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

Request Amount: Committee Amended Appropriation:	Applicant/Program: West Jefferson County Task Force
Sthis program/project a fundraiser? Yes X No Statis applicant a faith based organization? Yes X No Yes X No Is this applicant a faith based organization? Yes X No Does this application include funding for sub-grante(s)? Yes X 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. 3	Executive Summary of Request:
See Attach for all Signature Signature	
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. 3	NDF Request for \$16,000 for programs, rent, office supplies, telephone and salary
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? 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. 3	
Is this applicant a faith based organization?	See Attach for all signature
Does this application include funding for sub-grantee(s)? Yes X 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. 3	
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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. NA Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation: Committee Amended Appropriation:	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 Lagree that the public
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. NA Approved by: Appropriations Committee Chairman Date Clerk's Office Only: Request Amount: Committee Amended Appropriation: Committee Amended Appropriation:	3 CW Mary Woolridge 10/31/14 District # Primary Sponsor Signature Amount Date
Appropriations Committee Chairman Clerk's Office Only: Request Amount: Committee Amended Appropriation:	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.
Appropriations Committee Chairman Clerk's Office Only: Request Amount: Committee Amended Appropriation:	Approved by:
Clerk's Office Only: Request Amount: Committee Amended Appropriation:	
Request Amount: Committee Amended Appropriation:	Appropriations Committee Chairman Date
O i i i i i i i i i i i i i i i i i i i	Clerk's Office Only:
	Request Amount: Committee Amended Appropriation:

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

DATE		Į.
DATE: October 23, 2014		i"
DDIMA DIV CDONG CO		i i
PRIMARY SPONSOR (District to contact	et with any questions): CW Mary Woolridge District	3 400
		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Applicant: West Jefferson Co	ounty Community Task Force	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
read the organization's statement of public p	hood Development Fund Application and have found it dequest approval of funding in the following amount(s). I purpose to be furthered by the funds requested and I/We have also completed the disclosure section below, if requested	complete I/We have
Is this program/project a fundraiser?	Voc. V.N.	
Is this applicant a faith based organization?	☐ Yes X No ☐ Yes X No	
Does this application include funding for sub-	ib-grantee(s)?	
District # Council Member Signature	\$2,500.00 10.23.14	
District # Council Member Signature	7,000 10-23-14 Amount Date	
District # Sanhan Shank Council Member Signature	Main $\frac{5}{\text{Amount}}$ $\frac{10-23}{\text{Date}}$	-14
District # Council Member Signature	$\frac{\#250^{\circ}}{\text{Amount}} \qquad \frac{10-23-14}{\text{Date}}$	
Council Office Disclosure		
List below any personal or business relationshorganization, its volunteers, its employees or a None	ship you, your family or your legislative assistant have we members of its board of directors.	ith this
Approved by:		
Appropriations Committee Chairman	Date	
Clerk's Office Only:		
Paguast Amanut		
	Committee Amended Appropriation:	
Original Appropriation:	Council Amended Appropriation:	

Additional Signatures

12 District #	Red Belief Council Member Signature	500 Amount	10-23.14 Date
District #	Council Member Signature	\$500 - Amount	0.23.14 Date
District #	Council Member Signature	\$250 - Amount	10-23-14 Date
District #	Cheu B. Hamulk Council Member Signature	Amount	10-23-14 Date
District #	Council Member Signature	Amount	10-23-14 Date
Oistrict #	Marya Danker Council Member Signature	7,000 00 Amount	10/29/14 Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date

NDF NON-PROFIT APPLICATION CHECKLIST Legal Name of Applicant Organization: West Jefferson County Task Force	
Program Name: SAME Request Amount, \$1,000	
Request form: Is the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all Council Member(s) appropriate to the NDF request form signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all the NDF request forms are not signed by all	Yes/No/NA
request form. Is the funding proposed less than or equal to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	res
Application Page 1: Is the application properly signed and dated by authorized signatory?	NA
Application Page 3: Reimbursement funding	Yes
	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	NA
project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	
Faith Based Organizations: Is the signed Faith Based Form signed and included?	NA.
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	NA
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included	Yes
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NA
perating requests: Is recommended operating funding less than or equal to 220% of the	N.
15 proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included a	Yes
operating budget: Is the organization's current fiscal year operating budget includes	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	Yes
Goard Members: Is the entity's board member list (with term length/term limits) included?	Yes
taff: Is a list of the highest paid staff included with their expected annual personnel costs?	7.7
initial Audit: Is the most recent annual audit (if required by organization) included	Yes
ent Requests: Is a copy of signed lease included? Never received lease from Motors	No
rticles of Incorporation: Are the Articles of Incorporation of the organization included?	No.
AS FORM W-9: Is the IRS Form W-9 included?	Yes
valuation Forms: Are the evaluation forms (if program participants are given evaluation forms)	(transition)
Attitudity Action/Edital Employment O	NA
cluded (if required by the organization)?	NA

