



LOUISVILLE METRO COUNCIL

BRANDON COAN
DISTRICT 8 COUNCILMAN

JASMINE MASTERSON
LEGISLATIVE AIDE

To Whom It May Concern,

The Louisville Pride Foundation is a 501(c)(3) charitable organization that promotes Louisville as one community that celebrates diversity, fosters inclusion for all and embraces the LGBTQA community. The foundation seeks to promote this unity between LGBTQ and straight allies by engaging in a conversation with the broader community about what makes us one while celebrating what makes us different.

Mike Slaton became the Executive Director of the Louisville Pride Foundation, and their only full-time employee, on September 10, 2018, the week of the fourth Louisville Pride Festival (September 15).

Under Mr. Slaton's leadership, the Louisville Pride Foundation has launched a new Community Engagement Committee and is expanding their role in the community. Amongst various individuals and organizations represented on this committee include staff from the Metro Human Relations Commission, Louisville Metro Public Health and Wellness, and the Louisville Metro Police Department. This committee is working to fill the gaps in service that exist for Louisville's LGBTQA population and serve as a backbone organization to support existing partners in the community

Mr. Slaton did not become aware until after the festival that the 2018 NDF paperwork had not already been filed. Mr. Slaton immediately set to work gathering the necessary documents and filed the application as soon as possible. One of the primary reasons that the Foundation hired Mr. Slaton was to improve their administrative operations, and he is already taking steps to prevent this from happening again.

An emergency situation currently exists because the Foundation's cash reserves have been dangerously depleted in the process of fulfilling obligations related to the 2018 Festival. This has created a significant impact on 2019 operations and prevents the Foundation from making necessary payments and deposits. Any further delay will directly impact their ability to produce the festival and maintain operations in 2019 and beyond.

Brandon Coan

Metro Council District 8
(502) 574-1108

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

Applicant/Program: Louisville Pride Foundation/ Louisville Pride Festival
Applicant Requested Amount: 20,000
Appropriation Request Amount: 8,500

Executive Summary of Request
 Funding to help cover expenses related to the Louisville Pride Festival, which occurred on Bardstown Road on September 15, 2018. The free, family-friendly event drew over 20,000 visitors and gave visibility and affirmation to the LGBTQ population, especially LGBTQ youth who are at disproportionate risk for homelessness, suicide, bullying and addiction.

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.

8 District # [Signature] Primary Sponsor Signature 1500 Amount 11.15.2018 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: _____

Applicant/Program:

Louisville Pride Foundation/ Louisville Pride Festival

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.

Council Member Signature and Amount

* District 1	<u>Jessica [Signature]</u>	\$ <u>500.00</u>
* District 2	<u>Barbara [Signature]</u>	\$ <u>1,000</u>
District 3		\$ _____
* District 4	<u>Barbara [Signature]</u>	\$ <u>500-</u>
District 5		\$ _____
* District 6	<u>[Signature]</u>	\$ <u>1,000</u>
District 7		\$ _____
District 8	<u>[Signature]</u>	\$ <u>1500</u>
* District 9	<u>Bill [Signature]</u>	\$ <u>500</u>
* District 10	<u>Gamon T. [Signature]</u>	\$ <u>500-</u>
District 11		\$ _____
* District 12	<u>D.L. [Signature]</u>	\$ <u>500</u>
District 13		\$ _____
District 14	<u>Cecile [Signature]</u>	\$ <u>250-</u>
* District 15	<u>[Signature]</u>	\$ <u>500</u>

Applicant/Program:

Louisville Pride Foundation/ Louisville Pride Festival

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 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

* District 21 Amal Meays \$ 250.⁰⁰

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

* District 25 [Signature] RB \$ 500

* District 26 [Signature] \$ 1000.⁰⁰

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Louisville Pride Foundation	
Program Name and Request Amount Louisville Pride Festival, \$20,000	
	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"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> 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"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
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"/> N/A
Prepared by: Jasmine Weatherby	Date: 11.15.18

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Louisville Pride Foundation <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1205 East Washington Street, Suite 103, Louisville, KY 40206			
Website: www.louisvillepride.com			
Applicant Contact:	Mike Slaton	Title:	Executive Director
Phone:	502-224-7529	Email:	mike@louisvillepride.com
Financial Contact:	John Bunker	Title:	Treasurer
Phone:	502-365-9876	Email:	jbunker@myfinancingusa.com
Organization's Representative who attended NDF Training: John Bunker			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Bardstown Road between Grinstead Drive and Beechwood Ave		
Council District(s):	8	Zip Code(s):	40204
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Louisville Pride Festival			
Total Request: (\$)	20,000	Total Metro Award (this program) in previous year: (\$)	9050.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <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 (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Louisville Pride Foundation is a 501 (C)(3) charitable organization that promotes Louisville as one community that celebrates diversity, fosters inclusion for all, and embraces the LGBTQA community. The foundation seeks to promote this unity between LGBTQ and straight allies by engaging in a conversation with the broader community about what makes us one while celebrating what makes us different.

The Foundation produces a free street festival (Louisville Pride Festival) every year and a portion of the proceeds from the Foundation's activities go to benefit local youth programs. This year's beneficiaries are the Louisville Youth Group and Sweet Evening Breeze homeless shelter.

The Festival is family-friendly and open to all ages and includes features that focus on LGBTQ history as well as entertainment, crafts, food, and exhibitors.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Thomas Carrier	Dec 31, 2018
Omicah House	Dec 31, 2019
James Wolfe	Dec 31, 2019
Todd Mercier	Dec 31, 2019
Kaila Story	Dec 31, 2020
Michael Adams	Dec 31, 2020
Jaison Gardner	Dec 31, 2020
Brent Turner	Dec 31, 2020

Describe the Board term limit policy:
 Board members serve three year terms and may be re-elected without limitation

Three Highest Paid Staff Names	Annual Salary
Mike Slaton	60,000

Applicant's Initials **MHS**

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The Louisville Pride Festival was held on Bardstown Road on September 15, 2018. The free event drew over 20,000 people, including many from out of town. Over 130 vendor booths showcased local nonprofits, service providers, crafts people, artists, and businesses. Events that give visibility to the LGBTQ population are important for promoting Louisville as a welcoming city and for sending an affirmative message to LGBTQ people, especially youth, who are at disproportionate risk for homelessness, suicide, bullying, and addiction.

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

NDF funds will be used to pay operational costs associated with the festival, including entertainment, security, and equipment rental costs.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This event is not a fundraiser per se, but a portion of the proceeds benefit the Louisville Youth Group and Sweet Evening Breeze homeless shelter.

Because of the support of donors and sponsors, the event is free to anyone in the public who wishes to attend.

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

Spectrum Talent Agency for headliner Deborah Cox (\$17,154.00)

The Event Company for equipment rental (\$8000.00)

C & H Audio Visual Services for labor and equipment rental (\$13,629.85)

DRH Professional Services for security (\$7,523.00)

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 Festival drew over 20,000 people and showcased over 130 local vendor booths including local nonprofits, service providers, crafts people, artists, and businesses.

