

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

DATE: Monday, February 10, 2014

PRIMARY SPONSOR (District to contact with any questions):
Vicki Aubrey Welch, District 13

Name of Applicant: LIBA / Louisville Independent Business Alliance

I/We 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/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below, if required.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<u>13</u>	<u>Vicki Aubrey Welch</u>	<u>\$1,100.00</u>	<u>2-7-2014</u>
District #	Primary Sponsor Signature	Amount	Date

Council Office Disclosure

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

Approved by:

_____ Date
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

**OFFICE OF METRO COUNCIL CLERK
REVIEWED**

DATE 2-10-14 TIME 1:55 pm

Name of Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District # Council Member Signature Amount Date

District # Council Member Signature Amount Date

District # Council Member Signature Amount Date

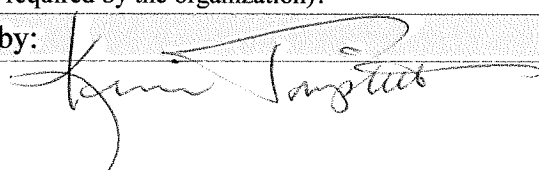
District # Council Member Signature Amount Date

District # Council Member Signature Amount Date

District # Council Member Signature Amount Date

District # Council Member Signature Amount Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: LIBA / Louisville Independent Business Alliance		
Program Name: Strength in Numbers Seminar	Request Amount: \$1,100.00	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		Yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		NA
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		NA
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		NA
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		NA
Board Members: Is the entity’s board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		Yes
Rent Requests: Is a copy of signed lease included?		N
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		NA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		
Prepared by: 		Date: 2/10/2014



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: (as listed on: <http://www.sos.ky.gov/business/records/>) **Louisville Independent Business Alliance**

Main Office Street & Mailing Address: 1974-A Douglass Blvd., Suite 101, Louisville, KY 40205

Website: www.keeplouisvilleweird.com

Application Contact: Jennifer Rubenstein

Title: Director

Phone: 502-500-4669

Email: jennifer@keeplouisvilleweird.com

Financial Contact: Jennifer Rubenstein

Title: Director

Phone: 502-500-4669

Email: jennifer@keeplouisvilleweird.com

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): South Louisville

Council District(s): 1, 12, 13, 14, 15, 21, 25

Zip Code(s): 40209, 14, 15, 16, 58, 72 and 40118

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: Strength in Numbers Seminar/Keep South Louisville Weird

Total Request: \$ 1100

Total Metro Award (this program) in previous year : \$ 0

The following are required attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense

- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

Agency Fiscal Yr Start Date: January 1st

For the current fiscal year ending June 30, list all funds received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source: Councilman David Tandy NDF Funds (for Brewfest)

Amount: \$ 750

Source:

Amount: \$

Source:

Amount: \$

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No

SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory:

Date: 2/10/14

Legal Signatory (please print): Jennifer Rubenstein

Title: Director

Phone: 502-500-4669 **Extension:**

Email: jennifer@keeplouisvilleweird.com

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

LIBA's mission is to preserve the unique community character of the Metro Louisville area by promoting locally-owned, independent businesses and to educate citizens on the value of purchasing locally. In order to pursue its mission, LIBA focusses on:

- * Informing citizens of the value provided by locally-owned businesses, including their importance to the local economy, culture, and social fabric. The goal is to encourage area residents to view themselves as citizens -- as members of a community rather than merely as consumers.
- * Offering group branding, promotion and advertising to LIBA members to elevate the individual and collective profiles of locally-owned businesses in order to provide marketing and exposure advantages chains routinely enjoy.
- * Creating strong relationships with local government and media in order to inform local decision-making and give voice to the locally-owned independent business community, and to promote policies that support community-rooted enterprise.

LIBA is also responsible for the Buy Local First and 'keep Louisville weird' campaigns, publishing the Buy Local Guide twice a year, the Buy Local Fair (May), Louisville Brewfest (September) and Shift Your Shopping Contest (December).

SECTION 5 - PROGRAM NARRATIVE

A: Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

B: 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):

We would like to engage Joe Grafton (Director of Community Engagement for the American Independent Business Alliance - AMIBA) to do a Strength In Numbers workshop for the purpose of furthering the 'Keep South Louisville Weird' campaign. This will be scheduled on or about March 26th.

