



**Applicant/Program:**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
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<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

<b>Legal Name of Applicant Organization:</b> Old Louisville Neighborhood Council	
<b>Program Name and Request Amount:</b> Old Louisville Live: Louisville Crashers- \$1,500	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State?</li> <li>• Louisville Metro Revenue Commission?</li> <li>• Louisville Metro Government?</li> <li>• Internal Revenue Service?</li> <li>• Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by:	Date:



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Old Louisville Neighborhood Council <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1340 S. 4th Street, Louisville, KY 40208			
<b>Website:</b> oldlouisville.org			
<b>Applicant Contact:</b>	Shawn Fields Williams	<b>Title:</b>	Executive Director, OLNC
<b>Phone:</b>	502-338-2893	<b>Email:</b>	fieldswilliams@att.net
<b>Financial Contact:</b>	Eric Cowley	<b>Title:</b>	Treasurer, OLNC
<b>Phone:</b>	502-994-9009	<b>Email:</b>	ecowley@gmx.com
<b>Organization’s Representative who attended NDF Training:</b> Shawn Fields Williams			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Old Louisville		
<b>Council District(s):</b>	6	<b>Zip Code(s):</b>	40203, 40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Old Louisville Live: Louisville Crashers			
<b>Total Request: (\$)</b>	1500	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	NDF	<b>Amount: (\$)</b>	4900
<b>Source:</b>	NDF	<b>Amount: (\$)</b>	1500
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

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

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

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

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

To encourage heritage tourism for enrichment and educational purposes.

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

To promote neighborhood revitalization and business development.

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

As part of the Old Louisville Neighborhood Council's new Old Louisville Live series, which is launching this April, the Louisville Crashers, a local dance band has been contracted to play on Friday April 29, 2016 from 7-10 pm at the C. Douglas Ramey Amphitheater in Central Park. This music performance will be free and open to the public.

This is an adult event which will be promoted to the 12,000 residents of Old Louisville and beyond. A multi-pronged media outreach will occur which promote this event, thus drawing people from all backgrounds from the community and the city at-large. It will not only provide a fun, festive music event during the Kentucky Derby Festival, but will showcase the beauty of Central Park in the heart of Old Louisville Victorian mansion district.

A licensed caterer will provide alcohol and food truck vendors will offer food during this event.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**  
The request for \$1500 will pay a portion of the \$3500 (reduced rate) contract with the Louisville Crashers band.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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

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

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: By launching the Old Louisville Live series, the Old Louisville Neighborhood is striving to create a more vibrant community by providing artistic and cultural events to the area residents. We are striving to foster arts access across generations, incomes and ethnicities.**

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

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

The Old Louisville Neighborhood Council works closely with other arts organizations and community partners such as: the University of Louisville; the Kentucky College of Art and Design; the Filson Historical Society; the Conrad Caldwell House Museum; the Asia Institute Crane House; the Kentucky Shakespeare Festival; the St. James Court Art Show; the Garvin Gate Blues Festival; the Louisville Free Public Library, and Vault 1031. Together we have formed the Old Louisville Arts Council which the OLNC spearheaded. We are working to collaborate and cross promote events. The OLAC partners will help promote our Old Louisville Live series through promotional materials and communication efforts.

The area universities will promote the Louisville Crashers event to their collegiate communities. Local area businesses will also promote the event with posters.





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	1500	3000	4500
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	1500	3000	4500
<b>% of Program Budget</b>	30 %	70 %	100%

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

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

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

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

Old Louisville Neighborhood Council  
Application for Neighborhood Development Fund  
District 6 Councilman David James

Section 5 Detailed List Community Event

April 29, 2016

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

Non-Metro Funds --\$3000

Expenses

\$2000 (Contract with the Louisville Crashers is \$3500)

\$212 (Metro Parks Permit Fee)

\$ 75 (City Special Event Permit Fee)

\$200 (Security Off Duty LMPD Officers Fee)

\$106 (Patch Box through Metro Parks)

\$ 75 (Vendor Fees)

\$ 32 (Estimated Clean-up Costs)

\$125 (A + H Advertising Public Relations for Event)

\$100 (Graphic Design for Online and Print Promotion)

\$ 75 ( Marketing Materials for Event)

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\$3000 (TOTAL)



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers (15 at 4 hours each)	1020	900*17
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	1020	

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

Agency Fiscal Year Start Date: January 1, 2016

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

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

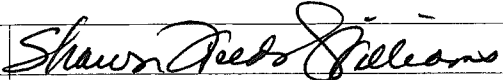
#### Standard Certifications

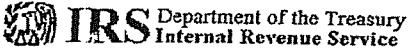
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- ~~2. The Agency has a written Affirmative Action/Equal Opportunity Policy.~~
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	3/8/2016
Legal Signatory: (please print):	Shawn Fields Williams	Title:	Executive Director
Phone:	502-338-2893	Extension:	
		Email:	fieldswilliams@att.net



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248153327  
Jan. 27, 2015 LTR 4168C 0  
[REDACTED] 000000 00  
00021940  
BODC: TE

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



030796

Employer Identification Number: [REDACTED]  
Person to Contact: Ms. Espelage  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