Due to the success of the event, funding will be provided to beneficiary partners to support their work on behalf of LGBTQ youth.

Attendance is estimated based on counts made by volunteers at the primary entrances, aerial photos, and the quantity of donations and sales.

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.

We have no formal partnerships, but we work closely with other Pride organizations, and provide funds for Louisville Youth Group and Sweet Evening Breeze homeless shelter.

We have several sponsors, including Ford and UAW. The Convention and Visitors Bureau has been a sponsor since year one.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	20,000	108,600	128,600
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	20,500	108,600	128,600
Total Program Budget	15 %	85 %	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)	83,600
Fees Collected from Program Participants	25,000
Other (please specify)	
Total Revenue for Columns 2 Expenses **	108,600

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Entertainment	7,000	22,000 23,600	30,000
Equipment Rental	10,000	40,000	50,000
Security	3,000	4,500	7,500
Advertising	0	10,000	10,000
Entertainment (Travel)	0	5,000	5,000
Insurance	0	4,000	4,000
Permits & Licenses	0	1,500	1,500
Merchandise	0	10,000	10,000
Production Labor	0	4,000	4,000
Printing	0	2,000	2,000
Street closure / Clean up	0	2,500	2,500
Supplies	0	2,100	2,100
Total	20,000	108,600	128,600

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
93 volunteers donated a total of 503 hours	\$12,142.42	\$24.14/hr (Independent Sector)
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$12,142.42	

*** 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:

We added a full-time Executive Director position in September of 2018. The 2019 budget will reflect the full cost of this position, which is being underwritten by a donor for the first two years.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	11/1/2018
Legal Signatory: (please print):	Mike Slaton	Title:	Executive Director
Phone:	502-224-7529	Extension:	N/A
Email:	mike@louisvillepride.com		

Louisville Pride Foundation, Inc.

General Information

Organization Number	0898253
Name	Louisville Pride Foundation, Inc.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/29/2014 7:49:02 AM
Organization Date	9/29/2014 7:49:02 AM
Last Annual Report	7/9/2018
Principal Office	1205 E WASHINGTON ST SUITE 103 LOUISVILLE, KY 40206
Registered Agent	Matthew F Coogle 401 W Main St Ste 1200 Louisville, KY 40202

Current Officers

President	<u>THOMAS W CARRIER</u>
Vice President	<u>OMICAH HOUSE</u>
Secretary	<u>TODD MERCIER</u>
Director	<u>THOMAS W CARRIER</u>
Director	<u>OMICAH HOUSE</u>
Director	<u>TODD MERCIER</u>
Director	<u>MICHAEL ADAMS</u>
Director	<u>KAILA A STORY</u>
Director	<u>JAISON A GARDNER</u>
Director	<u>BRENT TURNER</u>

Individuals / Entities listed at time of formation

Director	<u>KEVIN JAMES BRYAN</u>
Director	<u>TIMOTHY DAVID MATTINGLY</u>
Director	<u>ROWDY WHITWORTH</u>
Incorporator	<u>THOMAS W CARRIER</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.

<u>Annual Report</u>	7/9/2018	1 page	<u>PDF</u>	
<u>Amendment</u>	5/30/2018	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u>	6/26/2017 9:50:56 AM	1 page	<u>PDF</u>	

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

DEPARTMENT OF THE TREASURY

Date: **OCT 27 2014**

LOUISVILLE PRIDE FOUNDATION
2010 CHEROKEE PARKWAY SUITE 1
LOUISVILLE, KY 40204-0000

Employer Identification Number:
47-1945331
DLN:
26053690002684
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

LOUISVILLE PRIDE FOUNDATION

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial "T".

Director, Exempt Organizations

Louisville Pride Foundation, Inc.
 BUDGET OVERVIEW: 2018 BUDGET (January - December)
 Actuals through 10/1/2018

REVENUE		
	Budget	YTD Actual
Exhibitor Sales	20,000.00	23,571.50
Grant	20,000.00	-
Sales of Merchandise	12,000.00	9,987.00
Donations	25,000.00	25,155.22
Sponsorship	75,000.00	71,500.00
Pride 100 Memberships	1,000.00	2,800.00
Events	5,000.00	3,440.00
Executive Director Salary Underwriting Donation	22,000.00	22,000.00
Total Revenue	180,000.00	158,453.72

EXPENDITURES		
	Budget	Actual YTD

Accounting Fees	1,000.00	950.00
Advertising	10,000.00	10,121.55
Bank Charges	300.00	110.03
Belle of Lou Cruise Expense	5,000.00	5,403.63
Dues & Subscriptions	500.00	598.00
Entertainment	30,000.00	28,459.00
Entertainment Travel	5,000.00	4,193.87
Equipment Rental	50,000.00	51,034.46
Executive Director Salary and Benefits	22,000.00	7,040.00
Insurance	4,000.00	5,058.30
Internet	1,000.00	1,118.81
Licenses & Permits	1,500.00	3,266.53
Meals and Entertainment	5,000.00	5,199.37
Merchandise/Swag	10,000.00	11,646.11
Merchant Account Fees	2,500.00	2,550.21
Photographer	600.00	
Platinum Club Expense	600.00	594.87
Pool Party Exp	2,000.00	1,550.00
Production Crew	4,000.00	3,940.00
Security / EMS	5,000.00	7,623.00
Shipping and delivery expense	500.00	
Stationery & Printing	2,000.00	1,758.19
Street Closing / Clean Up	2,500.00	2,840.00
Supplies	4,000.00	5,049.15
Telephone	500.00	300.57
Utilities	500.00	
DONATIONS	10,000.00	

Total Expenses	180,000.00	160,405.65
Surplus/(Deficit) - <i>Surplus added to final donation payout</i>	-	(1,951.93)

Louisville Pride Foundation, Inc.

