invoice. Please be informed that the costs shown below are estimates. It is possible that some costs may exceed the amount shown, in these cases an Invoice will be issued after the event has taken place. It is also possible that the costs may not meet the estimated costs shown below. In these cases a refund will be issued to for the difference.

FEE DETAILS	Amt Applied	Date Applied	Ame	ount Due	Date Paid
Fee Type Application Fee Public Works (Signs & Banners)	\$ 75.00 \$ 131.25 \$ 342.75	05/16/2014 05/29/2014 05/30/2014	\$ \$ \$	75.00 131.25 574.98	
SOLID WASTE BULK	\$ 2,989.71		\$	781.23	

Invoice Amount: \$781.23



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

# INVOICE

Invoice # 00014TVE1040
Invoice Date 06/5/2014
Due Date 06/30/14

Portland Festival Sandra Rodgers 2533 Portland Ave. Louisville, KY 40212

ltem	Description	Unit Price	Quantity	Amount
Vendor Tags	Vending Tags	\$20.00	(20)	\$400.00
			Subtotal	\$ 400.00
	=	An	Total	\$ 400.00 \$ 0.00
		Ra	lance Due	\$ 400.00

Portland Now, Inc.		2013-14 Y	ear End	2014-15
Folland Now, mo.		2013-14	Balance	2014-15
		Revenues thru	Fwd	term of the second second
Revenues:	Explanation:	6/30/14	6/30/14	Budget
2012-13 GENERAL FUNDS FWD:	Unrestricted Funds Fwd 6/30/13	\$20,875.49		\$14,700.00
2013-14 ANNUAL FUNDRAISING:				
2010-14 /11/10/12 1 01/12/0	Membership Dues	55.00		100.00
- 1	Dairy Queen donations (% of Sales			200.00
	during committee meetings there)	117.24		300.00
	Other Unrestricted Donations	403.50		The state of the s
	Total Unrestricted Funds:	\$21,451.23		\$15,100.00
RESTRICTED FUNDS:				0.400.00
CleanUp/Beautification: (MUW)	for block organizing	6,397.53	\$6,398.23	6,400.0
Education & Youth: (MUW)	for parent participation		0.00	0.0
Portland Art and Heritage Fair:	Art Show			14,000.0
Portland Festival Committee:		5 000 00	0.00	0.0
(Metro Gov)	2013 Festival pass-through		0.00	5,000.0
(Metro Gov)				
Portland Now Prevention Partners:	Contract repayment	4,000.00	100.00	100.0
Revitalization Committee:		1 000 10	4 000 40	1 000 4
(Metro Gov)	Gateway Project Balance		1,806.42	1,806.4
	Total <b>Restricted</b> Funds:	\$18,465.48	\$8,304.65	\$27,306.4
		400 000 00		040 400 4
Total Revenues:	Restricted + General Funds	\$36,930.96		\$42,406.4
		2013-14	2013-14	T
	1	2013-14	2013-1-	1
		I ino Itom	Actual	2014-15
		Line-Item	Actual	2014-15 Budget
Expenses:		Budget	thru 6/30/14	Budget
		<b>Budget</b> \$7,500.00	thru 6/30/14	Budget
Expenses:  Grants/ Fiscal Agency for others:	* 2013 Portland Festival (Metro	\$7,500.00	5,000.00	Budget
	Police Auxilian	\$7,500.00	5,000.00 200.00	Budget
	Police Auxilian Portland Little League	\$7,500.00	5,000.00 200.00 0.00	Budget
	Police Auxilian Portland Little League Portland Museum	\$7,500.00	5,000.00 200.00 0.00 150.00	Budget
	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors	\$7,500.00	5,000.00 200.00 0.00 150.00 200.00	Budget
	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows	\$7,500.00	5,000.00 200.00 0.00 150.00	Budget
Grants/ Fiscal Agency for others:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute	\$7,500.00 \$7,500.00	5,000.00 200.00 0.00 150.00 200.00	\$8,000.0
Grants/ Fiscal Agency for others:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense	### State	5,000.00 200.00 0.00 150.00 200.00 600.00	\$8,000.0 2,000.0
Grants/ Fiscal Agency for others:  Technology/Equipment & Repairs	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute	### ### ##############################	5,000.00 200.00 0.00 150.00 200.00 600.00	\$8,000.0 \$8,000.0 2,000.0 500.0
Grants/ Fiscal Agency for others:  Technology/Equipment & Repairs Insurance:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense	### Budget ### \$7,500.00 ### \$7,500.00 ### ### ### ### ### ### ### ### ##	5,000.00 200.00 0.00 150.00 200.00 600.00 203.29 0.00	2,000.0 500.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense	Budget \$7,500.00  7	5,000.00 200.00 0.00 150.00 200.00 600.00 203.29 0.00	2,000.0 500.0 150.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair	Budget \$7,500.00  7  8  9  10  10  10  10  10  10  10  10  10	5,000.00 200.00 0.00 150.00 200.00 600.00 203.29 0.00	2,000.0 500.0 150.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair	Budget \$7,500.00  7  8  9  10  10  10  10  10  10  10  10  10	5,000.00 200.00 0.00 150.00 200.00 600.00	2,000.0 500.0 150.0 130.0
Grants/ Fiscal Agency for others:  Technology/Equipment & Repairs Insurance: Conferences/Training Programs:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair	Budget \$7,500.00  7,500.00  8,7,500.00  9,7,500.00  9,7,500.00  250.00  150.00  00  00  00	5,000.00 200.00 0.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88	2,000.0 500.0 150.0 130.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.00 Print Cartridges 2/year \$65.00	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00	2,000.0 500.0 150.0 0.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.00 Print Cartridges 2/year \$65.00	Budget \$7,500.00  7  8  9  10  10  10  10  10  10  10  10  10	5,000.00 200.00 0.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88	2,000.0 500.0 150.0 0.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0 Print Cartridges 2/year \$65.0 Photocopies (donations +) \$200.0	Budget \$7,500.00  7  8  9  10  10  10  10  10  10  10  10  10	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00	2,000.0 500.0 150.0 0.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0  Print Cartridges 2/year \$65.0  Photocopies (donations +) \$200.0  Christmas Lights mailin	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00	2,000.0 500.0 150.0 0.0 150.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0 Print Cartridges 2/year \$65.0 Photocopies (donations +) \$200.0	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00	2,000.0 500.0 150.0 0.0 150.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0 Print Cartridges 2/year \$65.0 Photocopies (donations +) \$200.0  Christmas Lights mailin  Internet (\$40 x 5 mg	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00 115.82	2,000.0 2,000.0 500.0 250.0 150.0 0.0 150.0 280.0
Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage: Phone/Internet:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0 Print Cartridges 2/year \$65.0 Photocopies (donations +) \$200.0  Christmas Lights mailin  Internet (\$40 x 5 mo	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00 115.82	2,000.0 2,000.0 500.0 250.0 150.0 0.0 150.0 0.0 0.0
Grants/ Fiscal Agency for others:  Technology/Equipment & Repairs Insurance: Conferences/Training Programs: Office Supplies & Printing:	Police Auxilian Portland Little League Portland Museum Neighborhood House Seniors Louisville Grows Non-consummables eg: compute programs (Treasurer's expense Liability (Art Fair  Paper @ 1 case/year \$35.0 Print Cartridges 2/year \$65.0 Photocopies (donations +) \$200.0  Christmas Lights mailin  Internet (\$40 x 5 mg	Budget \$7,500.00  7	5,000.00 200.00 150.00 200.00 600.00 203.29 0.00 0.00 86.88 0.00 115.82	2,000.0 2,000.0 500.0 150.0 0.0 150.0 0.0 150.0 0.0 600.0