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

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

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

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

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

Jan. 27, 2015

0248153327  
LTR 4168C 0



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

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

Sincerely yours,

*Doris P. Kenwright*

Doris Kenwright, Operation Mgr.  
Accounts Management Operations 1

**Revenue**

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

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

**Expenses**

**Victorian Tales of Terror**

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

**Holiday Home Tour**

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

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

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

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

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

**OLNC Tours**

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

**Admin**

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

94,255

**Total Expenses**

**120,245**

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

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Footnotes:

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



**REPRESENTATIVES FOR  
OLD LOUISVILLE NEIGHBORHOOD ASSOCIATIONS**

**Terms: January 1, 2016 to December 31, 2017**

<b>Neighborhood Association (NA) and Addresses</b>	<b>Representatives</b>	<b>Titles</b>	<b>Telephone (502)</b>	<b>Emails</b>
Belgravia Court NA 511 Belgravia Court Louisville, Kentucky 40208	Peggy Heimerdinger	Representative		
Central Park West NA East Old Louisville Multi-Family Living Association 1464 S. Third St. Louisville, KY 40208	Michael Meador David Mowder	Representative Representative		
Garvin Gate NA 1208 S. Sixth St. Louisville, KY 40203	John Sistarenik	Representative		
Limerick Association for Neighborhood Advancement, Inc. (LAND) PO Box 2785 Louisville, KY 40201	Stephen Peterson	Chair		
North Old Louisville Multi- Family Association 1464 S. Third St. Louisville, KY 40208	Kim Mowder	Representative		
Ouerbacker Court NA 1358 Ouerbacker Court Louisville, KY 40208	Roz Fishman	Representative		
100 Block West Burnett NA 1212 S. Fourth St.	Erin Lee	Representative		

Louisville, KY 40208					
100 Block of Ormsby Avenue Association 119 W. Ormsby Ave. Louisville, KY 40203	Christopher White	Representative			
St. James Court NA PO Box 3804 Louisville, KY 40201	Janice Theriot	Representative			
Second Street NA 1465 S. Second St. Louisville, KY 40208	Ken Herndon	President			
Seventh Street Edge NA c/o BC Plumbing 1215 S. 7 <sup>th</sup> St. Louisville, KY 40203	Bruce Cohen	Representative			
600 Block West Magnolia NA 1386 S. Sixth St. Louisville, KY 40208	Leah Stewart	Representative			
600 Block Park Avenue NA South Fourth Street NA PO Box 188 Louisville, KY 40201-0188	Sharon Risinger Jim Brooks	Representative Representative			
South Third Street NA PO Box 3012 Louisville, KY 40208	Michael Richards	Chair			
The 1300 Association 1391 S. Third St. Louisville, KY 40201-3012	David McNeese	President			
Toonerville NA 1323 S. First T. Louisville, KY 40208	Doug Humble	Representative			
Treyton Oaks NA	Irene Spicer	Representative			

211 W. Oak St. Louisville, KY 40203				
Victorian Oak NA 410 S. Hancock St., #203 Louisville, KY 40202	Alex Parets	Representative		
West St. Catherine NA c/o Old Louisville Info Center 1340 S. Fourth in Central Park Louisville, KY 40208	Brian Avilés	Representative		

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# Old Louisville Neighborhood Council INC Budget to Actual 2015

2015

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

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01/25/16

Accrual Basis

# Old Louisville Neighborhood Council INC

## Profit & Loss

January through December 2015

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

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01/25/16

Accrual Basis

# Old Louisville Neighborhood Council INC

## Profit & Loss

January through December 2015

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

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01/25/16

Accrual Basis

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

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

## Forms 990 / 990-EZ Return Summary

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

### OLD LOUISVILLE NEIGHBORHOOD COUNCIL

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>22,682</u>
<b>Revenue</b>		
Contributions	<u>112,149</u>	
Program service revenue	<u>84,253</u>	
Investment income	<u>4</u>	
Capital gain / loss	<u>          </u>	
Fundraising / Gaming:		
Gross revenue	<u>          </u>	
Direct expenses	<u>          </u>	
Net income	<u>          </u>	
Other income	<u>141</u>	
<b>Total revenue</b>		<u>196,547</u>
<b>Expenses</b>		
Program services	<u>          </u>	
Management and general	<u>          </u>	
Fundraising	<u>          </u>	
<b>Total expenses</b>		<u>79,730</u>
<b>Excess / (deficit)</b>		<u>116,817</u>
Changes		<u>          </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>139,499</u></u>

**Reconciliation of Revenue**

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

**Reconciliation of Expenses**

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

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

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/15  
 Failure to file penalty \_\_\_\_\_



Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

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

**2014**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Employer identification number

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Name and title of officer

**ERIC COWLEY  
TREASURER**

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

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

1a	Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
2a	Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> <u>196,547</u>
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
5a	Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 08/13/15

#### Part III Certification and Authentication

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 08/13/15

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**B** Check if applicable:

<input type="checkbox"/> Address change	<p><b>C</b> Name of organization <b>OLD LOUISVILLE NEIGHBORHOOD COUNCIL</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>1340 SOUTH FOURTH ST-IN CENTRAL PAR</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE KY 40208</b></p>	<b>D</b> Employer identification number <div style="background-color: red; width: 100px; height: 15px;"></div>
<input type="checkbox"/> Name change		<b>E</b> Telephone number <b>502-635-5244</b>
<input type="checkbox"/> Initial return		<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

