

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Old Louisville Neighborhood Neighborhood Council Holiday Homes Tours

**Program Name and Request Amount** \$1,00.00

	Yes/No/NA
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"/> ...
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"/> No
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"/> Yes
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"/> N/A
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"/> No
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: *Wanda Mitchell Smith* Date: 11-1-16


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

Applicant/Program: OLNC Holiday Home Tours  
Applicant Requested Amount: 1,000.<sup>00</sup>  
Appropriation Request Amount: 1,000.<sup>00</sup>

Executive Summary of Request Old Louisville Annual Holiday Home Tours  
kicking off the holidays with 8 private homes  
decorated in a festive way. All of which is open  
to the public.

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.

6 District #       Primary Sponsor Signature      1,000.<sup>00</sup> Amount      11-1-16 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**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Old Louisville Neighborhood Council</b>	
<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 South 4th Street Louisville Kentucky 40208			
<b>Website:</b> oldlouisville.org			
<b>Applicant Contact:</b>	Joan Stewart/Susan Coleman Layman	<b>Title:</b>	Committee Member Holiday Home Tour/Chair Holiday Home Tour
<b>Phone:</b>	502.593.1242	<b>Email:</b>	jagsaregreat@yahoo.com
<b>Financial Contact:</b>	Joan Stewart	<b>Title:</b>	Committee Member HHT
<b>Phone:</b>	502.593.1242	<b>Email:</b>	jagsaregreat@yahoo.com
<b>Organization's Representative who attended NDF Training:</b> Joan Stewart			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Holiday Home Tour for The Old Louisville Neighborhood Council			
<b>Total Request: (\$)</b>	1000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	1500.00
<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 <i>(Not included)</i>	
<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 (HHT)	<b>Amount: (\$)</b>	1500.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Has the applicant contacted the BBB Charity Review for participation?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Has the applicant met the BBB Charity Review Standards?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Old Louisville Holiday Home Tour (HHT) being held December 3, 4, 2015 (12pm to 6pm each day) is an annual event sponsored by The Old Louisville Neighborhood Council kicking off the Holiday Season by having a private home, a neighborhood non-profit and an occasion featuring an Old Louisville business or church open to the public decorated in a festive way. This event is a fundraiser (one of two primary fund-raisers which financially support the Old Louisville Neighborhood Council). This year is the 40th Anniversary of this neighborhood event...and it is corresponding with the honoring of The Southern Exposition which occurred in Old Louisville from 1883 to 1887.

The HHT is aggressively promoted to Louisville Metro, Southern Indiana and Regional Cities and States. It is open to all who want to be a part of the Event. Also, a part of the event is to offer an opportunity to Volunteer to help "put-on" the HHT. As a Thank You to those who volunteer, a ticket to the HHT is supplied.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**  
The requested \$1000.00 will be spent for marketing the HHT. ( funds will be spent in Louisville Metro)



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The Proceeds from the HHT will be spent by The Old Louisville Neighborhood Council on Projects in Old Louisville such as neighborhood beautification, streetscape enhancements, operations, historic education, Central Park improvements, neighborhood signage...and seed money for the 2017 HHT.

**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:**

The primary reason the HHT Event occurs is promotion of the Old Louisville Neighborhood and as a fund-raiser. The benefit to the attendees...respect for the history of the neighborhood, respect for the people who choose to care for and love these prime examples of historical architecture, enjoying the beautiful neighborhood, realizing ideas that would be beneficial in neighborhoods other than Old Louisville and beginning to understand the process of organizing such an event...

As far as data...a door prize is given away from a drawing of those participants who sign up. Those who sign up are then added to our database of possible attendees for the next HHT...if the attendance grows, a logical assumption would be that the event was enjoyed and repeat guests attended.

**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 Committee works with our Councilman concerning all facets of the Event.

The HHT Committee works with Churches, Schools, other Neighborhoods in Louisville Metro, Social Clubs, Businesses and of Course the 20 Neighborhood Association in Old Louisville for Volunteers.



**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>	1000.00	11000.00	12000.00
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	1000.00	11000.00	12000.00
<b>% of Program Budget</b>	8.333 %	91.66 %	100%

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

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

**\*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 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
approximately 350 volunteers		
use of Old Louisville Neighborhood	<b>1000.00</b>	venue shopping average
Organizing Committee		
<i><b>Total Value of In-Kind</b></i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution &amp; Other In Kind)</i>		

**\* 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**

**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.

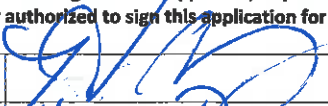
#### Standard Certifications

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:	9/9/14
Legal Signatory: (please print):	Howard Rosenbergs	Title:	Chair, OLNC
Phone:	502 635 8294	Extension:	
Email:	hrosenbergs@tax.com		

# 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>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 one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. 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.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>501C (3) NON-PROFIT ENTITY</b>			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>1</u> 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 SOUTH FOURTH ST (IN CENTRAL PARK)</b>		Requester's name and address (optional)	
6 City, state, and ZIP code <b>LOUISVILLE, KY 40208</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.