Prepared by:	Jonno Sorders	Date:	0/31/14	(
•			1-11	-



Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) West Jaylordon Count Main Office Street & Mailing Address: NTA Condon 2900 Worldon Website: WWW. WJCCTF. Condon	to Park a to
(as listed on: http://www.sos.ky.gov/business/records) West Jasterson Count Main Office Street & Mailing Address: NTA Confer 2900 West Website:	to Parker & -
Website: WIA Conter 2900 Website:	Fig. Pared of A
Website	ag commenty la
~ V V V V . ' V c.l L. Mar. 1". (' 18/4/)	A Broadway - Su
Applicant Contact: Carl Hiller Title: @	
Phone:	peculino Director
Financial Contact: 1140 8 Email: 6	ARL. HILTON CATT
Phone: 562-772-5028 Fmail:	peasurer
Organization's Representative who attended NDF Training:	pagan Rache.
GEOGRAPHICAL ADSA(G) AND Training:	
Program Facility Location(s): 2450 Where PROGRAM ACTIVITIES ARE (WILL	. BE) PROVIDED
Council District(s): 1	to #218
Zip Code(s):\	40211
PROGRAM/PROJECT NAME: Tana Ala Program REQUEST & FINANCIAL INFORMA	ATION
The state of the s	the WJCCTF D
rotal Wetl o Award (this program) in prev	vious year: (\$)
Purpose of Request (check all that apply):	
Operating Funds (generally cannot exceed 33% of agency's total operating	budget)
Programming/services/events for direct benefit to community or qualified	individuals
Capital Project of the organization (equipment, furnishing, building, etc)	
The Following are Required Attachments:	
	re being requested
List of Board of Directors (include term & term limits	
Current financial statement	the proposed program N)A
Most recent IRS Form 990 or 1120-H	
Articles of Incorporation	Certification Form, if required NIF
Cost estimates from proposed vendor if request is for	st paid staff
apital expense NIA	
For the current fiscal year ending June 30, list all funds appropriated and/or received	from Louisville Metro
Sovernment for this or any other program or expense, including funds received throu rom any department or Metro Council Appropriation (Neighborhood Development For heet if necessary.	
heet if necessary.	unds). Attach additional
ource: N)A Amount: (\$)	\cap
ource: N) Amount: (\$)	0
ource: N/A Amount: (\$)	0
as the applicant contacted the BBB Charity Review for participation? Yes X No	
as the applicant contacted the BBB Charity Review for participation? Yes X No	

Page 1 Effective April 2014

Applicant's Initials



SECTION 3 - AGENCY DETAILS Describe Agency's Vision, Mission and Services: My West Jakerson County Community It was established in 1996 to address Environmental Justice Concorns in West and Southwast Jeggerson Country to Health Concerns of residents; to research, priviling educate and inform Communitary to employee them to recognize and develop recommendations to address their needs; to ensure implementation so that all Parties Contribute appropriately us Good neighbors for the we of the Community The Task Force provides an outles moelings since 1996. to address immediate inquiries.



SECTION 4 - PROGRAM/PROJECT NARRATIVE

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

We have Continue to have modings and maintain a itypice at the T NIA Center after we lost our Jundine (July 1, 2014). See attached nowslotter

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

(as of Delater, 2013 the Commonwealth of Kentucker, Discontinued Junding of Illo

(in Torke Monitorina because the passion

teams who did the analysis of the

air monitors ration, Because that,

it leaves the Task Force in a bind

until other Junding Lan be located,

The lark of year and Junding the Tork Force

(\$35,000 fread mill possible Cause the

Copice to close until Junding is Journal,

(continued)

Section 4.

B. We believe the funding will be resumed from the Department of Air Quality at the next fiscal year (July1, 2015). Carl Hilton(Executive Director) has agreed to stay on at no pay until we can move forward. He has not received any pay since June 30, 2014. The rental of the office is \$465.00/month. My main concern is the lost of our office at the NIA Center (2900 West Broadway).

