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

Applicant/Program: POR Jand	NOW INC	Table 1
- Francisco de la companya della companya della companya de la companya della com	10000	45 (1975) 1 (1975) 1 (1975) 1 (1975)
Executive Summary of Request:		## (## (## (## (## (## (## (## (## (##
Act + Heritage Fa	ntxperses	Lodge Company Compa
Act + Heritage Fa Cadevartsing at Supplie	, signage,	insurance
ar supplie		1
#		
*		
Is this program/project a fundraiser?	Yes	No
Is this applicant a faith based organization? Does this application include funding for sub-	grantee(s)? Yes	No No
I have reviewed the attached Neighborhood D	Development Fund Application a	and have found it complete and
within Metro Council guidelines and request a organization's statement of public purpose to	be furthered by the funds reques	wing amount(s). I have read the sted and I agree that the public
purpose is legitimate. I have also completed to		
		*
To Ola Boleson	Ala Senon	70-1-
District the Constitution of the Market	LOGEN = 5,000	3-23-15
District # Council Member Signature	Amount	Date
-		
Primary Sponsor Disclosure		
List below any personal or business relationsh organization, its volunteers, its employees or a		
organization, its volunteers, its employees of h	members of its board of director	
1 2		
*		
Approved by:		
Appropriations Committee Chairman	Date	
Clerk's Office Only:		
	Committee A 1 1 A	ata di aut
	Committee Amended Approp	
Original Appropriation:	Council Amended Appropriat	ion:
1 P a g e	CI	DEMENTER
Effective February 2014		REVIEWED

DATE 3/23/15 TIME 12:12

NDF NON-PROFIT APPLICATION CHECKLIST	肾
Legal Name of Applicant Organization: Portland NOW, INC	e e quind quind
Program Name: Portland Art: Heritige Frequest Amount: \$5,000	Yes/No/N
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	U tall?
Request form: Is the funding proposed less than or equal to the request amount?	Y 1200
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Application Page 1: Has prior Metro funds committed/granted been disclosed?	d still
Application Page 1: Is the application properly signed and dated by authorized signatory?	<i>y</i>
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	И
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Ü
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	
Faith Based Organizations: Is the signed Faith Based Form signed and included?	11
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	U
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	11
 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 	4
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?	
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)	
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	ч
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	
Operating Budget: Is the organization's current fiscal year operating budget included?	1,
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.	
Board Members: Is the entity's board member list (with term length/term limits) included?	И
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	
Annual Audit: Is the most recent annual audit (if required by organization) included?	И
Rent Requests: Is a copy of signed lease included?	NA
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	
(RS Form W-9: Is the IRS Form W-9 included?	lu ,
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	HA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NO
Prepared by: Date:	, /

Hamilton, Cheri

From:

Judy Schroeder < judys@iglou.com>

Sent:

Sunday, March 22, 2015 9:01 PM

To:

Hamilton, Cheri; cheridistrict5@gmail.com

Cc:

'GARY WATROUS'; 'Judy Schroeder'

Subject:

RE: Portland Now grant app

Attachments:

PNI ART FAIR EXPENSE final 3-22-15.xlsx

Dear Cheri,

For some reason that I kind'a think has something to do with basketball, I haven't been able to reach the PNI Treasurer today.

Sorry, but I didn't see your email until late this afternoon and we all have other jobs tomorrow morning. These receipts are stored with the Treasurer, Jehri Cummins, so I have my doubts that he'll be able to get anything to me before noon tomorrow!

However, we're working on it. Hopefully I can get these 9 receipts from him by end of the day tomorrow. The attached Expense Report shows you which expenses we're trying to pull records on.

Of course, if it IS a big problem to be a day late with these receipts from the Art Fair, Myra HAS the receipts in our ORIGINAL proposal that would have reimbursed the 2014 PORTLAND FESTIVAL! If it comes down to that, I can bring another copy of that one to you.

Regarding your other questions:

- 1) There have been no significant changes to our NDF request for the 2014 Portland Art and Heritage Fair.
- 2) Mary Turner, Secretary for Portland Now, Inc., attended the last NDF training.
- 3) Yes, the PNI Board has term limits. Everyone is elected to three-year terms, and there are annual elections for one-third of Board seats. The Officers can serve in the same position for only two years.

Sincerely, Judy 296-5056

----Original Message----

From: Hamilton, Cheri [mailto:Cheri.Hamilton@louisvilleky.gov]

Sent: Saturday, March 21, 2015 7:41 PM

To: Judy Schroeder Cc: Cheri B Hamilton

Subject: Portland Now grant app

Hi Judy, trying to finalize the grant app for the Art Fair and I need a couple more things from you by noon on Monday. 1. A statement that there have been "no significant changes" since the application was submitted. The \$5,000 request is for "advertising,(\$3,750) and day of costs for signage, insurance, and children's art supplies (\$1,250). Do you have

invoices, receipts paid or unpaid for these expenses it will be helpful since the grant has to be changed to a reimbursement request since the event has passed.

- 2. I need to know who from Portland Now attended the Council's NDF training.
- 3. Lastly, Are there term limits for the board?

Thanks Judy! Any questions please let me know.

Cheri

Sent from my iPad=



		SECTIO	N 1 - APPLICA	ANT INFORMATION				
Legal Name of Applica	nt Organ				Inc			
(as listed on: http://www.sc	os.ky.gov/bu	isiness/records)	POIL	and Now	, inc.			
Main Office Street & N	Mailing A	ddress:	201 N 25th	n Street, Louisville, I	KY 40212			
Website:	-			CALIFORNIA (SALADA PARA PARA PARA PARA PARA PARA PARA P	COLD A SYMBOLIC CONTROL CONTRO			
Applicant Contact:	Judy S	chroeder		Title:	Finance Comm	ittee member		
Phone:	(502) 2	96-5056		Email:	judys@iglou.co	m		
Financial Contact:	Jehri C	ummins		Title:	PNI Treasurer			
Phone:	(502) 6	29-8096		Email:	holidayboy26@	yahoo.com		
Organization's Repres	entative	who attended	d NDF Trainin	g: mary	TURNER			
GEOG	RAPHICA	L AREA(S) WH	HERE PROGRA		WILL BE) PROVIDED			
Program Facility Locat					pital - starting locati	on day of event		
Council District(s):		District 5		Zip Code(s):	40212, 40203			
	SECTION	ON 2 - PROGE	RAM REQUES	T & FINANCIAL INFO				
PROGRAM/PROJECT N					The state of the s	***************************************		
Total Request: (\$)	\$5,000	Tot	al Metro Aw	ard (this program) ir	previous year: (\$)	0		
Purpose of Request (c	heck all t	nat apply):	***************************************					
			exceed 33% c	of agency's total ope	rating budget)			
				to community or qua				
☐ Capital Proje	ct of the	organization (equipment, f	urnishing, building, e	etc)			
The Following are Req	uired Att	achments:						
IRS Exempt Status Det	erminatio	Letter		Signed lease if rent	costs are being reques	ted		
Current Year Projecte	d Budget			IRS Form W9				
List of Board of Direct	ors (includ	e term & term	limits [Evaluation forms if	used in the proposed p	rogram		
Current financial state	ement			Annual audit (if required by organization)				
Most recent IRS Form		20-H		Faith Based Organization Certification Form, if required				
Articles of Incorporati		:£		Staff including the 3 highest paid staff				
Cost estimates from p	roposea v	endor it reques	st is for					
For the current fiscal y	ear endir	g June 30, lis	t all funds ap	propriated and/or re	ceived from Louisvill	e Metro		
Government for this or	any othe	r program or	expense, incl	uding funds received	d through Metro Fed	eral Grants,		
from any department of	or Metro	Council Appro	priation (Nei	ghborhood Developi	ment Funds). Attach	additional		
sheet if necessary.								
Source:		···		Amount: (\$)				
Source: Amount: (\$)						***************************************		
Source: Amount: (\$)								
Has the applicant conta				AND THE PARTY OF T	No No			
Has the applicant met	the BBB C	harity Review	Standards?	Yes No				

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SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

MISSION: Portland Now, Inc. (PNI) serves Portland by enhancing and promoting the physical, social, cultural, and economic development of the neighborhood.

VISION: With its river connections, cultural diversity and immigrant spirit, Portland's close-knit community of extended families is centered around parks, churches, and locally-owned businesses. This historic and friendly neighborhood provides:

- affordable, architecturally distinct homes
- with deep yards to remind you that there's a little bit of small-town living in the city
- easy access to both sides of the river, as well as to downtown Louisville, and
- social and economic diversity, with a home for everyone.

SERVICES: PNI communicates and organizes community action on issues that are important to neighbors in regular and specially-called meetings and forums; monitors the Portland Neighborhood Plan by working closely with for-profit and non-profit developers; sponsors or joins partnerships for major projects like the Drug-Free Community Prevention Partnership, the Family Reunion Festival, and Pick-Up Portland Clean Up Campaign; and offers general community supports to families and local businesses.





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.):

Portland Now, Inc. will host the Portland Art & Heritage Fair on Saturday, October 11, 2014 as our contribution to the Centennial Celebration of Riverboats and our heritage as a riverboat town. The Belle of Louisville's birthday gives us a chance to bring the old and new together at a time when everybody is interested in marketing Portland's potential for economic revitalization.

Residents and artists from around the region will be featured in either the juried art show presented by the Louisville Visual Arts Association at the historic Marine Hospital, or in the craft show at the new Faulkner Gallery. Between those points, trolleys take visitors around Portland venues that tell our story: the Portland Museum; redevelopment at 26th St and on Montgomery St by Gill Holland; McAlpin Locks; the Wharf District with the Squire Earick House (oldest stick frame building in Jefferson County) and Our Lady's Church; back down Bank St to Faulkner Gallery and around to see the artists' collective at Nelligan Hall. Music and food trucks are stationed at the Family Health Center.

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

Metro Council's \$5,000 will be used by Portland Now, Inc. specifically to cover costs that will advertise the Fair immediately before the October 11th event (\$3,750 for WFPL and LEO) as well as Day-Of costs for signage, insurance, and children's art supplies (\$1,250)

Other costs of the Art & Heritage Fair (approximately \$8,000) are being raised by PNI and the various venues from local business sponsors and private sources. These funds are covering website hosting, graphic design, printing (maps, flyers, posters, application forms, etc.) and nearly \$2,000 in juried prizes.