Social security number									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									

**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.

or

Employer identification number	

**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); and
4. 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>[Handwritten Signature]</i>	Date ▶ <i>[Handwritten Date]</i>
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**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:
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, and
  4. 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 INC

09/13/16

## Profit &amp; Loss

Accrual Basis

January through August 2016

	Jan - Aug 16
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
43400 · Direct Public Support	28,620.53
43410 · Walking Tour	1,019.89
43460 · Sponsorships	6,500.00
44000 · Grant Income	14,672.70
45000 · Investments	2.09
46000 · Rental Income	300.00
46400 · Other Types of Income	425.00
47000 · Program Income	1,656.87
47100 · Event Income	75.00
<b>Total Income</b>	53,272.08
<b>Cost of Goods Sold</b>	
55000 · Performance Fees	10,628.00
<b>Total COGS</b>	10,628.00
<b>Gross Profit</b>	42,644.08
<b>Expense</b>	
66001 · Payroll Expenses	36,836.75
60930 · Bank Fees	82.42
60000 · Program Expenses	9,813.16
50000 · Support of Other Organization	2,571.00
62100 · Contract Services	10,347.95
62800 · Facilities and Equipment	3,500.10
65000 · Operations	7,507.17
65200 · Other Types of Expenses	1,737.00
<b>Total Expense</b>	72,395.55
<b>Net Ordinary Income</b>	-29,751.47
<b>Other Income/Expense</b>	
<b>Other Expense</b>	
80050 · Miscellaneous Expense	586.42
<b>Total Other Expense</b>	586.42
<b>Net Other Income</b>	-586.42
<b>Net income</b>	<u>-30,337.89</u>

**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

7,000

**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

11,490

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

Facilities & Equipment	1,000
Operations	1,200
Refreshments	1,300

3,500

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

Facilities & Equipment	500
Operations	150
Utilities	350

1,000

**OLNC Tours**

Tour Guide Fees	1,000
Square Fees	225
Marketing	1,775

3,000

**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	
		<u>94,255</u>
<b>Total Expenses</b>		<u><b>120,245</b></u>

**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

**OLD LOUISVILLE NEIGHBORHOOD  
BOARD OF DIRECTORS  
January 1, 2016 – December 31, 2017**

Name	Office	Telephone (All 502)	Email
Howard Rosenberg	Chair	[REDACTED]	
Leah Stewart	Vice-Chair		
Ashley Peak	Secretary		
	Treasurer		
Peggy Heimerdinger	Belgravia Court		
Michael Meador	Central Park West		
David Mowder	East OL Multi-Family Living		
Christopher Bosson	Garvin Gate		
Stephen Peterson	Limerick Ass. For Ngh. Adv.		
Kim Mowder	North OL Multi-Family		
Roz Fishman	Ouerbaecker Court		
Janice Theriot	St. James Court		
Ken Herndon	Second Street		
Bruce Cohen	Seventh Street Edge		
Leah Stewart	600 Block W. Magnolia		
Jim Brooks	S. Fourth Street		
Michael Richards	S. Third Street		
David McNeese	The 1300 Association		
Phil Beeson	Toonerville Trolley		
Irene Spicer	Treyton Oaks		
Brian Aviles	W. St. Catherine		

--Updated April 20, 2016

**Balance Sheet**As of March 31, 2016

---

	Mar 31, 16
<b>ASSETS</b>	
Current Assets	89,705
Fixed Assets	60,730
Other Assets	3,405
<b>TOTAL ASSETS</b>	<b>153,840</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	11,960
Equity	
31500 · Temp. Restricted Net Assets	8,536
32000 · Unrestricted Net Assets	148,436
Net Income	-15,091
Total Equity	141,880
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>153,840</b>



## Profit &amp; Loss

January through March 2016

Jan - Mar 16

Ordinary Income/Expense	
Income	
46000 · Rental Income	50
43400 · Direct Public Support	5,425
43460 · Sponsorships	3,500
45000 · Investments	1
46400 · Other Types of Income	375
47000 · Program Income	525
<b>Total Income</b>	<b>9,876</b>
<b>Gross Profit</b>	<b>9,876</b>
Expense	
60000 · Program Expenses	4,043
50000 · Support of Other Organization	2,500
62100 · Contract Services	4,621
65000 · Operations	2,471
65200 · Other Types of Expenses	40
66000 · Admin Payroll Expenses	11,292
<b>Total Expense</b>	<b>24,967</b>
<b>Net Ordinary Income</b>	<b>-15,091</b>
<b>Net Income</b>	<b>-15,091</b>

## Old Louisville Neighborhood Council INC

## Profit &amp; Loss

March 2016

04/25/16

Accrual Basis

---

	Mar 16
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
43400 · Direct Public Support	5,325
43460 · Sponsorships	3,500
45000 · Investments	0
46400 · Other Types of Income	275
47000 · Program Income	175
<b>Total Income</b>	9,275
<b>Gross Profit</b>	9,275
<b>Expense</b>	
60000 · Program Expenses	3,450
50000 · Support of Other Organization	2,500
62100 · Contract Services	256
65000 · Operations	755
66000 · Admin Payroll Expenses	3,978
<b>Total Expense</b>	10,939
<b>Net Ordinary Income</b>	-1,664
<b>Net Income</b>	-1,664

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

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

SEP 16 1976

The undersigned, the majority of whom are citizens of the United States of America, desiring to form a non-profit corporation under the nonprofit corporation law of the Commonwealth of Kentucky, do hereby certify:

*Donald R. Davis*  
SECRETARY OF STATE  
*LD*

ARTICLE I

The name of the corporation shall be The Old Louisville Neighborhood Council, Inc.

ARTICLE II

Unless sooner terminated as provided by law, the Council shall have perpetual existence from the time the certificate of incorporation has been issued by the Secretary of the State of Kentucky.

