

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

Applicant/Program: Patchwork Community Festival
Applicant Requested Amount: 9882
Appropriation Request Amount: 1082

Executive Summary of Request

Patchwork Community Festival "Taking Back Our Neighborhood" is an event that is open and free to the public. Estimated attendance is 2500 people. The tents will provide shade for 300+ people and the porta pots will provide physical relief for 2500 people

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

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

4 District # Barbara J. Smith Primary Sponsor Signature \$1082 Amount 053117 Date

Primary Sponsor Disclosure

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

Approved by:

 Appropriations Committee Chairman Date
 Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Patchwork Enterprises inc

Program Name and Request Amount Patchwork Community Festival \$9882

Yes/No/NA

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

Prepared by:

Christa Paul

Date:

6/15/17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: PATCHWORK ENTERPRISES INC <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 670 S. 39th St. Louisville, KY 40211-3053			
Website: www.patchworkenterprises.com			
Applicant Contact:	KeOliver 'Skip' McCall	Title:	Executive Director
Phone:	(502) 931-3172	Email:	skipmccall@patchworkenterprises.com
Financial Contact:		Title:	
Phone:	FAX: (502) 774-3022	Email:	skipmccall@me.com
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Russell Neighborhood		
Council District(s):	4	Zip Code(s):	40212
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: PATCHWORK COMMUNITY FESTIVAL, "Taking Back Our Neighborhoods"			
Total Request: (\$)	9,882	Total Metro Award (this program) in previous year: (\$)	0.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	0
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

The purpose of this corporation is:

- * To support and conduct non-partisan research, education, and informational activities to increase public awareness of juvenile delinquency;
- * To provide and sponsor venues to combat crime within neighborhoods;
- * To present job alternatives vs. illegal activities;
- * To show positive role models to youth;
- * To assist in lessening neighborhood tensions;
- * To educate the poor, distressed and underprivileged, with the means to help eliminate and/or ameliorate prejudice, discrimination, and joblessness;
- * To provide relief to the elderly;
- * To provide information about, and referrals to, other governmental and charitable agency's resources & services;
- * To prevent community deterioration.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

2017 PATCHWORK COMMUNITY FESTIVAL, "Taking Back Our Neighborhoods" is Saturday, June 10, 2017 from 7am to 11pm. See Flyers

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

\$800 Rent 40' x 80' tent
\$282 Rent 4 Regular and 1 Handicap Port-a-pots
\$4,950 Hire Entertainers
\$2,000 Live Remote Radio Broadcast
\$1,850 Billboard Advertising

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This Community Festival is FREE to the Public

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
- The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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:

- * Tent will provide shade for 300 people at a time
- * Port-a-pots will provide physical relief for 2500 people
- * Entertainers will provide entertainment & increase attendance at the event
- * Live Remote Radio Broadcast will increase awareness and attendance at the event
- * Billboard Advertising will increase awareness and attendance at the event

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.

Zion Baptist Church, Inc. provides grounds and facilities within the 4th Louisville Metro Council District for the Community Festival and Sponsorship Level Funding

Zion Baptist Church, Inc. provides free utilities, manpower and whatever is needed

LG&E/Eon provides free flashing barricades and hazard cones for traffic control

Louisville Water Company provides free Water Coolers and cups to dispense the water

Fisher Packing provides free hot dogs for the free feed the community give a way

University of Louisville Men's Football Program provides free autographs by their athletes

University of Louisville Women's Basketball Program provides free autographs by their athletes

Prince Hall Masons of Kentucky provides free manpower for labor & security

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	\$8,800.00	\$11,710.00	\$20,510.00
J: Machinery & Equipment Port-a-pots	\$282.00		\$282.00
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8) Tent	\$800.00		\$800.00
*TOTAL PROGRAM/PROJECT FUNDS	\$9,882.00	\$11,710.00	\$21,592.00
% of Program Budget	45 %	55 %	100%

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

Other State, Federal or Local Government	\$0.00
United Way	\$0.00
Private Contributions (do not include individual donor names)	Yes
Fees Collected from Program Participants	Yes
Other (please specify)	Fundraisers
Total Revenue for Columns 2 Expenses **	100%