C: If this request is a fundraiser, please detail how the proceeds will be spent:
N/A
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.
N/A
 ✓ 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.
N/A

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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 Portland Art & Heritage Fair is in its first - and maybe only - year. We want it to be a family-friendly program that is attractive to both Portland residents and the general public.

Whether we accomplish that mission will be judged by attendance goals that were set by the Art & Heritage Fair Committee with the four primary venues (Marine Hall, Portland Museum, Our Lady's Church, and Faulkner Gallery): 500-1,000 visitors coming through one or more of our four primary venues public use of the trolley rides provided, and receipts from vendors at the craft booths and food trucks.

Other "tours" of Portland that were organized recently by Gill Holland and Preservation Louisville were regarded as successful with 100 - 200 visitors attending.

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.

Portland Now, Inc. (PNI) serves as the fiscal agent for two semi-autonomous groups that bring much-needed service to the neighborhood: The Portland Family Reunion & Festival Committee runs our annual summer festival that brings all parts of Portland together. PNI also sponsors the Portland Now Resource Partnership (PNRP), a monthly luncheon for all service providers in the neighborhood.

PNI has many other collaborative relationships with groups that we endorse and promote: Louisville Grows and the Shippingport Garden; the West Louisville Alcohol License Campaign; Vacant Properties Task Force meetings with the Metropolitan Housing Coalition; and a new financial empowerment project at Neighborhood House. For historic preservation, we co-sponsor many activities with the Portland Museum, Preservation Louisville, and Neighborhood Planning & Preservation.

Finally, PNI's Revitalization Committee has had a long collaboration with Metro Government. We've functioned since 2006 in a unique role for neighborhood-level "Category 3 Review" of housing development proposals received by Metro Planning and Development. Most recently, we've been working as advisors to New Directions Housing Corporation and Habitat for Humanity while they implement a \$2 million investment of CDBG dollars in owner-occupied home repairs and economic development.



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			
B: Rent/Utilities	*	ur .	
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	\$ 5,000	\$8,075	\$13,075
J: Small Equipment			
K: Capital Equipment	200		
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$ 5,000	\$ 8,075	\$13,075
% of Program Budget	38 %	62 %	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)	\$ 7,600.00
Fees Collected from Program Participants	475.00
Other (please specify)	4
Total Revenue for Columns 2 Expenses **	#8.015.00

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

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^{**}Must equal or exceed total in column 2.

PORTLAND ART & HERITAGE FAIR based on meetings with Maria McGary, Mary Turner, Gary Watrous

Proposed Expenses: (\$0 if donated)	Quantity	Cost/unit	Max	Min	Max Expenses	Potential Sponsor
Cheri WILL donate Trolleys and Port-toilets						openier.
		\$/unit	\$	\$	\$	
Trolleys 2 donated by Cheri and TARC			0	0	0	Cheri
Graphic Designer \$1,000 (\$0 if donated)			1,000	0	1,000	Cheri
Portland Map \$1,000 (\$0 if donated)			1,000	0	1,000	Cheri
Printing:						
Posters (2 color)	100	3,00	300	0	300	
11 x 17 Brochures	1000	0.30	300	0	300	
Flyers	500	0.25	125	0	125	
Flyers /entry forms for Western Middle	400	0.25	100	0	100	
Art Show prizes \$500, \$200, \$200, ribbons = \$900			900	900	900	
Art Cars \$50 per car 10 cars or \$0 per car	10	50	500	0	500	
Printed Ads in Magazines:						
June & September = 2 mo. @ 2 per month x 3 mag =					l	
12 ads @ \$400 av. per ad = \$4,800 max	1					SI.
(min = ½ that)			4,800	2,400	4,800	Cheri
WFPL AD Sept/Oct			2,000	2,000	2,000	Cheri
Directional Signs 6 @ \$50			300	0	300	
Music Group (3)			1,000	1,000	1,000	
Kids Craft Childcare Worker + supplies for Lynn Q.			100	100	100	
Art Insurance			300	200	300	Cheri
Portable Toilets donated by Cheri			0	0	0	Cheri
Total Projected Expenses:			\$12,725	\$ 5,600	\$12,725	\$ 5,000

Projected Income: (min = half of max.)	ncome: (min = half of max.) Quantity Revenue		Max	Min	Mininum Income	
Juried Art show entry fees:	200/100	\$10 ea	\$ 2,000	\$ 1,000	\$ 1,000	
Juneu Art snow entry jees.						
Sponsors:						
Portland Businesses/Churches	20	\$25 ea	500	250	250	
Others	6/3	\$25 ea	150	75	75	
In-kind Sponsors			0	0	0	
Advertisers: none						
Paying Sponsors:	20/10		12,000	6,000	6,000	
Craft Booth Fees:	25/15	25	650	375	375	
Food Truck Fees:	4	50	200	200	200	
Total Projected Income:			15,500	7,900	7,900	

WORST CASE PNI MAKUP EXPENSE (max expense – min income) = 12,725 – 7,900 = \$ 4,825

g/g/art/budget



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
1 Volunteer @ 15hrs/wk x 22 wks	\$ 7,441.50	@\$22.55/hr Independent Sector
6 Volunteers @ avg 2hrs/wk x 22 \	\$5,953.20	@\$22.55/hr Independent Sector
45 Volunteers Day-of @ 3hrs ea	\$3,044.25	@\$22.55/hr Independent Sector
Support at 5 Venues @ \$1,000 ea	\$5,000.00	exhibit preparations & staffing
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$21,438.50	

* 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: July 1, 2014											
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:											

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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 Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- 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 7. vear end
- 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.
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 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.
- 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 - 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. Date: 8/29/14 Signature of Legal Signatory: President Title: Becki Winchel Legal Signatory: (please print): bwinch213@gmail.com Extension: Email: 502-645-2528 Phone:

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2014 PORTLAND NOW ART AND HERITAGE FAIR EXPENSE REPORT

*Opened Account in May with a Deposit of \$5000 from the General PNI Checking Account.

DATE	DESCRIPTION		PENSE	Metro	Gov	/ Funds
6/5/14	Check #201 - Rental Fee for PO Box	\$	31.00			
6/5/14	Check Printing Fee	\$	131.29			
8/22/14	Check #202 - Gary Watrous/ink Reimbursement	\$	104.83			*
8/29/14	Check #203 - Gary Watrous/Insurance Reimbursement	\$	656.00	LMG	\$	656.00
9/22/14	Check #204 - Big Frog/T-shirts	\$	200.00			
10/1/14	Check #207 - Danny McDole/Table and Chairs for Art Booth	\$	62.64			
10/3/14	Check #205 - Big Frog/Last payment for T-shirts	\$	211.55			
10/6/14	Check #208 - Becki Winchel/Mums for Art Fair Beautification	\$	84.72			
10/7/14	Check #206 - Gary Watrous/Sign Stakes/Zen Reprographics	\$	96.20	LMG	\$	96.20
10/8/14	Check #209 - Danny McDole/Table and Chairs for Art Booth	\$	62.64			
10/10/14	Check #222 - Petty Cash for PNI Booth	\$	150.00		1983	
10/14/14	Check #215 - Doug Pinsom/Music	\$	100.00			
10/14/14	Check #223 - Big Frog/T-shirts	\$	62.90			
10/15/14	Check #218 - Ann Adamek/3rd place winner art show	\$	100.00			****
10/15/14	Check #220 - Portland Anchor/half page ad	\$	200.40	LMG	\$	200.40
10/15/14	Check #210 - Louisville Public Media	\$ 2	2,040.00	LMG	\$ 2	2,040.00
10/15/14	Check #211 - Roof Axis Production/Lighting	\$	100.00			
10/15/14	Check #212 - Maria McGary/LEO Weekly Invoice	\$	363.38	LMG	\$	363.38
10/15/14	Check #213 - Maria McGary/WNAS Radio	\$	200.00	LMG	\$	200.00
10/15/14	Check #227 - Maria McGary/Ville Voice	\$	750.00	LMG	\$	750.00
10/16/14	Check #226 - Jack Norris/Photography Service	\$	100.00			3000
10/16/14	Check #219 - KG's Body Shop/Event Banners	\$	300.00	LMG	\$	300.00
10/17/14	Check #214 - Kyle Ellison/Music	\$	250.00			1185
10/17/14	Check #216 - Lynn Dunbar/1st place winner art show	\$	400.00			
10/24/14	Check #217 - Helen Heddons/2nd place winner art show	\$	200.00			
10/24/14	Check #225 - Insider Louisville/Advertisement	\$	1,350.00			
10/24/14	Check #231 - Gerald Cummins/Gas for distributing signs	\$	35.00			
10/27/14	Check #232 - Gary Watrous/Supplies for PNI Booth	\$	49.21			
11/12/14	Check #233 - Dan Church/Map Design	\$	750.00	LMG	\$	750.00
12/2/14	Check #230 - Sweet Baby J's/Vol. Appreciation Dinner	\$	450.00			
12/2/14	Check #234 - Jason Abadie/2 liters Vol. Appreciation Dinner	\$	22.26			
12/4/14	Check #237 - John Owens/Vol. Appreciation Prize	\$	20.00			
12/17/14	Check #240 - Becki Winchel/Vol. Appreciation Dinner/Dish	\$	52.85			
12/17/14	Check #235 - Kathy Stoess/Vol. Appreciation Prize	\$	20.00			
12/17/14	Check #236 - Larry Stoess/Vol. Appreciation Prize	\$	20.00			
12/29/14	Check #228 - Judy Schroeder/JCPS Laminate/Art Fair Booth	\$	17.10			
12/29/14	Check #229 - Judy Schroeder/Misc. for Art Fair Booth	\$	21.74			
12/30/14	Check #239 - Gina Stiltner/Vol. Appreciation Prize	\$	20.00			
1/2/15	Check #238 - Daniel Morgan/Vol. Appreciation Prize	\$	20.00			
	TOTAL EXPENSE	\$	9,805.71	LMG TOTAL	\$.	5,355.98

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

(except black lung benefit trust or private foundation)

Spensoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150 2012

Open to Public Inspection

Departmen Internal Re	t of the	reasury Price organization may have to use a copy of this return to satisfy state reporting requirements and ending 6/30	. 2013	
Internal Re	venue S	2 calendar year, or tax year beginning 7/01 ,2012, and ending 6/30	Identification nur	nber
A For	the 20	Z calendar year, or the year		
Addre	ss chan		o Harriou	
Name	change	Portland Now, Inc. 502-	774-2322	
Initia	return	2 01 North 25th Street	Exemption	
=	unated	Number Number	r	>
	nded ret	III Chock > 1 if if	e organizatio	n is not
Appl	ication p	ending	ch Schedule E	(Form
G Acc	countin	990. 990-EZ, or	990-PF).	
	bsite:	19/12 [9] [\$1 501(c)(3) [501(c)() 4(insert fig.) [4547(c)(7)5.	aross receir	ts are
J Tax	-exemp	status (check only one) — [X] 501(c)(3) [501(c)() *(insert iii.) [4597(c)(7) 507 [1507 [may be requir	red (see
K Ch	eck 🏲	if the organization is not a section 305(2) or form 990 return is not required though Form 990-14 (e-posted 5)		
no	rmally	that the experience chooses to file a return, be sure to the a company or or of total		
ins	tructio	not more than \$30,000. A few more statements are the sure to tile a complete reductions). But if the organization chooses to file a return, be sure to file a complete reductions). But if the organization chooses to file a return, be sure to file a complete reductions. But if the organization chooses to file a return, be sure to file a complete reduction for the file form 990 instead of Form 990 instead of Form 990 instead of Form 990 instead of Form 990 instructions and Changes in Net Assets or Fund Balances (see the instruction	\$ 1	37,135.
L AC	sets (F	5b, 6c, and 7b, to line 9 to determine 9 to determi	ns for Part	1) 🔯
Part	IR	evenue. Expenses, and Changes in Net Assets of Pund Butter.		X
rait	~	the arganization liber outloads		137,132.
$\overline{}$			-	
l	0 D	ogram service revenue including government	3	
- 1	2 M	embership dues and assessments 7 7 9 7114 10	4	3.
1	4 In	vestment income 5a	1	
		and amount from sale of assets other trial inventory		
1		the other basis and sales expenses the first	5c	
1	a C	on or (loss) from sale of assets other-thronory (out of the control of the contro		
1	6 G	aming and fundraising events	1	
R		for daming (attach Schedule & II globato) and another thons	1	
E	b (iross income from fundraising events (not including \$		
REVENUE	•	om fundraising events reported of the evenede \$15,000)	1	
Ë	Ċ	f such gross income and contributions exceeds projectly ess: direct expenses from gaming and fundralsing events	1	
	cl	ess: direct expenses from garining and containing a	6d	
	di	less: direct expenses from gaming and fundraising events (add lines 6a and		
	,	bb and subtract line dept. locg returns and allowances	1	
	7a	Gross sales of inventory, less returns and allowanteer. [7b] Less: cost of goods sold	70	
	b		8	
	C	Gross profit or (loss) from sales of inventory	9	137,135.
		Other revenue (describe in oction of Feb. 70 and 8	10	5,000.
	9	Grants and similar amounts paid (list in Schedule O)	11	
	10	Grants and similar amounts paid (list in our service)	12	
2	111	Benefits paid to or for members Salaries, other compensation, and employee benefits Salaries, other compensation, and employee benefits	13	64,142.
É	4	and other navments to indeportation	14	3,750.
2	₫ 13	Occupancy, rent, utilities, and maintenance	15	
N S	14	Occupancy, rent, unities, and manufactures, and shipping	16	75,740.
eE iS	15	Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). 10 through 16	17	148,632.
E Noselor	16	Other expenses (describe in Schedule O)	18	-11,497.
		Total expenses, Add those year (Subtract line 17 from line 9)		
Ď	18	Excess or (deficit) for the year (Subtract line 17 Horn line 27. column (A)) (must agree with end-of-year Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year Net assets or fund balances at beginning of year (from line 27, column (A))	. 19	45,838.
A N	5 19	Net assets or fund balances at Degining of Joseph American Prior year's return).		
WAK=BT&	Ĕ .	figure reported cirplical in Schedule ()	▶ 21	34,341
			Fo	rm 990-EZ (2012
20	21	Net assets or fund balances at end of year of the separate instructions. or Paperwork Reduction Act Notice, see the separate instructions.		
- ST	BAA F	Dr. Labetwork Vergrand Laboratory		

Eorm.	990-EZ (2012) Portland N	IOW, INC.				raye Z
Day			n. 1. D4 II			
Fait	II Balance Sheets. (see the instru Check if the organization used Schedul	e O to respond to any question	on in this Part II	Beginning of year	·	(B) End of year
			(A)	45,838.		34,341.
22	Cash, savings, and investments			45,0501	23	
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			45,838.	25	34,341.
25	Total assets		., .,	0.	26	0.
26	Total liabilities (describe in Schedule O)			45,838.	27	34,341.
27	Not accests or fund halances (line 27 of cold	Imn (B) must agree with line	21)			Expenses
Par	till Statement of Program Service Accommendation Check if the organization used Sche	plishments (see the instrs for ra	stion in this Part III	X	(Requi	red for section 501
	Check if the organization used Sche	dule O to respond to daily que			(c)(3)	and 501(c)(4) zations and section
What i	s the organization's primary exempt purpose? See	schedule U	hree largest program s	services, as .	4947(a)(1) trusts; optional
Desc	ribe the organization's program service acc	namer, describe the services	provided, the number	of persons	for oth	ers.)
bene	s the organization's primary exempt purpose? See ribe the organization's program service accounted by expenses. In a clear and concise rifited, and other relevant information for each	h program title.	CUTTUDAT AND	ECONOMIC	T	
28	TO THURNOT AND PROMULE THE	EUTOTOWN' DOCTORY	- COLT DEVINE - VINE	-FCOROTAS 1		
	DEVELOPMENT OF THE PORTLAN	D NEICHBORHOOD			1	
		amount includes foreign gran	te chack here		28 a	
	(Grants \$) If this	amount includes foreign gra	its, creck flore.			
29						
					1 1	
		amount includes foreign gra	ote check here	FIT	29 a	
	(Grants \$) If this	amount includes foreign gra	its, check here			
30					1 1	
					1 1	
			nto shock here		30 a	
		s amount includes foreign gra				
31		dule O)	nto check here	▶□	31 a	
	\ (6 thi)	e amount inclines localui ula	ins, check hore	· · · · · · · · · · · · · · · · · · ·	32	
32	(Grants \$) if the Total program service expenses (add line	es 28a through 31a)		hoteennamented	(coa the	instructions for Part IV.)
Pa	Total program service expenses (and line int IV List of Officers, Directors, Check if the organization used Sch					. , 📙
		adula () to respond to 2017 UL	SPHOLINI MILE I CITIAL			
	Check if the organization used Sch	leddie O to rospona to and 4		(d) Health benef	fits,	
-	Check if the organization used Scr	(b) Average hours per	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficentributions to employed	fits, ployee eferred	(e) Estimated amount of other compensation
	Check if the organization used School (a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health beneficontributions to emplement plans, and documents and doc	fits, ployee eferred	(e) Estimated amount of other compensation
	Check if the organization used Scr (a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health beneficentributions to emberefit plans, and discompensation	,	other compensation
DA	Check if the organization used Scr (a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) Health beneficontributions to embenefit plans, and documents abor	fits, ployee eferred	(e) Estimated amount of other compensation
DA Pr	Check if the organization used Scr (a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -9-)	(d) Health beneficontributions to emplement plans, and decompanisation	0.	O.
DA Pr	Check if the organization used Scr (a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -9-)	(d) Health beneficontributions to emiberefit plans, and discompanisation	,	other compensation
DA Pr GA V:	Check if the organization used Scr (a) Name and Title NNY MCDOLE esident IRY WATROUS ce President	(b) Average hours per week davoted to position	(c) Reportable compensables (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to em benefit plans, and di compensation	0.	0.
DA Pri GA Vi	Check if the organization used Scr (a) Name and Title NNY MCDOLE esident RY WATROUS ce President BRA MERCER	(b) Average hours per week davoted to position	(c) Reportable compensable Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to em benefit plans, and di compensation	0.	O.
DA Pr GA V: DE	Check if the organization used Scring Name and Title NNY MCDOLE Sesident RY WATROUS CE President BRA MERCER SEASURES	(b) Average hours per week devoted to position 5	(c) Reportable compensables (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	contributions to em benefit plans, and di compensation	0.	0.
DA Pr GA Vi DI Tr	Check if the organization used Script in Name and Title NNY MCDOLE esident RY WATROUS ce President BRA MERCER easurer ARY TURNER	(b) Average hours per week devoted to position 5	(c) Reportable compensables (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to em benefit plans, and di compensation	0.	0.
DA Pri GA VI DI Tri MA	Check if the organization used Screen (a) Name and Title NNNY MCDOLE Sesident RY WATROUS CE President BRA MERCER SEASURET ARY TURNER	(b) Average hours per week devoted to position 5	(e) Reportable compensables (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	contributions to employment of the compensation	0.	0. 0. 0.
DA Pr GA VI DI Tr MA Se	Check if the organization used Screen (a) Name and Title NNNY MCDOLE esident RY WATROUS ce President BRA MERCER easurer ARY TURNER ecretary [KE PIERCE	(b) Average hours per week devoted to position 5	(c) Reportable compensables (Forms W-2/1099-MISC) (If not paid, enter -0-) 0	contributions to employment of the compensation	0.	0.
DA Pri GA VI	Check if the organization used Screen (a) Name and Title NNNY MCDOLE esident RY WATROUS ce President BRA MERCER easurer ARY TURNER ecretary IKE PIERCE DARD MEMBER	(b) Average hours per week devoted to position 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0	contributions to employment to	0. 0. 0. 0.	0. 0. 0. 0.
DA PI	Check if the organization used Screen (a) Name and Title NNY MCDOLE cesident IRY WATROUS .ce President EBRA MERCER ceasurer ARY TURNER ccretary IKE PIERCE DARD MEMBER AN HUND	(b) Average hours per week devoted to position 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0	contributions to employment to	0.	0. 0. 0. 0.
DA PI	Check if the organization used Screen (a) Name and Title NNY MCDOLE esident RY WATROUS	(b) Average hours per week devoted to position 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0	contributions to employment to	0. 0. 0. 0.	0. 0. 0. 0. 0.
DA Pri GA VI	Check if the organization used Screen (a) Name and Title NNY MCDOLE esident RY WATROUS ce President EBRA MERCER easurer ARY TURNER ecretary IKE PIERCE DARD MEMBER AN HUND DARD MEMBER LOYD HOAGLAND	(b) Average hours per week devoted to position 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0	contributions to employment to	0. 0. 0. 0.	0. 0. 0. 0. 0.
DA Pri GA VI DE MA BO	Check if the organization used Screen (a) Name and Title NNY_MCDOLE esident RY_WATROUS .ce President .ERA_MERCER .easurer ARY_TURNER .ecretary IKE_PIERCE DARD_MEMBER AN_HUND DARD_MEMBER LOYD_HOAGLAND DARD_MEMBER	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0	contributions to employment to	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
DE CE VIDENTIA DE LA BELLA BET	Check if the organization used Screen (a) Name and Title NNY_MCDOLE esident RY_WATROUS .ce President .ERA_MERCER .easurer ARY_TURNER .ecretary LKE_PIERCE .DARD_MEMBER AN_HUND .DARD_MEMBER LOYD_HOAGLAND .DARD_MEMBER .OYD_HOAGLAND .DARD_MEMBER .OMMY_BARNES	(b) Average hours per week devoted to position 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0	contributions to employment to	0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
DA PAR GA VI DE TON BOOK BELLE BTIR	Check if the organization used Screen to the control of the contro	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0	contributions to emplement of the compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE esident RY_WATROUS .ce President .ERA_MERCER .easurer ARY_TURNER .ecretary LKE_PIERCE .DARD_MEMBER AN_HUND .DARD_MEMBER LOYD_HOAGLAND .DARD_MEMBER .OYD_HOAGLAND .DARD_MEMBER .OMMY_BARNES .OARD_MEMBER ENNIFER_STRANE—HARRIS	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0	contributions to emplement of the compensation	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE Lesident RY_WATROUS LEE President BRA_MERCER LEEAURET LEEAURET LOYD HOAGLAND LEEAURET LOYD HOAGLAND LOARD MEMBER LOND MEMBER LOND MEMBER LOND MEMBER LOND MEMBER LOND MEMBER	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the compan	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0	contributions to emplement of the companies of the compan	0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE Lesident RY_WATROUS LEE President BRA_MERCER LEEAURET LEEAURET LOYD HOAGLAND LEEAURET LOYD HOAGLAND LOARD MEMBER LOND MEMBER LOND MEMBER LOND MEMBER LOND MEMBER LOND MEMBER	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.
	Check if the organization used Screen (a) Name and Title NNY_MCDOLE resident RY_WATROUS CCE President BRA_MERCER reasurer RY_TURNER RY	(b) Average hours per week devoted to position 5 5 5 5 5	(e) Reportable compensables (Forma W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0	contributions to emplement of the companies of the companies and companies of the companies	0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0.