About AMIBA: The American Independent Business Alliance is a national 501c3 non-profit organization helping communities launch and successfully operate "buy independent, buy local" campaigns, pro-local policies, and other initiatives to support local entrepreneurs and vibrant local economies.

About Keep South Louisville Weird: LIBA has organized committees who are producing a series of events and programs designed to grow locally-owned, independent businesses in South Louisville. The goals are to achieve stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. The campaign has made progress, but would benefit from support in organizing the future of the movement. We will be inviting those currently involved as well as other area independent business owners to attend the event, along with other community organizers, to attend this session. (City representatives and Metro Council Members are also of course welcome.)

The Strength in Numbers training combines a presentation and workshop that provides participants an up-close look at how an Independent Business group functions and the lessons AMIBA has learned through their experience of helping more than 80 organizations through the organizing process. The comprehensive workshop is invaluable in reinvigorating a local alliance with focus on building a culture of support for entrepreneurship, local branding, organization, funding, and much more. Plenty of discussion time is included, and AMIBA will work with us to achieve concrete progress in furthering our work.

A more detailed agenda is available upon request, but basic topics covered include how to organize for success, building a culture of support for local entrepreneurship, developing a presence in local media, building a powerful collective brand, and funding the work.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):

Funding will cover the \$700 honorarium/travel cost for Mr. Grafton. (If we have attendance of at least 40, that price will be reduced to \$500.) We will likely have facilities donated, and are budgeting \$100 for food and refreshments (but hope to find a donor). We will be promoting the event in advance through emails, social media, phone calls and a direct mail piece (addresses sourced from LIBA members, area business groups, etc.). We are including a budget of \$300 for the mail piece (printing and postage). Total of final funding would range from \$800 to \$1100.

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ 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 be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

AMIBA – honorarium and travel costs, \$700

Louisville restaurant – refreshments, \$100

Louisville printer – 6"x9" direct mail postcards, \$100

Harbor House of Louisville – postage and mailing services, \$200

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

The event will not be a fundraiser, although it will help us in raising funds in the future.

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 specifically.

For the Keep South Louisville Weird initiative, LIBA has worked closely with the Southwest Dream Team (grassroots promotion, community knowledge, connections to instrumental people), Louisville Metro Dept. of Economic Growth & Innovation (partial funding for staff time devoted to effort in 2013, connections to city programs, research and resources), the Mayor's Office (promotion of efforts and support of Mayor Fischer), Louisville Metro Council members (committee work, connections to community, promotion of efforts), Dixie Area Business Association (formerly the Shively, PRP and Valley Station Business Associations, promotion through the Discover Dixie event), Jefferson Memorial Forest (general resources for promoting the area's non-business attractions), and the Beechmont Neighborhood Association (business development committee involvement). We continue to seek and partner with other groups in area.

LIBA also partners with other organizations throughout the year, including the Center for Neighborhoods, other area business organizations, Kentucky Proud, the Family Business Center, Louisville Originals, University of Louisville and others.

G: 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 Keep South Louisville Weird campaign has made progress, and this seminar will take it to the next level. All participants will emerge with a solid understanding of keys to successful local business organizing and best practices for a range of activities and campaigns. Action items and timelines will be outlined and measurable outcomes decided on. Current committees will be strengthened and the "roots" of the grassroots movement (people, resources, methods) will be expanded, solidified and more directed.

The ultimate goal is to enhance the means for achieving the overall goals of the campaign: stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. These goals will result in a stronger local economy (dollars spent at local independent business recirculate in the community at 3 times the rate of chains), job growth, neighborhoods with strong characters that are unique and attractive to current residents, visitors and potential residents, etc.

We will measure the outcomes of the seminar by the number of people in attendance, number who continue to be involved, and attainment of written goals prepared in the seminar.