ARTICLE III

The objects and purposes of the Council shall be:

- a) To unite property owners, tenants, business people and others interested in the area.
- b) To encourage civic improvements and betterments in the area.
- c) To promote community activities and interests of an educational or civic nature.
- d) To encourage residential and business property upkeep in the area, and to eliminate vandalism and littering.
- e) To encourage better fire and police protection, traffic flow and traffic law enforcement in the area.
- f) To be concerned with youth problems of the area.
- g) To encourage reasonable and adequate zoning, and to ensure uniform enforcement of codes.
- h) To encourage a spirit of friendliness and cooperative community spirit in the area and in relations with other neighborhood groups in the Old Louisville area and throughout the City of Louisville.
- i) To support any other activities which advance the common good and general welfare of the community and its people unless these activities are excluded by IRC Sec. 501 (c) (4) or IRS regulation.

FILED

SEC. CO., KY.

2 31

1976

FRANKFORD, KY., Clerk

BY *[Signature]* D.C.

#### ARTICLE IV

(4.1) The said Council is organized exclusively for the promotion of social and civic welfare as described in IRC Sec. 501 (c) (4). In view of that fact, no part of the net earnings of the Council shall be distributable to its members, directors, officers, or other private persons as income; however, 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 Three hereof.

(4.2) No substantial part of the activities of the Council shall be the carrying on of propaganda, or otherwise attempting to influence legislation, unless the social welfare and civic objective require legislation as per the regulations concerning IRC Sec. 501 (c) (4) or intervene in any political campaign on behalf of any candidate for public office.

(4.3) Notwithstanding any other provision of these articles, the Council shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income Tax under Sec. 501 (c) (4) of the Internal Revenue Code of 1954.

(4.4) Upon dissolution of the Council, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Council, dispose of all the assets of the Council exclusively for the purposes of the Council in such manner, or to such organization or organizations established and operated exclusively for social welfare or civic purposes as shall at the time qualify as exempt organization or organizations under Sec. 501 (c) (4) Internal Revenue Code of 1954, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### ARTICLE V

(5.1) The registered office and place of business of the corporation shall be: 317 W. Hill Street, Louisville, Jefferson County, Kentucky, 40208.

(5.2) The name and address of its resident agent for the service of process shall be: Mr. James E. Allen, 317 W. Hill Street, Louisville, Kentucky, 40208

#### ARTICLE VI

The officers, directors, or members of the Council shall not be personally liable for payment of debts, liabilities, or obligations of the Council to any extent whatsoever.

ARTICLE VII

(7.1) The initial board of directors shall consist of a minimum of four and a maximum of nine persons.

(7.2) The following individuals will serve in the capacity of directors until the selection of their successors:

President: Mr. James E. Allen, 317 W. Hill Street, Louisville, Kentucky 40208

Vice-President: Mr. Anthony (Tony) Mingus, 1342 S. Brook Street, Louisville, Kentucky, 40208

Secretary: Mr. Norman Nezelkewicz, 516 W. Ormsby Avenue, Louisville, Kentucky, 40208

Treasurer: Mrs. Wallace (Janet) Deener, 513 Belgravia Court, Louisville, Kentucky, 40208

9th IN WITNESS thereof, we have hereunto subscribed our names this day of September, 1976.

I Don Ernst Notary  
Public State of  
Kentucky Commission  
Expires April 24<sup>th</sup> 1977

James E. Allen  
Anthony F. Mingus  
Janet Deener  
Norman D. Nezelkewicz

0073060457

0075161.09

amcray  
AMD

Alison 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) 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 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

Howard Rosenberg

Printed Name

President

Title

July 22, 2014

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 CO KY  
Deputy Clerk: EVENAY

END OF DOCUMENT

0075161.09 amcray  
DIS  
Alison 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.: DNE014104423  
Lodged By: WYATT TARRANT COMBS  
Recorded On: 08/20/2014 09:56:11  
Total Fees: 11.00  
Transfer Tax: .00  
County Clerk: BOBBIE HOLSCLAW-JEFF CO KY  
Deputy Clerk: EVENAY

END OF DOCUMENT

0073080459

0177929.09

amcray  
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 719 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 4, 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.

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

(01/12)

Document No.: DN2014104424  
Lodged By: WYATT TARRANT COMBS  
Recorded On: 08/20/2014 09:56:27  
Total Fees: 11.00  
Transfer Tax: .00  
County Clerk: BOBBIE HOLSCLAW-JEFF CO KY  
Deputy Clerk: EVENAY

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.	Name (as shown on your income tax return) <b>Old Louisville Information Center</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" 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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>1340 S 4th St.</b> City, state, and ZIP code <b>Louisville, KY 40208</b> List account number(s) here (optional)	Requester's name and address (optional)

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

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

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

<b>Social security number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
<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 ▶	Date ▶ <u>5/7/14</u>
------------------	----------------------------	----------------------

### General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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

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

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

### Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

#### OLD LOUISVILLE INFORMATION CENTER

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>27,751</u>
<b>Revenue</b>		
Contributions	<u>14,518</u>	
Program service revenue	<u>545</u>	
Investment income	<u>5</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income		
<b>Total revenue</b>	<u>15,068</u>	
<b>Expenses</b>		
Program services		
Management and general		
Fundraising		
<b>Total expenses</b>	<u>20,137</u>	
<b>Excess / (deficit)</b>		<u>-5,069</u>
<b>Changes</b>		
<b>Net Asset / Fund Balance at End of Year</b>		<u>22,682</u>

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

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

	Beginning	Ending	Differences
Assets	<u>27,790</u>	<u>23,010</u>	
Liabilities	<u>39</u>	<u>328</u>	
<b>Net assets</b>	<u>27,751</u>	<u>22,682</u>	<u>-5,069</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 11/15/14

Failure to file penalty \_\_\_\_\_

Form **8879-EO**

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

OMB No. 1545-1878

**2013**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_  
▶ 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).