BAA

Form	290-EZ (2012) Portland Now, Inc.			age 3
	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			. X
33	11. II. IDOQ (19)		Yes	No
	provide a detailed description of each activity in Schedule U	33		X
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
100	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
þ	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	. 35 b		
٠	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions . • 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
Ł	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations, Enter:			
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0 .; section 4915 > 0 .			
Ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 ь		х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958. O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
•	by the organization			
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax	40 e		х
41	shelter transaction? If "Yes," complete Form 8886-T	400	L	
18.61				
••				
42 (a The organization's books are in care of ► JACKIE MCCOMB Telephone no. ► 812-2	33-0	421	
	Located at > 101 WEST MUHAMMAD ALI BOULEVARD LOUISVILLE KY ZIP+4 > 40202	,	Van	A1-
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No
	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041 — Check hera		ь П	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		L	N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	FARL		
à	c Did the organization receive any payments for indoor tanning services during the year?	44 b	-	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q			† <u>"</u>
AF	If 'No,' provide an explanation in Schedule Q.	44 d	<u> </u>	V
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	-	X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	<u> </u>	X
-	TEEA0812L 103/14/13 F	orm 99	30-EZ	(2012)

Form 990-EZ	(2012)	Portland	Now,	Inc.						age 4
									Yes	No
candida	ates for public of	fice? If 'Yes,'	complete S		ign activities on bi	ehalf of or in o	opposition to	. 46		X
Part VI	Section 501(c)(3) organ	izations	only	47	401	ماما مسمد است	the tob	00	
	All section 50 for lines 50 a)1(c)(3) ord	ganization	ns must answer	questions 4/-	49b and 52	, and complete	the tabl	es	
	Check if the orga	anization used	Schedule (O to respond to any	question in this F	Part VI		•		
47 Did the	organization en	gage in lobby	ing activities	s or have a section	501(h) election in	effect during	the tax year? If 'Ye	s,' [47	Yes	No
comple	ete Schedule C. f	Part II						40		<u>X</u>
48 Is the	organization a so	hool as descr	ibed in sect	tion 170(b)(1)(A)(il) kempt non-charitab	e related organiza	e scriedule c.		. 49a		X
h If Was	I was the relater	l organization	a section 5	27 organization?				49b		
ro 0	-t- this table for	the ergentrat	on's five his	chest compensated	employees (other	r than officers	, directors, trustees	and key		
employ	yees) who each i	eceived more	than \$100,	000 of compensation	on from the organi	Zauon, n ulen	a la florio, critor rio	110.		
	(a) Name and title of a paid more than	each employee \$100,000		(b) Average hours per week devoted to position	(c) Reportable com (Forms W-2/109)	pensation cont 9-MISC) bens	d) Health benefits, inbutions to employee fit plans, and deferred compensation	(e) Estimate other con	d amour	t of
None				7						
f Total	number of other	employees pa	aid over \$10	00,000 . ►						
F1 0	late this table for	the erganiza	tion's five h	ichest compensate	d independent cor	tractors who	each received more	than \$100),000 c	ıf
compa	ensation from the	organization	contractor paid	none, enter 'None. more than \$100,000	T	(b) Type of sen	vice	(e) Con	pensatio	in
					_					
None										
										131
el Total	number of other	Independent	contractors	each receiving over	r \$100,000			L		
E2 04 8	no organization o	omplete Sche	dula A? No	ote: All section 501(c)(3) organizations	s and 4947(a)	(1) nonexempt	XY	95	□No
				uding accompanying scheduer) is based on all inform	dan and abstraction and	in the heat of my la	nowledge and baket. It is			2000 (1) (1000)
true, correct, s	and complete, Declara	en di graparar (I INTI AND	inst			2-12-	-14		
Sign Here	Sharature of off	dw Cu	MMI	DS JR.	TREASURY		Date			
	Print/Type preparer			Preparey's signature a	ishel 5-iol	Date		PTIN		
n.12	JONATHAN MIC		ı		EL SMITH	02-11-14	Check Lif self-employed			
Paid Preparer	Firm's name ►			ith CPA PLLC						
Use Only	Firm's address ➤	7818 Rain					Firm's EIN			
	<u> </u>	HENRYVILLE					Phone no (81		-	7.4-
May the IR	RS discuss this re	turn with the	preparer sh	own above? See in	structions			. ► XY		No (2012)
								. 01111		- 1-0.0

SCHEDULE: A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Postland Now, Inc.

Employer identification number

			THOU TO				Hala -				
Part	I Re	ason for Public	: Charity Status (A	III organizations m	ust con	plete	this pa	irt.) Se	e inst	ruction	<u>s</u>
				it is: (For lines 1 through							
1				ation of churches desc		ection	ι χα(α)(ι	даді).			
2				i). (Attach Schedule E.	577						
3	∐A h	ospital or a cooper	rative hospital service	organization described	i in secti	on 170()	БХТХАХ	III).			
4	∐Am	edical research or	rganızatıon operated ı	n conjunction with a ho	spital de	scribed	In section	on 170(t	ХТХАХ	III). Ente	r the nospital's
		ie, city, and state:									
5	L 170	(b)(1)(A)(iv). (Con	nplete Part II.)	a college or university					nental u	init desc	ribed in section
6	A fe	deral, state, or lo	cal government or gov	vernmental unit describ	ed in se	tion 17	0(b)(1)(A	I)(v).	2	_	
7	片ins	ection 170(b)(1)(A)(vi). (Complete Part				ernment	al unit o	r from t	ne gene	ral public described
8				(b)(1)(A)(vi). (Complete							
9	(Co	mpiete Part III.)		e than 33-1/3% of its suppain exceptions, and (2) no 511 lax) from businesse						nd gross ss investr , 1975. S	receipts from activities ment income and ee section 509(a)(2).
10	An	organization organ	nized and operated ex	clusively to test for put	olic safet	y. See s	section 5	509(a)(4)).		
11	An o	organization organiz ported organizations porting organizatio	ed and operated exclusion 50 and complete lines on and complete lines	vely for the benefit of, to 9(a)(1) or section 509(a)(1) 11e through 11h.	perform t (2). See s	he functi ection 5	ons of, o 09(a)(3).	r carry or Check th	ut the pu ne box th	rposes of lat descri	one or more publicly bes the type of
	a		Type II c	Type III - Function	nally inte	grated	c	ıΠı	ype III -	- Non-fu	inctionally integrated
6	□ By	checking this box, er than foundation tion 509(a)(2).	I certify that the orga managers and other	nization is not controlle than one or more publi	ed directi icly supp	y or ind orted or	irectly by ganızatı	y one or ons des	more d	lisqualific n section	ed persons , n 509(a)(1) or
f	If th	e organization red	ceived a written deter	mination from the IRS t	hat is a	Гуре I,	Type II o	r Type	III supp	orting or	ganization,
g	Sın	ce August 17, 200	6, has the organization	n accepted any gift or	contribu	tion from	n any of	the foll	owing p	ersons?	
•		environ i i venir 🛥 epontra e i ranto 🔹 i reseguino i									Yes No
	(i)	A person who de below, the gove	lirectly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	logether	with per	sons de	scribed	ın (iı) aı	nd (III)	11 g (i)
	(ii)	A family member	er of a person describ	ed in (i) above?		٠					11 g (li)
			Vane - 1, 100 and 1, 1	lescribed in (i) or (ii) ab	nove?						11 g (lii)
h				supported organization				. ,,,,			118(11)
			(I) EIN			s the	(v) Did vo	u nobfy	(A)	s the	(vii) Amount of monetary
	(7)	lame of supported organization	47	(III) Type of organization (described on lines 1-9 above or IRC section	(lv) l organiz column (l	ation in) listed in	(v) Did yo the organi column (zabon in	organiz	ration in	eupport
				(see instructions))	your go	Aeturud	supp	ort?	organiz	nn (i) ed in the S.?	
					Yes	No	Yes	No	Yes	No	
					 						