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

**I** Website: ▶ **N/A**

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **196,547**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	<b>112,149</b>
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>	<b>84,253</b>
	<b>3</b> Membership dues and assessments .....	<b>3</b>	
	<b>4</b> Investment income .....	<b>4</b>	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) .....	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events .....	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>		
<b>b</b> Less: cost of goods sold .....	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) .....	<b>8</b>	<b>141</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	<b>9</b>	<b>196,547</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) .....	<b>10</b>	
	<b>11</b> Benefits paid to or for members .....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>	<b>14,064</b>
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>	<b>2,212</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>	<b>1,897</b>
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>	<b>291</b>
	<b>16</b> Other expenses (describe in Schedule O) .....	<b>16</b>	<b>61,266</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 .....	<b>17</b>	<b>79,730</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	<b>116,817</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b>	<b>22,682</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	<b>139,499</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

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

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



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22,812	22	95,042
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	198	24	54,057
25 Total assets	23,010	25	149,099
26 Total liabilities (describe in Schedule O)	328	26	9,600
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,682	27	139,499

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

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



What is the organization's primary exempt purpose?

See Schedule O

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

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

28 VARIOUS NEIGHBORHOOD EVENTS TO ENHANCE QUALITY OF LIFE AND SHOWCASE THE NEIGHBORHOODS UNIQUE HISTORY AND ARCHITECTURE INCUDING SPRING FEST, HOLIDAY HOUSE TOUR AND EDUCATIONAL PROGRAMS (Grants \$ ) If this amount includes foreign grants, check here		28a	48,033
29 OPERATION OF OLD LOUISVILLE INFORMATION CENTER (Grants \$ ) If this amount includes foreign grants, check here		29a	17,741
30 CENTRAL PARK IMPROVEMENTS, COMMUNIY GARDEN, MAINTENANCE AND TENNIS COURT IMPROVEMENTS (Grants \$ ) If this amount includes foreign grants, check here		30a	6,952
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here		31a	1,466
32 Total program service expenses (add lines 28a through 31a)		32	74,192

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

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



(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HOWARD ROSENBERG PRESIDENT	0.00	0	0	0
JASON SCOTT VICE -PRESIDENT	0.00	0	0	0
ERIC COWLEY TREASURER	0.00	0	0	0
LEAH WEISMAN SECRETARY	0.00	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of ERIC COWLEY Telephone no. 502-291-9471
1340 SOUTH FOURTH ST
Located at LOUISVILLE KY ZIP + 4 40208
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)



	Yes	No
46		X

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

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

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

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

	Yes	No
47	X	
48		X
49a		X
49b		

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

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

Sign Here: Signature of officer: **ERIC COWLEY** Date: **TREASURER**  
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **Mary C Morrow** Preparer's signature: \_\_\_\_\_ Date: **02/23/16** Check  if self-employed PTIN: **P00769897**  
Firm's name: **Mary Morrow & Associates** Firm's EIN: **73-1688464**  
Firm's address: **1347 S 3rd St Ste 304 Louisville, KY 40208-3300** Phone no.: **502-419-8025**

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

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Employer identification number

[REDACTED]

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,646	16,250	13,047	14,518	112,149	172,610
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	16,646	16,250	13,047	14,518	112,149	172,610
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						172,610

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	16,646	16,250	13,047	14,518	112,149	172,610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						172,610
12 Gross receipts from related activities, etc. (see instructions)					12	84,398
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100.00 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

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

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

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
2	Activities Test. <b>Answer (a) and (b) below.</b>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013 . . . . .		
f	<b>Total</b> of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013 . . .		
e	Excess from 2014 . . .		



**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

A series of horizontal dotted lines providing a template for entering supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Employer identification number XXXXXXXXXX

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ..... ▶ \$ .....
- 3 Volunteer hours .....

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

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

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

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

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



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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

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

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

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

18 VOLUNTEERS WERE INVOLVED IN NEIGHBORHOOD REZONING ATTEMPTS





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

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

OMB No. 1545-0047

**2014**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

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

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

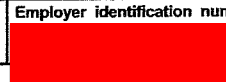
**Form 990-EZ, Part I, Line 16 - Other Expenses**

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

Name of the organization

Employer identification number

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**



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

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

Description	Amount
PRIOR YEAR ADJUSTMENT	\$ 0

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

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

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

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

**Form 990-EZ, Part III - Primary Exempt Purpose**

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

Name of the organization

Employer identification number

OLD LOUISVILLE NEIGHBORHOOD COUNCIL



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

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

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

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to your tax return.

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

OMB No. 1545-0172

**2014**

Attachment Sequence No. **179**

Name(s) shown on return

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

Identifying number

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	375
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	79
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		374	7.0	HY	200DB	53
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	09/01/14	48,867	39 yrs.	MM	S/L	365

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	872
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

Form 24a-29: Do you have evidence to support the business/investment use claimed? Includes columns for Type of property, Date placed in service, Business/investment use percentage, Cost or other basis, Basis for depreciation, Recovery period, Method/Convention, Depreciation deduction, and Elected section 179 cost.