			2013-14 Line-Item Budget	2013-14 Actual thru 6/30/14		014-15 UDGET
		Subtotal Board Expenses:	\$8,500.00	\$6,714.24	\$1	2,060.00
- 1	BOARD COMMITTEES:	Explanation:				
Α	Finance:	,	300.00			200.00
		computer/programs		203.29		
		bookkeeping supplies, checks		74.77		
В	Clean-Up & Beautification: *	7 7 7	6,398.12			6,400.00
۲۱	Olean-Op a Deadtineation.	consumable supplies		0.00		
		promotions eg: yard signs,etc.		0.00		
		stipends or incentives		0.00		
С	Communications/Marketing:		2,000.00			3,000.00
		Web page/domain name (Art fair exp		0.00		
		Gateway Project Bal (\$1,806.42)		0.00		
		2nd PORTLAND Sign(\$1,000.00 max	)	0.00		
			4 004 50			1 500 00
D	Education:	JBA Lunch and Learn	1,261.53	1,368.00		1,500.00
_	80 - L L H	JBA Lunch and Learn	1,000.00	1,300.00	_	
E	Membership/Hospitality: inc. 2 unknown payees Sept-Oct	Bd Mtg pizza dinner @ \$60/mo	1,000.00	513.86		750.00
	inc. 2 unknown payees Sept-Oct	Christmas Dinner		275.00	$\vdash$	300.00
		Postcards for Annual Mtg mailing		0.00	_	0.00
	per Jehri	PN Resource Partners		51.33		400.00
	por com.					
F	Revitalization:		1,000.00			750.00
•		PVA Service (for research) @				
	a a	\$30/mo		0.00		
		Forums, supplies & refreshments				
		(Cavalier Bldg)		57.87	ļ.,	
		Li avella a				
		Hauling		400.00		
		(Family Dollar's Limestone Blocks)	F 000 00	400.00 362.29	<del> </del>	13,000.00
G	Special Events: *	Art Fair	5,000.00	302.29		13,000.00
		(\$5,000 transferred to separate acct, minus \$362.29 for checks, PO				
		Box & trolley deposits)				1
	Misc. Overhead:	Box & troiley deposits)	100.00	<b></b>	<u> </u>	100.00
Ц	Misc. Overnead.	Bank Charges @ \$3 x 12	100.00	0.00		100.00
	¥. ±	Permits, Taxes, etc @ \$50/yr		15.00		
	,	Repayment of grant funds for PNPP	4,000.00	3,900.00		0.00
	Total Expenses	Board & Committees	\$29,559.65	13,935.65	\$	38,460
	Total Projected Revenues	approx. Restricted + Gener	ral Funds avai	lable 2014-15	\$	42,406
TRIAL BALANCE 2014-15						3,946

