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

Applicant/Program: Schnitzelburg Area Com	munity Council
Executive Summary of Request:	
The Germantown Schnitzelburg Blues to consists of free blues music concerts attendees to cultural enrichment through bublic, people attend who otherwise m	Festival is a family friendly event open to the public. s on Friday, June 5 and Saturday, June 6. It exposes gh the musical arts. Because it is a free event to the lay not be able to afford a ticket to a blues concert.  a portion of the proceeds are donated to the
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	Yes No Yes No grantee(s)? No
within Metro Council guidelines and request a	evelopment Fund Application and have found it complete and approval of funding in the following amount(s). I have read the be furthered by the funds requested and I agree that the public he disclosure section below, if required.
District # Council Member Signature	$\frac{3.600}{\text{Amount}} \approx \frac{5.01}{\text{Date}}$
Primary Sponsor Disclosure List below any personal or business relationsh organization, its volunteers, its employees or relationsh	ip you, your family or your legislative assistant have with this nembers of its board of directors.
Approved by:	
Appropriations Committee Chairman	Date
Clerk's Office Only:	
Lequest Amount:	Committee Amount of Amount of
Request Amount:	Committee Amended Appropriation:

1|Page Effective February 2014 OFFICE OF METRO COUNCIL CLERK
REVIEWED

DATE \$/20/15 TIME 9:42



SECTION 1 APPLICANT INFORMATION						
Legal Name of Applicant Organization: SCHNITZELBURG AREA COMMUNITY COUNCIL						
(as listed on: http://www.sos.ky.gov/business/records)						
Main Office Street & Mailing Address: PO BOX 17306 LOUISVILLE, KY 40217						
Website: HTTP://WWW.NEIGHBROHOODLINK.COM/SCHNITZELBURG_AREA_COUNCIL_INC						
Applicant Contact:	MIKE N	ORRIS	ORRIS Title: PRESIDENT			
Phone:	637-49	00	0 Email: MIKE@MIKEMORRISLAW.COM			
Financial Contact:	SAME			Title:		
Phone:		Email:				
Organization's Repres	entative v	who att	ended NDF Trainin	g: KATHY LANG		
GEOG	RAPHICA	L AREA(	S) WHERE PROGRA	AM ACTIVITIES ARI	E (WILL BE) PROVIDED	
Program Facility Locat	tion(s):	SCHN	ITZELBURG			
Council District(s):		10		Zip Code(s):	40217	
	SECTA	JN 2 - F	PROGRAM REQUES	T & FINANCIAL IN	FORMATION	
PROGRAM/PROJECT I	NAME: GE	RMAN	TOWN/SCHNITZE	LBURG BLUES F	ESTIVAL	
Total Request: (\$)	3,000.0	0	Total Metro Aw	ard (this program)	in previous year: (\$) 0.00	
Purpose of Request (c	heck all t	hat appl	ly):			
			nnot exceed 33% o			
Programmin	g/service	s/events	for direct benefit	to community or q	ualified individuals	
Capital Proje	ect of the	organiza	ation (equipment, f	urnishing, building	, etc)	
The Following are Rec	quired Att	achmen	its:			
IRS Exempt Status De		n Letter		Signed lease if re	nt costs are being requested	
Current Year Projecte				IRS Form W9		
List of Board of Directors (include term & term limits  Evaluation forms if used in the proposed program						
Current financial stat		20.11		Annual audit (if required by organization)		
Most recent IRS Form Articles of Incorporat	1.5	2U-H		Faith Based Organization Certification Form, if required		
Cost estimates from		endor if	request is for	Staff_including th	e 3 highest paid staff	
capital expense						
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro						
Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional						
sheet if necessary.						
Source:	METRO (	COUNC	CIL .	Amount: (\$)	4,815.70	
Source.	Met- o ( ova w) Amount: (\$) 6,500,00 Mm					
Source: Amount: (\$)						
Has the applicant contacted the BBB Charity Review for participation? Yes No						
Has the applicant cont	acted the	BBB Ch	arity Review for pa	rticipation? Y	es 🔳 No	

Page 1 Effective April 2014





SECTION 3 – AGENCY DETAILS					
Describe Agency's Vision, Mission and Services:					
The vision of the neighborhood association is to unite property owners and residents for community action, serve as a forum for discussion of concerns to area residents, encourage civic improvements and promote community activities that are of educational or civic in nature. Through these activities we promote and preserve the intrinsic values that make our neighborhood unique.					