Section B—Information on Use of Vehicles

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

Form 30-36: Information on Use of Vehicles table with columns for Vehicle 1 through Vehicle 6 and rows for miles driven and availability for personal use.

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

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

Form 37-41: Questions for Employers Who Provide Vehicles for Use by Their Employees table with Yes/No columns for various policy and information requirements.

Part VI Amortization

Form 42-44: Amortization table with columns for Description of costs, Date amortization begins, Amortizable amount, Code section, Amortization period or percentage, and Amortization for this year.

**Federal Asset Report**

**Form 990, Page 1**

FYE: 12/31/2014

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

**KY Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

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



**AMT Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

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

**Bonus Depreciation Report**

FYE: 12/31/2014

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

**Depreciation Adjustment Report**

FYE: 12/31/2014

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	1	COPIER	79	79	0
Page 1	1	2	LEGACY LEASEHOLD IMP	365	365	0
Page 1	1	3	FURNITURE & FIXTURES	428	428	0
				<u>872</u>	<u>872</u>	<u>0</u>

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

FYE: 12/31/2014

**Form 990, Page 1**

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



**KY Future Depreciation Report**

**FYE: 12/31/15**

FYE: 12/31/2014

**Form 990, Page 1**

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

**Two Year Comparison Report**

Form **990T** **2013 & 2014**

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

Name **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Taxpayer Identification Number

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

Form **990T**

**Tax Return History**

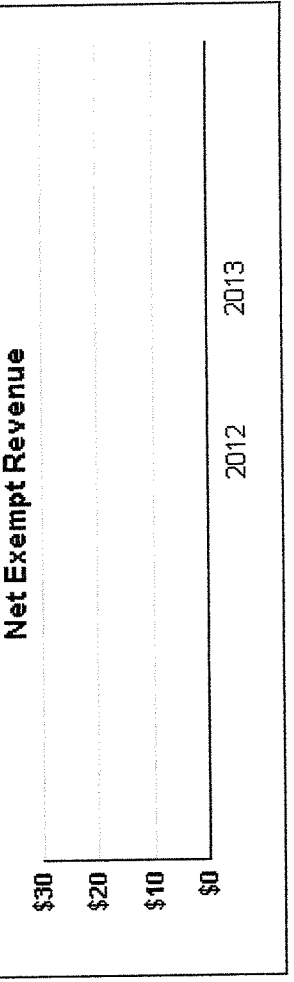
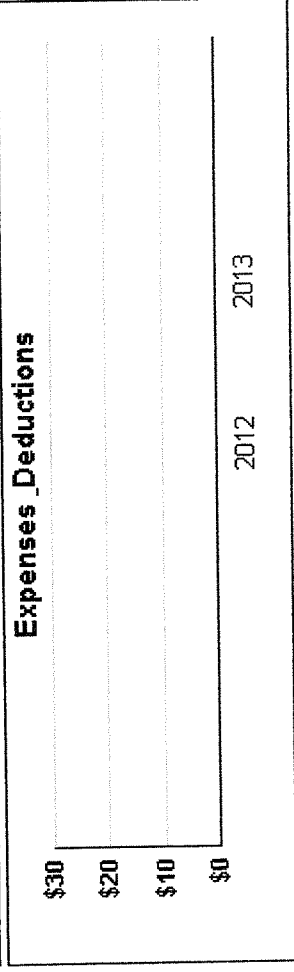
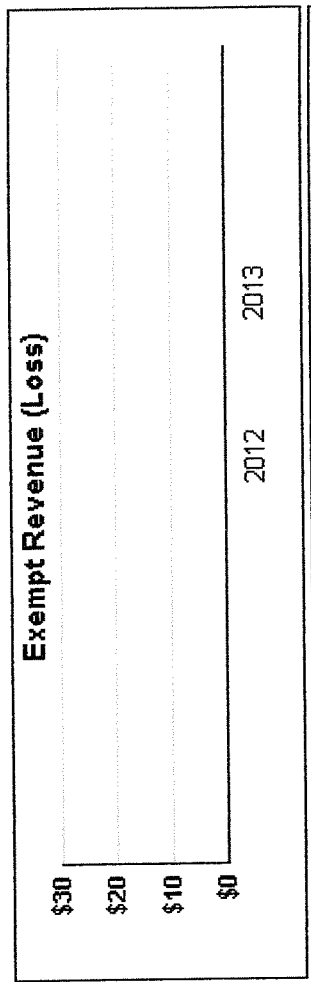
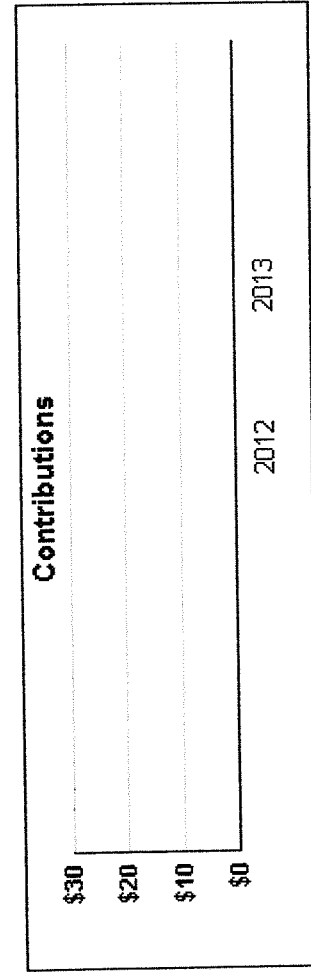
**2014**