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Community Events & Festivals	8,800	11,710	20,510
Port-a-pots	282		282
Tent Rental	800		800
Total	9,882	11,710	21,592

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
Transport sound equipment to & from venue, set <input checked="" type="checkbox"/>	\$400.00	
Soundman services for 16 hrs	\$1,450.00	
D.J. services for 12 hrs	\$1,000.00	
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: January

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:

Increased spending on Entertainment and Advertising

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

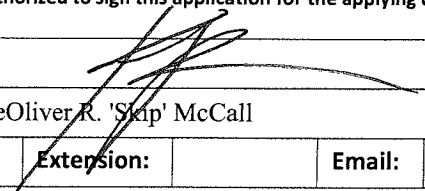
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4/19/2017
Legal Signatory: (please print):	KeOliver R. 'Skip' McCall	Title:	Executive Director
Phone:	(502) 931-3172	Extension:	
Email:	skipmccall@patchworkenterprises.com		

skipmccall@me.com

Patchwork Enterprises Inc

2200 West Muhammad Ali Boulevard
Louisville, KY 40212-1764

0724166.09

dcornish
NAOA

Trey Grayson
Secretary of State
Received and Filed
06/09/2009 11:53:41 AM
Fee Receipt: \$8.00

June 8, 2009

Trey Grayson
Secretary of State
Commonwealth of Kentucky
P.O. Box 718
Frankfort, KY 40602-0718

**RE: Amending Articles of Incorporation
PATCHWORK ENTERPRISES INC
Non-profit Corporation**

We are making the following amendments to our original Articles of Incorporation:

0724166.09
Trey Grayson
Secretary of State
Received and Filed
2/25/2009 7:41:03 AM

Article V, as stated:

Article V: The number of directors constituting the initial board of directors is 3. The name and mailing address of each director is

Gerald Jerome Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266
Sharon T McCall 670 S. 39th, Louisville, Kentucky 40211-305
Luevern T Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266

Shall be changed to read:

Article V: The number of directors constituting the initial board of directors is ~~3~~ (4).
The name and mailing address of each director is

****add** (Ke Oliver 'Skip' R McCall 670 S. 39th, Louisville, Kentucky 40211-3053)**
Gerald Jerome Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266(1)
Sharon T McCall 670 S. 39th, Louisville, Kentucky 40211-305(3)
Luevern T Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266(1)

The Following Articles shall be Added:

Article VI: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions

Commonwealth of Kentucky
Trey Grayson, Secretary of State

0724166.09
Trey Grayson
Secretary of State
Received and Filed
2/25/2009 7:41:03 AM
Fee receipt: \$8.00

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

Articles of Incorporation
Non-profit Corporation

NAI

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

Article I: The name of the company is

Patchwork Enterprises Inc

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

2200 W. Muhammad Ali Blvd, Louisville, KY 40212-176

and the name of the initial registered agent at that address is **KeOliver Skip Ryon McCall**

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

2200 W. Muhammad Ali Blvd, Louisville, KY 40212-1764

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

KeOliver Skip Ryon McCall 2200 W. Muhammad Ali Blvd, Louisville, Kentucky 40212-176

Article V: The number of directors constituting the initial board of directors is 3. The name and mailing address of each director is

Gerald Jerome Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266
Sharon T McCall 670 S. 39th, Louisville, Kentucky 40211-305
Luevern T Joiner 9413 Holiday Drive, Louisville, Kentucky 40272-266

Executed by the Incorporator on Wednesday, February 25, 2009

Signature of Incorporator: **KeOliver Skip Ryon McCall**

I, **KeOliver Skip Ryon McCall**, consent to serve as the registered agent on behalf of the corporation.

Signature of registered agent or individual signing on behalf of the company serving as registered agent:

KeOliver Skip Ryon McCall

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.	Name (as shown on your income tax return) PATCHWORK ENTERPRISES INC	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 670 South 39th Street	Requester's name and address (optional) Louisville Metro Council NDF
	City, state, and ZIP code Louisville, KY 40211-3053	601 W. Jefferson St. Louisville, KY 40202
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 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.