*	Alataa	Restricted	T. mda
	MOIES	Resincien	Funos

Projected Balance Forward 7/1/14:	1	
	Total Funds Available 2013-14	\$36,930.96
9	Total Actual Expenses 2013-14	-13,935.65
Total I	Projected Funds Forward '14-15	\$22,995.31
e e	Total Restricted Funds 6/30/14	-8,305.00
Total Unrestric	ated (General) Funds Carried 7/1/14	\$14 690 31

From:

Don Taylor <dctayloresq@gmail.com>

Sent:

Tuesday, August 05, 2014 3:05 PM Hamilton, Cheri; Cheri B Hamilton

To: Cc:

marvinamarshall@att.net; Bonnie Cole (Shawnee Assn.); Friend-Ellis, Myra; canthony4

@aol.com; grega@twc.com; Vanessa Lackey

Subject:

Re: addresses

#### Hello Councilwoman Hamilton:

Find below the listing of possible boarding/transitional housing units in and about the Chickasaw neighborhood. Keep in mind that certain listings may duplicate those previously provided by Bonnie Cole. Please feel free to contact me to discuss this listing further.

3707 W. Broadway

3711 W. Broadway

3905 W. Broadway

3907 W. Broadway

3909 W. Broadway

3911 W. Broadway

4106 W. Broadway

4107 W. Broadway

4108 W. Broadway

4111 W. Broadway

4112 W. Broadway

4116 W. Broadway

3814 Greenwood Avenue

Very best regards, Donovan Taylor Chickasaw Federation, Inc. 502.299.5970

On Tue, Aug 5, 2014 at 10:49 AM, Bonnie Cole < bonniecoleul@hotmail.com > wrote:

- > Cheri,
- > 3905 W Broadway, owner Reginald and Regina Ezell. According to
- > registry search 4 offenders live there.
- > 3911 W Broadway and 4206 W Broadway, owner Ryson LLC. Both homes have
- > 2 offenders per house.
- > 3517 W Broadway, owners Billy Joe and Beverly Joan Jackson. Per
- > registry 2 offenders resides here.
- >
- > ----- Original message ------
- > From: "Hamilton, Cheri" < Cheri. Hamilton@louisvilleky.gov>
- > Date:08/04/2014 3:10 PM (GMT-05:00)
- > To: marvinamarshall@att.net, "Bonnie Cole (Shawnee Assn.)"
- > <bonniecoleul@hotmail.com>, "Don Taylor (dctayloresq@gmail.com)"

- > <dctayloresq@gmail.com>, "Vanessa Lackey (vlackey61@gmail.com)"
- > <vlackey61@gmail.com>
- > Cc: Cheri B Hamilton <cheriDistrict5@gmail.com>
- > Subject: addresses

>

- > Please provide me with any addresses you are aware of that are, or are
- > suspected of being, boarding or rehab homes in the district.

>

> Thanks!