SECTION 6 - PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. **Enter whole-dollar amounts.**

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits		\$500	
B: Rent/Utilities			
C: Office Supplies		\$50	
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	\$700		
H: Program Materials	\$100 (food)		
I: Community Events & Festivals (Attach Detailed List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)	\$300 (mailer)		
<i>SUBTOTAL</i>	\$1100	\$550	
% of Program Budget –	66.5 %	33.5 %	100%
Value of volunteer services and how computed:	N/A	\$800	40 participants at \$10/hour
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. <i>(Detail on Next Page)</i>	N/A	\$150	Space likely to be donated.
Total Program Funds	\$1100	\$1500	

*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	

PROGRAM BUDGET SUMMARY (CONTINUED)

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
Space is likely to be donated.	\$150	Published rates.
Volunteer time from various participants to attend, who will then contribute to efforts.	\$800	40 participants at \$10/hour
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$950	

* 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)

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:

LIBA has grown in membership and activity every year since 2008, and we anticipate this growth to continue.

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

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.

None.

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

DEPARTMENT OF THE TREASURY

Date: OCT 07 2009

LOUISVILLE INDEPENDENT BUSINESS
ALLIANCE, INC.
1534 BARDSTOWN RD
LOUISVILLE, KY 40205

Employer Identification Number:
20-5025267
DLN:
309173012
Contact Person:
SUSAN Y MALONEY ID# 31210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
March 19, 2008
Contribution Deductibility:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Estimates for 2014**Ordinary Income/Expense****Income****Direct Public Support**

Individ, Business Contributions

Direct Public Support - Other \$ -

Total Direct Public Support**Merchandise** \$ 1,300.00**Other Types of Income**

Miscellaneous Revenue

Total Other Types of Income**Program Income**

Business Membership Dues \$ 53,200.00

Directory \$ 38,000.00

Kentucky Proud Grant \$ 12,000.00

Email Advertising \$ -

Individual Membership Dues \$ -

South Louisville Efforts/Grant \$ 4,000.00

Supporter Status \$ 1,300.00

Grants for Programs \$ 26,000.00

Web Advertising

Total Program Income**Special Events Income**

Brewfest \$ 80,000.00

Buy Local First Festival \$ 35,000.00

Shift Your Shopping Contest \$ 1,800.00

Total Special Events Income**Total Income** \$ **252,600.00****Expense****Business Expenses**

Business Registration Fees \$ 40.00

Total Business Expenses**Contract Services**

Accounting Fees \$ 400.00

Commission Membership New/Renew \$ -

Outside Contract Services \$ 36,154.00

Total Contract Services**Credit Card Fees**

Fees from credit card companies \$ 950.00

PayPal Fees \$ 800.00

Streamline Pmt Merchant Svc Fee \$ 350.00

Total Credit Card Fees**Events**

Brewfest Expenses \$ 63,500.00

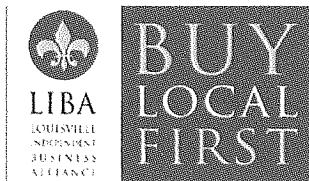
Buy Local First Fair \$ 20,500.00

Shift Your Shopping Expenses \$ 1,600.00

Independents Week \$ 500.00

	Estimates for 2014
Events - Other	\$ -
Total Events	
Facilities and Equipment	
Fixtures and Office Environment	\$ -
Rent and Electricity	\$ 10,956.00
Facilities and Equipment - Other	\$ -
Total Facilities and Equipment	
Merchandise Expense	\$ 1,000.00
Sales And Use Tax	\$ 200.00
Total Merchandise Expense	
Operations	
Bank Fees	\$ -
Email Distribution Service	\$ 660.00
Internet Service	\$ 444.00
Postage, Mailing Service	\$ 1,200.00
Printing and Copying	\$ 200.00
Software	\$ 1,080.00
Supplies	\$ 1,100.00
Telephone, Telecommunications	\$ 900.00
Website Hosting	\$ -
Total Operations	
Other Types of Expenses	
Advertising Expenses	
Membership Recruitment	\$ 500.00
Profile portraits and interview	\$ 600.00
Total Advertising Expenses	
Insurance - Liability, D and O	\$ 2,564.00
Membership Materials	\$ 750.00
Memberships and Dues	\$ 600.00
Other Costs	\$ -
Research and Studies	\$ -
Staff Development	\$ 2,500.00
Total Other Types of Expenses	
Outreach & Sponsorships	
Member Collaboration Grants	\$ -
Outreach & Sponsorships - Other	\$ 1,500.00
Total Outreach & Sponsorships	
Payroll Expenses	
Bonuses	
Payroll Processing Fees	\$ -
Salary	\$ 29,100.00
Taxes	\$ 13,000.00
Payroll Expenses - Other	\$ -
Total Payroll Expenses	
Program Expenses	
Directory	\$ 36,000.00