Social security number
or
Employer identification number

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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

Sign Here	Signature of U.S. person ▶	Date ▶ 4/19/2017
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General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



759-03-01-00 55103 0 C 001 30 50 004
PATCHWORK ENTERPRISES INC
670 S 39TH ST
LOUISVILLE KY 40211-3053

Your account statement

For 04/28/2017

Contact us



BBT.com



(800) BANK-BBT or
(800) 226-5228

**You've built a solid business network.
Now BB&T introduces a way to make it work for you:**

Refer up to 4 businesses and receive \$400! * Refer fellow businesses to open their first BB&T business checking account and you each receive \$100 deposited directly into your business checking accounts once offer requirements are met.

To participate in this incentive program, stop by your closest local financial center to pick up a registration form. Visit us online at **BBT.com/Business** for more information or call us at 800-BANK-BBT.

* Referring Client Incentive: Up to a maximum of four (4) \$100 incentives (for a total of \$400) is available to a referring client for each referred business that meets qualifiers. Existing clients must have a BB&T business checking account in good standing with a balance greater than or equal to \$250 within 90 days after the referred account qualifies for the incentive. Accounts are only reviewed once. Referred Client Incentive: A \$100 incentive will be paid to a referred client who meets the requirements of this offer. Offer is available for new business checking accounts when a referral coupon is submitted at account opening. The client's account must be in good standing with a balance greater than or equal to \$250 or have a minimum of 5 BB&T Business Debit Card purchase transactions totaling at least \$250 within 90 days from account opening to be eligible. Accounts are only reviewed once. Normal account opening balances apply. All referral and account opening bonuses will be credited to eligible accounts via Direct Deposit within 120 days from account opening and reported to the IRS as required by law. This offer cannot be combined with any other offer or promotion. In addition to all qualifiers listed above, Non-Resident Alien clients must also submit a valid Form W-8, NRA Certification Statement and a copy of their passport to BB&T by the time the account is reviewed for incentive eligibility as described above.

BB&T, Member FDIC.
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■ COMMUNITY CHECKING: [REDACTED]

Account summary

Your previous balance as of 03/31/2017	\$10,920.38
Checks	- 672.93
Other withdrawals, debits and service charges	- 253.10
Deposits, credits and interest	+ 1,177.58
Your new balance as of 04/28/2017	= \$11,171.93

Checks

DATE	CHECK #	AMOUNT(\$)
04/17	1405	386.93
04/28	* 1407	286.00
Total checks		= \$ 672.93

* indicates a skip in sequential check numbers above this item

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
04/03	DEBIT CARD PURCHASE-PIN 03-31-17 LOUISVILLE KY 8687 RESTAURANT DEPOT	28.73
04/07	DEBIT CARD PURCHASE LAWDEPOT.COM 87750 04-06 866-608-1020 CA 8687	33.00

continued



Questions, comments or errors?

Member FDIC

For general questions/comments or to report errors about your statement or account, please call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228) 24 hours a day, 7 days a week. BB&T Phone24 Client Service Associates are available to assist you from 6 a.m. until midnight ET. You may also contact your local BB&T financial center. To locate a BB&T financial center in your area, please visit BBT.com.

Electronic fund transfers

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, contact us as soon as possible. You may write to us at the following address:

BB&T Liability Risk Management
P.O. Box 996
Wilson, NC 27894-0996

You may also call BB&T Phone24 at 1-800-BANK BBT or visit your local BB&T financial center. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. Please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

We will investigate your complaint/concern and promptly take corrective action. If we take more than ten (10) business days to complete our investigation, your account will be credited for the amount you think is in error, minus a maximum of \$50 if we have a reasonable basis to believe that an unauthorized electronic fund transfer has occurred. This will provide you with access to your funds during the time it takes us to complete our investigation. You may have no liability for unauthorized Check Card purchases, subject to the terms and conditions in the current BB&T Electronic Fund Transfer Agreement and Disclosures. If you have arranged for direct deposit(s) to your account, please call BB&T Phone24 at 1-800-BANK BBT to verify that a deposit has been made.