>

> Cheri

# TRAVEL DIRECTIONS FOR TARC TROLLEYS

For Portland Art & Heritage Fair Oct. 11, 2014

Se I an Oct. 11, 2014	
1. TO MARINE HALL JURIED ART SHOW, rear of 2 Start: take 22 nd Ave Exit of I-64 Expressway West Proceed South on 22 nd Street.	
Start: take 22 nd Ave Evit of LOVART SHOW, rear of	2215 D
Proceed South on 22nd Street Expressway West	2213 Portland Ave DESTINATION //
	THON#1
Tight on Carter Ct.	108 2100
Take 2nd drive Street.	U V CO

Take 2nd driveway on the left behind Family Health Center, 2215 Portland Ave., Park in front of Marine Hall.

2. TO PORTLAND MUSEUM, 2308 Portland Ave. – DESTINATION #2 Park in front of Marine Hall.

2. TO PORTLAND MUSEUM, 2308 Portland Ave. – DESTINATION #2

Exit driveway on 23rd street,

Turn left on 23rd Street,

Turn right on Portland Ave.,

Stop opposite Portland Museum to exchange passengers

3. TO PORTLAND CANAL AND LOCKS, 810 N. 27th St. - DESTINATION #3 Proceed West on Portland Ave. Turn right on 26th street,

Turn left on Northwestern Parkway,

Turn right on 27th street and proceed on 27th St. thru Flood-wall tunnel, Turn left on Marine Street

Proceed west on Marine Street and stop at Visitors Center of Locks to exchange passengers

4. TO HISTORIC SQUIRE EARICK HOUSE, 719 N. 31st St. – DESTINATION #4 completion? Turn around and retrace route to Northwestern Parkway,

Turn right on Northwestern Parkway,

Turn left on 29th Street,

Turn right on Montgomery Street (which becomes Northwestern Parkway), Proceed west on Northwestern Parkway to 34th Street,

Stop on right at Squire Eric House to exchange passengers,

5. TO HISTORIC GOOD SHEPHERD CHURCH, 3511 Rudd Ave – DESTINATION #5 Turn left on Rudd Ave,

Stop at corner of Rudd Ave and Cedar Grove Terrace to exchange passengers

6. TO LOUISVILLE FILM SOCIETY, 1536 Lytle St. – DESTINATION #6 &

7. TO FAULKNER ART GALLERY, rear entry across from 1536 Lytle St. - DESTINATION Proceed south on Cedar Groove Terrace,

Turn right on North West Parkway,

Turn left on 37th Street,

Turn left on Bank Street,

Proceed down Bank Street at moderate pace (to allow for pointing out sites),

Take 1st left on Lytle Street

Stop at Louisville Film Society to exchange passengers

8. TO NELLIGAN HALL PHOTOGRAPHIC SHOW, 2010 Portland Ave. – DESTINATION #8 Proceed west on Lytle St. Turn right on 17th Street

Turn left on Portland Ave and stop opposite Nelligan Hall to exchange passengers

BACK TO MARINE HALL - DESTINATION #1

Proceed west on Portland Ave

Turn right on Carter Street.

Take 2nd driveway left behind Family Health Center

Stop in front of Marine Hall (Destination #1) to exchange passengers

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Turn right on Portland Ave.

Turn right on Carter Street.

Take 2nd driveway on the left behind Family Health Center, 2215 Portland Ave., Park in front of Marine Hall.

## 2. TO PORTLAND MUSEUM, 2308 Portland Ave. - DESTINATION #2 Proceed along driveway and keep right,

Exit driveway on 23rd street,

Turn left on 23rd Street,

Turn right on Portland Ave.,

Stop opposite Portland Museum to exchange passengers

## 3. TO PORTLAND CANAL AND LOCKS, 810 N. 27th St. - DESTINATION #3 Proceed West on Portland Ave.

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Turn right on Northwestern Parkway,

Turn left on 29th Street,

Turn right on Montgomery Street (which becomes Northwestern Parkway),

Proceed west on Northwestern Parkway to 34th Street, Turn right on 34th Street

Stop on right at Squire Eric House to exchange passengers,

#### 5. TO HISTORIC GOOD SHEPHERD CHURCH, 3511 Rudd Ave – DESTINATION #5 Proceed North on 34th Street, Turn left on Rudd Ave,

Stop at corner of Rudd Ave and Cedar Grove Terrace to exchange passengers

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# 7. TO FAULKNER ART GALLERY, rear entry across from 1536 Lytle St. - DESTINATION #7

Proceed south on Cedar Groove Terrace,

Turn right on North West Parkway,

Turn left on 37th Street,

Turn left on Bank Street,

Proceed down Bank Street at moderate pace (to allow for pointing out sites),

Take 1st left on Lytle Street

Stop at Louisville Film Society to exchange passengers

#### 8. TO NELLIGAN HALL PHOTOGRAPHIC SHOW, 2010 Portland Ave. – DESTINATION #8 Proceed west on Lytle St. Turn right on 17th Street

Turn left on Portland Ave and stop opposite Nelligan Hall to exchange passengers

#### BACK TO MARINE HALL - DESTINATION #1 Proceed west on Portland Ave

Turn right on Carter Street.