	Estimates for 2014
South Louisville Programs	\$ 500.00
Total Program Expenses	
Travel and Meetings	
Travel	\$ 600.00
Travel and Meetings - Other	
Total Travel and Meetings	
Volunteers Orientation	\$ 1,000.00
Total Expense	\$ 231,748.00
Net Ordinary Income	
Net Income	\$ 20,852.00



keep Louisville weird.

2014 LIBA Board List

(Term limits are 3 years.)

Summer Auerbach

(President)

Rainbow Blossom

3738 Lexington Road, Louisville, KY 40207

(502) 498-2351

cell (502) 645-3423

Summer@rainbowblossom.com

Carol Besse

(Secretary)

Carmichael's Bookstores

2720 Frankfort Avenue, Louisville, KY 40206

(502) 896-6950

cell (502) 387-5971

csbesse@bellsouth.net

Toph Bryant

(Treasurer)

Kentucky Science Center

727 W. Main St., Louisville, KY 40202

(502) 560-7148

cell (502) 439-0565

Toph.Bryant@louisvilleky.gov

Mike Croce

Stock Yards Bank & Trust Co.

1040 E. Main St., Louisville, KY 40206

(502) 625-3748

cell (502) 625-3748

michael.croce@syb.com

Ali Hawthorne

M2 Maximum Media

105 Iola Road, Louisville, KY 40207

cell (502) 262-8580

Ali@m2maxmedia.com

Mo McKnight Howe

Revelry Boutique Gallery

980 Barret Ave., Louisville, KY 40204

(502) 414-1278

cell (502) 500-0759

mo@revelrygallery.com

Maria Mackey

Mackey Printing Services

5000 Olde Creek Way, Prospect, KY 40059

(502) 292-0000

cell (502) 523-0515

maria@mackeyprinting.com

Ashley Parker

(Vice President)

Parker & Klein Real Estate

3610 Lexington Road, Louisville KY 40207

502-498-4514

Cell (502) 345-8952

Ashley@ParkerAndKlein.com

Scott Shuffitt

Scott Shuffitt Events and Promotion

2537 Dundee Road, Louisville, KY 40205

cell & office (502) 724-4643

scottshuffitt@gmail.com

John Timmons

Louisville Public Media

619 S. 4th Street, Louisville, KY 40202

cell (502) 640-9470

jtimmmons@wfpk.org

Chris Vessels

Total Office Products & Service

3326 Kramers Lane, Louisville, KY 40216

(502) 636-9278

cell (502) 905-9279

chris@totalops.com

Staff:

Jennifer Rubenstein

Cell (502) 500-4669

jennifer@keeploouisvilleweird.com

Angela Weisser

Cell (502) 836-7334

angela@keeploouisvilleweird.com

Kristen Byrnes

Cell (704) 780-9787

kristen@keeploouisvilleweird.com

Louisville Independent Business Alliance

Profit & Loss

January through December 2013
Jan - Dec 13

Ordinary Income/Expense

Income

Direct Public Support

Individ, Business Contributions 14.00

Direct Public Support - Other 208.00

Total Direct Public Support 222.00

Merchandise -503.54

Other Types of Income

Miscellaneous Revenue 0.02

Total Other Types of Income 0.02

Program Income

Business Membership Dues 52,317.50

Directory 41,481.24

Email Advertising 50.00

Individual Membership Dues 220.00

South Louisville Efforts 3,883.97

Supporter Status 1,300.00

Web Advertising 200.00

Total Program Income 99,452.71

Special Events Income

Brewfest 80,140.48

Buy Local First Festival 29,712.75

Shift Your Shopping Contest 1,800.00

Total Special Events Income 111,653.23

Total Income 210,824.42

Expense

Business Expenses

Business Registration Fees 40.00

Total Business Expenses 40.00

Contract Services

Accounting Fees 400.00

Commission Membership New/Renew 600.00

Outside Contract Services 34,987.29

Total Contract Services 35,987.29

Credit Card Fees

Fees from credit card companies 950.56

PayPal Fees 823.21

Streamline Pmt Merchant Svc Fee 361.80

Louisville Independent Business Alliance

Profit & Loss

January through December 2013

	<u>Jan - Dec 13</u>
Total Credit Card Fees	2,135.57
Events	
Brewfest Expenses	63,504.10
Buy Local First Fair	20,433.53
Independents Week	103.31
Shift Your Shopping Expenses	1,554.25
Events - Other	204.66
Total Events	<u>85,799.85</u>
Facilities and Equipment	
Fixtures and Office Environment	1,864.03
Rent and Electricity	10,325.72
Facilities and Equipment - Other	1,331.45
Total Facilities and Equipment	<u>13,521.20</u>
Merchandise Expense	
Sales And Use Tax	193.48
Total Merchandise Expense	<u>193.48</u>
Operations	
Bank Fees	19.80
Email Distribution Service	715.00
Internet Service	354.46
Postage, Mailing Service	1,212.86
Printing and Copying	1,532.74
Software	1,080.00
Supplies	2,144.78
Telephone, Telecommunications	527.99
Website Hosting	107.53
Total Operations	<u>7,695.16</u>
Other Types of Expenses	
Advertising Expenses	
Membership Recruitment	391.51
Profile portraits and interview	150.00
Total Advertising Expenses	<u>541.51</u>
Insurance - Liability, D and O	2,563.96
Membership Materials	4,113.84
Memberships and Dues	600.00
Other Costs	105.00
Research and Studies	24.00
Staff Development	1,680.62
Total Other Types of Expenses	<u>9,628.93</u>

Louisville Independent Business Alliance

Profit & Loss

January through December 2013

Jan - Dec 13

Outreach & Sponsorships

Member Collaboration Grants	1,047.50
Outreach & Sponsorships - Other	<u>661.52</u>
Total Outreach & Sponsorships	1,709.02

Payroll Expenses

Bonuses	500.00
Payroll Processing Fees	641.50
Salary	33,977.72
Taxes	14,483.60
Payroll Expenses - Other	<u>100.00</u>
Total Payroll Expenses	49,702.82

Program Expenses

Directory	18,745.88
South Louisville Programs	<u>100.00</u>
Total Program Expenses	18,845.88

Travel and Meetings

Travel	43.44
Travel and Meetings - Other	<u>4.00</u>
Total Travel and Meetings	47.44

Volunteers Orientation

Volunteers Orientation	<u>282.76</u>
Total Expense	<u>225,589.40</u>

Net Ordinary Income -14,764.98

Net Income -14,764.98

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public
Inspection

A For the 2012 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
Louisville Independent Business Alliance, Inc

D Employer identification number
20-5025267

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 4759

E Telephone number
502-500-4667

City or town, state or country, and ZIP + 4
Louisville, KY 40204

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: ▶ **www.keeplouisvilleweird.com**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **190,270.**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	116,936.
	3 Membership dues and assessments	3	44,917.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) See Schedule O	8	28,417.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	190,270.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	36,990.
	13 Professional fees and other payments to independent contractors	13	16,350.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,922.
	16 Other expenses (describe in Schedule O) See Schedule O	16	125,756.
	17 Total expenses. Add lines 10 through 16	17	181,018.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,252.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,107.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,359.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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	16,499.	23,359.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	16,499.	23,359.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	2,392.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,107.	23,359.

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.

28	28a	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
<u>Informing citizens of the value provided by locally owned businesses.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
<u>Offering group branding, promotion, and advertising to LIBA members.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
<u>Creating strong relationships with local government and media.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O) <u>See Schedule O</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)		

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
Summer Auerbach President	0.00	0.	0.	0.
Ashley Parker Vice President	0.00	0.	0.	0.
Carol Besse Secretary	0.00	0.	0.	0.
Toph Bryant Treasurer	0.00	0.	0.	0.