(A)											
<u>v y</u>					†						
(B)							l				
<u>\-/</u>					1						
(C)							l				
<u> </u>											
(D)											
					1						
(E)											
Total											
BAA	For Pa	perwork Reductio	n Act Notice, see the	Instructions for Form 9	90 or 99	O-EZ.			Schedu	le A (For	rm 990 or 990-EZ) 2012

scheo	Ule A (FORM 990 of 990-EZ) 2012	1-1142	Described in	Cartions 170	hW1WAWiw) an	d 170/h)/1\/A	Yvi)
Part	Il Support Schedule for C (Complete only if you checked organization fails to qualify un					fy under Part III.	If the
Sect	ion A. Public Support						
begin	dar year (or fiscal year ning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any unusual grants.')		.,				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
	tion B. Total Support		г	1	T		10 T. I.I.
Cale	ndar year (or fiscal year nning in) Þ	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			-	-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	through 10					12	
12	Gross receipts from related activ	vities, etc (see ins	structions)				
13	organization, check this box and	stob tiera		nd, third, fourth, o	or fifth tax year as	a section 501(c)(
Se	ction C. Computation of P	ublic Support	Percentage			1 1/	1 %
14	Dublin support percentage for 2	012 (line 6, colum	n (f) divided by i	ine 11, column (f)))	14	
15	Public support percentage from	2011 Schedule A	, Part II, line 14				-h - de Here have
16	a 33-1/3% support test - 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported	box on line 13, a organization.	and the line 14 is 3	3-1/3% or more,	check this box
	b 33-1/3% support test — 2011. If and stop here. The organization	i qualifies as a po	iblicity supported	or gor razone or rar			
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	is-and-circumstan	ces' test. The or	ganization qualifie	s as a publicly sup	ported organizat	ion
مارين رواحد	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-all'.	nd-circumstances	test. The organ	zation qualifies as	s a publicly suppor	ted organization.	
18	Private foundation. If the organ	lization did not ch	eck a box on line	13, 108, 100, 178	a, or 170, Greek to	at adult A /Com	000 or 000 E7) 2012
BA	A				S	chedule A (Form	1 990 or 990-EZ) 2012

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 failed to qualify under the tests listed below, please complete Part II.)

	to quality drider the tests he			-			
Sect	ion A. Public Support	110000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calend	ar year (or fiscal yr beginning in) -	(a) 2008	(0) 2009	(6)2010	(u) 2011	(6)20.12	
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	150,851.	170,928.	167,857.	125,985.	137,135.	752,756.
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						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.				105 005	127 125	0. 752,756.
	Total. Add lines 1 through 5	150,851.	170,928.	167,857.	125,985.	137,135.	152, 150.
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŧ	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						0
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	<u> </u>
	Public support (Subtract line 7c from line 6.)	1					752,756.
	tion B. Total Support	1 4 2 0000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal yr beginning in) >	(a) 2008	170,928.	167,857.	125,985.		752,756.
	Amounts from line 6	150,851.	110,920.	101,031.	120,500.	1 201/2221	
10	dividends, payments received on securities loans, rents, royalties and income from			40.	. 17.	3.	60.
	similar sources						0.
	c Add lines 10a and 10b	0.	0.	40	. 17	. 3.	60.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
13	Total support. (Add ins 9, 10c, 11, and 12)	150,851.	170,928	167,897	. 126,002	. 137,138.	752,816.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	Parsonias	nd, third, fourth, o	or 11th tax year as	a section 50 I(c)(3	<u></u> ►
	ction C. Computation of P Public support percentage for 2	UDIIC SUPPOR	nercentage	ne 13 column (fil)		15	99.99 %
15 16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	0.00 %
Se	ction D. Computation of Ir	westment Inco	me Percenta	ge		1 ==	0 01 %
17	Investment income percentage	for 2012 (line 10c,	column (f) divide	ed by line 13, colu	.mn (f))	17	0.01 %
18	Investment income percentage	from 2011 Schedu	le A. Part III. line	17			0.00 %
19	a 33-1/3% support tests - 2012.	If the organization	did not check the	box on line 14, a	and line 15 is mor as a publicly supp line 10a and line	e than 33-1/3%, an orted organization 16 is more than 33	d line 17
_	b 33-1/3% support tests - 2011. Iline 18 is not more than 33-1/3%	f the organization %, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported organ	nization
20	Private foundation. If the organ	nization did not ch			uncer uns our an	Cahadula A /Form	990 or 990-EZ) 201
BA	A		TEEA0403	BL 06/09/12		ocnedule A (Form	330 01 330 EL) 201

Schedule A	(Form 990 or 990-EZ) 2012	Portland Nou	, Inc.	ge 4
Part IV	Supplemental Information. (Part II, line 17a or 17b; and (See instructions)	Complete this part to proud Part III, line 12. Also	vide the explanations required by Forcemplete this part for any additional complete the part for a part	art II, line 10; nonal information.
-				
				and then shed tred tred than had now had shed some sale was sin
BAA			Schedu	le A (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Hification number

Internal Revenue Service		
Name of the organization	Portland Now, Inc.	
Form 990-EZ,	Part III - Organization's Primary Exempt Purpose AND ECONOMIC DEVELOPMENT C	 F
TO ENHANCE	AND PROMOTE THE PHYSICAL, SOCIAL, COLIONAL, INC.	2
	Transfers Associated with Personal Benefit Contracts	
	and the year, receive any receive any	
	nersonal penelit contract	
	the year. Day premium	
indirectl	the organization, during the Your, Figure 19, on a personal benefit contract?	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	TEFA4901L 12/8/12 Schedule O (Form 99/	or 990-EZ) 2012
	Schedule O (FORTH 95)	

2012	Schedule O - Supplemental Information	Page 2
	Portland Now, Inc.	- 00.07
2/11/14		08:06A
Form 990-EZ, Part I, Lin Other Expenses	e 16	
ATOD EVENTS BANK FEES DONATIONS EARLY INTERVENTION. EVALUATIONS GATEWAY PROJECT Information Technol LITERACY PROJECT. Office Expenses PROGRAM SUPPLIES		93. 1,250. 2,500. 6,750. 14,480. 330. 6,250. 1,500. 4,144. 15,870. 9,500. 5,070.

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

OMB No 1545-1709

					S183	
partment of the Treasury mai Revenue Service  File a separate application for each return.						
If you are	filing for an A	utomatic 3-Month Extension, compl	ete only Pa	rt I and check this box		▶ 🗓
If you are	filing for an A	dditional (Not Automatic) 3-Month E	Extension, c	complete only Part II (on page 2 of this form	1).	
o not compl	ete Part II uni	ess you have already been granted a	an automati	c 3-month extention on a previously filed F	orm 8868.	
lectronic fill orporation re equest an ex associated W electronic filir	ng (e-file). You equired to file tension of tim Inth Certain Pe ng of this form	u can electronically file Form 8868 if Form 990-T), or an additional (not all e to file any of the forms listed in Pa rsonal Benefit Contracts, which mus , visit www irs gov/efile and click on	you need a utomatic) 3- art I or Part it be sent to e-file for C	3-month automatic extension of time to file     month extension of time. You can electron     Il with the exception of Form 8870, Information in the IRS in paper format (see instructions).     hardies & Nonprofits.	e (6 months for a lically file Form 8 ation Return for	Transfers
		3-Month Extension of Time. Or				
corporation	required to fi	le Form 990-T and requesting an au	tomatic 6-m	nonth extension - check this box and comp	elete Part I only.	
All other corp ncome tax re	norations (incl eturns	udıng 1120-C filers), partnerships, Ri	EMICs, and	trusts must use Form 7004 to request an e Enter filer's identifyin	g number, see ir	nstructions
	Name of exempt	organization or other filer, see instructions.	·	Er	mployer identification	number (EIN) or
Type or orint	Portla	and room or suite number. If a P.O. box, see in	structions.		Social security nu	mber (SSN)
ile by the fue date for illng your	e date for 201 NORTH 25TH STREET					
etum See nstructions.	City, town or po	st office, state, and ZIP code. For a foreign add	ress, see instr	ictions.		
isquequis.	LOUISVI	LE, KY 40212				
Enter the Re	turn code for	the return that this application is for	(file a sepa	rate application for each return)		01
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 (I	Individual)		03	Form 4720		10
Form 990-PF			04	Form 5227		11
		a) or 408(a) trust)	05	Form 6069		12
Form 990-T	(trust other th	an above)	06	Form 8870		1 15
Telephore If the organistic structure of the extension of	ne No. > 812 ganization do for a Group F ils box	Return, enter the organization's four	digit Group heck this b	United States, check this box Exemption Number (GEN) . If it to	nis is for the who	
1 I requ	est an automa	atic 3-month (6 months for a corpora	tion require	d to file Form 990-T) extension of time		
		the organization's return for:	anization re	turn for the organization named above.		
<u>.                                    </u>	calendar ye tax year be		, and endi	ng 6/30 ,20 13 .		
12	J •	red in line 1 is for less than 12 month	72		d return	
	nange in acco					
nonre	fundable cred		•••••		3a \$	0.
paym	ents made. Ir	iclude any prior year overpayment al	llowed as a	any refundable credits and estimated tax credit	3 b \$	0.
c Balan EFTP	sce due. Subtr S (Electronic	act line 3b from line 3a. Include you Federal Tax Payment System). See	r payment v instruction	with this form, if required, by using	3c\$	0.
payment in	structions.			Form 8868, see Form 8453-EO and Form		(Day 1 0012)
BAA For P	rivacy Act an	d Paperwork Reduction Act Notice,	see instruc	tions.	Form 8868	3 (Rev 1-2013)