Name and title of officer  
**OLD LOUISVILLE INFORMATION CENTER**  
**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 Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<u>15,068</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### 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 2013 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 31110 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 2013 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 ▶ **08/05/14**

#### 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.

**61213452535**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 ▶ **08/05/14**

**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** (2013)

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C Name of organization**  
**OLD LOUISVILLE INFORMATION CENTER**

**D Employer identification number**  
 [REDACTED]

**E Telephone number**  
**502-635-5244**

**F Group Exemption Number** ▶

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

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

**I Website:** ▶ **N/A**

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) 4 (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** ▶ \$ **15,068**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received															14,518												
	2	Program service revenue including government fees and contracts															545												
	3	Membership dues and assessments																											
	4	Investment income															5												
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															15,068													
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors															2,816												
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)															17,321												
17	<b>Total expenses.</b> Add lines 10 through 16															20,137													
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-5,069												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															27,751												
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20															22,682												

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**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	27,460	22	22,812
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	330	24	198
25 Total assets	27,790	25	23,010
26 Total liabilities (describe in Schedule O)	39	26	328
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,751	27	22,682

**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 and section 4947(a)(1) trusts; optional for others.)

28	VARIOUS NEIGHBORHOOD EVENTS TO ENHANCE QUALITY OF LIFE AND SHOWCASE THE NEIGHBORHOODS UNIQUE HISTORY AND ARCHITECTURE INCLUDING SPRING FEST, HOLIDAY HOUSE TOUR AND EDUCATIONAL PROGRAMS		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2,928
29	OPERATION OF OLD LOUISVILLE INFORMATION CENTER		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,694
30	CENTRAL PARK IMPROVEMENTS, MAINTENANCE AND TENNIS COURT IMPROVEMENTS.		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,061
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	132
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	<b>18,815</b>

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOAN STEWART PRESIDENT	0.00	0	0	0
JASON SCOTT VICE -PRESIDENT	0.00	0	0	0
MONA JACKSON TREASURER	0.00	0	0	0
JENA BLYTHE SECRETARY	0.00	0	0	0

Form 990-EZ (2013)

OLD LOUISVILLE INFORMATION CENTER

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

		Yes	No
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		X
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)		X
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)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c			
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		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a			
b	Did the organization file Form 1120-POL for this year?		X
37b			
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?		X
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	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		X
40e			
41	List the states with which a copy of this return is filed		
41	None		
42a	The organization's books are in care of		
42a	ERIC COWLEY		
	Telephone no.		
	502-291-9471		
	1340 SOUTH FOURTH ST		
	Located at		
	LOUISVILLE		
	KY		
	ZIP + 4		
	40208		
b	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)?	Yes	No
42b			X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?		X
42c			
	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		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
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)		X
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
46

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No  
47

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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

**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: [REDACTED] Date: **11/06/14** Check self-emp:   
Firm's name: **Mary Morrow & Associates** Firm's EIN: [REDACTED]  
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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

OLD LOUISVILLE INFORMATION CENTER

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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,522	16,646	16,250	13,047	14,518	89,983
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 Total. Add lines 1 through 3	29,522	16,646	16,250	13,047	14,518	89,983
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 Public support. Subtract line 5 from line 4.						89,983

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	29,522	16,646	16,250	13,047	14,518	89,983
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 IV.)						
11 Total support. Add lines 7 through 10						89,983

12 Gross receipts from related activities, etc. (see instructions) 12 550

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

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float: right;"><input checked="" type="checkbox"/></span>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
17a 10%-facts-and-circumstances test—2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
b 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 Total. 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 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 IV.)						
13 Total support. (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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

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

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

[Lined area for supplemental information]

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

**Supplemental Information to Form 990 or 990-EZ**  
Completes to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

**2013**

**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

Employer identification number

**OLD LOUISVILLE INFORMATION CENTER**

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

Description	Amount
-------------	--------

**Expenses**

REFERENCE	\$ 98
POSTAGE ETC	\$ 114
POSTAGE	\$ 201
PRINTING	\$ 394
REFRESHMENTS	\$ 1,192
SUPPLIES	\$ 601
TELEPHONE	\$ 1,567
UTILITIES	\$ 113
	\$ 36
BUILDING RENOVATIONS	\$ 608
PARK GROUNDS	\$ 5,773
EQUIPMENT RENTAL	\$ 191
COMMUNITY GARDEN	\$ 6,301
Non-investment Depreciation	\$ 132
<b>Total</b>	<b>\$ 17,321</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
-------------	--------------	-------------

**OLD LOUISVILLE INFORMATION CENTER**

	\$	825	\$	825
Less Accumulated Depreciation	\$	495	\$	627
<b>Total</b>	<b>\$</b>	<b>330</b>	<b>\$</b>	<b>198</b>

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 39	\$ 328
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 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)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2013**

Attachment Sequence No. **179**

Name(s) shown on return

**OLD LOUISVILLE INFORMATION CENTER**

Identification 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 2012 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 2014. 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	
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 2013	17	132
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	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2013 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						
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			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 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	Total. 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	132
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.