If your periodic statement shows transfers that you did not make, tell us at once. If you do not inform us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days. This will occur if we can prove that we could have stopped someone from taking the money if you had informed us in time. If a good reason kept you from informing us, we will extend the time periods.

Important information about your Constant Credit Account

Once advances are made from your Constant Credit Account, an **INTEREST CHARGE**

will automatically be imposed on the account's outstanding "Average daily balance." The **INTEREST CHARGE** is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid **INTEREST CHARGE**. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

Billing rights summary

In case of errors or questions about your Constant Credit statement

If you think your statement is incorrect, or if you need more information about a Constant Credit transaction on your statement, please call 1-800-BANK BBT or visit your local BB&T financial center. To dispute a payment, please write to us on a separate sheet of paper at the following address:

BankCard Services Division
P.O. Box 200
Wilson, NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

Mail-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local BB&T financial center. Visit BBT.com to locate the BB&T financial center closest to you. Please do not send cash.

Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

How to Reconcile Your Account		Outstanding Checks and Other Debits (Section A)			
		Date/Check #	Amount	Date/Check #	Amount
1. List the new balance of your account from your latest statement here:					
2. Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:					
3. Subtract the amount in line 2 above from the amount in line 1 above and enter the total here:					
4. Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:					
		Outstanding Deposits and Other Credits (Section B)			
		Date/Type	Amount	Date/Type	Amount
5. Add the amount in line 4 to the amount in line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.					
For more information, please contact your local BB&T relationship manager, visit BBT.com, or contact BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).					

Patchwork Enterprises Inc

General Information

Organization Number 0724166
Name Patchwork Enterprises Inc
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 2/25/2009 7:41:03 AM
Organization Date 2/25/2009 7:41:03 AM
Last Annual Report 1/12/2017
Principal Office 670 S 39TH ST
 LOUISVILLE, KY 40211-3053
Registered Agent KEOLIVER R. 'SKIP' MCCALL
 670 S 39TH ST
 LOUISVILLE, KY 40211-3053

Current Officers

President [KeOliver 'Skip' Ryon McCall](#)
Vice President [Gerald Jerome Joiner](#)
Treasurer [Sharon Theresa McCall](#)
Director [KeOliver 'Skip' Ryon McCall](#)
Director [Gerald Jerome Joiner](#)
Director [Sharon Theresa McCall](#)
Executive [KeOliver 'Skip' Ryon McCall](#)

Individuals / Entities listed at time of formation

Director [GERALD JEROME JOINER](#)
Director [SHARON T MCCALL](#)
Director [LUEVERN T JOINER](#)
Incorporator [KEOLIVER SKIP RYON MCCALL](#)

Images available online

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

Annual Report	1/12/2017	1 page	PDF
Annual Report	1/10/2016	1 page	PDF
Annual Report	1/13/2015	1 page	PDF
Annual Report	1/13/2014	1 page	PDF
Annual Report	1/12/2013	1 page	PDF
Annual Report	1/11/2012	1 page	PDF

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NARP
0724166
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
1/12/2017 9:49:17 AM
Fee receipt: \$15.00

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

Annual Report
Online Filing

ARP

Company: Patchwork Enterprises Inc
Company ID: 0724166
State of origin: Kentucky
Formation date: 2/25/2009 7:41:03 AM
Date filed: 1/12/2017 9:49:17 AM
Fee: \$15.00

Principal Office

670 S 39TH ST
LOUISVILLE, KY 40211-3053

Registered Agent Name/Address

KEOLIVER R. 'SKIP' MCCALL
670 S 39TH ST
LOUISVILLE, KY 40211-3053

Current Officers

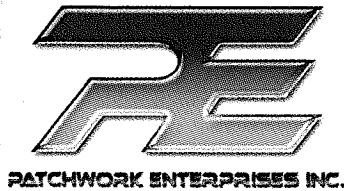
President	KeOliver 'Skip' Ryon McCall	670 S. 39th Louisville, KY
Treasurer	Sharon Theresa McCall	670 S. 39th Louisville, KY
Vice President	Gerald Jerome Joiner	2200 W. Muhammad Ali Blvd. Louisville, KY
Executive	KeOliver 'Skip' Ryon McCall	670 S. 39th Louisville, KY