Number

Name

**OLD LOUISVILLE NEIGHBORHOOD COUNCIL**

	2010	2011	2012	2013	2014	2015
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

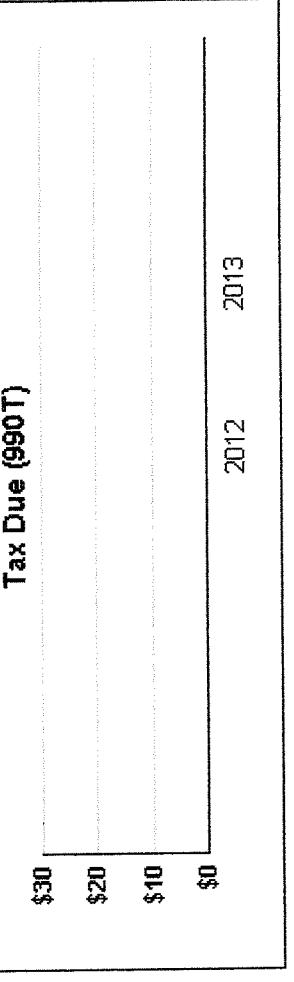
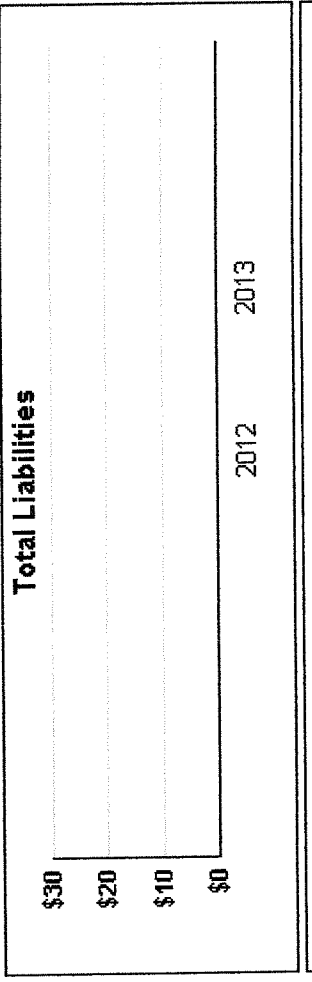
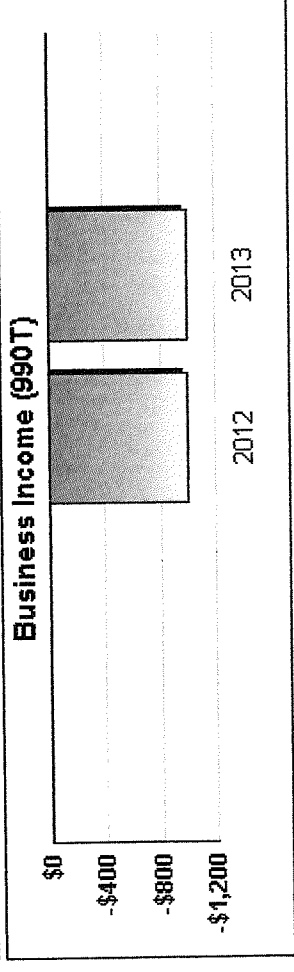
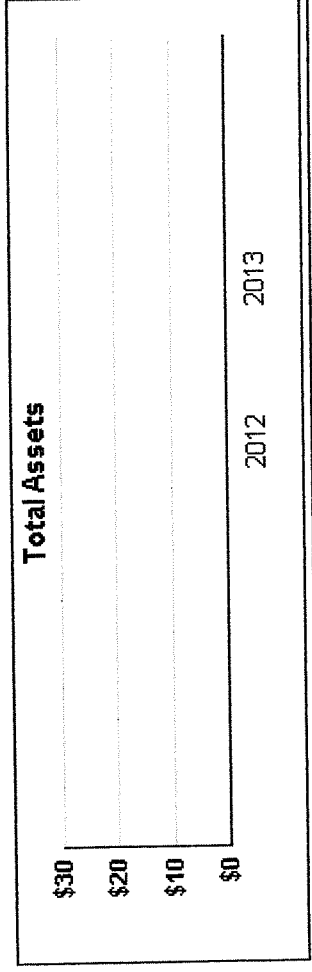


**Tax Return History**

Form **990T** 2014  
 Name **OLD LOUISVILLE NEIGHBORHOOD COUNCIL** Number [REDACTED]

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

\* Income shown net of expenses





OLIC OLD LOUISVILLE NEIGHBORHOOD COUNCIL  
**Federal Statements**

FYE: 12/31/2014

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12

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

FILED IN OFFICE  
A 29567

JUN 2 1983

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

BREMER, ED, CLERK  
BY *DS* D.C.

ARTICLES OF INCORPORATION

OF

THE OLD LOUISVILLE INFORMATION CENTER, INC.