ID# 31464

INTERNAL REVENUE SERVICE O. BOX 2508 CINCINNATI, OH 45201

Date:

NOV 2 12002

PORTLAND NOW INC C/O NEW DIRECTIONS HOUSING CORPORATIO HEATHER N BUSS

1000 E LIBERTY ST

LOUISVILLE, KY 40204

Employer Identification Number:

DLN:

17053281023042

Contact Person:

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30, 2002

Foundation Status Classification:

509(a)(1)

Advance Ruling Period Begins:

August 7, 2001

Advance Ruling Period Ends:

June 30, 2006

Addendum Applies:

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

Portland Now, Inc.		2013-14 Y	ear End    Balance	2014-15
Sortiand Now, me.		2013-14	Fwd	2014-15
		Revenues thru 6/30/14	6/30/14	Budget
Revenues:	Explanation:		0/50/14	\$14,700.00
2012-13 GENERAL FUNDS FWD:	Unrestricted Funds Fwd 6/30/13	\$20,875.49		\$14,700.00
2012-13 GENERAL FUNDS I WE: 2013-14 ANNUAL FUNDRAISING:		55.00	H	100.00
2013-14 ANNUAL FONDICATION	Membership Dues	55.00		100.00
	(2) (2)			
	Dairy Queen donations (% of Sales	117.24		300.00
	during committee meetings there) Other Unrestricted Donations			0.00
	Total Unrestricted Funds:			\$15,100.00
	Total Unrestricted Funds.	ΨΖ1,401.20		
RESTRICTED FUNDS:	for block organizing	6,397.53	\$6,398.23	6,400.0
CleanUp/Beautification: (MUW)	for parent participation			0.0
Education & Youth: (MUW)	Art Show	1		14,000.0
Portland Art and Heritage Fair:	Art Silow			
Portland Festival Committee:	2013 Festival pass-through	5,000.00	0.00	0.0
(Metro Gov	2011 Fastival page through		0.00	5,000.0
(Metro Gov	Contract repayment		100.00	100.0
Portland Now Prevention Partners:	Contract repayment	11-1-1		
Povitalization Committee:	Gateway Project Balance	e 1,806.42	1,806.42	1,806.4
(Metro Gov	Total Restricted Funds		The second secon	\$27,306.4
	Total Restricted 1 same			
Total Revenues	Restricted + General Funds	\$ <b>36,930.9</b>	6	\$42,406.4
Total Nevenues			2013-14	
		2013-14	Actual	2014-15
	1	Line-Item	thru 6/30/14	Budget
Expenses:		Budget	till'u 6/30/14	
		\$7,500.0		\$8,000.
Grants/ Fiscal Agency for others:	* 2013 Portland Festival (Metro	0)	5,000.00	
	Police Auxilia	iry	200.00	
	Portland Little Leagu		0.00	
	Portland Museu	ım	150.00	<b> </b>
	Neighborhood House Senio	ors	200.00	
	Louisville Grov	ws	600.00	1
	Non-consummables eg: compu	ter		2,000
Technology/Equipment & Repairs	programs (Treasurer's expens	se) 250.		-
Technology/Equipment & Repairs	Liability (Art Fa	air) 0.	0.00	
West of the Salah West of Control		250.	00.00	
Insurance:		250.		150
Insurance: Conferences/Training Programs:		150.		
Insurance: Conferences/Training Programs:	Paper @ 1 case/year \$35.	150.	0.00	
Insurance: Conferences/Training Programs:	Tapel & Table	.00	0.00 86.88	130
Insurance: Conferences/Training Programs:	Print Cartridges 2/year \$65.	.00 .00	0.00 86.88 0.00	130
Insurance: Conferences/Training Programs: Office Supplies & Printing:	Print Cartridges 2/year \$65.	150. .00	0.00 86.88 0.00	130
Insurance: Conferences/Training Programs: Office Supplies & Printing:	Print Cartridges 2/year \$65. Photocopies (donations +) \$200	.00 .00 .00 .00	0.00 86.88 0.00	130
Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage:	Print Cartridges 2/year \$65.	.00 .00 .00 .00	0.00 86.88 0.00	130
Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage:	Print Cartridges 2/year \$65 Photocopies (donations +) \$200 Christmas Lights mail	150. .00 .00 .00 .150. ling	0.00 86.88 0.00 00 115.83	2 150
Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage:	Print Cartridges 2/year \$65. Photocopies (donations +) \$200	150. .00 .00 .00 .150. ling	0.00 86.88 0.00 00 115.83	2 150
Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage:	Print Cartridges 2/year \$65 Photocopies (donations +) \$200 Christmas Lights mail	15000 .00 .00 .150. ling mo) 200	0.00 86.88 0.00 00 115.82	0 28
Insurance: Conferences/Training Programs: Office Supplies & Printing: Postage:	Print Cartridges 2/year \$65.  Photocopies (donations +) \$200  Christmas Lights mail  Internet (\$40 x 5 r	15000 .00 .00 .150. ling mo) 200	0.00 86.88 0.00 00 115.82 .00 69.0	0 CO
Insurance: Conferences/Training Programs: Office Supplies & Printing:  Postage:	Print Cartridges 2/year \$65 Photocopies (donations +) \$200 Christmas Lights mail	15000 .00 .00 .150. ling mo) 200	0.00 86.88 0.00 00 115.82	0 0 280 5 0 600

			2013-14 Line-Item Budget	2013-14 Actual thru 6/30/14		014-15 UDGET
		Subtotal Board Expenses:	\$8,500.00	\$6,714.24	\$1	2,060.00
1	BOARD COMMITTEES:	Explanation:				
ı			300.00			200.00
A	Finance:	acmouter/programs	000.00	203.29		
		computer/programs		74.77		
		bookkeeping supplies, checks	0.000.40	74.77		C 400 00
В	Clean-Up & Beautification: *	la la complicación	6,398.12	0.00		6,400.00
		consumable supplies		0.00		
- 1	9	promotions eg: yard signs,etc.				
		stipends or incentives	0.000.00	0.00		3,000.00
C	Communications/Marketing:		2,000.00	0.00		3,000.00
		Web page/domain name (Art fair exp		0.00		
-		Gateway Project Bal (\$1,806.42)				
		2nd PORTLAND Sign(\$1,000.00 max	)	0.00		
			1,261.53			1,500.00
D	Education:	JBA Lunch and Learn	1,201.53	1,368.00		1,000.00
		JBA Lunch and Learn	1,000.00	1,300.00		
E	Membership/Hospitality:	Dd Mar nizzo dinnor @ \$60/mo	1,000.00	513.86		750.00
	inc. 2 unknown payees Sept-Oct	Bd Mtg pizza dinner @ \$60/mo Christmas Dinner		275.00	<del> </del>	300.00
		Postcards for Annual Mtg mailing		0.00	<del> </del>	0.00
	u au Ialasi			51.33		400.00
	per Jehri	FIN Resource Faithers		01.00	-	100.00
_	Ph. 14 21 41		1,000.00		_	750.00
F	Revitalization:	PVA Service (for research) @	1,000.00			700.00
	*	\$30/mo		0.00		
		Forums, supplies & refreshments		0.00	<u> </u>	
		(Cavalier Bldg)		57.87		
		(Gavanor Blug)		07.0.		
	`	Hauling				
		(Family Dollar's Limestone Blocks)		400.00		
_	Special Events: *	Art Fair	5,000.00			13,000.00
G	Special Events.	(\$5,000 transferred to separate				
		acct, minus \$362.29 for checks, PO				
		Box & trolley deposits)				
, ,	Mine Overhood:	Box & Holley deposits)	100.00			100.00
H	Misc. Overhead:	Bank Charges @ \$3 x 12	100.00	0.00		
		Permits, Taxes, etc @ \$50/yr		15.00		
		Repayment of grant funds for PNPP	4,000.00	3,900.00		0.00
	Total Expenses	Board & Committees	\$29,559.65	13,935.65	\$	38,460
	Total Projected Revenues	approx. Restricted + Gene	ral Funds ava	ilable 2014-15	\$	42,406
			TRIAL BALAI	NCE 2014-15	\$	3,946

-	NI - I	Restricted	F
~	MOTES	Restricted	FIIIIOS

Projected Balance Forward 7/1/14:	
Total Funds Available 2013-14	\$36,930.96
Total Actual Expenses 2013-14	-13,935.65
Total Projected Funds Forward '14-15	\$22,995.31
Total Restricted Funds 6/30/14	-8,305.00
Total Unrestricted (General) Funds Carried 7/1/14	\$14,690.31

## ARTICLES OF INCORPORATION OF PORTLAND NOW, INC.

The undersigned Incorporator, Jack W. Steiner, Jr., executes these Articles of Incorporation for the purpose of forming and does hereby form a nonstack, nonpetitive corporation under the laws of the Commonwealth of Kentucky, KRS 273.18 et sog with all the rights, privileges and immunities of a corporation organized for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or its successor provisions, in accordance with the following provisions:

#### ARTICLE I

#### Name

The name of the Corporation is Portland Now, Inc. (hereinafter the "Corporation").

#### ARTICLE II

#### Purposes and Powers

The purposes for which the Corporation is formed, the business and objects to be carried on and promoted by it, and the powers granted to it, are as follows:

- (a) The particular purpose of the Corporation shall include:
- [i] To enhance and promote the physical and social development of the Portland neighborhood;
- [ii] To own property, sponsor events and projects, borrow money, organize events, open bank and financial accounts, publish and distribute documents, join other organizations, engage in partnerships with other groups, and engage in any activity which furthers the purpose of the Corporation.

[iii] To enhance access to capital resources, including a program to encourage philanthropic giving in furtherance of the mission of the Corporation;

[iv] To operate exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the Corporation, including those stated hereinabove; and

[v] Subject to the limitations set out in this Article II, to engage in any other activity the overall purpose of which is intended to further the charitable purposes of the Corporation.