## SECTION 4 - PROGRAM/PROJECT NARRATIVE A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.): THE BLUES FESTIVAL WILL BE HELD JUNE 5 AND 6TH. IT IS A FAMILY FRIENDLY EVENT OPEN TO THE PUBLIC. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): SEE ATTACHED Sub Grantee is Kentrukiana Blues Society Mm



C: If this request is a fundraiser, please detail how the proceeds will be spent:  NO MONEY WILL GO TO THE SACC BUT A PORTION OF THE PROCEEDS ARE  DONATED TO THE SCHNITZELBURG SENIOR CENTER which they  Plan on Viing for program materials. My
<b>D:</b> 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:
<ul> <li>□ 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):</li> <li>✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> <li>✓ 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.</li> </ul>
<ul> <li>■ 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:         <ul> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.</li> </ul> </li> <li>The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.</li> </ul>



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: THIS IS A FAMILY FRIENDLY EVENT THAT IS OPEN TO THE PUBLIC BUT ALSO SERVES AS A SOURCE OF PRIDE AND FUN FOR AREA RESIDENTS. IT EXPOSES ATTENDEES TO CULTERAL ENRICHMENT THROUGH THE MUSICAL ARTS. SINCE IT IS A FREE EVENT TO THE PUBLIC, PEOPLE ATTEND WHO OTHERWISE MAY NOT BE ABLE TO AFFORD A TICKET TO A BLUES CONCERT.
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.  THE SACC WORKS WITH THE GERMAN-PARISTOWN NA., SHELBY PARK NA., AND ST. JOSEPH NA. ON VARIOUS PROJECTS AROUND OUR NEIGHBORHOODS.  THESE PARTNERS WILL HELP US PROMOTE THE EVENT AND THIER RESIDENTS WILL ENJOY ATTENDING.



#### 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	Calumn 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			•
I: Community Events & Festivals (Attach Detail List)	3,000.00	8,536.66	11,536.66
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	3,000.00	8,536.66	11,536.66
Sand Peoperant Hudget	35 %	65 %	100%

List funding sources for total	program/project cos	sts in Column 2.	Non-Metro Funds:



<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.



Donor*/Type of Contribution	Value of Contribution	Method of Valuation
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind) OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER IN PER WEEK		
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)  OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER N PER WEEK  Fiscal Year Start Date: JULY 1  our Agency anticipate a significant increase	R ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)  OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER IN PER WEEK  Fiscal Year Start Date: JULY 1  our Agency anticipate a significant increase projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)  OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER IN PER WEEK  Fiscal Year Start Date: JULY 1  our Agency anticipate a significant increase	R ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
(to match Program Budget Line Item. /olunteer Contribution & Other In Kind)  OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER I PER WEEK  Fiscal Year Start Date: JULY 1  our Agency anticipate a significant increase projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)  OR INFORMATION REFERS TO WHO MADI INDIVIDUALLY, BUT GROUPED TOGETHER IN PER WEEK  Fiscal Year Start Date: JULY 1  our Agency anticipate a significant increase projected for next fiscal year? NO	R ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS



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

#### Standard Certifications

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

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

# I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application. Signature of Legal Signatory: Date: Date: PRESIDENT Phone: 637-4900 Extension: Email: MIKE@MIKEMORRISLAW.COM

Page 8
Effective April 2014

Applicant's Initials



### **Event Permit**

Louisville / Jeiferson County Metro Government

#### DEPARTMENT OF CODES & REGULATIONS

License & Permits Division

444 S. 5th Street, Suite 200 - Louisville, KY 40202-4214 Phone: 502-574-3591 Fax 502-574-5245 Email: ipl@louisvilleky.gov

Effective Date: 06/05/2015 Expiration Date: 06/06/2015

Permit Number: 15EVE1155

Event Name: Germentown Schnitzelburg Blues Festival

Location: Germantown

Category:

Small (ROUTINE)

Applicant: JOHN MURROW

1101 E BURNETT AVE LOUISVILLE, KY 40217

Comments: 4PM - 12AM Hosted Hours

Reoccurring Event Small Festival

**Comments From Agency Reviews** 

	Kanada		
Administrator's Signature:		Date:	05/14/2015

This permit shall not be deemed and is not a property or vested right, and may be revoked or suspended pursuant to law. All requirements listed below must be followed in order for the permit to remain valid.