MAY 16 1983

*Charles J. Miller*  
SECRETARY OF STATE

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

ARTICLE I

The name of the Corporation shall be:

THE OLD LOUISVILLE INFORMATION CENTER, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

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

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

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

ARTICLE IV

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

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

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

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

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

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

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

#### ARTICLE V

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

#### ARTICLE VI

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

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

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

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

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

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

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

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

#### ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

Richard L. Janes

MAILING ADDRESS

1409 So. Brook Street  
Louisville, Kentucky 40208

#### ARTICLE VIII

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

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

Carolyn Beall  
1216 So. Floyd Street  
Louisville, Kentucky 40203

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

#### ARTICLE IX

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

#### ARTICLE X

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

#### ARTICLE XI

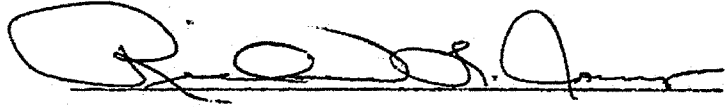
In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized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

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

#### ARTICLE XII

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

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



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

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

My Commission Expires: 8-16-86

  
NOTARY PUBLIC, STATE AT-LARGE,  
KENTUCKY

This Document Prepared By:

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

## ARTICLES OF AMENDMENT

WE, THE UNDERSIGNED, duly elected President and Secretary of the Old Louisville Information Center, Inc., hereby certify that said Corporation is a nonstock, nonprofit corporation incorporated on May 2, 1983 under the laws of the Commonwealth of Kentucky, Chapter 273 of the Kentucky Revised Statutes more particularly.

We further certify that the following Amendment was adopted at a duly constituted meeting of the Board of Directors held on June 11, 1984, pursuant to K.R.S. 273.261, that a quorum was present, and that said amendment received at least two-thirds of the votes which directors present were entitled to cast.

We further certify that the following is the Amendment so adopted which shall be filed with the Secretary of State and other such necessary and proper parties.

That Article IV, Section I of this Corporation as presently filed with the Secretary of State shall be changed to read:

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

TO: "To operate a resource center, open to the public, which will provide a wide variety of educational material, information, and other services to help people meet social, health, welfare, educational and cultural needs."

That the following be added as a new article, Article XIII:

"The Board of Directors shall consist of nine (9) Directors. They shall be the Chairperson, Vice-Chairperson, Secretary and Treasurer of the Old Louisville Neighborhood Council, plus five (5) other Directors elected by the Old Louisville Neighborhood Council and who shall be members in good standing of one of the constituent block clubs of the Old Louisville Neighborhood Council."

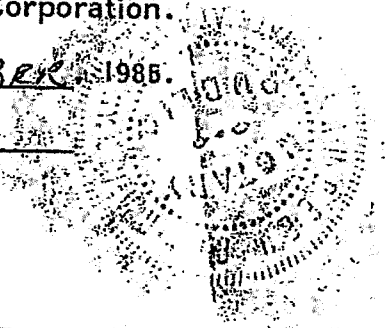
*Richard T. Callaway*  
RICHARD T. CALLAWAY, PRESIDENT

*Martha Chism*  
MARTHA CHISM, SECRETARY

STATE OF KENTUCKY )  
                                  )  
COUNTY OF JEFFERSON )

The foregoing Articles of Amendment were acknowledged before me this 10<sup>th</sup> day of SEPTEMBER, 1985, by Richard T. Callaway, President, and Martha Chism, Secretary, of the Old Louisville Information Center, Inc., a Kentucky corporation, on behalf of the Corporation.

Witness my hand and official seal this 10<sup>th</sup> day of SEPTEMBER, 1985.  
My Commission Expires: Notary Public, State at Large, KY  
My commission expires Apr. 23, 1989



*Maurice Cunan*  
NOTARY PUBLIC, KENTUCKY, STATE-AT-LARGE

This Document Prepared By:

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

LODGED BY *Segal*  
AND RECORDED  
1985 NOV 19 PM 12:58  
FILED  
ORIGINAL COPY  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

OCT 24 1985

*Dwight P. Davis*  
SECRETARY OF STATE



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0177929.09

amgray  
AMD

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/19/2014 11:15 AM  
Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-----

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Old Louisville Information Center, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article 1: The name of the corporation shall be: The Old Louisville Neighborhood Council, Inc.

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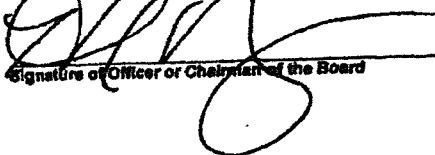
3. The date of adoption of each amendment was July 22, 2014

4. Check either a, b or c (whichever is applicable):

- a.  The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b.  The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c.  The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is August 22, 2014  
(Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

 \_\_\_\_\_  
 Signature of Officer or Chairman of the Board      Printed Name      Title      Date

Howard Rosenberg      President      July 22, 2014

(01/12)

Document No.: DNE014104424  
 Lodged By: WYATT TARRANT COMBS  
 Recorded On: 08/20/2014 09:56:27  
 Total Fees: 11.00  
 Transfer Tax: .00  
 County Clerk: ROBBIE HOLSCLOW-JEFF CO KY  
 Deputy Clerk: EVENAY

END OF DOCUMENT



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

*Changes  
IC  
NAME  
in Articles*

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-----

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:  
**The Old Louisville Information Center, Inc.**  
 (The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article I: The name of the corporation shall be: The Old Louisville Neighborhood Council, Inc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The date of adoption of each amendment was July 22, 2014.