The Department of Air Quality has urged the University of Louisville and the Task Force (WJCCTF) to resubmit a workplan for the next fiscal year (July 1, 2015).

In the meantime, we need help to pay our rent and pay the Executive Director. The community is left without an oversight of monitoring.

The WJCCTF has developed a reputation for presenting valid information to residents, politicians and other environmental organizations. One of the Task Force's highest priorities was to establish a central repository of information in an accessible location within West Louisville (NIA Center). This provides an opportunity for the residents to research and look up data.

The Task Force is widely considered as the "voice" for the West Louisville community, and its director and board of directors are widely quoted in the local media on environmental issues.

Carl Hilton -WJCCTF

40



C: If this request is a fundraison places detail be at the	
C: If this request is a fundraiser, please detail how the proceeds will be spent:	
NIA	
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:	
 □ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application. 	
The familiar and	
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.	

Page 4 Effective April 2014

Applicant's Initials



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 World Laglerson Country Community Track Tack has been recognized nationably by the U.S. Environmental Protection agency as an outstanding environmental protection they metro countries at being instruments in raising the level of awareness of air terms of the community and their continued particles at the organization. Describe what those partners are bringing to the relationship in general and to this
Toke has been recognized nationally by the 21.5. Environmental Protection agency as an outstanding environmental protection of materials at being instruments in raising the level of awareness of air toke issues in the community and being inspectus for the adoption a support through their continued participation. Fire Briefly describe any existing collaborative relationships the organization has with other community program/project specifically.
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The Task Force in Collaboration with the
State, metropolitan environmental a
215 EPA, Ino Zimversity of Louisville industry
and residents in the Community have
established an air totic notweed
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Director server a attends a number of
Communical 1 120 AC AD
and Wello) fealth Engineere of a
4 Wast Louisvella Businers assocration



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3			
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds			
A: Personnel Costs Including Benefits	10,140	0	18,750			
B: Rent/Utilities	4200	0	4200			
C: Office Supplies	200	0	200			
D: Telephone a Internal	960	0	960			
E: In-town Travel	0	0	0			
F: Client Assistance (Attach Detailed List)	0	0	0			
G: Professional Service Contracts	5	0	\Diamond			
H: Program Materials	500	0	\Diamond			
I: Community Events & Festivals (Attach Detail List)	0	0	0			
J: Small Equipment	0	0	Ó			
K: Capital Equipment	0	Ò	0			
L: Other Expenses (Attach Detail List)	0	0	0			
*TOTAL PROGRAM/PROJECT FUNDS	16,000	0				
% of Program Budget	100%	%	100%			
List funding sources for total program/project costs in Column 2, Non-Metro Funds:						
Other State, Federal or Local Government		C				
United Way		C				
Private Contributions (do not include individual donor names)	C)				
Fees Collected from Program Participants	C	\supset				
Other (please specify)		(5			
Total Revenue for Columns 2	Expenses **		2			
*Must equal or exceed total in column 2. # 16,000						



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
N)A	NJA	NJA
Total Value of In-Kind (to match Program Budget Line Item.		
Volunteer Contribution & Other In Kind) ONOR INFORMATION REFERS TO WHO MADE	THE IN KIND CONTRIBUTION.	OLUNTEERS NEED NOT BE
Volunteer Contribution & Other In Kind) ONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK ency Fiscal Year Start Date:	1, 2014 to 2	NG HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) OONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK ency Fiscal Year Start Date: es your Agency anticipate a significant increase diget projected for next fiscal year? NO	e or decrease in your budget fro	NG HOW MANY HOURS PER
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Volunteer Contribution & Other In Kind) OONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK ency Fiscal Year Start Date: es your Agency anticipate a significant increase diget projected for next fiscal year? NO	e or decrease in your budget fro	NG HOW MANY HOURS PER
Volunteer Contribution & Other In Kind) DONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK ency Fiscal Year Start Date: es your Agency anticipate a significant increase	e or decrease in your budget fro	NG HOW MANY HOURS PER



SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of 1. expenditure is subject to Kentucky's open records law.
- 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
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue 5. 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- 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
- 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
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the

Standard Certifications

- 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.
- 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.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