Form **4562** (2013)

DAA

**There are no amounts for Page 2**

**Federal Asset Report**

FYE: 12/31/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Prior MACRS:</u>									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	495	132
			<u>825</u>			<u>412</u>		<u>495</u>	<u>132</u>
	<b>Grand Totals</b>		825			412		495	132
	<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>825</u>			<u>412</u>		<u>495</u>	<u>132</u>

**KY Asset Report**

FYE: 12/31/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	KY Prior	KY Current	Federal Current	Difference Fed - KY
<b>Prior MACRS:</b>								
	1 COPIER	5/11/12	825	825	165	264	132	-132
			<u>825</u>	<u>825</u>	<u>165</u>	<u>264</u>	<u>132</u>	<u>-132</u>
	<b>Grand Totals</b>		825	825	165	264	132	-132
	<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>825</u>	<u>825</u>	<u>165</u>	<u>264</u>	<u>132</u>	<u>-132</u>



**AMT Asset Report**

FYE: 12/31/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>Prior MACRS:</u>									
1	COPIER	5/11/12	825		X	412	5 HY 200DB	495	132
			<u>825</u>			<u>412</u>		<u>495</u>	<u>132</u>
	<b>Grand Totals</b>		825			412		495	132
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>825</u>			<u>412</u>		<u>495</u>	<u>132</u>

**Bonus Depreciation Report**

FTE: 12/31/2013

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<u>Activity: Form 990, Page 1</u>								
1	COPIER	5/11/12	825		0	0	413	412
		<b>Form 990, Page 1</b>	<u>825</u>		<u>0</u>	<u>0</u>	<u>413</u>	<u>412</u>
		<b>Grand Total</b>	<u>825</u>		<u>0</u>	<u>0</u>	<u>413</u>	<u>412</u>

# Depreciation Adjustment Report



FYE: 12/31/2013

## 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	132	132	0
				<u>132</u>	<u>132</u>	<u>0</u>

**Future Depreciation Report FYE: 12/31/14**

FYE: 12/31/2013

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	79	79
			<u>825</u>	<u>79</u>	<u>79</u>
	<b>Grand Totals</b>		<u>825</u>	<u>79</u>	<u>79</u>

**KY Future Depreciation Report** **FYE: 12/31/14**

FYE: 12/31/2013

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>KY</u>
<b>Prior MACRS:</b>				
1	COPIER	5/11/12	<u>825</u>	<u>158</u>
			<u>825</u>	<u>158</u>
	<b>Grand Totals</b>		<u>825</u>	<u>158</u>

**Two Year Comparison Report**

Form **990T** **2012 & 2013**

For calendar year 2013, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

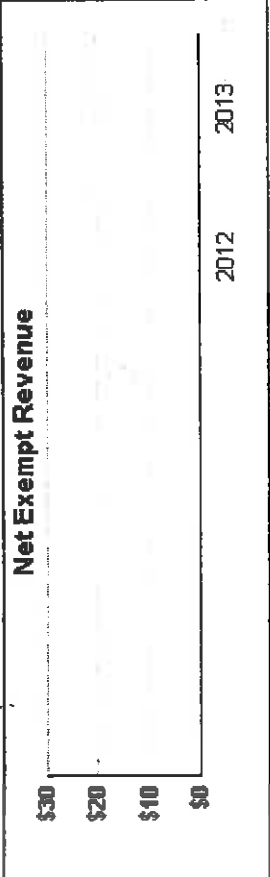
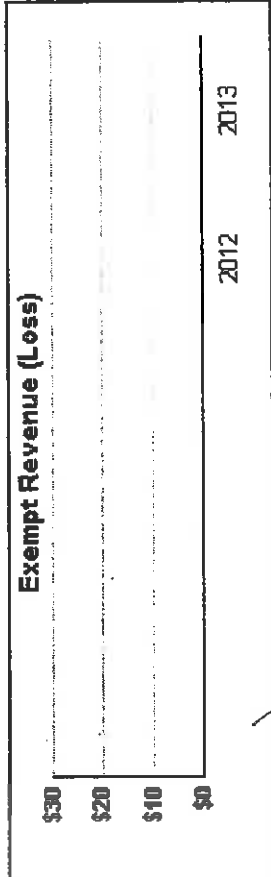
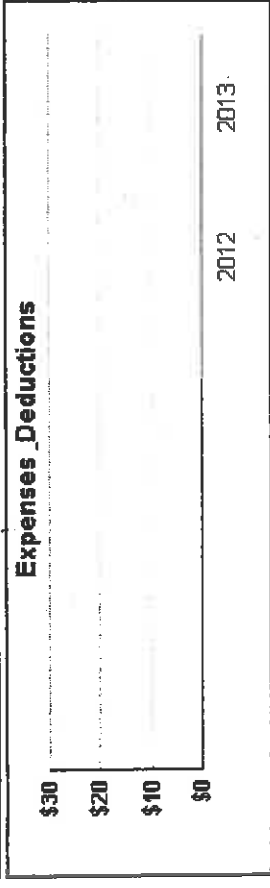
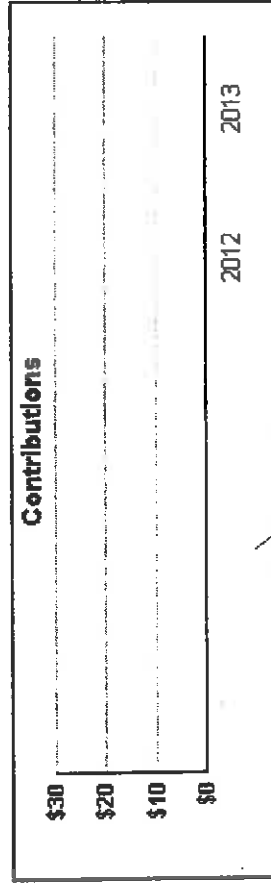
**OLD LOUISVILLE INFORMATION CENTER**

		2012	2013	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.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	24. Taxable income before NOL. 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.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
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.			
	<b>43. Total payments</b>	<b>43.</b>			
	44. Balance due/(Overpayment)	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** | **2013**

Name **OLD LOUISVILLE INFORMATION CENTER** | Number [REDACTED]

	2009	2010	2011	2012	2013
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 <b>990T</b>					2013
Name	OLD LOUISVILLE INFORMATION CENTER				Employee Identification Number
	2009	2010	2011	2012	2013
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> .....					