- 1. Event organizers must furnish and pay for all barricades and signage.
- 2. If requested, event organizers must furnish volunteers to assist with controlling access/entry/exit points as determined by LMPD.
- 3. All event organizers and participants must obey all State, Federal and Local laws and ordinances.
- 4. If private security or off duty law enforcement personnel is utilized for a permitted event, the overall plan must be approved by LMPD Special Events at least 14 days prior to the event.
- 5. If requested, event organizers will furnish a dedicated liaison to work with LMPD during the actual event itself.
- 6. All event organizers will be responsible for charges assisted through Metro Services of Special Events.

Issuance of this permit means the event producer understands their sole responsibility for ensuring the permitted event adheres to:



Friday, June 5

6:30...The Saints

8:30...Soul River Brown

10:30...Nick Harless Band

Saturday, June 6

6:30... Mark Stein & The Rib Tip Kings

8:30...100 Proof Blues Band

Tanita Gaines, Sue O'Neil, Sheryl Rouse 10:30 ... Louisville Blues Divas

and Laurie Jessup With da Mudcats

# REE ADMISSION

502/724-9971 or visit kbsblues.org 1101 E. Burnett Ave, Louisville, KY

Sponsored By



Water Branch Ball









#### Germantown Schnitzelburg Blues Festival 2015 Budget

Friday	
The Saints	360.00
Soul River Brown	500.00
Nick Harless Band	925.00
Saturday	
Mark Stein & the Rib Tip Kings	225.00
100 Proof Blues Band	480.00
Louisville Blues Divas with Laurie Jessup	1000.00
Sheryl Rouse, Sue O'Neil & Tanita Gaines	
Backed by the da Mudcats	
DJ	100
Tommy Kent ( Sound and Stage)	1600.00
Drum Kit Rental	100.00
Bass Rig Rental	100.00
Permits and License	
Liquor License	
City	266.66
State	90.00
Permit	40.00
Insurance (Liquor Liability)	800.00
Security	
2 officers per night	700.00
1 Overnight Security	100.00
Picnic Tables	450.00
Advertising	
WFPK (9 spots week of festival)	350.00
ITEX	2000.00
Voluforms (200 Posters)	150.00
T-Shirts (200)	1200.00
Total	11536.66

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

DEPARTMENT OF THE TREASURY

ID# 31536

Date

FEB 23 2007

SCHNITZELBURG AREA COMMUNITY COUNCIL 1343 HICKORY ST LOUISVILLE, KY 40217 Raployer Identification Number:

ŝ.

DLN:
307044022
Contact Person:
EDWARD 8 SCHLARCK
Contact Telephone Mumber:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
February 7, 1977
Contribution Deductibility:

Dear Applicant:

į

We are pleased to inform you that upon review of your application for texexempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Secause this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Please see enclosed Information for Organisations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organisation.

Sincerely,

Lois G. Lerner Director, Exempt Organizations

spis f. Herner

Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other
Than 501(c) (3)

Letter 948 (DO/CG)



#### Schnitzelburg Area Community Council

P. O. Box 17306

Louisville, KY 40217

sacc@insightbb.com

www.neighborhoodlink.com/Schnitzelburg Area Council

Schnitzelburg Area Community Council Constitution Article IV

OFFICERS. The Council shall have four principal officers, who shall be the President, Vice-President, Secretary, and Treasurer. These officers shall be elected by the Board of Directors from among the membership of the Board after the annual meeting, to hold office for one year or until their respective successors are elected and take office.

All officers:

Mike Morris - President

Susan Brunton - Vice President

Kathy Lang - Treasurer

David J. (Jake) Wildstrom - Secretary

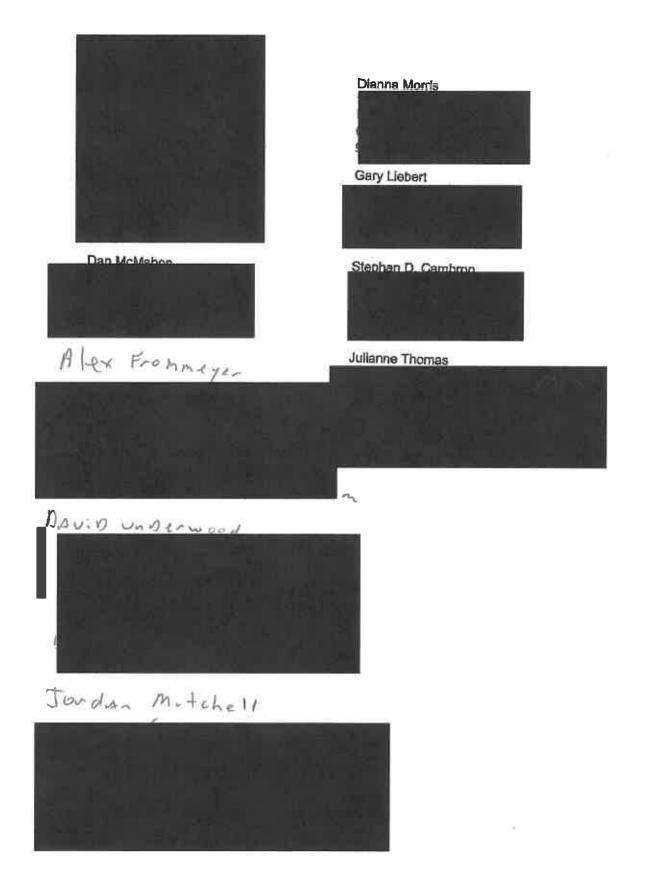
At Large Board Members:

Shane Smith

Paul Bobilit

Lisa Pisterman

Jennifer Chappell



Form 990-N
Department of the Treasury
Internal Revenue Service

Electronic Labtes (e-Postcard) for a Exempt Organ and as not Required To File Form no 1990as

OMB No. 1545-2085

2013

Open to Public Inspection

A For the 2013 calendar year, or to regarding 1/1/2013, an ending 131/2013.

B Check if applicable

Terminated Compressiness

Gross ace its are normally \$50,000

Ruine of organization: SCHNITZELBURG
AREA COMMUNITY COUNCIL
d/b/a;

D Employer Identification Number

En A/Casite:

Win Line Ighborhood I of mize burn Area Council-

P O Box 17308 Louisville, KY, US, 40217

F Name of Principal Officer: Kathy Lang

P O Box 17306 Louisyille, KY, US, 40217

P. sacy let and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Research laws of the United States. You are required to give us the Information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated everage times is 15 minutes.

Note: This image is provided for your records only. Do NOT mall this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

RESIDENT COM PRED AND RECORDED Property of the Spile Co. Property.

#### ARTICLES OF INCORPORATION

SECRETARY OF STATE

Community Council, Inc. Communication The undersigned, the majority of whom are citizens of the United States of America, desiring to form a non-profit corporation law of the Communecith of Mentacky, do hereby

#### ARTICLE I

The name of the corporation shall be The Schmitzelburg Ares Community Council, Inc.

#### ARTICLE II

Unless sconer torginated as provided by law, the Area Community Council shall have perpetual existence from the tipe the certificate of incorporation has been issued by the Secretary of the State of Kentucky.

#### ARTIGLS III

The objects and purposes of the Area Community Council shall be:

- E. To unite property owners, tenants, business people and others interested in the area.

  b. To encourage civic improvements and betterments
- in the area.
- c. To promote community activities and interests of an educational or civic nature.
- d. To encourage residential and business property upkeep in the area, and to cliningto vandaling and littering.
- \*\* To encourage better fire and police protection, traffic flow and traffic law enforcement in the area.
- f. To be noncerned with youth problems of the area, to encourage reasonable and adequate coming, and to encourage reasonable and adequate coming, and to encourage a spirit of friendliness and cooperative community spirit in the area and in relations with other groups in the Schnitzelburg area and throughout the Sity of lookevills.
- le To support any other activities which advance the campon good and renoral welfare of the community and its people unless these activities are excluded by INC Sec. 501 [0] (4) or INS regulation.

#### ARTICLE IF

- (4.1) .The said Area Community Council is organized evaluatively for the presention of social and civin volture as described in 180 Sec. 501 (c) (h). In view of that fact, no part of the net sample of the Council shall be distributable to its tembers, directors, officers, and other private persons as immers, the corporation shall be satherized and emperared to pay reasonable compensation for services rendered and to make payments and distributions in furtherwise of the purposes set forth in Article Three bareof.
- (0.2) No substantial part of the activities of the Area Community Council shall be the corrying on of propagation, or otherwise attempting to influence legislation, unless the social velfare and civic objective require legislation as per the regulations concerning IRC Sec. 501 (c) (4) or intervene is any political compaign on behalf of any candidate for public office.
- (4.3) Motel that and ing any other previation of these articles, the Area Community Council shell not carry on any other activities not permitted to be carried on by a corporation exampt from Faderal Income Tax under Sec. 501 (6) (4) of the Internal Revenue Under of 1954.
- (a,b) Open dissolution of the Area Community Council. the Read of directors shall after paying or making provision for the payment of all the limilities of the Area Community Council, dispose of all the masets of the Area Community Council enclusively for the perposes of the Area Community Council in such samer, or to such organization or organizations established and operated exclusively for social welfire or civic purposes as shall at the time qualify as exempt segmination or organizations under Sec. joi (c) (b) Internal Revenue Code of 1974 as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Council Pleas of the county in which the principal effice of the Corporation is then located, exclusively for such purposes, which are organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### AMPICIA I