Directors

Director	KeOliver 'Skip' Ryon McCall	670 S. 39th Louisville, KY
Director	Gerald Jerome Joiner	2200 W. Muhammad Ali Blvd Louisville, KY
Director	Sharon Theresa McCall	670 S. 39th Louisville, KY

Signatures

Signature	KeOliver 'Skip' Ryon McCall
Title	Executive Director



**PATCHWORK
ENTERPRISES INC**
“STRIVING TO SERVE THE COMMUNITY”

COMMUNITY / YOUTH FESTIVALS; GOD'S CLOTHES CONSIGNMENT STORE
 DIVA DANCERS FOR CHRIST & MISS JUNIOR DEBUTANTE COTILLION BALL
 KEOLIVER 'SKIP' MCCALL, 33', EXECUTIVE DIRECTOR

Projected Budget

for

**2017 PATCHWORK COMMUNITY FESTIVAL,
 “Taking Back Our Neighborhoods”**

ITEM	PROPOSED GRANT FUNDS	FUNDS TO BE RAISED	TOTAL
ENTERTAINMENT	\$4,950.00		\$4,950.00
OUTSIDE ADVERTISING	\$3,850.00		\$3,850.00
EQUIPMENT RENTAL	\$1,082.00		\$1,082.00
FUNDRAISERS & VENDORS		\$11,710.00	\$11,710.00
			\$0.00
TOTAL	\$9,882.00	\$11,710.00	\$21,592.00

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUN 30 2009**

PATCHWORK ENTERPRISES INC
C/O SKIP MCCALL
2200 W MUHAMMAD ALI BLVD
LOUISVILLE, KY 40212-1764

Employer Identification Number:

DLN:

17053076015019

Contact Person:

PETER A ORLETT

ID# 31436

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

February 25, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)



Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** PATCHWORK ENTERPRISES INC
- **EIN:** [REDACTED]
- **Tax Year:** 2016
- **Tax Year Start Date:** 01-01-2016
- **Tax Year End Date:** 12-31-2016
- **Submission ID:** 10065520170120711542
- **Filing Status Date:** 01-12-2017
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS



PATCHWORK COMMUNITY FESTIVAL₂₀₁₇

“TAKING BACK OUR NEIGHBORHOODS”