**Total Assets**

Year	Total Assets
2012	\$0
2013	\$0

**Total Liabilities**

Year	Total Liabilities
2012	\$0
2013	\$0

**Business Income (990T)**

Year	Business Income (990T)
2012	\$0
2013	\$0

**Tax Due (990T)**

Year	Tax Due (990T)
2012	\$0
2013	\$0

\* Income shown net of expenses



Federal Statements

FYE: 12/31/2013

Schedule A. Part II. Line 1(e)

Description	Amount
1300 ASSOCIATION	
3RD ST N A	
TOONERVILLE	
ST JAMES CT	
MAURICE BYRNE	
SIGN - VARIOUS	
ST CATHERINE	
FRANKLIN LAW GROUP	
KENTUCKY SHAKESPEARE	
BELGRAVIA COURT	
ST JAMES COURT	
LOUISVILLE OLMSTEAD	
SOUTH FIURTH ST	
CARDINAL TOWNE	
OTHER OPUBLIC SUPPORT	
LOUISVILLE /JEFFERSON COUNTY	
RALPH KNOLLENBERG	
3RD ST DEVELOPMENT	
BELGRAVIA	3,262
CENTRAL PARK WEST	1,918
GARVIN GATE	1,250
2ND ST NEIGHBORHOOD	750
4TH ST NEIGHBORHOOD	300
ST JAMES ASSOC	350
1300 BLOCK	900
3RD ST ASSOC	400
TOONERVILLE	950
OTHER INDIVIDUALS/ORGANIZATIONS	300
Total	4,538
	\$ 14,518

**Federal Statements**

FYE: 12/31/2013

**Schedule A, Part II, Line 12**

Description	Amount
JOURNAL ADS	365
GIFT SHOP SALES	180
PROGRAM SERVICE FEES	5
BANK INTEREST	
MISC	
HOLIDAY HOUSE TOUR	
OLD LOUISVILLE INFO CTR	
CENTRAL PARK MAINTENANCE	
EDUCATION	
FRIENDS OF CENTRAL PARK	
COMMUNITY GARDEN	
Total	550

JUN 3 - 1986

Internal Revenue Service  
District Director

Department of the Treasury

Date: JUN 2 1986

Our Letter Dated:  
October 29, 1984  
Person to Contact:  
Cindy Perry  
Contact Telephone Number:  
513-684-3578

Old Louisville Information Center, Inc.  
1340 South Fourth St.  
Louisville, KY 40208

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1)\*. Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1)\* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1)\* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

  
District Director

\*and 170(b)(1)(A)(vi)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1050 (DO) (7-77)

sab

**REVISED BYLAWS  
THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL 2009**

**MISSION STATEMENT**

The mission of the Old Louisville Neighborhood Council is to be the official voice and advocate for Old Louisville.

**CORE VALUES**

We, the Old Louisville Neighborhood Council, are committed to:

- The preservation and protection of the historic architecture for present and future generations
- Pedestrian friendly and historically correct streetscapes
- Respect for, and encouragement of, diversity.
- The protection of Old Louisville from encroachments deemed to be detrimental to the neighborhood.
- Supporting and fostering activities which will help maintain a high quality of life in Old Louisville

**ARTICLE ONE  
Name and Area**

- 1.1 The name of this organization is The Old Louisville Neighborhood Council.
- 1.2 The boundaries of the Council are: Broadway on the North; Eastern Parkway on the South; I-65 on the East; Ninth Street and along the CSX railroad to Eastern Parkway on the West with certain deviations along the Eastern and Western Boundary according to the Old Louisville Neighborhood Plan 1977. (See attached)

**ARTICLE TWO  
Purposes and Goals**

- 2.1 The Council, a non-profit corporation, will serve as the recognized organizational voice and representative of Old Louisville residents, property owners, business persons, and others interested in the goals of the Council; and will sponsor and carry out activities to further the goals of the Council.
- 2.2 The goals of the Council include:
  - a. Monitoring the effectiveness of services, programs, and land use in the neighborhood (including, but not limited to, planning, preservation,

transportation, zoning, social services) and advocating change as deemed necessary.

- b. Encouraging maintenance, improvement, and preservation of residential and business properties in order to protect the historic atmosphere of the neighborhood.
- c. Educating residents, property owners, business persons, and others concerning the goals of the Council and uniting these persons in activities which promote the conservation, improvement, and cohesiveness of Old Louisville.
- d. Promoting pride and sense of neighborhood among all residents, property owners, and businesses.

### **ARTICLE THREE General Provisions**

- 3.1 The Council subscribes to equal opportunity in all its activities, policies, and programs and will not discriminate on the basis of race, sex, age, religion, disability, national origin, sexual orientation or level of income.

### **ARTICLE FOUR Finances**

- 4.1 The dates of the fiscal year are January 1 through December 31.
- 4.2 All checks issued must be co-signed by at least two of the officers of the Council.
- 4.3 The Treasurer shall be bonded.
- 4.4 Neighborhood Associations and individual continuing dues are payable by April of each year.