STATEMENT OF FINANCIAL POSITION

As of October 15, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking	4,312.18
Total Bank Accounts	\$4,312.18
Accounts Receivable	
Accounts Receivable	6,349.21
Total Accounts Receivable	\$6,349.21
Other Current Assets	
Prepaid Expenses	5,005.18
Rebill	0.00
Uncategorized Asset	0.00
Total Other Current Assets	\$5,005.18
Total Current Assets	\$15,666.57
TOTAL ASSETS	\$15,666.57
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	83,234.10
Total Accounts Payable	\$83,234.10
Credit Cards	
Capital One Spark	9,456.67
Total Credit Cards	\$9,456.67
Other Current Liabilities	
BCC Loans	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$92,690.77
Total Liabilities	\$92,690.77
Equity	
Opening Balance Equity	0.00
Retained Earnings	-59,403.32
Net Revenue	-17,620.88
Total Equity	\$ -77,024.20
TOTAL LIABILITIES AND EQUITY	\$15,666.57

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

HICKS & ASSOCIATES CPAS
1795 Alysheba Way, Suite 6206
Lexington, KY 40509
859-368-9727

MAY 24, 2018

LOUISVILLE PRIDE FOUNDATION, INC.
1205 E WASHINGTON ST. NO. 103
LOUISVILLE, KY 40206

LOUISVILLE PRIDE FOUNDATION, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

SINCERELY,

DAVID W. HICKS, CPA, CFF, CFE, CGMA

Filing Instructions

Prepared for:

LOUISVILLE PRIDE FOUNDATION, INC.
1205 E WASHINGTON ST. NO. 103
LOUISVILLE, KY 40206

Prepared by:

HICKS & ASSOCIATES CPAS
1795 ALYSHEBA WAY, STE 6206
LEXINGTON, KY 40509

2017 FORM 990

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

EXTENDED TO NOVEMBER 15, 2018

OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 header section containing organization name (LOUISVILLE PRIDE FOUNDATION, INC.), EIN (47-1945331), address (1205 E WASHINGTON ST., LOUISVILLE, KY 40206), principal officer (THOMAS W CARRIER), and other identifying information.

Part I Summary

Summary table with columns for line number, description, and amounts. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

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.

Signature block section with fields for officer signature (THOMAS W CARRIER, PRESIDENT), preparer name (DAVID W. HICKS, CPA, CFF), and firm information (HICKS & ASSOCIATES CPAS).

May the IRS discuss this return with the preparer shown above? (see instructions) [] Yes [X] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: PROMOTES LOUISVILLE AS ONE COMMUNITY THAT CELEBRATES DIVERSITY, FOSTERS INCLUSION FOR ALL, AND EMBRACES THE LGBTQA COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,000. including grants of \$ 5,000.) (Revenue \$) CHARITABLE DONATION TO THE LOUISVILLE YOUTH GROUP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses | 5,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 contain various organizational requirements with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~ ~ ~ ~ ~		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ~ ~ ~ ~ ~		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a ~ ~ ~ ~ ~		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II ~ ~ ~ ~ ~		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ~ ~ ~ ~ ~		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ~ ~ ~ ~ ~		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~ ~ ~ ~ ~		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ~ ~ ~ ~ ~		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~ ~ ~ ~ ~		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? ~ ~ ~ ~ ~	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and Form 8282.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [] + X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
+ Own website + Another's website +X Upon request + Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: |
JOHN BUNKER - 502-365-9876
1205 E WASHINGTON ST., STE 103, LOUISVILLE, KY 40206

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ~~~~~							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ~~~~~							0.	0.	0.	
d Total (add lines 1b and 1c) ~~~~~							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ~~~~~		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ~~~~~		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~		200.	116,010.	139,612.	120,438.	376,260.
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					14,921.	14,921.
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 ~ ~ ~		200.	116,010.	139,612.	135,359.	391,181.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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 ~ ~ ~ ~ ~						0.
c Add lines 7a and 7b ~ ~ ~ ~ ~						0.
8 Public support. (Add line 7c from line 6)						391,181.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~		200.	116,010.	139,612.	135,359.	391,181.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)		200.	116,010.	139,612.	135,359.	391,181.

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. X

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15 ~ ~ ~ ~ ~	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ | †

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

LOUISVILLE PRIDE FOUNDATION, INC.

Employer identification number

47-1945331

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LOUISVILLE PRIDE FOUNDATION, INC.	Employer identification number 47-1945331
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTON HEALTHCARE 1930 BISHOP LN. LOUISVILLE, KY 40218	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GE APPLIANCES 4000 BUECHEL BANK RD. LOUISVILLE, KY 40225	\$ 5,500.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FORD MOTOR COMPANY 2000 FERN VALLEY RD. LOUISVILLE, KY 40213	\$ 25,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LOUISVILLE METRO GOVERNMENT 527 W. JEFFERSON ST. LOUISVILLE, KY 40202	\$ 9,050.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LOUISVILLE PRIDE FOUNDATION, INC.

47-1945331

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization LOUISVILLE PRIDE FOUNDATION, INC.	Employer identification number 47-1945331
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PRIDE FESTIVAL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts ~ ~ ~ ~ ~	125,248.		125,248.
	2	Less: Contributions ~ ~ ~ ~ ~	120,438.		120,438.
	3	Gross income (line 1 minus line 2) <input type="text"/>	4,810.		4,810.
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~			
	5	Noncash prizes ~ ~ ~ ~ ~			
	6	Rent/facility costs ~ ~ ~ ~ ~	42,620.		42,620.
	7	Food and beverages ~ ~ ~ ~ ~	3,690.		3,690.
	8	Entertainment ~ ~ ~ ~ ~	28,422.		28,422.
	9	Other direct expenses ~ ~ ~ ~ ~	44,559.		44,559.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~ ~ ~ ~ ~			119,291.
	11	Net income summary. Subtract line 10 from line 3, column (d) <input type="text"/>			<114,481.>

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue <input type="text"/>			
Direct Expenses	2	Cash prizes ~ ~ ~ ~ ~			
	3	Noncash prizes ~ ~ ~ ~ ~			
	4	Rent/facility costs ~ ~ ~ ~ ~			
	5	Other direct expenses <input type="text"/>			
	6	Volunteer labor ~ ~ ~ ~ ~	† Yes _____ % † No _____ %	† Yes _____ % † No _____ %	† Yes _____ % † No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d) ~ ~ ~ ~ ~			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) <input type="text"/>			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? ~ ~ ~ ~ ~ † Yes † No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ~ ~ ~ ~ ~ † Yes † No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ~~~~~ Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ~~~~~ Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ~~~~~	13a	%
b An outside facility ~~~~~	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name | _____

Address | _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~~~ Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization | \$ _____ and the amount of gaming revenue retained by the third party | \$ _____
- c If "Yes," enter name and address of the third party:

Name | _____

Address | _____

16 Gaming manager information:

Name | _____

Gaming manager compensation | \$ _____

Description of services provided | _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~~~~~ Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Name of the organization **LOUISVILLE PRIDE FOUNDATION, INC.** Employer identification number **47-1945331**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMBRACES THE LGBTQA COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE SIGNING AND MAILING. THE BOARD IS GIVEN A ONE-WEEK REVIEW PERIOD TO ASK QUESTIONS OR REQUEST CHANGES. ONCE THE ONE-WEEK REVIEW PERIOD HAS ENDED, THE 990 WILL BE FINALIZED BY THE ACCOUNTING FIRM ASSISTING WITH THE PREPARATION AND DELIVERED TO THE TREASURER TO BE SIGNED AND MAILED BY THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

THESE ITEMS ARE AVAILABLE UPON REQUEST.