- (5.1) The replacered office and place of business of the corporation shall be: william Keely, 686 Messack. Legistis, Jefferson County, Kontucky Unit.
- (5.2) The assu and address of its reviews agent for the merrics of precess that her william Recip, President, St. Housek, Louisville, Kentucky Cotty.

#### ARTICLE VI

#### ARTICLE VII

(7.1) The initial board of directors shall consist of : from the board,

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

President: William Resly, 819 Kenwick, Louisville, Ky., 40217

Vice-President: Gregory Sarjent, 942 Mulberry, Louisville, Ky., 40217

Secretary: James Peak, 1021 Wagner, Louisville, Ky., 40217

Treasurer: William Tinker, 1245 Milton, Louisville, Ky., 40217

names this \_\_\_\_\_day of \_\_\_\_\_\_\_. 1977.

Motor Experience .

William Keely Wom W. inder

Jama Peak

Boyan Wagnet

REGEIVED ::.; 1 7 2005

0078158.09

NACLE

Trey Grayeon Secretary of State Received and Filed 11/06/2005 11:22:11 AM Fee Receipt: \$8.00

ARTICLES OF AMENDMENT

OF

SCHNITZELBURG AREA COMMUNITY COUNCIL, INC.

ARTICLE XIII: Amendment

Section 1

Pursuant to a meeting of the members of this corporation held on Monday, September 26, 2005, of which a quorum was present at said meeting, the following amendment was received and unanimously adopted and accepted by the quorum present. The amendment adopted is set fortibelow:

Section 2: The original Articles of Incorporation for the Schnitzelburg Area Community Council, Inc., are hereby amended to reflect that Article 3, Section I, is hereby amended to read that:

To support any activities which advance the common good and general of the community and its people unless these activities are excluded by IRS Sec. 501(c)(3).

APPROVED AND SUBMITTED by William W. Tinker, Jr. Treasurer and Director for the Schnitzelburg Area Community Council, Inc.

William W. Tinker, Jr. Director

APPROVED: September 26, 2005

William W. Tinker, Sa.

## Commonwealth of Renforms

DREYELL R. DAVES Sorretory



FRANKECET. A DIVINE Y

#### CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

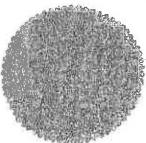
I. DREXBEL R. DAVIS, Secretary of State of the Commonwealth of Kentucky certify that there has been delibered to my affer articles of incorporation of JOHN RUMALINAPHURU VIDA CHAMBLELA CAMMCLE" EAG.

The mane and whiteen of the registered areas of this corporation is

are resulter

Language, Response, 40217

NOTE. THERESTANCE, finding that these certifies of incorporation conferm to law and thus all fore therefore haring been pold as preactibed by law. I. BREXELL R. DATE, Recentury of Made, lower this Certificate of Incorporation.



CHARTAIN OF MAYE

Panaspul albin 19(4)

19 77

MEANS ON MANUFACTURE

ACCEPTANT SECULTARY OF STAND



#### Trey Grayson

#### Sacretary of State

#### Cartificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

#### THE SCHNETZELBURG AREA COMMUNITY COUNCIL, INC.

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is October 7, 2004.

I further certify that THE SCHNITZELBURG AREA COMMUNITY COUNCIL, INC. is a corporation duly organized and existing under the laws of the Commonwealth of Kentiacky, whose dute of incorporation is February 7, 1977, and whose period of duration is perpetual.

IN WITNESS WHIREOF, I have hareunto set my hand and affined my Official Seal at Frankfort, Kentucky, this 7th day of October, 2004.