### **ARTICLE FIVE Membership**

The Council has the following membership classifications:

- 5.1 Individual Member:
  - a. A resident or property owner in Old Louisville who pays dues directly to the Council; or
  - b. A member of a Neighborhood Association, which is a member of the Council.
- 5.2 Neighborhood Association members whose Association pay dues to the Council

- a. Residential Neighborhood Associations who represent at least one block in Old Louisville.
- 5.3 Institutional members: Organizations, businesses or institutions located within the boundaries of Old Louisville that pay dues directly to the Council

## ARTICLE SIX

### Officers

- 6.1 Any individual, neighborhood association member, or institutional member of the Council is eligible to serve as an elected officer. Officers are elected at the November meeting for a two-year term that runs from January 1 through December 31 of each calendar year.
- 6.2 The officers of the Council are the Chair, Vice-Chair, Secretary, Treasurer, and the most recent past Chair. The immediate past Chair serves as an ex-officio member of the Executive Committee.
- 6.3 The duties of the officers include the following:
- a. The Chair: Is the executive officer and presides over the Executive Committee, Board of Directors (the Officers and each Neighborhood Representative), and Council meetings; appoints committee chairs and is a voting, ex-officio member of all committees; appoints representatives to appropriate metro committees; provides guidance for interpreting these Bylaws; performs other duties common to the office specified or implied by these Bylaws and by other Council-endorsed policies, statements, and actions; may authorize expenditures of up to \$1000; speaks as the voice of the Council determined by 60% approval of the OLNC Board (representatives and Exec. Com.)
  - b. The Vice-Chair: Performs all duties and exercises all powers of the office of Chair in the absence of the Chair; assists the Chair and performs other duties as the Chair delegates.
  - c. The Secretary: Is responsible for recording, emailing to Administrative Assistant, and preserving the minutes of the Council meetings and other official proceedings of the Council.
  - d. The Treasurer: Is responsible for recording, publishing, and preserving the documentation of all financial transactions of the Council; provides financial reports at each meeting of the OLNC Board and the Council; provides a five year summary of year end statements for budget and presents the summary by January 10 of each year; and prepares an annual financial statement subject to audit.

- e. The Immediate Past Chair: Carries out duties as assigned by the Chair and acts as a liaison and communication bridge from previous OLNC Board activities.

**ARTICLE SEVEN**  
**Executive Committee**

- 7.1 a. The Executive Committee is composed of the elected officers of the Council.
- b. The Executive Committee may authorize action in the name of the Council when issues arise which require prompt response and an OLNC Board meeting cannot be convened. Such actions may include authorization for expenditures up to a maximum of \$1000. The Council and OLNC Board will be notified of such actions by email immediately.
- c. The Executive Committee provides leadership of the OLNC Board by issuing agendas and minutes of meetings held for the betterment of the Old Louisville neighborhood (e-mail distribution, written, etc.).

**ARTICLE EIGHT**  
**Board of Directors**

- 8.1 a. The Board of Directors (OLNC Board) is composed of the Executive Committee, one representative from each member Neighborhood Association located within the boundaries of Old Louisville. Members shall serve without compensation.
- b. Each Neighborhood Association shall designate its representative and alternate by submitting those names in writing via e-mail to the Administrative Assistant at the Information Center.
- c. The OLNC Board reviews activities of committees and may take action in the name of the Council.
- d. The Executive Committee will present a budget proposal at the January meeting of the OLNC Board with voting to be completed at the February meeting of the OLNC Board.
- e. The OLNC Board will set dues for membership.
- f. The OLNC Board may authorize legal action with a 60% vote of board members.

- g. The OLNC Board, with input from the Executive Committee, is empowered to conduct the business affairs of the Council, including but not limited to the hiring and firing of staff, the acquisition and disposal of property, and is entitled to all other rights provided by statute.
- h. Any decisions or actions approved by the OLNC Board shall be disseminated to the general membership through OLNC Board minutes and representatives from each neighborhood.
- i. The OLNC Board will establish committees deemed necessary to fulfill the objectives and purposes of the Council.
- j. If vacancies occur among the elected officers, the OLNC Board will elect officers to serve out the remainders of any terms.
- k. Conflict of Interest Provision

No member of the OLNC Board of Directors shall participate in any discussion or vote on any matter in which he or she or a member of his or her immediate family has potential conflict of interest due to having material economic involvement regarding the matter being discussed. When such a situation presents itself, the director must announce his or her potential conflict, disqualify himself or herself, and be excused from the meeting until discussion is over on the matter involved. The President of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known.

## **ARTICLE NINE**

### **Meetings**

- 9.1 Council membership meetings:
  - a. Membership meetings of the Council will be held at least four times each year. The OLNC Board shall set the dates for the regular meetings of the Council, in January of each year. The November meeting is the annual meeting.
  - b. Special meetings can be called by the Chair, or upon written request of the majority of the OLNC Board, or upon written request of ten percent of the Council members eligible to vote. The purpose of special meetings shall be stated in the call/email. Except in emergencies, at least forty-eight hours notice of a special meeting shall be given to each voting member of the Council.
  - c. The Council may reconsider any actions of the OLNC Board or Executive Committee.



- d. A quorum is five percent of the members of record of the member Neighborhood Associations.
- 9.2 Board of Directors' (OLNC BOARD) meetings:
- a. Regular meetings will be held at least eight times per year. The incoming and outgoing Executive Committee will meet prior to the January OLNC Board meeting to provide continuity of information.
  - b. Special meetings of the OLNC Board may be called by the Chair or by written request of the majority of the OLNC Board.
  - c. Meetings are open to the general membership. Voting on issues before the OLNC Board is limited to the OLNC Board members.
  - d. A quorum consists of one-third of the members, providing that at least three Neighborhood Association representatives are present.
- 9.3 Executive Committee meetings:
- a. Meetings will be called by the Chair as needed, or upon written request of two other officers.
  - b. A quorum consists of three members.

## **ARTICLE TEN**

### **Voting**

- 10.1 At any Council membership meeting, members are entitled to vote on any issue if they are individual (dues paid 30 days prior) or a member of a dues paying Neighborhood Association (30 days prior).
- 10.2 At any OLNC Board meeting, the following are entitled to vote on any issue.
- a. Officers of the Council: one vote each, except for the Chair who votes only in the event of a tie.
  - b. Representatives of each member Neighborhood Association (dues paid and a designated representative): One vote each.
- 10.3 At any Executive Committee meeting, each officer has one vote.
- 10.4 Neither proxy nor absentee votes are allowed at any meeting.