4. Check either a, b or c (whichever is applicable):
- a.  The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
  - b.  The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
  - c.  The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is August 1, 2014  
 (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board	<u>Howard Rosenberg</u>	<u>President</u>	<u>July 22, 2014</u>
	Printed Name	Title	Date

**RESOLUTIONS OF THE MEMBERS OF THE OLD LOUISVILLE**

**INFORMATION CENTER, INC.**

**FOR JULY 22, 2014 MEETING**

RESOLVED that the proposal to accept the assets and properties of The Old Louisville Neighborhood Council, Inc. pursuant to the Assignment, Acknowledgement, Receipt and Acceptance in the form presented to the Members be, and hereby is, ratified and approved;

RESOLVED that the proposal to assume the rights and obligations of The Old Louisville Neighborhood Council, Inc. under that certain Facility Use Agreement with Louisville/Jefferson County Metro Government pursuant to the Assignment of Facility Use Agreement in the form presented to the Members be, and, hereby is, ratified and approved;

RESOLVED that the proposal to amend the Corporation's Articles of Amendment in the form presented to the Members to change the name of the Corporation to "The Old Louisville Neighborhood Council, Inc." following the dissolution of that corporation be, and hereby is, ratified and approved; and

RESOLVED that the actions of the Board of Directors and the Officers of the Corporation relating to the foregoing resolutions be, and hereby are, ratified and approved.

007300458

0075161.09

amcray  
DIS

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/19/2014 11:12 AM  
Fee Receipt: \$5.00

ARTICLES OF DISSOLUTION  
OF  
THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

1. The name of the Corporation is The Old Louisville Neighborhood Council, Inc.
2. The Resolution to Dissolve and the Corporation's Plan of Distribution were adopted at a meeting of the members held on July 22, 2014 at which a quorum was present, and such resolution and plan received at least two-thirds (2/3) of the votes that members present at such meeting or represented by proxy were entitled to cast.
3. All debts, obligations and liabilities of the Corporation have been paid and discharged.
4. The Corporation's assets have been distributed, in accordance with the Corporation's Articles of Incorporation and its Plan of Distribution, to The Old Louisville Information Center, Inc., an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.
5. All of the Corporation's remaining property and assets have been transferred, conveyed or distributed in accordance with the provisions of KRS 273.161 to KRS 273.390.
6. There are no suits pending against the Corporation in any court.

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

  
Howard Rosenberg  
President

Date: July 29, 2014

61191874.1

Document No.: DN2014104423  
Lodged By: WYATT TARRANT COMBS  
Recorded On: 08/20/2014 09:56:11  
Total Fees: 11.00  
Transfer Tax: .00  
County Clerk: BOBBIE HOLSCLOW-JEFF CO KY  
Deputy Clerk: EVENAY

END OF DOCUMENT

007300457

0075161.09 amcray  
AMD  
Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
8/19/2014 11:12 AM  
Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 584-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	-----

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Old Louisville Neighborhood Council, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article IV (4): Upon dissolution of the Council, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Council, dispose of all the assets of the Council exclusively for the purpose of the Council in such manner, or to such organization or organizations established and operated exclusively for charitable purposes as shall at the time qualify under Sec. 501(c)(3) of the Internal Revenue Code of 1986, as amended, as the Board of Directors shall determine.

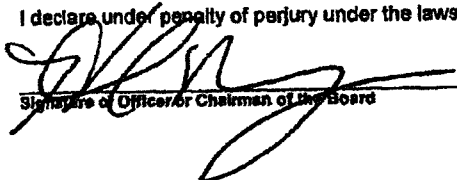
3. The date of adoption of each amendment was July 22, 2014

4. Check either a, b or c (whichever is applicable):

- a.  The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b.  The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c.  The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_ (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

 \_\_\_\_\_  
 Signature of Officer or Chairman of the Board      Printed Name      Title      Date

(01/12)

Document No.: DN2014104422  
Lodged By: WYATT TARRANT COMBS  
Recorded On: 08/20/2014 09:55:39  
Total Fees: 11.00  
Transfer Tax: .00  
County Clerk: BOBBIE HOLSCLOW-JEFF CD KY  
Deputy Clerk: EVERAY

END OF DOCUMENT

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank. <b>THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Nonprofit Organization exempt under IRS Code 501(c)(3)</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>1340 S 4TH ST (IN CENTRAL PARK)</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>LOUISVILLE KY 40208-2350</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table>																				
or																				
<b>Employer identification number</b>																				

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Ann Comley, TREASURER</i>	Date ▶	23-JAN-2015
------------------	---------------------------------------------------------	--------	-------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Old Louisville Neighborhood Council  
1340 S. 4<sup>th</sup> Street  
Louisville, KY 40208  
502-635-5244  
oldlouisville.org

Paid Staff

Executive Director  
Shawn Fields Williams  
\$35,000/ per year

Administrative Assistant  
\$17,000/per year

# **LOUISVILLE CRASHERS BOOKING CONTRACT**

THIS CONTRACT, entered into on this 18<sup>th</sup> day of February 2016, is for the personal services of The Louisville Crashers for the performance described below. The undersigned client and musicians agree and contract as follows:

## **Parties**

1. Band Name: The Louisville Crashers
2. Client Name: Shawn Fields Williams – Old Louisville Neighborhood Council
3. Client Phone Number, Email, Address: fieldswilliams@att.net

## **Performance Details**

4. Number of Musicians in Band: 6
5. Number of Technical Support Staff: 4
6. Performance Venue Name: Central Park Louisville
7. Performance Venue Address: South 4<sup>th</sup> Street Louisville
8. Performance Date: April 29<sup>th</sup> 2016
9. Performance Start Time: 7pm
10. Performance End Time: 10pm

## **Payment Agreement**

11. Fee Agreed Upon: \$3500.00
12. 50% of total fee shall be paid as a non-refundable deposit upon signing contract. Remaining balance must be paid in full before beginning of performance. Payments should be made in cash/check (American currency) to The Louisville Crashers.



### **Hospitality Requirements**

13. Band and technical support staff (total 10) will be provided, at client's expense, a hot meal either before or after the performance including a large salad, dessert and a case of bottled water, 12 pack of coke, 12 pack of diet coke and two bags of ice. NA

14. Band will be provided with a dressing room/green room for the entire event. This room will be used exclusively by the band. NA

### **Additional Terms**

15. This contract constitutes a complete and binding agreement between the client and band. Agent acts only as agent and assumes no responsibility between client and band.

16. In case of breach of this contract by client, client agrees to pay the total fee agreed upon as mitigated damages, plus reasonable attorney's fees, court costs, and legal interest that may arise from said breach.

17. The client agrees to be responsible for harm, loss, or damage of any kind to person or property of band and/or technical support staff while located at performance venue.

18. The undersigned parties agree to be personally, jointly and severally liable for the terms of this contract.


19. In the event of rain, or any other event which cancels the performance and is outside the control of either party, client and band agree to the following:

- (a) If band's equipment has not been loaded into the performance venue, band shall retain the 50% deposit paid upon the signing of this contract, and no further payments shall be required by the client.
- (b) If band's equipment has been loaded into the performance venue, band shall retain the 50% deposit paid upon the signing of this contract, and client shall immediately pay band the full balance of the agreed upon fee.

## Technical Requirements

20. A stage must be provided for the performance. Minimum stage required is 16' x 24'.
21. There must be a minimum of six (6) individual 15-amp circuits accessible from the stage used exclusively by the band.
22. Band requires 6'x6' space 30'-100' in front of stage, before, during and after event to allow for sound engineer and mixing console.
23. Client will provide sound and lighting meeting or exceeding the attached requirements. **Band will provide sound and lighting**
24. Client will provide two (2) load in, load out personnel there before crew arrives through end of night. Paid by client. NA
25. The Louisville Crashers reserves the right to sell its merchandise at all performances, unless otherwise agreed upon with client prior to performance date. Client shall not permit any other sale or distribution of merchandise bearing The Louisville Crasher trademarks or image without prior consent from The Louisville Crashers.

CLIENT

  
SHAWN FIELDS WILLIAMS Exec. Director  
OLD LOUISVILLE NEIGHBOR HOOD COUNCIL

BAND/MUSICIAN(S) \_\_\_\_\_

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### Make checks payable to:

The Louisville Crashers

1900 Mellwood Ave.

Louisville Ky. 40206

502-939-8344

## THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

### General Information

<b>Organization Number</b>	0177929
<b>Name</b>	THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/16/1983
<b>Organization Date</b>	5/16/1983
<b>Last Annual Report</b>	6/30/2015
<b>Principal Office</b>	1340 S. 4TH ST.(IN CENTRAL PARK) LOUISVILLE, KY 40208
<b>Registered Agent</b>	OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC. 1340 S. 4TH. ST. IN CENTRAL PARK LOUISVILLE, KY 40208

### Current Officers

<b>President</b>	<a href="#">Howard Rosenberg</a>
<b>Vice President</b>	<a href="#">Leah Weisman</a>
<b>Secretary</b>	<a href="#">Chris Glasser</a>
<b>Treasurer</b>	<a href="#">Eric Cowley</a>
<b>Director</b>	<a href="#">James Brooks</a>
<b>Director</b>	<a href="#">Charles Anderson</a>
<b>Director</b>	<a href="#">Leah Stewart</a>

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#">RICHARD L JANES</a>
<b>Director</b>	<a href="#">COROLYN BEALL</a>
<b>Director</b>	<a href="#">ROSE GREENOUGH NETT</a>
<b>Incorporator</b>	<a href="#">RICHARD L JANES</a>

### 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.

<a href="#">Annual Report</a>	6/30/2015	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	8/19/2014	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	1/24/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/10/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/3/2012	1 page	<a href="#">PDF</a>	

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

## Assumed Names

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## Activity History

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Filing	File Date	Effective Date	Org. Referenced
Annual report	6/30/2015 11:30:17 AM	6/30/2015 11:30:17 AM	
Amendment - Change name	8/19/2014 11:15:23 AM	8/19/2014	<a href="#">THE OLD LOUISVILLE INFORMATION CENTER, INC.</a>

## Microfilmed Images

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