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

Department of the Treasury
Internal Revenue Service

| File a separate application for each return.
| Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. LOUISVILLE PRIDE FOUNDATION, INC.	Enter filer's identifying number Employer identification number (EIN) or 47-1945331
	Number, street, and room or suite no. If a P.O. box, see instructions. 1205 E WASHINGTON ST., NO. 103	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40206	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN BUNKER

The books are in the care of | 1205 E WASHINGTON ST., STE 103 - LOUISVILLE, KY 40206

Telephone No. | 502-365-9876

Fax No. | _____

If the organization does not have an office or place of business in the United States, check this box | †

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box | †. If it is for part of the group, check this box | † and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

† X calendar year 2017 or

† tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: † Initial return † Final return

† Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NAOI
0898253.09 Alison Lundergan Grimes Secretary of State Received and Filed 9/29/2014 7:49:02 AM Fee receipt: \$8.00

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

Articles of Incorporation
Non-profit Corporation

NAI

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

Article I: The name of the company is

Louisville Pride Foundation, Inc.

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

401 W Main St, Ste 1200, Louisville, KY 40202

and the name of the initial registered agent at that address is **Matthew F Coogle**

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

2010 Cherokee Parkway, Suite 1, Louisville, KY 40204

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

Thomas W Carrier 2010 Cherokee Parkway, Louisville, Kentucky 40204

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

Kevin James Bryan 1202 Bardstown Road, Louisville, Kentucky 40204

Timothy David Mattingly 1133 Bardstown Road, Louisville, Kentucky 40204

Rowdy Whitworth 1117 Bardstown Road, Louisville, Kentucky 40204

Article VI: The purpose of the company is: **The Louisville Pride Foundation promotes the cooperation and understanding of Louisville as one community comprised of gay, lesbian, bisexual, transgendered, queer and straight individuals as well as businesses and organizations that support and embrace diversity.**

Executed by the Incorporator on Monday, September 29, 2014

Name of Incorporator: **Thomas W Carrier**

Signature of individual signing on behalf of Incorporator:

Thomas W Carrier

I, **Matthew F Coogle**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NAOI
0898253.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
9/29/2014 7:49:02 AM
Fee receipt: \$8.00

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

Articles of Incorporation
Non-profit Corporation

NAI

Matthew F Coogle

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Louisville Pride Foundation

2 Business name/disregarded entity name, if different from above
Louisville Pride Festival

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501 (c) 3**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1205 East Washington Street, Suite 103

6 City, state, and ZIP code
Louisville, KY 40206

7 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 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

4	7	-	1	9	4	5	3	3	1
---	---	---	---	---	---	---	---	---	---

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 for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ **3/11/19**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.

Terms And Conditions

CONTRACT #: 3802

The parties hereto acknowledge that the following terms and conditions are incorporated in and made a part of the Agreement between the parties herein.

1. PURCHASER acknowledges that Spectrum Talent Agency, (Spectrum) is the Agent for ARTIST and is not a party to this Agreement and that it assumes no liability hereunder.
2. PURCHASER agrees to furnish at its own expense all that is necessary for the proper presentation of the entertainment presentation at performances, and if required by ARTIST at rehearsals therefore, including a suitable theater, hall or auditorium, well heated, lighted clean and in good order stage, curtains, properly tuned grand piano (s) and public address system in perfect working condition including microphone (s) in number and quantity required by ARTIST; all stagehands, stage carpenters, electricians, electrical operators and any other labor necessary and or required by any national or local union (s) to take in hand work and take out the entertainment presentation (including scenery, properties and baggage), all lights, tickets, house programs, all licenses (including musical performing rights licenses), special police ushers, ticket sellers for advance and performance date, or single sales (wherever sales take place), ticket takers, appropriate and sufficient advertising and publicity including but not limited to bill posting, mail and distributing of circulars, display newspaper advertising in the principal newspapers and PURCHASER shall pay all other necessary expense in connection therewith PURCHASER agrees to pay all amusement taxes. PURCHASER agrees to comply with all regulation and requirements of any national or local union (s) that may have jurisdiction over any of the materials, facilities, service and personal to be furnished by PURCHASER and by ARTIST. PURCHASER agrees to furnish all necessary material and equipment and to promptly comply with ARTIST'S direction to arrange the stage décor and settings for the performances hereunder. In addition to those musicians if any, to be furnished by either ARTIST or PURCHASER pursuant to any other provisions hereof, PURCHASER agrees to furnish at its sole expense such musicians, including musical contractor, as may be required by any national or local union (s) for and in connection with this engagement and rehearsals therefore, ARTIST shall have the right to name the local music contractor and to approve the choice of musicians hired locally. PURCHASER shall provide a properly heated; air-conditioned ventilated, lighted clean, in good order and comfortable dressing room, near the stage for ARTIST and ARTIST'S staff. PURCHASER shall provide all the props, equipment, facilities, transportation, meals, beverages lodging and other items specified on the attached rider at PURCHASER'S sole expense. (SEE ATTACHED RIDER , WHICH IS PART OF THE AGREEMENT).
3. ARTIST shall have the sole and exclusive control over the production, presentation and performance of the engagement hereunder, including but not limited to, the details, means and methods of the performances of the performing personnel. ARTIST'S obligation hereunder are subject to detention or prevention by sickness, inability to perform, accident, failure of transportation, Acts of God, riots, strikes, labor difficulties, epidemics, any act or order of any public authority or any other cause, similar or dissimilar, beyond ARTIST'S control.
4. PURCHASER shall not have the right to broadcast or televise, photograph or otherwise reproduce the performances hereunder, or any part thereof. PURCHASER agrees that no performers other than those to be furnished by ARTIST hereunder will appear on or in connection with the engagement hereunder. PURCHASER shall not have the right to assign this agreement or any provision hereof. Nothing herein contained shall ever be construed as to constitute the parties hereto as a partnership, or joint venture, or that ARTIST shall be liable in whole or in part for any obligation that may be incurred by PURCHASER in PURCHASER'S carrying out any of the provisions hereof, or otherwise. The person executing this agreement on PURCHASER'S behalf warrants his authority to do so, and such person hereby personally assumes liability for the payment of said price in full.
5. The entertainment presentation to be furnished by ARTIST hereunder shall receive billing in such order. Form, size and prominence as directed by ARTIST; in all advertising and publicity issued by or under the control of the PURCHASER.
6. PURCHASER agrees that the entertainment presentation will not be included in a subscription or other type or series without the written consent of the ARTIST. Free admission, if any (except to local press), shall be subject to ARTIST'S prior written approval. In the event that payment to ARTIST shall be based in whole or in part on receipts of the performance (s) hereunder: (a) the scale of ticket prices must be submitted to and approved by ARTIST in writing before tickets are ordered or placed on sale;(b) PURCHASER agrees to deliver to ARTIST a certified statement of the gross receipts of each such performance within two hours following such performance; and (c) ARTIST shall have access to the box office records of PURCHASER relating to gross receipts of this agreement only.
7. Any sum required; to be paid by PURCHASER prior to the date of engagement shall be held by Spectrum Talent Agency as a deposit payable to ARTIST. In the event that the PURCHASER does not make the payments set forth in the Agreement on or before the dates and times specified or otherwise defaults in performing its obligations under this Agreement, ARTIST shall be entitled to retain said deposits as liquidated damages. Any re-bookings of ARTIST shall be contracted through Spectrum Talent Agency.
8. This constitutes the sole, complete and binding agreement between the parties. This agreement may not be changed, modified or altered except by a written instrument executed by the parties.
9. PURCHASER may not add to or alter the terms of this agreement . Any such attempted addition or alteration shall be null and void unless agreed to by ARTIST in writing. See U.C.C. S207 (2) (a).
10. Any claims or disputes arising under this Agreement, or breaching thereof shall be governed by the laws of the State of New York and shall be settled in binding arbitration before a single arbitrator to be administered by JAMS, pursuant to its rules governing commercial disputes, to be conducted in New York City. The prevailing party in any arbitration, action or proceeding brought in connection with the Agreement shall be entitled to recover its arbitration costs, expenses and reasonable attorneys' fees from the other party. . The parties hereto agree to be bound by the award in such arbitration and judgment upon the award rendered by the arbitrator and may be entered in any court having jurisdiction thereof.