Take 2nd driveway left behind Family Health Center

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For Portland Art & Heritage Fair Oct. 11, 2014

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Proceed South on 22nd Street

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Park in front of Marine Hall.

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Turn left on Cedar Groove Terrace,

Proceed south on Cedar Groove Terrace,

Turn right on North West Parkway,

Turn left on 37th Street,

Turn left on Bank Street,

Proceed down Bank Street at moderate pace (to allow for pointing out sites),

Turn left at 15th Street.

Take 1st left on Lytle Street

Stop at Louisville Film Society to exchange passengers

## 8. TO NELLIGAN HALL PHOTOGRAPHIC SHOW, 2010 Portland Ave. - DESTINATION #8

Proceed west on Lytle St.

Turn right on 17th Street

Turn left on Portland Ave and stop opposite Nelligan Hall to exchange passengers

#### BACK TO MARINE HALL - DESTINATION #1

Proceed west on Portland Ave

Turn right on Carter Street.

Take 2nd driveway left behind Family Health Center

Stop in front of Marine Hall (Destination #1) to exchange passengers

g/garys file/pni art fair/trolly/directions

Councilwoman Cheri Bryant Hamilton

Dear Councilwoman Hamilton,

I'm writing on behalf of the Art Thrust art program for teenage girls.

This program, awarded the 2011 Kentucky Foundation for Women, Art Meets Activism Grant was generated out of a desire to create a program that would utilize contemporary art education as a foundation for fostering girls with healthy body image, self confidence and a great sense of self worth. Art Thrust began as a summer program but has grown to offer year-round programming. This summer students will be tasked with creating a lantern that reflects their views of themselves and their community. A series of conceptual activities will be done to challenge their views of how they and their communities are perceived in both a negative and positive light.

This year we are excited to present, *Light Up Our Parks*, a lantern festival and public art exhibition that will take place in four parks around Louisville in August. The first exhibit will be held in **Shawnee Park**. The intention of this exhibition is to bring a sense of peace and hope into public spaces and present parks as a place for positive social change. This will be accomplished by weaving together communities across all parts of Louisville to foster pride in their respective local parks and change people's negative views of them.

I am **requesting your help** to supplement the permit cost of hosting the *Light Up Our Parks: Shawnee Park* event. Monetary help in the amount of \$212.50 to secure the Metro Parks permit for the event to occur on August 3rd, 2014 would be greatly appreciated. The program is offered free of charge to girls that are from lower income communities, who would not have the privilege to study advance concepts in feminism and contemporary art, participate in a public art project nor afford the supplies required for success in their artistic endeavors.

Your generous donation will be publicly acknowledged at the opening of the event; through promotional announcements; on signage for the events; and also be listed on our social media pages and website. These girls will attain great benefits from participation in this program, but I feel strongly that you will also benefit from the goodwill generated by your kind donation.





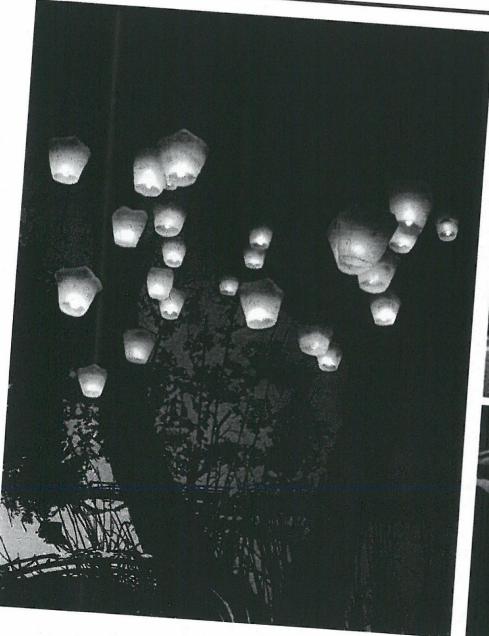


artTHRUST

Art Thrust: Summer 2014

Artthrust.com











Light Up Our Parks

#### About the Organizations:

Art Thrust was founded in 2011 with a Kentucky Foundation for Women Art Meets Activism grant and is a program that empowers Louisville girls through art. The program utilizes contemporary art practices as a means to foster lessons on self-acceptance, healthy body image and leadership abilities. It began as a summer program but has grown to offer year-round programming built around a series of art activities and workshops focused on building self-esteem through art technique. Each session culminates with a public art exhibition.