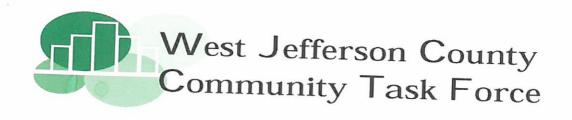
Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

	SECTION 7 -	CERTIFICAT	IONS & ASSURA	NICEC		1905100	
I certify under the penalty of law the integrate to the best of my knowledge. falsification. If falsification is shown after repaid. I further certify that I am legally application.	formation in this a I am aware my or	pplication (inc ganization will	luding, without limit not be eligible for fu	tation, "Certification	ion at any ti	me sho	Marc
Signature of Legal Signatory:	1000	8 11	1000	Date:	1.2	1	
lande:	win	C . 79	work	Date:	10	ハス	1211

Legal Signatory: (please print): CARL E. HILLON Title: Phone: 5137-(41-168) C. Extension:	Signatu	re of Legal Signatory:	16 8 000	DDa.	Data	1211
Phone: 522 / UI (UIC Sytemic Title:	Legal Sig	gnatory: (please print):	(NS) = 11	work	Date:	10/13/2014
Email: CARL H. H. A. T. 1			CHRL E. F	TITON	Title:	
		063-671-6818	Extension:	Email:	ARL. H.	HONO ATTINE

Page 8 Effective April 2014

Applicant's Initials ___



The Following Information is Enclosed

- * Exempt Status Letter- #1
- * Current Year Budget #2
- * List of Board Directors-#3
- * Current Bank Statement #4
- * Most recent IRS Form 990- #5
- * Articles of Incorporation # 6
- * Budget Detail Summary # 7
- * WJCCTF Latest Newsletter #8
- * Rent Invoice #9

Carl E. Hilton- Executive Director October 13, 2014





CINCINNATI OH 45999-0038

In reply refer to: 0248404892 May 09, 2008 LTR 4168C E0 61-1390084 000000 00 000

00013682

BODC: TE

WEST JEFFERSON COUNTY COMMUNITY % ARNITA GADSON 2900 W BROADWAY STE 218 LOUISVILLE KY 40211-1281686

016134

Employer Identification Number:

Person to Contact: Jeff Seibert Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 30, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in July 2001, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

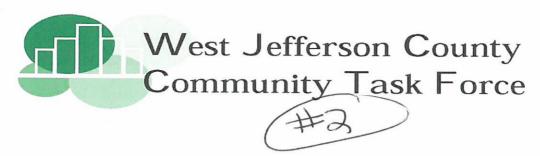
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivax

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I





Budget for Jiscal year -July 1,2014 to June 30, 2015

1.	Salary	for	Executive	Director	_	\$25,000.00
----	--------	-----	-----------	----------	---	-------------

2. Rent (office space) - \$5580.00

3. Telephone, Internet -\$2200.00

4. Office Supplies -\$600.00

5. Meetings - \$1400.00

Total Estimated Budget 34,780.00

Carl E. Hilton





Board of Directors-WJCCTF

Vice President-Peggy Bolton – Term expires 6/1/2015

Treasurer-Ann Hagan-Grigsby –Term expires 6/1/2015

Luther Brown -

Term expires 6/1/2016

Arnita Gadson

Term expires 6/1/2016

Bobby Hickey

Term expires 6/1/2016

Carl E. Hilton- Executive Director Term expires 6/1/2016



Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of

0511408

Alison Lundergan Grimes KY Secretary of State Received and Filed

3/31/2014 6:26:10 PM Fee receipt: \$15.00

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

Annual Report Online Filing

ARP

NARP

Company:

WEST JEFFERSON COUNTY COMMUNITY TASK FORCE, INC.

Company ID:

0511408 Kentucky

State of origin: Formation date:

2/28/2001 12:00:00 AM

Date filed:

3/31/2014 6:26:10 PM

Fee:

\$15.00

Principal Office

2900 WEST BROADWAY NIA CENTER, STE 218 LOUISVILLE, KY 40211

Registered Agent Name/Address

CARL E. HILTON 2900 WEST BROADWAY NIA CENTER, STE 218 LOUISVILLE, KY 40211

Current Officers

Treasurer

Elizabeth Ann Hagan Grigsby

Vice President

Directors

Director

Carl Hilton

Director Director Arnita Gadson

Luther Brown

Signatures

Signature Title

Carl.E.Hilton **Executive Director**

Non-Profit Checking

PNC Bank





For the period 08/30/2014 to 09/30/2014



Page 1 of 4

Number of enclosures: 0

For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay

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Mrite to: Customer Service PO-Box 609 Pittsburgh , PA 15230-9738