1650 Broadway, #1105
New York NY 10019

Spectrum
Talent Agency

Phone: (212) 268-0404
Fax: (212) 268-1114

August 9, 2018

Thomas Carrier
Louisville Pride Foundation
1205 East Washington Street Suite 103
Louisville, KY 40206

RE: Deborah Cox
ON: September 15, 2018
AT: Louisville Gay Pride

Dear Thomas,

Enclosed are copies of the contract covering the above referenced engagement(s). Kindly sign three copies and return them to this office for counter signature. Upon the contracts' counter-signature, I will forward a fully executed copy for your files.

\$9,634 US deposit payable to Spectrum by cashier's check or bank wire only due by: August 17, 2018
\$7,500 US deposit payable to Spectrum Talent by cashier's check or bank wire only due by: September 5, 2018

Spectrum Talent Agency, Inc bank wire information is as follows:

Account name: Spectrum Talent Agency
Account No.: 385041000584 Swift Code: KEYBUS33
ABA No.: 021300077
Bank: Key Bank
Address: 2 Glocker Way
Pottstown, Pennsylvania 19465

NOTE: Wire transfers and checks must include a reference to the showdate and artist to receive proper credit.

Thank you for your prompt attention to these matters and we look forward to a great show.

Sincerely,

Marc Katz

1650 Broadway, #1105
New York NY 10019

Spectrum

Talent Agency

Phone: (212) 268-0404
Fax: (212) 268-1114

Contract #: 3802
Cnct Issue Date: 7/26/2018

CONTRACT ADDENDUM

The Provisions of this Contract Addendum are deemed incorporated in and part of Artist Performance ("Engagement") identified below.

Artist: DEBORAH COX

Date of Show[s]: Sat, Sep 15, 2018

Venue: LOUISVILLE GAY PRIDE, LOUISVILLE, KY

Addendum:

STAGING

A) Stage - At least 24x24 Feet

Purchaser must provide a clean, secure stage with a barricade across the front. Purchaser must also provide two (2) stair units with handrails. Each unit will be located or positioned on each side of the stage.

SOUND

A) PA - Meyer, V-Dosc, Nexo, EAW with matching subs. Speaker system should be sufficient to fill venue.

B) Stage Monitors (Wedges)/Side Fills

Meyer, Nexo, EAW 15" and 1 3/4" horn preferred - no smaller than 12" woofer and 1" horn. Quantity will vary depending on stage size. Minimum of two (2) wedges will always be necessary.

C) In Ear Monitor System (IEM) - Sennheiser EW300 G3 IEM *please have back up buds available. Some Shure models are ok as substitutions. **(Please call for approval on Shure substitution)**

D) Console - Yamaha LS9 16 (Digital option preferred), Midas Venice 160 (Analog Option) *Other consoles are ok in festival situations. (Please call for approval)

E) Microphone - 2x UR4S Wireless Microphones (with Beta 58 caps) each with straight stands and round bases.

*Beta 87 capsules will work in some environments. (Please call for approval)

In some cases Deborah travels with her own microphone. If this is the case we will only need one (1) channel of UR4S.

Note: For performances with back up singers Deborah will need to have three (3) additional channels of the UR4S Wireless Microphones all on straight stands with round bases. Beta 87 capsules preferred for back up wireless.

F) Effects (Not needed with LS9)

Two (2) Yamaha SPX990 and one (1) Lexicon PCM81 or PCM91

One (1) Yamaha SPX 990, one (1) TC Electronics D2, and one (1) Lexicon PCM81 or 91

G) Compression (Not needed with LS9)

Two (2) Channels of Tube compressors (HHB, Joe Meek preferred)

Two (2) Channels of DBX166 (Please make sure this is approved by production contact as a viable substitution)

H) Vocal Pre-amp (Call production contacts about substitutions or if necessary for performance)

One (1) Eventide H3000 Harmonizer

I) Playback/Program

One (1) CDJ1000 MK3 (Please make sure CDJ has all cables necessary to properly patch it to console and are available for sound check) The CDJ should be located at the mix position.

One (1) I-pod or MP3 player cable connected to console. (Mini plug or 1/8" cable) This cable should be no less than 5' in length.

IMPORTANT: If Ms Cox's performance is part of a festival, her channels must be strictly dedicated to her for the day. We will not share channels after Ms Cox's sound check takes place!

AFTER SOUND CHECK IF ANY CHANGES ARE MADE WITH OUT PRIOR CONSENT OF ARTISTS PRODUCTION AND / OR AUDIOENGINEER WILL BE CONSIDERED A BREACH OF THIS AGREEMENT AND ARTIST RESERVES THE RIGHT TO SHORTEN SHOW AND BE PAID IN FULL. NO EXCEPTIONS!!!

LIGHTING (Not necessary for outside daytime performances)

A) Stage Wash - Stage wash should cover entire stage evenly. Amber, light amber tones preferred. (Please call to discuss)

B) Moving lights - Important for club gigs to not lose energy for Ms Cox's performance. (Please call to discuss as each situation is different)

C) Follow Spot - (Please call to discuss if follow spot will be necessary)

For Questions Regarding Technical & Sound Contact

Billy Justi: Production Manager 404.886.9727 billyjusti@gmail.com

CHASE *for* BUSINESS

Printed from Chase for Business

Wire date	Status	Wire to	Transaction number	Debit amount	Amount
Sep 7, 2018	Completed	Spectrum Talent Agency Inc	5203931746	\$17,154.00	\$17,154.00 US

Wire to Spectrum Talent Agency Inc (...0584)

Wire from TOTAL BUS CHK (...2061)

Amount \$17,154.00 USD (U.S. Dollar)

Wire fee \$25.00 USD (U.S. Dollar)

Total wire cost \$17,179.00 USD (U.S. Dollar)

Wire date Sep 7, 2018

Status Completed

Status date Sep 7, 2018

Reference number Not applicable

Transaction number 5203931746

Message to recipient 9/15/18 Deborah Cox - Louisville Pride

Message to recipient bank None

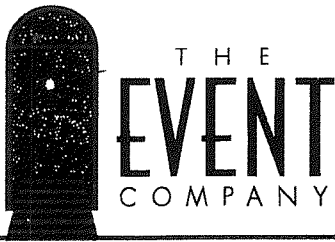
Memo 9/15/18 Deborah Cox - Louisville Pride

Submitted by LOUISVILLE PRIDE FOUNDATION, INC.