#### NC3 Summer Arts Festival

#### **Event Plan**

The NC3 summer arts festival will give Network artists and artist friends of the Network the opportunity to showcase their artistic talents while simultaneously raising funds to support the work of the Network. This family friendly event will feature visual artwork and various kinds of performance art, including spoken word, African dance, and singing.

The NC3 Summer Arts Festival will be held on Saturday, July 19th, from noon to 4:00 PM at Shawnee Park. The event will be open to Network members and community members. Expected attendance is between 75-125 people. The fundraising goal for this event is \$500. NC3 hopes to meet this goal by collecting a suggested donation of \$5 from event attendees, auctioning donated artwork in a small silent auction, through sales of donated art, and through low-cost food and beverage sales. The planning team is currently soliciting food and beverage donations from local vendors.

There will be event fliers and an event program, which will be designed after all artists have been recruited for the event. The program will include a mixture of performance art and open viewing of the various pieces of visual art on display. There will also be a children's activities area, which will include arts and crafts activities, jump rope, and chalk to be used as part of NC3's Chalk Talk campaign.

This event is to be hosted by Network members and other volunteers. These individuals are committed to the execution of the entire event, including pre- and post-event activities.

Contacts: Stephanie Kaufman <u>stephanie.kaufman@makechangetogether.org</u> & Jessica Bellamy <u>bellamy.jessica@gmail.com</u>

From:

Michael Branch <michaelbranch1906@yahoo.com>

Sent:

Tuesday, May 06, 2014 12:30 PM

To:

Hamilton, Cheri

Cc: Subject:

Friend-Ellis, Myra Re: 2014 West Louisville Fun Run and Council participation

Councilwoman.

Just following up on this email.

Thanks in advance for any help you're able to provide. We're aiming to be a positive event for the

Michael Branch

www.michael-branch.com

C: 502-777-2505

*The only place "success" comes before "work" is in the dictionary.*

On Tuesday, April 22, 2014 4:28 PM, Michael Branch < michaelbranch1906@yahoo.com > wrote:

Thank you.

Our current costs from the city would be \$212.50 (special events fee) and a \$40 permit fee.

Beyond those, based on last year our cost for barricades (to block streets for the event) should be

Any help you could provide would be greatly appreciated and we would certainly market you as a

Michael Branch

www.michael-branch.com

C: 502-777-2505

*The only place "success" comes before "work" is in the dictionary.*

On Tuesday, April 22, 2014 3:57 PM, "Hamilton, Cheri" < <a href="mailton@louisvilleky.gov">Cheri.Hamilton@louisvilleky.gov</a> wrote:

Michael, let me know what your needs are and possibly we can take care of some of the costs that Metro would charge you for. Seeing as this event is not until the new fiscal year, it's hard to commit a particular amount until we see the budget and how we can assist. Thanks!

From: Michael Branch [mailto:michaelbranch1906@yahoo.com]

Sent: Tuesday, April 22, 2014 10:06 AM

To: Hamilton, Cheri Cc: Usman A. Mian

Subject: 2014 West Louisville Fun Run and Council participation

Councilwoman Hamilton,

Hope all has been well. We're gearing up for this years West Louisville 5k (8/30/14 is the date). It'll again start at Shawnee Park.

As before, the purpose is to raise awareness for health and fitness in the West Louisville community, as well as to raise funds for Big Brothers Big Sisters Kentuckiana, who has a backlogged list of African American boys waiting to be connected with mentors.

I wanted to reach out to you again this year to see if there was any way a partnership of some sort may be possible? Or, in addition, if there was any grant funding for such an event at your disposal. We'll be a part of the Mayors Healthy Hometown initiative. Last years event went well, with news coverage and decent attendance for year 1. We're making plans for an even better year 2!

Look forward to hearing back from you. Thanks in advance for any help you're able to provide.