Trey Grayson Secretary of State Commonwealth of Kentucky

(Rev. December 2011) Department of the Treasury

#### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not od to the 1919

III Titzail I	LINABARINE SIBIA(CB		mera-minet Call	send to the IRS.
	Name (as shown or	Your Income tex return)		ACTUAL IO FIRST TUSY
	SCHNITZELBU	RG AREA COMMUNITY COLINCII INC		
ાં .	Business name/diam	garded entity name, if different from above		
page				
ᆵ	Check appropriate t	ox for federal tax classification:		
one on	individual/sole	——————————————————————————————————————	thanhip   Trust/estate	
Print or type soffic instructions	Limited liability	company. Enter the tex describedion (C=C corporation, S=8 corporat	tion, Pi–partnership) ►	Exempt payer
F 4	Other (see instr	≪ (anotton	ومن أقبأ القوافلية والمارية بالقال القال ا	
	P. O. Box 17306	set, and apt. or suite no.)	Requester's name and address	Continue B
W I	City, state, and ZiP o	Y		Jackson of Marie and American series
46.7	Louisville KY 40			
	List secount number(		i	
		) times fobrousing		
Perl	Towns			
	I axpays	r Identification Number (TIN)		
to avoid	i backup withholes	priete box. The TIN provided must match the name given on g. For individuals, this is your explain.	the "Name" line   Social security number	,
resideni	t Allen, sole mondo	to your social pacurity number (89N).	Owever for a	
prittiee,	It is your employe	or, or uterganged entity, see the Part I instructions on page is identification number (SIN). If you do not have a number, see	3. For other	
hanaper	to enter	ore than one name, see the chart on page 4 for guidelines on	) whose	
•				
Part I	Coulding			
		ion		
The a	enalties of perjury,	certify that:		
D. LINST	LITTEDER STOWN ON L	is form is my correct texpayer identification number (or i am	Walling for a number to be found to	
<ol><li>I am r</li></ol>	ant published to be sta-	to avolute a men	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	何われ

- 2. I am not subject to backup withholding because: (a) I am exampt 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
- I am a U.S. citizen or other U.S. person (defined below).

Certification frustructions. 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 falled 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 enterest and dividends. According to the contributions of the contr generally, payments other than interest and dividends, you are not required to sign the partification, but you must provide your correct TIN. See the

Sign Here

Signature of U.S. person ▶

#### General Instructions

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

#### Purpose of Form

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

Use Form W-9 only if you are a U.S. person (including a resident allen), 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 leaued).
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt a. Chairi examption from below partitioning in you are a c.o. example payes. If applicable, you are also certifying that as a U.S. person, your also able 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 it it is substantially similar to this Form W-9.

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

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

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

#### Expenses for Community Outreach/Operations

Newsletters:  Printing Costs Design & Layout Volunteer Hours to Edit, Distribute 216 Lucite Holders 4 pe  /Magnetic Calendars /Stickers	x 10.00/hour r year at \$15.00 each	\$ 775.00 \$ 750.00 \$ 750.00 \$ 2,160.00 \$ 60.00 \$ 152.00 \$ 200.00
Welcome Wagon Bags:		
Bags & Materials		f 100.00
Volunteer hours to fill and distribute bags	30 x 10.00/hour	\$ 100.00 \$ 300.00
√Misc Printing Expenses for Event Fliers		\$ 50.00
Volunteer hours to distribute fliers	10 x 10.00/hour	\$ 100.00
		Ψ 100.00
Meetings Re~ → 480 Soft Drinks & Snacks, Door Prizes Volunteer hours	432 x 10.00/hour	\$ 500.00 \$4,320.00
Memberships in Other Organizations		
Dues for: Airport Alliance Center for Neighborhoods		\$ 50.00 \$ 24.00
/ Advertising		
Sponsoring Prize at Ky State Fair		0 50.00
Sponsoring Horse and Race at AmVets Fu	ndraiser	\$ 50.00 \$ 50.00
Table and the state of the stat	ucu susci	\$ 50.00
Office Expenses		
Sec of State Renewal		\$ 15.00
P. O. Box		\$ 86.00
Stamps		\$ 46.00
Paper, Envelopes, etc.		\$ 50.00
INCOMING FUNDS		
Memberships		inted
Business	50 x \$20.00	\$1,000.00
Family	50 x \$20.00 fee 3pg 50 x \$10.00	\$ 500.00
#1 Dinner Ticket Sales	•	_
#1 Dinner Licket Bales #1 Dinner Program Ads		\$1,200.00
in Anne Lostantas		\$ 500.00
Yard Sale Booth Rental	25 x \$10.00	\$ 250.00

funding Sources:

i) # 1 Dinner (2013) - 2,018.00

W Membership Ques (13-14 Fiscal) - 1,480 00

3) YARD SAle - 250.00

4) Golf Scranble - 5055 (estimated)

```
# 2 expenses (Lom receipts)

1 1495.37

2 50.00

3 111.11

4) 100.000
```