## **ARTICLE ELEVEN**

### **Elections and Removal from Office**

**11.1 Elections:**

- a. Each year, at the annual, November meeting, the Neighborhood Council shall elect its officers.
- b. Each year, of an Election, by September 30<sup>th</sup>, the Chair will appoint a Nominating Committee consisting of at least five voting members of the Neighborhood Council. The Nominating Committee will recommend qualified persons for offices and present nominations to the OLNC Board at the October meeting. Following the Nominating Committee's report, nominations may be made from the floor.
- c. The Nominating Committee will provide the Secretary with a list of nominees. The Secretary is responsible for distributing the list to the voting members of the OLNC Board in October who will then distribute via e-mail, through the Journal and designated representatives to voting members of the Neighborhood Council.
- d. Elections are supervised by the Nominating Committee. A simple majority will elect officers. If no candidate for an office receives a majority of the votes, a run-off election shall be conducted between the two highest vote earners. Winners of the elections are announced at the November meeting. They take office on January 1 of the following year.

**11.2 Removal:**

- a. An elected officer may be removed for neglect of duty or violation of trust in the performance of duties.
- b. A petition stating the reasons for removal and bearing signatures of at least ten percent of the voting members of the Neighborhood Council, or of at least 75 percent of the Board, shall be presented to any member of the Executive Committee. Such petitions shall be delivered to the next OLNC Board meeting.
- c. The OLNC Board will certify that the signers are voting members of the Neighborhood Council.
- d. The certified petition shall be presented for a vote at the next Council meeting. A two-thirds vote of the membership (dues paid) in good standing is required for removal.

**ARTICLE TWELVE  
Committees**

- 12.1 Membership on committees is open to any Neighborhood Council member as defined in Article 5. Neighborhood Associations are encouraged to have representatives on each committee.
- 12.2 Each committee shall be responsible for maintaining appropriate documentation (including minutes of meetings and records of expenditures) of its activities and may select officers to assist the committee chair with committee's duties.
- 12.3 Each committee shall make reports to the OLNC Board as necessary or as requested by the OLNC Board.
- 12.4 Committees relating to issues of importance to the Council may include: Land use and zoning; St. James Art Show; rehabilitation/revitalization; code enforcement; transportation; parks; and safety.
- 12.5 When an issue merits input from ZALU and PIC, the OLNC Chair may appoint representatives from both groups to review the issue and bring recommendations and proposed actions back the OLNC for review and consideration.

### **ARTICLE THIRTEEN** **Rules of Procedure**

- 13.1 Robert's Rules of Order, latest edition, shall govern the procedure of all meetings of the Neighborhood Council. In the case of conflict, these Bylaws take precedence.
- 13.2 A parliamentarian may be appointed by the Chair.

### **ARTICLE FOURTEEN** **Amendments to the Bylaws**

- 14.1 Proposed amendments to these Bylaws may be presented by any member at a Neighborhood Council membership meeting or OLNC Board meeting for the first reading.
- 14.2 Voting on proposed amendments will be held no earlier than four weeks after the first reading, at a regular or special Neighborhood Council meeting. Amendments to these Bylaws require a majority vote of Neighborhood Council Representatives (The Board).

### **ARTICLE FIFTEEN** **Dissolution**

- 15.1 Should the dissolution of the Neighborhood Council become necessary, the OLNC Board shall distribute the Neighborhood Council's assets to organizations

having similar objectives. This must be with a 75% approval vote of the entire OLNC Board (not just those present).

Changes to these Bylaws were approved by the Neighborhood Council membership on October 26 of 2010.

Chair \_\_\_\_\_ Joan S. Stewart \_\_\_\_\_

Secretary \_\_\_\_\_ Erika Wolfe \_\_\_\_\_

**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>	6/28/2016
<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="#"><u>Howard Rosenberg</u></a>
<b>Vice President</b>	<a href="#"><u>Leah Leah Stewart</u></a>
<b>Secretary</b>	<a href="#"><u>Ashley Peak</u></a>
<b>Treasurer</b>	<a href="#"><u>Eric Cowley</u></a>
<b>Director</b>	<a href="#"><u>James Brooks</u></a>
<b>Director</b>	<a href="#"><u>Charles Anderson</u></a>
<b>Director</b>	<a href="#"><u>Leah Stewart</u></a>

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

<b>Director</b>	<a href="#"><u>RICHARD L IANES</u></a>
<b>Director</b>	<a href="#"><u>COROLYN BEALL</u></a>
<b>Director</b>	<a href="#"><u>ROSE GREENOUGH NETT</u></a>
<b>Incorporator</b>	<a href="#"><u>RICHARD L IANES</u></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="#"><u>Annual Report</u></a>	6/28/2016	1 page	<a href="#"><u>PDF</u></a>	
<a href="#"><u>Annual Report</u></a>	6/30/2015	1 page	<a href="#"><u>PDF</u></a>	
<a href="#"><u>Amendment</u></a>	8/19/2014	1 page	<a href="#"><u>tiff</u></a>	<a href="#"><u>PDF</u></a>
<a href="#"><u>Annual Report</u></a>	1/24/2014	1 page	<a href="#"><u>PDF</u></a>	
<a href="#"><u>Annual Report</u></a>	1/10/2013	1 page	<a href="#"><u>PDF</u></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>
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<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/28/2016 3:54:17 PM	6/28/2016 3:54:17 PM	
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