Louisville Independent Business

Form 990-EZ (2012)

Alliance, Inc

20-5025267

Page 3

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 Sch. 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
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	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	40b	N/A
40c	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		N/A
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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	40e	X
41	List the states with which a copy of this return is filed	41	KY
42a	The organization's books are in care of <u>Jennifer Rubenstein</u> Telephone no. <u>502-500-4669</u> Located at <u>PO Box 4759, Louisville, KY</u> ZIP + 4 <u>40204</u>		
42b	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)? If "Yes," enter the name of the foreign country: _____	42b	X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	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	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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)?	45a	X
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)	45b	

Form 990-EZ (2012)

232173
01-11-13

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 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 Sch. C, Part II 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 paid more than \$100,000	(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
N/A				

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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: Jennifer Rubenstein, Director
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Meyerowitz & King, PLLC
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: p00662262
 Firm's name: Meyerowitz & King, PLLC Firm's EIN: 61-1398447
 Firm's address: 9710 Park Plaza Ave., Ste. 208 Phone no.: (502) 587-9833
Louisville, KY 40241

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Louisville Independent Business
Alliance, Inc

Employer identification number
20-5025267

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

Description of Other Revenue:	Amount:
Directory	28,417.

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

Description of Other Expenses:	Amount
Merchandise Expense	1,173.
Program Expenses	124,583.
Total to Form 990-EZ, line 16	125,756.

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

Description	Beg. of Year	End of Year
Opening Balance Equity	2,392.	0.

Form 990-EZ, Part III, Primary Exempt Purpose - To perserve the unique community character of the Metro Louisville area by promoting locally-owned businesses and to educate citizens on the value of shopping locally.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 2012

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization
Louisville Independent Business Alliance, Inc

Employer identification number
20-5025267

Name and title of officer
**Jennifer Rubenstein
Director**

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>190270</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 2012 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 Meyerowitz & King, PLLC to enter my PIN 25267
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 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 2012 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 _____

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.

61370998447
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 _____

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

0688397.09

mmullins
NAOI

Trey Grayson

Secretary of State

Received and Filed

03/19/2008 3:07:04 PM

Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a non-profit corporation under the laws of the Commonwealth of Kentucky, KRS 273 (the "Act"), in accordance with the following provisions.

**ARTICLE I
NAME**

The name of the Corporation is **LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.** ("Corporation").

**ARTICLE II
PURPOSES AND POWERS**

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

**ARTICLE III
MEMBERS**

The Corporation shall not have voting members. The management and affairs of the Corporation shall be at all times under the direction of a Board of Directors, as allowed by statute and the Bylaws of the Corporation.

**ARTICLE IV
DIRECTORS**

The business and affairs of the Corporation shall be governed by a Board of Directors. The initial Board of Directors shall have seven (7) members who shall serve until the first annual election of Directors and until their successors are elected and

qualified. The number of Directors may be increased or decreased from time to time as stated in the Bylaws of the Corporation. The names and mailing addresses of the initial Directors are attached as Exhibit A.

**ARTICLE V
REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 and the name of the initial registered agent at that address is John D. Timmons.

**ARTICLE VI
PRINCIPAL OFFICE**

The mailing address of the principal office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 .

**ARTICLE VII
BYLAWS**

The Bylaws of the Corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

**ARTICLE VIII
OFFICERS**

The Bylaws shall identify and provide for the method of election or appointment of the Officers of the Corporation.

**ARTICLE IX
INDEMNIFICATION**

Each person who is or was a Director, or Officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a Member, Director, or Officer of another entity, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the Corporation against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity for the Corporation, subject to limitations contained from time-to-time in the Bylaws of the Corporation.

The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Non-Profit Corporation Act or under this Article, but it shall not be obligated to do so.

The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of Members or Board of Directors, or otherwise. If this Article or any portion thereof shall be invalidated on any ground or by any court of competent jurisdiction, the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

ARTICLE X LIMITATION OF DIRECTOR LIABILITY

No Director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a Director except for liability: (a) for any transaction in which the Director's personal financial interest is in conflict with the financial interests of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct or are known to the Director to be a violation of law; or (c) for any transaction from which the Director derives an improper personal benefit.

If the Kentucky Revised Statutes (now or in the future) authorize corporate action further eliminating or limiting the personal liability of Directors, then the liability of a Director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a Director of the Corporation existing at the time of such repeal or modification.

ARTICLE XI LIMITATION ON DISTRIBUTIONS

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's Members, Directors, Officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II above. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code.