Incoming Funds for #1 Dinner	Ads Door Prize Raffle 50/50 Dinners	320.00 187.00 101.00 1410.00
TOTAL IN		2018.00

Donated Space:

- CHristmas tree Decorating / Light up Schnitzellung

- Dog WAIK 100.00

- YARD SAle 200.00

- DAMY 200.00

- PortLook

- Easter Egg Hunt - 100.00

- History WAILS - 160.00

- Meetings (BOA-U) - 880.00

Total - 1,740.00

	E ppene	Donated Time	Total
News letters	1,695.40	2,160	3855.60
Meetings	9 80.00	4,320	5300,00
Welcome Wagon	100,00	300	4 00 0
Outreach (calendar	1)		
(Advertising, memaush Office	•	100 ==	6 26.00
(Sec. of state, Po Box, s	stamps,		
Paper, Printing)		200	447
	4	9690	

2000	O C S	\$2,630.00	360	>88	
\$1.300.00	50 	\$2,500.00	00 2 00 2	\$2,00,00	
\$19000 \$19000 \$19000	\$100.00	\$200.00 \$200.00 \$30.00	\$50.00 \$50.00 \$60.00	\$2,000.95 \$2,000,00 \$2,590.00	750
15 get mevil, equip, set up 10 set up, per down 6 weed, rhw, blow	10 Organize 6 weed, mow, blow	20 get prizas, 20 sell ads, order food, ber 3 weed, irlow, blow	5 Obtain trae, decorate 5 Decorata 6 weed, mow, blow	200 Plant, Siop, Water 200 plant, loged 258 weed mon, blow	
Jenner Chappell Cthes Mike/Mortis	Judie Greinar Mika Morija	Gerry Allen Othhers Milke Morriss	Julieanne Thomas Others Mite Monts	Street Brutan Others Mike Morris	
Jernifer Chappell	Judie Grainer	Gary Allen	Juleanne Thomas	Susah Bruman	
Movie Night	Dog Walk	#1 Dinner	Christmas Tree Decorating	GoGraphsGermantolom	Estimeted Totals

Move Night

Event History Welks (2 per Year) Eester Egg Hunt	Organizaer Steve Carribron Olemna Morrie	Volunteers Steve Cambron Lisa Pistermen Mike Morris	Description of Time 12 12 17 Weeding, cleaning route	Hours x \$10,00/hr c \$120,00 \$120,00 \$110,00	Costs Total	Total to Budget  U. ( )  Edition
		Daine works Susan Brunton Others Mike Morris	12 10 10 8 treet pick up	\$120,00 \$100,00 \$100,00	3 c O	o & oi
W)	Susen Brunton	Susan Brunton Dienna Morris Others Wike Morris	12 4 6 6 tresh pick up	\$120.00 \$40.00 \$80.00 \$80.00	\$200.00	\$480.00
ĽQ.	Suean Bruntan	Susan Brunton Others Mike Morris	10 set up 10 tear down 3 fresh pick up	\$100.00 \$100.00 \$30.00	\$200.00	\$430.00
Ø	Gary Allen/Mike Moms	Gery Allen Mike Morris Mike Morris	20 Bet Up, emose, merage 5 line judge 9 weed, mow, blow	\$200.00 \$50.00 \$60.00	0000001	340
8	Dialina Monts	Dismine Montis Others Mike/Montis	12 10 6 tyski þlek up	\$ 2000 \$1000 \$6000	\$15	00X
46	Sueen Brunton	Susan Brunton Others Mike Morris	12 sail spofs, direct vandors 10 man bockt, 6 weed, mow, blow	\$120.00 \$100.00 \$80.00	\$50.00	\$330.00

9 6 C

#### THE SCHNITZELBURG AREA COMMUNITY COUNCIL, INC.

#### **General Information**

**Organization Number** 0078158

Name THE SCHNITZELBURG AREA COMMUNITY COUNCIL, INC.