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TDD terminal: 1-800-531-1648 For hearing impaired clients only

Non-Profit Checking Summary

West Jeff Co Comm Task Force

Balance Summary

Beginning balance 3,245.83 Deposits and other additions

5,110.00

Checks and other deductions

4,166.00 Average ledger balance

4,601.89

Ending balance

4,189.83 Average collected balance 4,601.58

Deposits and Other Ad	ditions		Checks and Other Deductions				
Description	Items	Amount	Description	Items	Amount		
Deposits	1	110.00	Checks	1	4,166.00		
Other Additions	1	5,000.00					
Total	2	5,110.00	Total	1	4,166.00		

Daily Balance

Date	Ledger balance	Date	Ledger balance
08/30	3,245.83	09/10	4,079.83
09/05	8.245.83	09/23	4,189.83

Activity Detail

Deposits and Other Additions





SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization							Employer i	dentification	on number	
	Jefferson County					· · · ·					
Pa	10000		arity Status (All orga								
1 1 1			ation because it is: (Fo ches, or association of						i)		
2			170(b)(1)(A)(ii). (Attac			eu iii sec	,11011 170	(1)(1)(4)(1).		
3			spital service organiza			section	170(b)(1)	(A)(iii).			
4	A medical res	earch organizati	on operated in conjun	ction with	a hospi	tal descri	bed in se	ection 17	0(b)(1)(A)(iii). Enter the	3
	hospital's nan	ne, city, and sta	te:								
5	An organization section 170(kg)	on operated for o)(1)(A)(iv). (Con	the benefit of a colle plete Part II.)	ge or un	versity o	wned or	operated	by a go	vernmer	ital unit descr	ibed in
6 7	An organization	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)									
8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
9	☐ An organization receipts from support from	on that normally activities relate gross investment	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	an 331/₃% ions—su lated bus	6 of its s bject to siness ta	upport fro certain ex xable ind	xceptions come (le:	s, and (2 ss section) no mor	e than 331/39/	6 of its
10	☐ An organization	on organized and	d operated exclusively	to test fo	or public :	safety. Se	ee sectio	n 509(a)	(4).		
11	purposes of c	one or more pul	nd operated exclusive blicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or s	ection 50	9(a)(2). See s	out the ection
	a 🗌 Type i	b 🗌 Type	277.75							tionally integra	atad
е	100 - 100 PM 1 - 100 P		that the organization								
	other than fou	indation manag	ers and other than one	e or more	publicly	support	ed organ	izations	described	d in section 50	09(a)(1)
	or section 509	9(a)(2).									10 10.5 5
f			a written determination			that it is	а Туре	I, Type	II, or Typ	oe III support	ing
		check this box									
g			the organization accept	oted any	gift or co	ontributio	n from a	iny of the	9		
	following pers		indirectly centrals with	aar alama	au taaat	ملفان يه ما		al 11	-1 : (:)		т
	(iii) below.	the governing b	indirectly controls, eithody of the supported of	rganizat	or toget ion?	ner with	persons	describe	a in (ii) a		
			on described in (i) abo							11g(i) 11g(ii)	4
			a person described in							11g(iii)	+-
h			ion about the supporte							[9(/]	
organization (described on lines 1–9 in col. (i) listed in your the or above or IRC section governing document? col		the organ col. (i)	(v) Did you notify the organization in col. (i) of your support?		Is the tion in col. ized in the S.?	(vii) Amount of monetary support					
				Yes	No	Yes	No	Yes	No	1	
(A)											
(B)											
St 82											
(C)											
D)											
E)											
F-4-	11 35 35 35										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (e) 2013 grants, contributions. Gifts. membership fees received. (Do not include any "unusual grants.") 0 4500.00 4500.00 revenues levied 2 organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 0 4500.00 Total. Add lines 1 through 3. . 0 4500.00 0 0 The portion of total contributions by 5 person (other than publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 4500.00 Section B. Total Support (e) 2013 (d) 2012 (f) Total (a) 2009 (b) 2010 (c) 2011 Calendar year (or fiscal year beginning in) ▶ 0 4500.00 Amounts from line 4 0 4500.00 0 0 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 210.00 160.00 168.00 189.00 923.00 196.00 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 0 Total support. Add lines 7 through 10 5423.00 11 Gross receipts from related activities, etc. (see instructions) 0 12 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 4 Section C. Computation of Public Support Percentage % Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2012 Schedule A, Part II, line 14 15 331/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