Michael Branch www.michael-branch.com

C: 502-777-2505

*The only place "success" comes before "work" is in the dictionary.*

From:

Michael Branch < michaelbranch1906@yahoo.com>

Sent:

Wednesday, June 25, 2014 2:31 PM

To:

Hamilton, Cheri

Cc:

Friend-Ellis, Myra

Subject:

Re: 2014 West Louisville Fun Run and Council participation

**Attachments:** 

APA 5K Sponsorship Package 2014 Ver3-Councilwoman Hamilton pre filled.doc

Councilwoman Hamilton,

Thank you!! Great.

Mrs. Friend-Ellis,

What do you need from me?

We will owe \$212.50 to the Metro Parks (our contact is Robyn Richards, Robyn Richards <a href="mailto:robyn.richards@louisvilleky.gov">robyn.richards@louisvilleky.gov</a>).

And \$40 to Metro Finance for special events applications (our contact is Audrey Knigge, audrey.knigge@louisvilleky.gov).

Please let me know what further info you will need from me.

Also, how would you like me to list this sponsorship? Should I list it as from the Councilwoman or from the District?

I've attached our sponsorship packet to this email. Just fill out and return last page, I've already filled out some of it for your convenience.

Michael Branch www.michael-branch.com

C: 502-777-2505

*The only place "success" comes before "work" is in the dictionary.*

From:

Cate Noble <cate.noble@gmail.com>

Sent:

Wednesday, June 25, 2014 9:42 AM

To:

Hamilton, Cheri

Cc: Subject: Friend-Ellis, Myra
ArtThrust - Light Up Our Parks Event: Shawnee Park

**Attachments:** 

ArtThrust - Shawnee Park Permit - Councilwoman Hamilton.pdf

#### Dear Councilwoman Hamilton:

I am writing to solicit your support for ArtThrust's Light Up Our Parks: Shawnee Park exhibition of lanterns. Please see the attachment for our formal request letter and press release describing the event. Should you have any questions please do not hesitate to contact me.

Sincerely, Cate Noble

Cate Noble artThrust

Teaching girls to fly against resistance...

From:

LouisvilleKy.gov@Louisvilleky.gov

Sent: To:

Monday, May 12, 2014 12:07 PM Hamilton, Cheri

Subject:

Shawnee Youth football

Date: 05/12/2014 Name: Bruce Wren

Address: 128 East Woodlawn Ave

City: Louisville State: KY Zip: 40214

Phone: (502) 368-0509

Email: bewren@bellsouth.net

Question/Description:

Ms. Bryant

Last July 2013 I did coaches shirts and hats for the Shawnee Youth Football and specifically for Richard Maize. Mr Maize paid me in November 2013 \$200 on the bill of \$600.41.

This invoice was for Coaches shirts and caps that Mr. Maize was going to sell to parents.

Since November I have attempted to contact Mr. Maize several times and when I did reach him was promised that he would be by to settle his bill.

I appreciate what Mr. Maize is doing for the kids but I need to get paid.

My next step will be small claims court and I will also notify the news media that this organization does not pay their bills.

I do not know if you know Mr. Maize or if your office helps to support youth football but I felt that you needed to know that all does not seem to be on the up and up with this organization.

**Thanks** 

Bruce Wren

502-368-0509

Insurance 2014 845.50 435-2099

1

The attached timesheet is being sent to you due to an adjustment that you made to your time after payroll had been submitted and approved for the pay period. Please take a moment to sign and forward to your supervisor/councilmember for signature as well. Please return the signed timesheet to the Business Office as this will serve as the official record of your time for the pay period.

If you have any questions regarding this matter, please do not hesitate to contact Edwin Ernest (4847).



#### LOUISVILLE METRO LOCAL GOVERNMENT TIMECARD REPORT REPORT BY DEPARTMENT -Pay End Date 2014-07-05

Page 1 of 1

Report Date: 2014-07-21 Report Time: 10:35:58.593 Report Date:

Report ID: LTL002.SQR Report User ID: EERNEST

Under The Louisville Metro Ordinance:

Falsification of any information submitted as to certification of time worked may result in the dismissal of the person responsible for such falsification. This includes all time spent working away from your office or job site. (Timekeeping policy 1.1(5) and Personnel Policy 18.3(3)(i))