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

**Company Type** KCO - Kentucky Corporation

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

State KY

**File Date** 2/7/1977 **Organization Date** 2/7/1977 **Last Annual Report** 3/18/2014 **Principal Office** 

P. O. BOX 17306

**LOUISVILLE, KY 40217** 

Registered Agent KATHY LANG

> 1033 LYDIA STREET LOUISVILLE, KY 40217

#### **Current Officers**

**President** MIKE MORRIS Vice President **SUSAN BRUNTON** Secretary **JAKE WILDSTROM** Treasurer KATHY LANG Director **MIKE MORRIS** Director **SUSAN BRUNTON** Director **KATHY LANG Director JAKE WILDSTROM** 

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

Director WILLIAM KEELY **Director GREGORY SARIENT** 

**Director JAMES PEAK** 

Director WILLIAM TINKER Incorporator WILLIAM KEELY **Incorporator JAMES PEAK** 

Incorporator WILLIAM TINKER Incorporator **GREGORY SARJENT** 

#### 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** 

3/18/2014

1 page

**PDF** 

	vveicome to rastirack Organizatio	on Search		
Registered Agent name/address change	3/18/2013 1:57:09 PM	l 1 page	PDF	
Annual Report	3/18/2013	1 page	<u>PDF</u>	
Principal Office Address Change	3/4/2013 10:48:55 AM	l 1 page	PDF	
Annual Report	2/24/2012	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/7/2011	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/13/2010	1 page	<u>tiff</u>	<u>PDF</u>
Principal Office Address Change	9/1/2009	1 page	<u>tiff</u>	PDF
Registered Agent name/address change	9/1/2009	1 page	<u>tiff</u>	PDF
Annual Report	8/17/2009	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/14/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/26/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/27/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	11/9/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/18/2005	1 page	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	11/2/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	9/1/1989	1 page	tiff	<u>PDF</u>
Sixty Day Notice	9/1/1989	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1988	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	10/3/1978	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	6/28/1978	3 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	2/7/1977	5 pages	<u>tiff</u>	<u>PDF</u>

#### **Assumed Names**

#### **Activity History**

•			
Filing	File Date	Effective Date	Org. Referenced
Annual report	3/18/2014 1:13:25 PM	3/18/2014 1:13:25 PM	
Annual report	3/18/2013 2:05:27 PM	3/18/2013 2:05:27 PM	
Registered agent address change	3/18/2013 1:57:09 PM	3/18/2013 1:57:09 PM	
Principal office change	3/4/2013 10:48:55 AM	3/4/2013 10:48:55 AM	
Annual report	2/24/2012 10:03:14 AM	2/24/2012	
Annual report	4/7/2011 3:22:58 PM	4/7/2011	
Annual report	4/13/2010 10:12:17 AM	4/13/2010	
Registered agent address change	9/1/2009 1:53:30 PM	9/1/2009	

Principal office change	9/1/2009 1:52:22 PM	9/1/2009
Annual report	8/17/2009 12:13:28 PM	8/17/2009
Annual report	4/14/2008 10:17:26 AM	4/14/2008
Annual report	2/26/2007 10:02:15 AM	2/26/2007
Annual report	3/27/2006 2:57:16 PM	3/27/2006
Amendment - Change purpose	11/9/2005 11:22:11 AM	11/9/2005
Registered agent address change	10/7/2004 10:03:51 AM	10/7/2004
Principal office change	10/7/2004 10:03:22 AM	10/7/2004
Reinstatement	10/7/2004 10:01:53 AM	10/7/2004
Admin Dis. A. report not in	11/2/1993	11/2/1993

#### **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.

Statement of Change	10/7/2004	1 page
Reinstatement	10/7/2004	3 pages
Annual Report	3/7/2004	1 page
Administrative Dissolution	11/2/1993	1 page
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	2 pages
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Annual Report	7/1/1988	1 page
Statement of Change	10/3/1978	1 page
Annual Report	6/28/1978	3 pages
Articles of Incorporation	2/7/1977	4 pages

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Schnitzelburg Area Community Council	
Program Name: Germantown/Schnitzelburg Blues Festival Request Amount: 3,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	n/a
Good Standing: Is the entity in good standing with:  • Kentucky Secretary of State – include Secretary of State website information on organization  • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports  • Internal Revenue Service – most recent Form 990 included	Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
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)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	n/a
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization's current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	n/a
Board Members: Is the entity's board member list (with term length/term limits) included?	
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	n/a
Annual Audit: Is the most recent annual audit (if required by organization) included?	n/a
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by: Date: 5/02/15	