- (b) The Corporation is irrevocably dedicated to and is organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Code (or its successor provision). The Corporation shall receive contributions and fees, and shall distribute its funds for public, charitable and/or educational purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Act, KRS 273.161 ef seq.; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs (c), (d), (e) and (f) of this Article II.
  - (c) As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation, and the Corporation is not empowered, to participate or intervene in (including the publication or distributing of statements) any political campaign on behalf of any candidate for public office, nor to devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.
    - (d) Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to

declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Code, including activities to the extent prohibited by Section 501(m) of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

- (e) Any other provision of these Articles to the contrary notwithstanding, the purposes of the Corporation are limited to those set forth in Section 509(a)(3)(A) of the Code, and, as such, the Corporation is not empowered to engage in activities not in furtherance of such purposes.
- (f) Any other provision of these Articles to the contrary notwithstanding, this Corporation shall, if the following provisions of law are applicable to it: [i] not engage in any act of self dealing as defined in Section 4941 of the Code; [ii] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.

#### ARTICLE III

#### Initial Registered Office and Agent

The street address of the Corporation's initial registered office and the name of its initial registered agent at that address is:

Jack W. Steiner, Jr. 370 Starks Building 455 S. Fourth Avenue Louisville, KY 40202

#### ARTICLE IV

#### Principal Office

The mailing address of the principal office is:

Portland Now, Inc. C/O Neighborhood House 225 N. 25th Street Louisville, KY 40212

#### ARTICLE V

#### Duration

The Corporation shall have perpetual existence.

#### ARTICLE VI

#### Directors

The affairs of the Corporation shall be managed by a Board of Directors in the manner provided in the Bylaws. In addition, the Bylaws shall provide the number and classes of directors, the term of office, method of election, removal procedures and such other matters pertaining or relating to the duties and office of director. In no event shall there be fewer than three (3) directors.

The members of the initial Board of Directors of the Corporation shall serve until the first annual election of directors and until their successors are elected and qualified. The names and addresses of the initial directors are:

John Barrow 225 N. 25th St. Louisville, KY 40212

Jerry Brinson 2429 Montgomery St. Louisville, KY 40212 Evie O'Connell 2228 Portland Ave. Louisville, KY 40212

Eric Rhodes 225 N. 17th St. #114 Louisville, KY 40203

Herb Broadrick 459 N. 29th St. Louisville, KY 40212

Gordon Brown 165 N. Ewing Ave. Louisville, KY 40206

Harold Dennis 2910 Northwestern Pkwy. Louisville, KY 40212

Terry Fultineer 2911 Garfield Ave. Louisville, KY 40212

Joe Gliessner 2525 George Rogers Clark Pl. #305 Louisville, KY 40206

William LaFollette 3206 Creekwood Ct. New Albany, IN 47150 Judy Schroeder 2711 West Main St. Louisville, KY 40212

Debby Seng 2519 Griffiths Ave. Louisville, KY 40212

Larry Stoess 2503 Montgomery St. Louisville, KY 40212

Steve Trout 456 N. 28th St. Louisville, KY 40212

Nailah Jumoke 2910 Northwestern Pkwy. Louisville, KY 40212

Molly Leonard 2915 Portland Ave. Louisville, KY 40211

#### ARTICLE VII

#### Members

The Corporation's members shall be the residents of the Portland community of Jefferson County, Kentucky; business owners in Portland; property owners in Portland; individuals employed in Portland; and other persons interested in the goals of the Corporation and approved by the Corporation's Board of Directors. Members shall have all voting rights accorded to non-profit corporations under the Kentucky Non-Profit Corporation Act as provided in these Articles of Incorporation, and as provided in the Corporations Bylaws.

#### ARTICLE VIII

#### Indemnification

Each person who is or was a member, director, trustee or officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a member, director, trustee or officer of another corporation, whether elected or appointed, or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, including the heirs, executors, administrators or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost, or expense (including attorneys' fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer or employee or arising out of such person's status as a member, director, trustee, officer or employee; provided, however, that no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article shall not affect any rights or obligations then existing. If any indemnification payment required by this Article is not paid by the Corporation within ninety (90) days after a written claim has been received by the Corporation, the member, director, trustee, officer or employee may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under the Kentucky Nonprofit Corporation Act or under this Article, but it shall not be obligated to do so. The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any Bylaw, agreement, statute, vote of members or Board of Directors or otherwise. If this Article or any portion thereof shall be invalidated on any ground by any Court of competent jurisdiction, then the Corporation nevertheless shall indemnify each such person, to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or that remains enforceable under any other applicable law. For the purpose of this Article, reference to "the Corporation" includes all constituents absorbed in a consolidation or merger as well as the resulting or surviving corporation.

#### ARTICLE IX

#### Limitation of Director Liability

No director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a director except for liability:

- (a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
- (b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- (c) For any transaction from which the director derived an improper personal benefit.

If the Kentucky Revised Statutes are amended after the effective date of these Articles of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

#### ARTICLE X

#### Dissolution

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor. Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all corporate assets by distributing such assets to organizations that are organized and operated exclusively for charitable purposes and at the time qualify as exempt organizations under Section 501(c)(3) of the Code, or its successor provision, or to such organizations described under Section 170(c)(1) of the Code, or its successor provision, as the Board of Directors shall determine. If possible, the purposes of such

charitable donee or donees should be substantially similar to the charitable purposes of the Corporation. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of the County in which the principal office of the Corporation is then located, to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall, at that time, qualify as exempt organizations or as organizations under Section 501(c)(3) of the Code, or its successor provision. If possible, the Court shall cause such remaining assets to be transferred to a donee or donees that have purposes that are substantially similar to the charitable purposes of the Corporation.

#### ARTICLE XI

#### Incorporator

The name and address of the Incorporator is:

Jack W. Steiner, Jr 370 Starks Bldg. 455 S. 4th Ave. Louisville, KY 40202

Signed by the Incorporator this 3 day of July, 2001.

THIS INSTRUMENT WAS PREPARED BY

JACK W. STEINER, JR.

SITLINGER, MCGLINCY, STEINER,

THEILER &/KAREM

370 Starks Bldg.

455 S. Fourth Ave.

Louisville, KY 40202

(502) 589-2627

I, Jack W. Steiner, hereby consent to be the initial registered agent of Portland

Now, Inc.

Jack W. Steiner, Jr. 370 Starks Building 455 S. Fourth Avenue Louisville, KY 40202

(502) 589-2627

Document No.: DN2001138944

Lodged By: sitlinger scglincy steine
Recorded On: 08/21/2001 10:28:11

Total Fees: 23.00

Transfer Tax: .00

County Clerk: Bobbie Holsclam-JEFF CD KY
Deputy Clerk: CARHAR

# om KY SECRETARY of STATE web page

### **General Information**

0520521 Organization Number

PORTLAND NOW, INC. Name

N - Non-profit **Profit or Non-Profit** 

KCO - Kentucky Corporation Company Type

A - Active **Status** G - Good Standing

KY State

8/7/2001 **File Date** 8/7/2001 **Organization Date** 6/16/2014

Last Annual Report C/O NEIGHBORHOOD HOUSE **Principal Office** 

201 N 25TH ST

LOUISVILLE, KY 40212

ATTN: PRESIDENT/TREASURER Registered Agent C/O NEIGHBORHOOD HOUSE

201 N 25TH ST

LOUISVILLE, KY 40212

### **Current Officers**

Becki Winchel President Gary Watrous Vice President Mary Turner Secretary **Gerald Cummins** Treasurer Dan Hund

Director Lisbeth Lanpher Director Robert Hickey Director

## Individuals / Entities listed at time of formation

JOHN BARROW Director JERRY BRINSON Director EVIE O'CONNELL Director ERIC RHODES Director HERB BROADRICK Director GORDON BROWN Director HAROLD DENNIS Director TERRY FULTINEER Director **JOE GLIESSNER** 

Director WILLIAM LAFOLLETTE Director JUDY SCHROEDER Director

Director	DEBBY SENG LARRY STOESS STEVE TROUT NAILAH JUMOKE MOLLY LEONARD		
Director			
Incorporator	JACK W. STEINER, JR.		

#### Images available online

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

Annual Report	6/16/2014	1 page	PDF	
Annual Report	2/13/2013	1 page	tiff	PDF
Annual Report	5/8/2012	1 page	tiff	PDF
Annual Report	7/19/2011	1 page	tiff	PDF
Registered Agent name/address change	10/2/2010 1:31:37 PM	4 1 page	PDF	
Annual Report	10/2/2010	1 page	PDF	
Registered Agent name/address change	7/31/2009	1 page	<u>tiff</u>	PDF
Principal Office Address Change	7/31/2009	1 page	tiff	PDF
Annual Report	7/29/2009	1 page	PDF	
Annual Report	9/28/2008	1 page	PDF	
Annual Report	7/19/2007	1 page	PDF	
Sixty Day Notice Return	9/15/2006	2 pages	tiff	PDF
Statement of Change	9/11/2006	1 page	tiff	PDF
Annual Report	9/11/2006	1 page	tiff	PDF
Annual Report	4/8/2005	1 page	tiff	PDF
Annual Report	12/3/2003	1 page	tiff	PDF
Statement of Change	11/18/2003	1 page	tiff	PDF
Statement of Change	5/9/2003	1 page	tiff	<u>PDF</u>
Annual Report	12/12/2002	1 page	tiff	PDF
Statement of Change	9/26/2002	1 page	tiff	PDF
Articles of Incorporation	8/7/2001	10 pages	tiff	PDF

#### **Assumed Names**

#### **Activity History**

receivity insection			
Filing	File Date	Effective Date	Org. Referenced
Annual report	6/16/2014 8:24:31 PM	6/16/2014 8:24:31 PM	
Annual report	2/13/2013 3:34:08 PM	2/13/2013	
Annual report	5/8/2012 8:57:40 AM	5/8/2012	

## Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

-			The state of the s
2	Name (as shown on your income tax return)		
page	Portland Now, Inc.		
no	Business name, if different from above		
Print or type	Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other	<b></b>	Exempt from backup withholding
stri	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)
돌드	c/o 201 N 25th Street		
_ iji	City, state, and ZIP code		
P Specific	Louisville, KY 40212		
See S	List account number(s) here (optional)	1000	
Par	Taxpayer Identification Number (TIN)		
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity mployer identification number (EIN). If you do not have a number, see <i>How to get a TIN of the provided in t</i>	sident lies, it is	urity number
	If the account is in more than one name, see the chart on page 4 for guidelines on whose or to enter.	e	
Part	II Certification		
l la alau			The state of the s