Submitted by date and timestamp Sep 7, 2018 12:00 AM ET

Last modified by Not Available

Modified by date and timestamp Sep 7, 2018 12:00 AM ET



THE
EVENT
COMPANY

INVOICE

DIAMOND CAT PRODUCTIONS, Inc. 61-1380391
3914 OLD ROUTT ROAD LOUISVILLE, KY 40299

DATE	INVOICE #
9/19/2018	106807

BILL TO:
Louisville Pride Festival

P.O. NUMBER	TERMS
Omicah House	Due upon receipt

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Decor & structures for 2018 Louisville Pride Festival Entrance gates, dance dome, flooring, bars, VIP area	6,000.00	6,000.00T
1	Lighting package	2,000.00	2,000.00T

Subtotal		\$8,000.00
Sales Tax (0.00)		\$0.00
Total		\$8,000.00

Final payments on this invoice must be received within 14 days of the event date, after which time a 1 1/2% finance charge will be added monthly. 3% will be added for credit card payment

CHASE for BUSINESS

Printed from Chase for Business

Check

Front

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON

LOUISVILLE PRIDE FESTIVAL
LOUISVILLE PRIDE FOUNDATION
1205 E Washington St, Suite 103
Louisville, KY 40206
(502) 498-4298

JPMorgan Chase Bank, N.A.
10309
970 Baxter Ave
Louisville, KY 40204
10/11/2018

PAY TO THE ORDER OF The Event Company

\$**8,000.00

Eight thousand and 00/100..... DOLLARS

The Event Company
3914 Old Routt Rd
Louisville, KY 40299

Memo

[Signature]

MP

Security features included: Details on back.

Back

ENDORSE HERE

PAY TO THE ORDER OF

PNC BANK
LOUISVILLE, KY 40212-2019
0830001108

FOR DEPOSIT ONLY
DIAMOND CAT PRODUCTIONS, INC DBA
THE EVENT CO

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FEDERAL INSTITUTION USE

MP

Warning
The front and back of the Chase Payment
Card Features may vary and are not an
offer of any financial product or service. For
more information, please visit chase.com
or call 1-800-4MYCHASE.

CARD OF COVEREDS REG. C.C.

Post date

Check #

Check amount

Oct 15, 2018

10309

\$8,000.00



PE
9/14/18
#10286

4850 Crittenden Dr Suite 3F
Louisville KY 40209
Phone : 502-637-4595
Fax : 502-637-4596

Reservation No.: 180468
Version No.: 1
Terms: In Advance
Salesperson: Brian Payne

Show Information		Client PO#:	
Show	Pride Festival 2018 Main Stage	Site:	Bardstown Rd
Contact:	Mike Slaton	Bardstown Rd. between Grinstead (Wendy's) and Beechwood (McDonald's) Louisville KY	
Client:	Louisville Pride Festival	Room:	
	-	Site Ph:	
Phone:	502-498-4298	Contact:	
Mobile:			
Email:	mike@louisvillepride.com		

Schedule

Schedule Remarks	Date	Time
Load -In	09/15/2018	1:30 AM
Start Date	09/15/2018	11:00 AM
End Date	09/15/2018	11:00 PM
Strike	09/15/2018	11:00 PM

Equipment

Qty	Item Description	Days
Stage		
1	Mobile Stage - Stageline SL200 (30' x 24')	1.00
Includes 8' x 12' Thrust / Runway		
Sub Total		

AUDIO

Qty	Item Description	Days
Mains		
2	d&b V Flying Frame	1.00
2	Tape Measurer - 100'	
2	d&b V Series Fly Frame	
4	d&b audiotechnik Hoist Connector Chain	
1	Texas LAP-TLEQ - Clinometer	1.00
8	Speaker - d&b V8 Loudspeaker (NL4)	1.00
4	Speaker - d&b V12 Loudspeaker (NL4)	1.00
2	NL8 PA Loom Kit	1.00
2	NL8 PA Loom	
2	Speaker Cable - NL8 50'	
2	Speaker Cable - NL8 53'	
2	Speaker Cable - NL8 56'	
2	XLR Cable 50'	

- 6 *Speaker Adapter - NL8 Barrel*
- 6 *Speaker cable - NL8 to 4x NL4*
- 2 *Carabiner*
- 2 *Spanset 18"*
- 2 *Rolling Trunk - 22.5" x 22.5" x 20"*

Amps

- 2 Amp - d&b D80 Amp Rack w/ NL8 and L21-30(208v) 1.00

Fills and Subs

- 6 *Speaker - d&b B2 Subwoofer (NL4)* 1.00
- 2 *Speaker - d&b Q10 Loudspeaker (NL4)* 1.00
- 4 *Speaker Cable - NL4 - 25'* 1.00
- 4 *Speaker Cable - NL4 - 50'* 1.00
- 2 *Speaker Cable - NL4 - 100'* 1.00
- 2 *Speaker Cable - B2 Sub 50'* 1.00

Monitors

- 8 *Speaker - d&b M4 Monitor* 1.00
- 2 *Speaker - d&b M4 Monitor* 1.00
- 2 *Amp - d&b Monitor Amp Rack* 1.00
- 6 *Speaker Cable - NL4 - 100'* 1.00
- 4 *Speaker Cable - NL4 - 25'* 1.00
- 6 *Speaker Cable - NL4 - 50'* 1.00

In Ear Monitors for Deborah Cox and Interpreters

- 2 *Shure PSM-900 Receiver (P9R-G6)* 1.00
- 1 *Shure PSM 1000 IEM unit with Beltpack* 1.00
- 1 *Shure PSM Wired IEM unit* 1.00

Platform for Interpreter

- 1 *Stage Deck - 4' x 8'* 1.00
- 6 *Stage Leg - 2' - 3' Adjustable Leg* 1.00
- 1 *Stage Stair Rail - 24"* 1.00
- 1 *Stage Stair Unit - 24"* 1.00
- 2 *Stage Clamp - 6" C-Clamp* 1.00

- 1 *Digital Console - Avid VENUE SC48* 1.00
- 1 *Split - 48 x 6 XLR Stagebox* 1.00