Secti	on A. Public Support			, p			
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			0-15701100011			
	unrelated trade or business under section 513						
4	Tax revenues levied for the					O PROPERTY OF STREET,	
	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		ļ				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					29	
					-		
b	Amounts included on lines 2 and 3 received from other than disqualified					Us El	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
-	royalties and income from similar sources .						-
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						+
С 11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			L			504(1)(0)
14	First five years. If the Form 990 is for the						
C4	organization, check this box and stop he on C. Computation of Public Support					· · · ·	· · · <u> </u>
15	Public support percentage for 2013 (line			13 column (fl)		15	%
16	Public support percentage from 2012 Sc					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013			y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201:	2 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organ	ization did no	t check the bo	x on line 14, a	and line 15 is n	nore than 331/	3%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2012. If the organization	zation did not	check a box on	line 14 or line	19a, and line 16	6 is more than	33 ¹ / ₃ %, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,		and see instr	

0511408.00



ARTICLES OF INCORPORATION OF THE

WEST JEFFERSON COUNTY COMMUNITY TASK FORCE, INC. John Y. Brown III Secretary of State

WE THE UNDERSIGNED having associated for the purposes of forming a non-profited and Filed non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky Revised AM more particularly Chapter 273, Kentucky Revised Statues, hereby certify as follows: Fee Peccipt \$8.00 dday-NAOI

ARTICLE I

The name of the corporation shall be: West Jefferson County Community Task Force, Inc.

ARTICLE II

The term of existence of the corporation shall be perpetual.

ARTICLE III

The address of the registered, principal office of the corporation is 2900 West Broadway, Suite218, NIA Center, Louisville, Kentucky 40211. The corporation will receive mail at this same address.

The name of the initial registered agent for service of process, located at such address is: Arnita Gadson.

ARTICLE IV

The corporation is organized and shall be operated exclusively for scientific and educational purposes as described within Section $501\mathbb{O}(3)$ of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue Laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section $501\mathbb{O}(3)$.

The purposes of the Corporation shall be more specifically stated as follows: to identify environmental concerns and environmental health concerns of the residents of west Louisville and western Jefferson County, Kentucky: to prioritize and develop recommendations and strategies to address them; and to ensure the implementation of these recommendations and strategies so that all parties contribute appropriately as good neighbors to the well-being of the community.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers or other private person, except that the Corporation

shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in Kentucky Revised Statutes Chapter 273.171 (or corresponding provision of any later state statue) except as follows and as otherwise stated in these Articles:

- (a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- (b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to carried on:
 - (1) by a corporation exempt from federal income tax under Section 501©(3) of the internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws:
 - (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
- (c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:
 - (1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - (2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - (3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 - (4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

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

ARTICLE VII

The name and address of the incorporator is: Arnita Gadson, 2900 West Broadway, Suite 218, NIA Center, Louisville, Kentucky 40211

ARTICLE VIII

The initial Board of Directors shall consist of 6 Directors. The names and addresses of the members of the initial Board of Directors are:

DIRECTOR

Bobby Hickey

Peggy Bolton

Norm Robinson

Jonathan Miller

Arnita Gadson



ARTICLE IX

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

Any Director may be removed for cause pursuant to By-Laws provision regarding grounds and procedures for such removal.

ARTICLE X

- (a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.
- (b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his or her duties as a director unless such act, omission or breach:

- concerned or concerns a transaction in which the directors' personal financial interest was or is in conflict with the financial interest of the Corporation;
- (2) was not in good faith or involved in involves intentional misconduct on the part of the director;
- (3) was known by the director to be a violation of law; or
- (4) resulted in an improper personal benefit to the director.
- (c) Any director or officer or former director or officer of the Corporation may be indemnified by the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-Laws or a resolution adopted after notice to members entitled to yote.