**ARTICLE XII
DISSOLUTION**

Upon the dissolution of the Corporation, assets shall be distributed as directed by the Board of Directors according to the Act so long as such direction does not violate the Code. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction 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 XIII
DURATION**

The Corporation shall have a perpetual existence.

**ARTICLE XIV
AMENDMENT**

These Articles of Incorporation may be amended, altered or repealed by the Corporation's Board of Directors.

**ARTICLE XV
INCORPORATOR**

The name and address of the Incorporator is John D. Timmons, 1534 Bardstown Road, Louisville, Kentucky 40205.

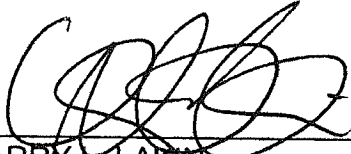
Signed by the Incorporator at Louisville, Kentucky this 17 day of MARCH, 2008.



John D. Timmons, Incorporator

THE FOREGOING ARTICLES OF
INCORPORATION PREPARED BY:

LAKIN LAW OFFICE

A handwritten signature in black ink, appearing to read 'LARRY E. LAKIN', written over a horizontal line.

LARRY E. LAKIN
Attorney at Law
11003 Bluegrass Parkway, Suite 500A
Louisville, Kentucky 40299
(502) 267-8221

EXHIBIT A

NAMES AND MAILING ADDRESS OF INITIAL DIRECTORS

1. John Timmons, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
2. Mike Mays, Heine Brothers' Coffee, 2714 Frankfort Ave., Louisville, KY 40206
3. Carol Besse, Carmichael's Bookstores, 2720 Frankfort Ave., Louisville, KY 40206
4. Rebecca Cornwell, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
5. Don Burch, 2330 Quest Outdoors, Frankfort Ave., Louisville, KY 40206
6. Summer Auerbach, Rainbow Blossom, 3738 Lexington Road, Louisville, KY 40207
7. Scott Roussell, Bluegrass Brewing Company, 636 E Main St., Louisville, KY 40202

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) Louisville Independent Business Alliance	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 1974-A Douglass Boulevard, Suite 101	Requester's name and address (optional)
	City, state, and ZIP code Louisville, KY 40205	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number
or
Employer identification number
20 5025267


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

Part II Certification

Under penalties of perjury, I certify that:

- 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).

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

Sign Here	Signature of U.S. person ▶ 	Date ▶ 2/10/14
------------------	--	----------------

General Instructions

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

Purpose of Form

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

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

- 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.

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

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

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

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

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

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

LIBA Staff 2014:

Jennifer Rubenstein

Cell (502) 500-4669

jennifer@keeploouisvilleweird.com

Pay: \$21.81/hour, 20-30 hours/week

Kristen Byrnes

Cell (704) 780-9787

kristen@keeploouisvilleweird.com

Pay: \$15/hour, 20-25 hours/week

Angela Weisser

Cell (502) 836-7334

angela@keeploouisvilleweird.com

Pay: \$10/hour, 15-20 hours/week

February 10, 2014



Vicki Aubrey Welch
District 13 Councilwoman
601 West Jefferson Street
Louisville, KY 40202

Dear Councilwoman Welch:

Thank you for sponsoring our request for Neighborhood Development Funds to Metro Council. The attached request is for funding a seminar engaging Joe Grafton (Director of Community Engagement for the American Independent Business Alliance - AMIBA) to present a Strength In Numbers workshop for the purpose of furthering the 'Keep South Louisville Weird' campaign. The Keep South Louisville Weird campaign has made progress in 2013, and this seminar will take it to the next level in 2014.

The total of this request is for \$1,100, although we may return \$300 of the grant if funded. (We will receive a \$200 discount if we have 40 people in attendance, and hope to secure \$100 of in kind food donations.) This request will benefit businesses and residents in the following Metro Council districts:

District 1, Attica Scott
District 12, Rick Blackwell
District 13, Vicki Welch
District 14, Cindi Fowler
District 15, Marianne Butler
District 21, Dan Johnson
District 25, David Yates

Therefore, we ask that each councilperson fund the request with \$157 from their districts' resources. (This total may go down to \$114 if discounts are achieved.)