Saturday, JUNE 10th
9:00 am - 9:00 pm

RAIN or SHINE



on 22nd ST. from W. MUHAMMAD ALI BLVD to W. CHESTNUT ST.
EXHIBITORS * VENDORS * SPEAKERS * FOOD * DRINKS
MUSIC * GAMES



3 ON 3 BASKETBALL TOURNAMENT
GREAT FAMILY FUN * KIDS BOUNCERS



BLOOD DRIVE SIGNUP  **American RedCross**

*****VOTER REGISTRATION*****

**FINANCIAL PLANNING * RELIGIOUS COUNSELING * JOB, CAREER,
EDUCATIONAL & BUSINESS OPPORTUNITIES * DANCERS *
PERFORMERS**

UofL
Football
Team
Autographs



UofL
Women's
Basketball
Team
Autographs

Give-a-ways * ALL DAY LONG, * Give-a-ways

Hosted by:  **ZION BAPTIST CHURCH, INC.**

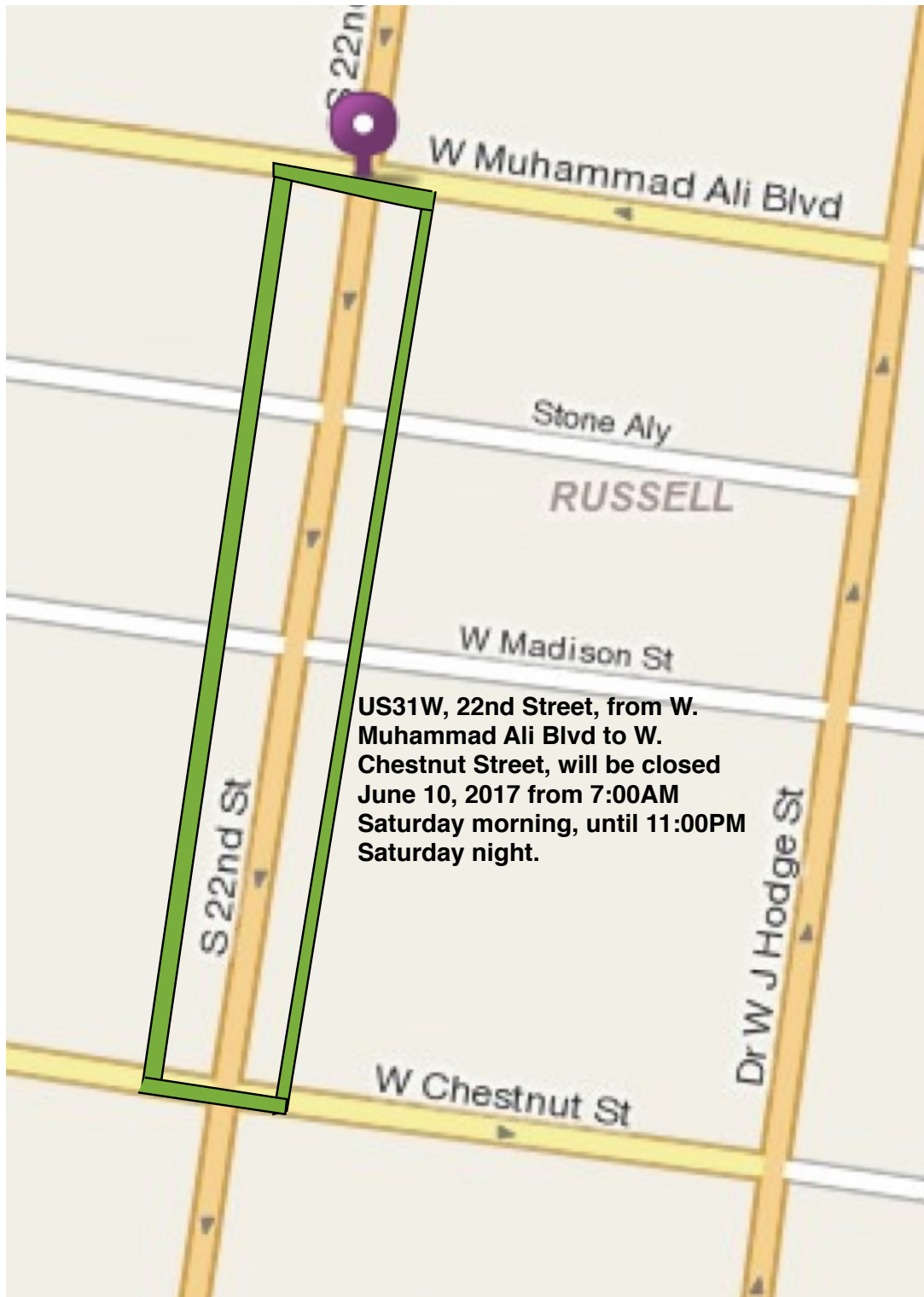
2200 W. Muhammad Ali Boulevard, Louisville, KY 40212 tel: 502-775-6404



PATCHWORK ENTERPRISES INC Promotion

Tel: 502-931-3172 Fax: 502-774-3022 skipmccall@patchworkenterprises.com

Download all forms on www.patchworkenterprises.com



PATCHWORK COMMUNITY FESTIVAL

2017 Event Map

PATCHWORK ENTERPRISES INC a 501(c)(3) nonprofit corporation
670 S 39th STREET LOUISVILLE, KY 40211-3053
tel: (502) 931-3172 fax: (502) 774-3022
www.patchworkenterprises.com