ARTICLE XI

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

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

ARTICLE XII

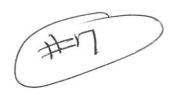
Amendments to these Articles shall be made pursuant to the provisions of Kentucky Revised Statues 273.263 (or corresponding provisions of any later state statue)

IN TESTIMONY WHEREOF, witness the signature of the incorporator of this Corporation, this ______ day of February, 2001

Cirneta Dadeon INCORPORATOR

COMMONWEALTH OF KENTUCKY) COUNTY OF JEFFERSON)

The forgoing Articles of Incorporation were acknowledged before me this 1147 day of 1247 day of Feb. 4.2004 Witness my signature and seal of office this 747 day of



Budget Detail Summary

West Jefferson County Community Task Force

1. Salary For Executive Director- \$25,000/year

(July 1, 2014 to June 30, 2015)

Note: Carl Hilton has not received any salary as of this date (10/13/2014) Carl has agreed to stay on as Executive Director until we can get funding starting July 1, 2015, when we hope to get money again from the Commonwealth of Kentucky (Department of Air Quality). We believe the funding will be resumed from the state Department of Air Quality at the next fiscal year.@ Estimated personnel cost (October 1, 2014 to June 30, 2015 -\$18,750)

- 2. The rent for our office space at the NIA Center (2900 West Broadway) is \$467/month payable to Louisville Economic Development.
 See attached Rent Invoice for the month of October, November & December, 2014 (\$1395.90). My main concern is for the office space. Once the office is dissolved there will not be a place for the community to use.
 Estimated Rent (October, 2014 to June 30, 2014)-\$4200.00
- Meeting supplies- \$120/month
 We publish and distribute our newsletter to other groups within Jefferson County.

Carl Hilton- West Jefferson County Community Task Force. October 13, 2014



ECONOMIC DEVELOPMENT LOUISVILLE FORWARD LOUISVILLE, KENTUCKY

GREG FISCHER MAYOR

MARY ELLEN WIEDERWOHL, CHIEF

September 15, 2014

WJCCTF 2900 West Broadway, Suite 218 Louisville, KY 40211 Attn: Carl Hilton

Invoice # 190520

Rent Invoice

Date

Description

Billed

10/01/14

Month of October, Nov & Dec 2014 for Suite 216 & 218

\$ 1,395.90

Please make check payable to Louisville Metro Government

Total Due

\$ 1,395.90







This issue

- Bluegrass Pipeline P.1
- Vegetation Removed P.2
- Reporting Rubbertown Odors P.2
 - Your Voice P.3
 - WJCCTF Meeting Dates P.4

Enviro News Stay Informe

WJCCTF Community Meetings Every third Tuesday at the NIA Center-2900 West Broadway- 3rd Floor conf. Rm, 6:00PM

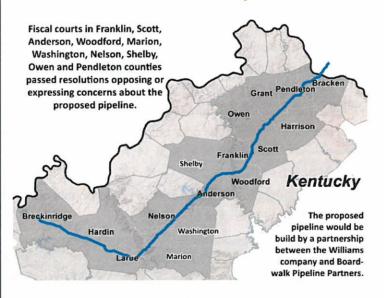
Mission & Composition

The Mission of the West Jefferson
County Community Task Force is to
provide research and studies to
validate or nullify environmental
concerns and issues of residents of
West Jefferson County, to empower
residents to make informed
decisions.

Community Task Force includes representatives from 12 neighborhoods in West Louisville and three at-large members. In addition to neighborhood participation, four of the larger industries in the community are also represented: DuPont, Dow Chemical, Zeon, and Metropolitan Sewer District.

The West Jefferson County

Bluegrass Pipeline-Natural Gas Line will affect 18 Counties in Kentucky



The natural gas liquid pipeline is slated to be built through Kentucky over the next several years (Not a sure thing).

The biggest problems with the proposed "Bluegrass Pipeline", a serious lack of information, oversight, and clarity around the project.

Here is what we do know; The Bluegrass Pipeline is a joint venture between two US companies, Williams and Boardwalk Pipeline Partners.

The projected map of the pipeline route has it traveling through 18 counties in Kentucky where it will meet up with an existing pipeline in Hardinsburg, K Y. From there the natural gas liquids (a mixture of butane, propane and ethane) will travel down to the Gulf Coast (Port Arthur, TX) to be processed and sold all over the world.

Note: 30 Pipeline Spills were reported in 2013 and over 7,000 incidents.



	(Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10 Part III, line 12. Also complete this part for any additional information. (See instru	0; Part II, line 17a or 17b; and
	parties any additional information. (See Institu	uctions).
		ANJ43 0
	1 -1	2 E Hilton
	/\0	D 16 7/11/1