The ultimate goal is to enhance the vehicles for achieving the overall goals of the Keep South Louisville Weird campaign: stability and growth of current independent businesses in South Louisville, the start of new independent businesses in South Louisville and the expansion of current independent businesses from other areas of town into South Louisville. These goals will result in a stronger local economy (dollars spent at local independent business recirculate in the community at 3 times the rate of chains), neighborhoods with strong characters that are unique and attractive to current residents, visitors and potential residents, etc.

I very much appreciate your time and attention to this application, and am happy to clarify and/or provide more information as needed. Your support in the past year has been invaluable.

Best regards,

A handwritten signature in black ink, appearing to read 'Jennifer Rubenstein', with a long horizontal line extending to the right.

Jennifer Rubenstein
Director

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

General Information

Organization Number	0688397
Name	LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	3/19/2008
Organization Date	3/19/2008
Last Annual Report	2/6/2014
Principal Office	1974-A DOUGLASS BOULEVARD, SUITE 1 LOUISVILLE, KY 40205
Registered Agent	SUMMER AUERBACH 3738 LEXINGTON RD. LOUISVILLE, KY 40207

Current Officers

President	<u>Summer Auerbach</u>
Vice President	<u>Ashley Parker</u>
Secretary	<u>Carol Besse</u>
Treasurer	<u>Toph Bryant</u>
Director	<u>Mike Croce</u>
Director	<u>Ali Hawthorne</u>
Director	<u>Jennifer Beaird Rubenstein</u>
Director	<u>Chris Vessels</u>
Director	<u>Scott Shuffitt</u>
Director	<u>Mo McKnight Howe</u>
Director	<u>Maria Mackey</u>
Director	<u>John Timmons</u>

Individuals / Entities listed at time of formation

Director	<u>JOHN D. TIMMONS</u>
Director	<u>MIKE MAYS</u>
Director	<u>CAROL BESSE</u>
Director	<u>REBECCA CORNWELL</u>
Director	<u>DON BURCH</u>
Director	<u>SUMMER AUERBACH</u>
Director	<u>SCOTT ROUSSELL</u>
Incorporator	<u>JOHN D. TIMMONS</u>

Images available online

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

Annual Report	2/6/2014	1 page	PDF
Principal Office Address Change	4/30/2013 2:30:45 PM	1 page	PDF
Annual Report Amendment	4/30/2013	1 page	PDF
Annual Report	1/14/2013	1 page	PDF
Registered Agent name/address change	2/17/2012 5:54:54 PM	1 page	PDF
Principal Office Address Change	2/17/2012 5:49:18 PM	1 page	PDF
Annual Report	2/17/2012	1 page	PDF
Annual Report	2/21/2011	1 page	PDF
Principal Office Address Change	8/10/2010 12:52:44 PM	1 page	PDF
Registered Agent name/address change	8/10/2010 12:44:35 PM	1 page	PDF
Annual Report	5/13/2010	1 page	PDF
Annual Report	9/29/2009	1 page	PDF
Articles of Incorporation	3/19/2008	6 pages	tiff PDF

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/6/2014 4:59:46 PM	2/6/2014 4:59:46 PM	
Amendment to annual report	4/30/2013 2:47:34 PM	4/30/2013 2:47:34 PM	
Principal office change	4/30/2013 2:30:45 PM	4/30/2013 2:30:45 PM	
Annual report	1/14/2013 2:54:02 PM	1/14/2013 2:54:02 PM	
Annual report	2/17/2012 5:58:16 PM	2/17/2012 5:58:16 PM	
Registered agent address change	2/17/2012 5:54:54 PM	2/17/2012 5:54:54 PM	
Principal office change	2/17/2012 5:49:18 PM	2/17/2012 5:49:18 PM	
Annual report	2/21/2011 2:52:54 PM	2/21/2011 2:52:54 PM	
Principal office change	8/10/2010 12:52:44 PM	8/10/2010 12:52:44 PM	
Registered agent address change	8/10/2010 12:44:35 PM	8/10/2010 12:44:35 PM	
Annual report	5/13/2010 3:06:43 PM	5/13/2010 3:06:43 PM	
Annual report	9/29/2009 4:13:22 PM	9/29/2009 4:13:22 PM	

Add	3/19/2008 3:07:04 PM	3/19/2008
-----	-------------------------	-----------

Microfilmed Images