FOH Console

- 1 *Avid Profile Kit* 1.00
- 1 *Drive Rack*
- 1 *Dual CAT6A 500 MHz STP Loom - 300'* 1.00
- 1 *Snake - 4 ch. XLR w/ CAT6A STP - 100'* 1.00
- 2 *Snake - 16Ch XLR x 4Ch XLR Returns- 100'* 1.00
- 1 *Snake - 12Ch XLR - 100'* 1.00
- 60 *XLR Cable 25'* 1.00
- 15 *XLR Cable 50'* 1.00
- 3 *Playback - Professional CD Player* 1.00
- 1 *Wireless Microphone System - 4 Units, Shure UHF-R Combo w/ Beta58* 1.00
- 2 *Wireless Microphones - Active Antenna for Shure UR4D+*
- 2 *Wireless Microphones - Antenna Cable for Shure Wireless*
- 2 *Wireless Combo Mic - Shure UHF-R Combo, Dual Channel (UR4D+ H4 Band 518-578)*
- 1 *2 Space Rack Drawer*
- 1 *3 Space Rack Drawer*

1	Shock Rack - 8 RU 20" Deep	
2	Mic Stand - Boom Stand	
6	Mic - Shure SM58	1.00
1	Mic - Shure SM58 w/ Switch	1.00
6	Mic - Shure SM57	1.00
1	Mic - Shure Beta 52A	1.00
2	Mic - Sennheiser e609	1.00
4	Mic - Sennheiser e604	1.00
2	Mic - AT2021 Small Diaphragm Condenser	1.00
2	Mic - AT2020 Large Diaphragm Condenser	1.00
6	Mic - AE5100 Large Diaphragm Condensor	1.00
4	Direct Box - Radial Pro AV1	1.00
4	Cable - Mini to Mini Stereo Patch	1.00
2	Direct Box - Radial Pro D2 - 2 Channel	1.00
10	Direct Box - Radial Pro DI	1.00
6	Direct Box - Klark Teknik DN100	1.00
7	Mic Stand - Atlas MS10CE Round Base Mic Stand - Black	1.00
12	Mic Stand - K&M Tall Boom	1.00
8	Mic Stand - K&M Short Boom	1.00
1	Audio Work Box w/ Tabletop Door	1.00
1	Brick of AA Batteries	1.00

AUDIO Total

RIGGING

2	Truss Section 12"x12"x10' Bolted	1.00
1	Truss Section 12"x12"x8' Bolted	1.00
16	Truss Bolt	1.00
4	Truss Bolt Wrench (15/16")	1.00
4	Chain Hoist 1000lb 60' Lift - Lodestar	1.00
4	CM - Control Cable - 50'	1.00
2	CM - Control Cable - 25'	1.00
2	CM - Control Cable - 100'	1.00
1	CM - 8 Way Motor Control Kit	1.00
1	CM 8 Way Motor Control	
1	CM - 8 Way Remote Pendant	
1	CM - Remote Pendant Extension 50'	
2	CM Motor Pickle	
1	Camlok - Ground Turnaround	
1	Camlok - Neutral Turnaround	
1	Twistlock Cable 30Amp 3Ø - 8'	1.00
6	Steelflex - 3'	1.00
6	Steelflex - 6'	1.00
20	Shackle - 5/8"	1.00
2	Light Tree Pipe - 10'	1.00
4	Pulley - 3" (650lb Capacity)	1.00
4	Rigging Rope - 3/8" Poly - 50'	1.00
4	Clamp - Half Coupler w 1/2" Eye Nut	1.00
4	Clamp - ETC C-Clamp	1.00

RIGGING Total

BACKLINE

1	Keyboard - Roland RD-700	1.00
1	X-style Keyboard Stand	1.00
1	Padded Piano Bench	1.00
1	/Sustain Pedal	1.00
2	Pioneer CDJ 2000 CD Player	1.00

1	Pioneer DJM-900 Nexus Mixer / MIDI Controller	1.00
2	Shure PSM 900 IEM unit	1.00
1	Tech Table - 2.5' x 8'	1.00
1	Black Linen Table Skirt	1.00

BACKLINE Total

LIGHTING

1	M2GO Kit	1.00
1	DMX Snake - 4 Universe/AC/Com 300'	1.00
6	LED Light - COLORado 1 Solo	1.00
16	LED Light - COLORado 1 Tour Standard Lens w/ Half Coupler	1.00
8	Moving Light - MAC Aura LED Wash Light	1.00
4	Moving Light - MAC Aura LED Wash Light	1.00
4	Moving Light - MAC 700 Profile	1.00
16	DMX 5 Pin - 5' Lighting Control Cable	1.00
16	DMX 5 Pin - 10' Lighting Control Cable	1.00
2	DMX 5 Pin - 50' Lighting Control Cable	1.00
2	DMX 5 Pin - 100' Lighting Control Cable	1.00
1	Socapex to Edison F - 3'	1.00
1	Socapex to Edison M - 6'	1.00
1	Socapex 6 Circuit - 50'	1.00
1	Socapex 6 Circuit - 100'	1.00
1	Socapex 6 Circuit - 25'	1.00
8	Powercon Blue to Gray 10'	1.00
4	AC Cable Black 12AWG - 5'	1.00
4	AC Cable Black 12AWG - 10'	1.00
4	AC Cable Black 12AWG - 15'	1.00
4	AC Cable Black 12AWG - 25'	1.00
2	AC Cable Black 12AWG - 50'	1.00
2	AC Cable Black 12AWG - 100'	1.00
6	AC Power Strip	1.00
1	Hazer - Ultratec Radiance	1.00
1	Fan - Low Profile	1.00

LIGHTING Total

POWER

1	Generator, 60kW (Includes delivery, fuel, setup, removal)	1.00
1	Power Distro - 15 Circuit Edison	1.00
1	Power Distro - LEX PowerRack	1.00
2	Camlok 2/O Feeder Set - 50'	1.00
1	Camlok 2/O - Bare Wire Tie-In	1.00
2	Camlok - Ground Turnaround	1.00
2	Camlok - Neutral Turnaround	1.00
1	Camlok 2/O Feeder Set - 10'	1.00
4	Twistlock Cable 30Amp 3Ø- 25'	1.00
2	Twistlock Cable 30Amp 3Ø - 50'	1.00
2	Twistlock Cable 30Amp 3Ø - 100'	1.00
12	AC Quadbox - Twistlok In/Thru	1.00
4	Twistlock Breakout - 20A 3Ø to 3 Twist	1.00
1	Twistlock Breakout - 20A 3Ø to 3 Edison	1.00
6	Twistlock Cable 20Amp - L5-20 - 10'	1.00
5	Twistlock Cable 20Amp - L5-20 - 25'	1.00
2	Twistlock Cable 20Amp - L5-20 - 50'	1.00
3	Twistlock Cable 20Amp 3Ø - 50'	1.00

2 Twistlock Cable 20Amp 3Ø - 25' 1.00

MISC.