											10	
PUNCH IN	PUNCH OUT		TRC	PAYABLE I	DATE	REG HRS	OVT 1.0	OVT 1.5	OVT 2.0	COMP HRS	MEAL	TOTAL
Employee ID:	13471	Uni	on Code	:	Std	Hours :	10.00 C	ategory:	C			
Name:	Friend-Elli	is, Myra J					Employee	Signature	:			
I	UNCHED TIME						PAY	ABLE TIME		-,		
06/30/14 09:0	00 06/30/14 13:00	Mo	CPU	06/23/14	Mo	8.00	0.00	0.00	0.00	0.00	0.00	8.00
6/30/14 14:0	00 06/30/14 18:00	Mo	CPU	06/24/14	Tu	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/01/14 09:0	00 07/01/14 13:00	Tu	CPU	06/25/14	We	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/01/14 14:0	00 07/01/14 18:00	Tu	CPU	06/26/14	Th	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/02/14 09:0	0 07/02/14 13:00	We	CPU	06/27/14	Fr	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/02/14 14:0	00 07/02/14 18:00	We		06/30/14	Mo	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/03/14 09:0	0 07/03/14 13:00	Th	,	07/01/14	Tu	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7/03/14 14:0	0 07/03/14 18:00	Th		07/02/14	We	8.00	0.00	0.00	0.00	0.00	0.00	8.00
7	DJUSTED TIME			07/03/14	Th	8.00	0.00	0.00	0.00	0.00	0.00	8.00
6/23/14	Mo CPU	8.00	HOL	07/04/14	Fr	8.00	0.00	0.00	0.00	0.00	0.00	8.00
6/24/14	Tu CPU	8.00	Pavab	le Totals		80.00	0.00	0.00	0.00	0.00	0.00	80.00
6/25/14	We CPU	8.00	•									00.00
6/26/14	Th CPU	8.00										
6/27/14	Fr CPU	8.00										
0/2//14	rr cro	0.00										

Metro Audio Visuals 782 Theodore Burnett #7 Louisville Ky 40217 502.533.8457 johnbaunach71@gmail.com

# Invoice

DATE	INVOICE #
6/11/2014	172

BILL TO	SHIP TO  Dates and times to be determined				
Metro Louisville Council Sherry Bryant Hamilton 600 West Main Street Louisville, Ky 40202					

DUE DATE P.O. NUMBER
7/11/2014

			7.	/11/2014	
ITEM	DESCRIPTION		QTY	RATE	AMOUNT
5k 9x12 dvd 4spk h/h popcorn w lab	5000 Lumens Lcd Projector 9x12 Fast Fold Screen Dvd Player 4 Speaker Sound System hand held microphone popcorn machine bottled water labor for deliver of equipment set, show and strike of a visual equipment	udio	6 6 6 6 6 300 20	325.0 150.0 25.0 250.0	900.00 900.00 150.00 00 1,500.00 0.00 0.00
			Subtotal 0% Tax		5,000.00

Total

5,000.0



# Metro Council Purchase Approval Form

Purchase Requested by Co	uncil Member/Staff:	
District/Caucus/Clerks/Add	ministrative:	10 Table 10
Date:	1 .	
☐ Reimbursement (If reim vendor)	bursement please list em	ployee receiving check as the
☐ Memo Attached	□ Do Not Mail Check	
☐ Please mail attachments	☐ Use Invoice Attached	"As Original"
Purchase Amount: \$	Account #	#
□ New Vendor/W-9 Requir		
Vendor Name	Invoice Number	
(Pre-Approved thru Busine		
Description of Goods / Serv	vices:	
<u></u>		
Explanation / Public Purpo	ose:	
Reviewed Request and deter	mined the funds will be us	ed for a Public Purpose
Council Member/Authorized	l Staff	Date
	0 pieces must have attorne the funds will be used for a e and statutory law".	y's signature: "I have reviewed a public purpose under an

#### Friend-Ellis, Myra

From:

Ernest, Edwin

Sent:

Thursday, September 20, 2012 3:28 PM

To:

Friend-Ellis, Myra

Subject:

**Account Codes** 

521101 (Dues/Subscriptions)

521352 (Public Relations)

522604 (Equip

Leasing)

522403 (Telephone Services)

531201 (Office Supplies)

544201 (Office Furniture)

521301 (Professional Services)

531202 (Office Equip)

521105 (Printing)

523583 (Travel-Out of Town)

523582 (Airfare)

560119 (Printing-In house)

544102 (Comp Hardware)

521109

(Training)

**Edwin Ernest** 

522431 (Equip

521106 (Postage) Main)

522627 (Software Main)

544101 (Comp Software)

**Business Specialist** Louisville Metro Council 601 West Jefferson Street

Louisville KY 40202 Phone: 574-4847

Fax: 574-4455

edwin.ernest@louisvilleky.gov