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

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

Here U.S. person ▶

Signature of

Sign

Date > // _/

Purpose of Form,

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

- **U.S.** person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information

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

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

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

FI	41 1A1	EMBERSHIP LIST	Mambarahin	(July 2014 - Jur	ne 2015)		
			Membership	(3019 2014 331		Bd. Term	Clanad
		37	Address	Phone	E-mail	exp.	Signed
Иbr		Name	Mudress		"	1st/ 2016	Y
В	\$	Becki Winchel - Pres.				2 st /2017	Y
В	\$	Gary Watrous – V.P.				1st/ 2016	Y
В	\$	Jehri Cummins- Treas.				1 st /2015	-
В	\$	Mary Turner -Sec				1 st / 2016	Y
В		Bobby Hickey				1st/ 2016	Y
В	\$	Cindy Calvelo	_			1 st /2017	Y
В	\$	Drew Watkins				1 st / 2016	Y
В	\$	Evie O'Connell				1 st /2017	Y
В	\$	Gina Stiltner				1 st / 2016	Y
В		John Eberman	-			1 st / 2016	Y
В		Larry Stoess				1 st / 2015	Y
В	\$	Lloyd Hoagland	_			1 st /2017	Y
В	\$	Lynn Quire				1 st / 2016	Y
В	\$	Lisbeth Lanpher				1 st /2017	
В	\$	Mary Leffler				1 st /2017	
B	\$	Michael Weinert				1 st / 2016	Y
В	\$	Myrtle Dodson				1 st / 2016	Y
В	\$	Debra Harlan Richards				1st/2017	Y
В	\$	Suzanne Bernert		e 592 4062	9 9.00mm	1 st / 2015	Y
В	\$	Tommy Barnes					
	AND BE						Y
G	T	Aron Conaway					Y
G	S	Alice Garrett					
G	1 *	Brian McMahan					
G	_	Betty Villier					Y
G	+-	Beverly North					
0		Cindy Frazier					Y
G	\$	Neighborhood House					
G	\$	Chad Hartsfield					
G	Ψ.	Christopher Head					Y
G	-	Colleen Clines					Y
G		Dan Hund					
G	_	Dane McMahan					Y
G	\$	D M-Dala					Y
G		- 1 36					Y
G		Eder Crenshaw					
G		Emma Cummins					Y
G		Gill Holland					Y
G		D 1					
G		Hallie Jones					Y
G		1 . 0 .1					
G		Irene Helm (Sissy)					Y
G		Judy Schroeder	35-16-16-16-16-16-16-16-16-16-16-16-16-16-				
		Kathryn Aqua					
0		Kerrie Clifford					7
		Lisa Smith					1
		Lois Allen					1
(		Maggie Clines					
(		Maria McGary					
	3	Margaret Love					,
	3	1 01:00-1					
-	3	Michael Clifford     Michael Crenshaw					-
	G G	Mike Neagle	613 Creel A	ve, 40208			

G		Nathalie Andrews		Y
G		Osha Shireman		
G		Paul Jolly		
G		Persi Moore		
G	\$	Richard Meadows		Y
G		Scott Harris (V.P. Maupin Center)		Y
G		Sheila Barrett		
G		Steve Hickerson		
G		Tiffany Sayre		
			NEW MEN (DEDG AC OF 7.1.14	
	1 0	Poto Chomborlin	NEW MEMBERS AS OF 7-1-14	
	\$	Pete Chamberlin	NEW MEMBERS AS OF 7-1-14	
G G	\$	John Lastinger	NEW MEMBERS AS OF 7-1-14	
G G	\$ \$	John Lastinger Deloris White	NEW MEMBERS AS OF 7-1-14	
G G	\$ \$ \$	John Lastinger Deloris White Christina Clifford	NEW MEMBERS AS OF 7-1-14	
G G G	\$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris	NEW MEMBERS AS OF 7-1-14	Y
G G G G	\$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman	NEW MEMBERS AS OF 7-1-14	Y
G G G G G	\$ \$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman Cherise Williams	NEW MEMBERS AS OF 7-1-14	Y
G G G G	\$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman	NEW MEMBERS AS OF 7-1-14	
G G G G G	\$ \$ \$ \$ \$	John Lastinger Deloris White Christina Clifford Margaret Harris Valerie Hauman Cherise Williams	NEW MEMBERS AS OF 7-1-14	Y

Legend: G = General Member, B = Board Member, \$ = \$ 1.00 Annual Dues Paid (Year = July 2014 to June 2015), Y = Code of Conduct Signed

#### PORTLAND NOW, INC.

#### **General Information**

**Organization Number** 

0520521

Name

PORTLAND NOW, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

KCO - Kentucky Corporation

**Status** 

A - Active

Standing

G - Good

State

KY

File Date

8/7/2001

Organization Date

8/7/2001

Last Annual Report

6/16/2014

**Principal Office** 

C/O NEIGHBORHOOD HOUSE

201 N 25TH ST

LOUISVILLE, KY 40212

**Registered Agent** 

ATTN: PRESIDENT/TREASURER

C/O NEIGHBORHOOD HOUSE

201 N 25TH ST

LOUISVILLE, KY 40212

#### **Current Officers**

President

Becki Winchel

Vice President

**Gary Watrous** 

Secretary

Mary Turner

**Treasurer** 

**Gerald Cummins** 

Director

Dan Hund

Director

Lisbeth Lanpher

Director

Robert Hickey

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

Director

**IOHN BARROW** 

Director

JERRY BRINSON EVIE O'CONNELL

Director Director

ERIC RHODES

Director

HERB BROADRICK

Director

**GORDON BROWN** 

Director

**HAROLD DENNIS** 

Director

TERRY FULTINEER

Director

JOE GLIESSNER

Director

**WILLIAM LAFOLLETTE** 

Director

JUDY SCHROEDER

Director

DEBBY SENG

Director	LARRY STOESS
Director	STEVE TROUT
Director	NAILAH JUMOKE
Director	MOLLY LEONARD
Incorporator	JACK W STEINER JR

#### 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.

6/16/2014	1 page	<u>PDF</u>	
2/13/2013	1 page	<u>tiff</u>	<u>PDF</u>
5/8/2012	1 page	<u>tiff</u>	<u>PDF</u>
7/19/2011	1 page	<u>tiff</u>	<u>PDF</u>
10/2/2010 1:31:37 PM	1 page	<u>PDF</u>	
10/2/2010	1 page	<u>PDF</u>	
7/31/2009	1 page	tiff	<u>PDF</u>
7/31/2009	1 page	<u>tiff</u>	PDF
7/29/2009	1 page	<u>PDF</u>	
9/28/2008	1 page	<u>PDF</u>	
7/19/2007	1 page	PDF	
9/15/2006	2 pages	<u>tiff</u>	<u>PDF</u>
9/11/2006	1 page	tiff	<u>PDF</u>
9/11/2006	1 page	<u>tiff</u>	<b>PDF</b>
4/8/2005	1 page	<u>tiff</u>	<u>PDF</u>
12/3/2003	1 page	<u>tiff</u>	<u>PDF</u>
11/18/2003	1 page	<u>tiff</u>	<b>PDF</b>
5/9/2003	1 page	<u>tiff</u>	<u>PDF</u>
12/12/2002	1 page	<u>tiff</u>	<u>PDF</u>
9/26/2002	1 page	<u>tiff</u>	<u>PDF</u>
8/7/2001	10 pages	<u>tiff</u>	PDF
	2/13/2013 5/8/2012 7/19/2011 10/2/2010 1:31:37 PM 10/2/2010 7/31/2009 7/31/2009 7/29/2009 9/28/2008 7/19/2007 9/15/2006 9/11/2006 9/11/2006 4/8/2005 12/3/2003 11/18/2003 5/9/2003 12/12/2002 9/26/2002	2/13/2013	2/13/2013

#### **Assumed Names**

**Activity History** 

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/16/2014 8:24:31 PM	6/16/2014 8:24:31 PM	
Annual report	2/13/2013 3:34:08 PM	2/13/2013	
Annual report	5/8/2012 8:57:40 AM	5/8/2012	
Annual report	7/19/2011 8:22:59 AM	7/19/2011	
Registered agent address change	e 10/2/2010	10/2/2010	

J	12015	vveicome to rastil a	ick Organization Search
		1:31:37 PM	1:31:37 PM
	Annual report	10/2/2010 1:25:36 PM	10/2/2010 1:25:36 PM
	Principal office change	7/31/2009 11:59:03 AM	7/31/2009
	Registered agent address change	7/31/2009 11:57:36 AM	7/31/2009
	Annual report	7/29/2009 5:22:30 PM	7/29/2009 5:22:30 PM
	Annual report	9/28/2008 6:25:40 PM	9/28/2008 6:25:40 PM
	Annual report	7/19/2007 2:52:07 PM	7/19/2007 2:52:07 PM
	Registered agent address change	9/11/2006 8:20:12 AM	9/11/2006
	Annual report	9/11/2006 7:56:40 AM	9/11/2006
	Principal office change	3/17/2005 4:05:16 PM	3/17/2005
	Registered agent address change	11/18/2003 12:58:11 PM	11/18/2003
	Principal office change	10/1/2003 3:32:52 PM	10/1/2003
	Registered agent address change	5/9/2003 10:45:27 AM	5/9/2003
	Registered agent address change	9/26/2002 9:30:47 AM	9/26/2002
	Annual report	9/17/2002	9/17/2002
	Add	8/7/2001 10:43:25 AM	8/7/2001

#### **Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/30/2005	1 page
Annual Report	3/30/2005	1 page
Annual Report	6/16/2004	1 page
Annual Report	12/3/2003	1 page
Statement of Change	11/18/2003	1 page
Statement of Change	5/9/2003	1 page
Annual Report	12/12/2002	1 page
Statement of Change	9/26/2002	1 page
Articles of Incorporation	8/7/2001	10 pages