1 Tie Line Spool - 600ft 1.00
 2 Tarp Package 1.00
 2 Tent - 10'x10' Pop Up 1.00
 8 Support - Sand Bag 1.00
 1 Case - Motorola CP200d Two Way Radio 1.00
 6 Motorola CP200d Two Way Radio 1.00
 20 Cable Protector / Ramp - 5 Channel 1.00

MISC. Total

Dance Dome

2 Speaker Powered 15" EV ETX-15P 1.00
 4 Speaker Powered 18" EV ETX-18SP Subwoofer 1.00
 2 Speaker Stand - Tripod Speaker Stand (Heavy Duty)
 1 Mixer - 6 Channel Audio
 2 Mic - Shure PG48 1.00
 2 Mic Stand - K&M Tall Boom 1.00
 8 XLR Cable 25'
 4 XLR Cable 50'
 4 AC Triple Tap
 4 AC Cable Black 12AWG - 25'
 4 AC Cable Black 12AWG - 50'
 1 AC Quadbox - 12/3 SJOOW Edison Input - 25'
 2 Direct Box - Radial Pro DI
 1 AC Power Strip 1.00

Dance Dome Total

Derby City Tent

2 Speaker Powered 12" EV ZLX-12P 1.00
 1 Mixer - 6 Channel Audio 1.00
 2 Speaker Stand - Tripod Speaker Stand 1.00
 2 Mic - Shure PG48 1.00
 2 Mic Stand - K&M Tall Boom 1.00
 1 Direct Box - Radial Pro AV1 1.00
 2 XLR Cable 100' 1.00
 3 XLR Cable 25' 1.00
 1 Cable - Mini to Mini Stereo - 25' 1.00
 3 AC Cable Black 12AWG - 50' 1.00
 1 AC Power Strip 1.00
 1 48" Rolling A/V Cart w/ Skirt 1.00

Sub Total

2 Truck Delivery* 1.00

Qty	Personnel	Task	Start Date	ST Hrs	OT Hrs
1	Lighting Technician*	Set	09/15/2018 12:00 AM	4.00	
2	Audio Technician*	Set	09/15/2018 01:30 AM	4.00	
2	Audio Technician*	Set / Show / Strike	09/15/2018 07:00 AM	15.00	

1	Lighting Technician*	Set / Show / Strike	09/15/2018 07:00 AM	15.00
1	Audio Technician* Dance Dome and Derby City Tent*	Set / Show / Strike	09/15/2018 08:00 AM	15.00

Show Remarks

Equipment	\$17,042.96
Labor	\$4,320.00
Misc	
Freight	\$350.00
Service Charge	
Subtotal	\$21,713.00
Discount	(8,610.10)
Sales Tax	\$526.97
TOTAL AMOUNT	\$13,629.85

* Non-Discountable Item

AGREEMENT

RENTAL TERMS AND CONDITIONS

HOURS OF OPERATION: Our office hours are 8am - 5pm Monday through Friday with emergency hotline available. Our offices are closed on Nationally Recognized Holidays.

24-HOUR SERVICE: A technician is on call 24-hours to serve our customers by dialing (800) 638-9004. Services required on short notice may be subject to minimum labor charges and equipment substitution based on availability.

PAYMENT: All orders are to be paid in ADVANCE, or invoiced with approved credit. If not paid within these terms, customer agrees that the invoice shall be subject to interest from the due date: and if not paid, customer agrees to pay all of C & H's cost of collection, including attorney's fees. Acceptable forms of payment are cash, company check, Mastercard, Visa, Discover or American Express. Personal checks are accepted with proper identification. The customer agrees to pay a service charge of \$35.00 applied to each returned check accepted for payment by C & H.


RESPONSIBILITY: The customer accepts full financial responsibility for rental items and accessory items from the time of receipt or delivery until the time of return to C & H personnel. The customer agrees to return said equipment to C & H in the same good condition and working order as upon delivery. Customer agrees to immediately notify C & H of any and all problems or concerns; or will accept all financial responsibility for the equipment in their possession. C & H will use reasonable efforts to assist Customer in complying with its corporate policies as furnished to C & H; provided, that C & H will not be held liable to the Customer or any other party for failure to adhere to the Customer's corporate policies, except due to C & H's willful misconduct or gross negligence.

CHARGES: The customer agrees to pay all rental charges for the equipment delivered at the daily rates set forth in the agreement for each day or partial day until the equipment is returned to C & H.

CANCELLATIONS: Rental orders cancelled upon delivery will be charged 100% of one day's rental charge for equipment plus any applicable labor and delivery charges. Orders cancelled within 14 days of delivery may be subject to fees.

Signature hereby grants C & H Audio Visual Services, Inc. the exclusive right to provide the rental equipment, labor and services listed within this quotation. Additional items are to be approved by customer and billed appropriately.

I HAVE READ AND AGREED TO THE TERMS CONTAINED ABOVE:



Signature

9/14/18
Date

John Bunker
Print Name


CHASE *for* BUSINESS

Printed from Chase for Business

Check

Front

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND OR WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

 **LOUISVILLE PRIDE FESTIVAL**

LOUISVILLE PRIDE FOUNDATION
2010 Cherokee Pkwy Ste 1
Louisville, KY 40204
(502) 498-4298

JPMorgan Chase Bank, N.A.
970 Baxter Ave
Louisville, KY 40204

10286

09/14/2018

PAY TO THE ORDER OF **C&H Audio Visual**

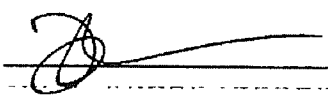
\$13,629.85**

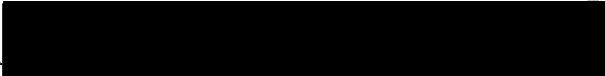
Thirteen thousand six hundred twenty-nine and 85/100*****

DOLLARS

C&H Audio Visual
942 E Kentucky St
Louisville, KY 40204

Memo **Stage, sound, lighting, rental and sound crew (additic**

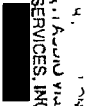




Security features include: Details on back.

Back

For Deposit Only - JPMC



ONLY
FOR DEPOSIT
SERVICES, INC.

Post date	Check #	Check amount
Sep 21, 2018	10286	\$13,629.85

D.R.H. PROFESSIONAL SERVICES, LLC

Invoice #3655

P.O. Box 91024
Louisville, Kentucky 40291

Date:
9/27/2018

RE: EVENT SECURITY

INVOICE TO:

Louisville Pride Foundation
C/O: Mike Slayton

Invoice Sent: Electronic Mail

Qty	Item ID	Description	Unit Price	Total
		LOUISVILLE PRIDE FESTIVAL BARDSTOWN & GRINSTEAD ROADS EVENT DATES: September 14th - 17th, 2018		
	GUARDS	Guards: 265 Hours	\$15.00	\$3,975.00
	OFFICERS	Law Enforcement Officers: 114 Hours	\$32.00	\$3,648.00
		Labor Summary Attached		
			Subtotal	\$7,623.00
			IN-Kind Deduction	\$100.00
			Total	\$7,523.00

Thank you for your business

