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

| Applicant/Program: Schnitzelburg Area Comm | nunity Council |
|--|---|
| Executive Summary of Request: | |
| association. Go Green Germantown w | ood beautification and environmentally conscience ill utilize funds for tree planting and care and the aborhood. By doing so they increase the tree canopy |
| Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub- | Yes No Yes No Yes No Yes No |
| within Metro Council guidelines and request a | evelopment Fund Application and have found it complete and pproval of funding in the following amount(s). I have read the se furthered by the funds requested and I agree that the public ne disclosure section below, if required. |
| District # Council Member Signature | $\frac{$1,000}{Amount}$ $\frac{5}{21}$ |
| Primary Sponsor Disclosure List below any personal or business relationshi organization, its volunteers, its employees or m | 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: | |
| Request Amount: | Committee Amended Appropriation: |
| Original Appropriation: | Council Amended Appropriation: |
| 1 Page Effective February 2014 | OFFICE OF METRO COUNCIL CI FEE |



| | SECTION 1 - APPLI | CANT INFORMATION | ø | | |
|--|--|---|-------------------------------|--|--|
| Legal Name of Applica | Calali | allows Acea | Community Council | | |
| (as listed on: http://www.so | | | | | |
| Main Office Street & N | | | ille, KY 40217 | | |
| | eighborhoolink.com/so | | | | |
| Applicant Contact: | Susa Brunton | Title: | Vice President | | |
| Phone: | 759-7132 | Email: | 10subru10@gmail.com | | |
| Financial Contact: | Same | Title: | | | |
| Phone: | | Email: | | | |
| Organization's Represe | entative who attended NDF Train | ning: Kathy Lan | 9 | | |
| GEOGI | RAPHICAL AREA(S) WHERE PROG | | VILL BE) PROVIDED | | |
| Program Facility Locati | ion(s): Schitzelburg | | | | |
| Council District(s): | 10 | Zip Code(s): | 40217 | | |
| | SECTION 2 - PROGRAM REQU | est & financial infor | RMATION | | |
| PROGRAM/PROJECT N | AME: Gobreen German | town | | | |
| Total Request: (\$) | 1,000 Total Metro A | ward (this program) in p | previous year: (\$) 1,000 | | |
| Purpose of Request (ch | neck all that apply): | | F | | |
| Operating Fu | nds (generally cannot exceed 339 | 6 of agency's total opera | ting budget) | | |
| Programming | s/services/events for direct benef | it to communit <mark>y or q</mark> uali | fied individuals | | |
| Capital Project | ct of the organization (equipment | , furnishing, building, et | с) | | |
| The Following are Requ | uired Attachments: | | | | |
| ☐ IRS Exempt Status Determination Letter ☐ Signed lease if rent costs are being requested | | | | | |
| Current Year Projected | | ☐ IRS Form W9 | | | |
| | ors (include term & term limits | Evaluation forms if us | sed in the proposed program | | |
| Current financial state | red by organization) | | | | |
| Most recent IRS Form 990 or 1120-H Faith Based Organization Certification Form, if required Articles of Incorporation | | | | | |
| Cost estimates from proposed vendor if request is for | | | | | |
| 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. | n Metro Council Appropriation (N | ieiBupomood peaelobiii | ent Funds). Attach additional | | |
| Source: | A Property of the second secon | Amount: (\$) | V- CO | | |
| Source: | nets barront (sta) | Amount: (\$) | 815 70 95 | | |
| Source: | 1 Am box mant (Ties lot) | | ,500,00 SAS | | |
| | | | | | |
| I Iga the applicant conte | acted the BBB Charity Review for | participation? Yes | No | | |



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Gobreen Germentown is a tree pleating / beautification movement started in 2010 with 3 major goals. I to increase the number of trees, shrubs and other greenery in the schnitzelburg neighborhood. 2. To encourage recycling and reduce littering 3. To make the Eastern Redbud (a native species) the signature tree of schnitzelburg with the Soal of an eventual Redbud festival.

This is a dieved by effering to plant a Redbod tree in the yord or easement of schitzelburg residents as they request, in addition to approaching neighbors with a good location for a tree. Businesses and individuals with the space for a larger species are offered that as well. We have also enhanced key entance ways with beautification, organized litter chan ups and used our facebook page to share environmental tips and advice on tree care. Our very first planting was observed by an arborist, as was one of our other plantings. Proper tree planting technique is talken seriously, as is making some the location is right for the tree when it is fully grown.





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.):

666 reen bemontown has a spring and fell planting scasar but year round maintenance and drie bys to check the health and care of our plantings is conducted on a regular basis. The lack of trees in our neighborhood is a problem both aesthetically and environmentally and neighbors are told about economic benefits (reduction in LOGE costs) as well as in are osed property values and noise reduction. We will continue to target areas that all lacking in trees and Greenery.

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

Funds will be spent on Rubbid trees and other species as well as mulch and the occassional tools such as tree stakes or promers as needed. All receipts are Kept and reported to the SACC weasurer. Funds will be used for flowers and upkeep to planters purchased in past years, and additional planters



| C: If this request is a fundraiser, please detail how the proceeds will be spent: |
|--|
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| 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 involces or proof of payment): |
| ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. |
| Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application. |
| |
| |
| |
| The 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. |
| |
| |
| |





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:

Benefits of frees indule a calming effect, reduction of storm run off, reduction in cooling costs, increased property values and with having a "signature tree", a sense of neighborhood pride. Because all of it rees we have planted one in oak neighborhood, we are close by to monitor their progress and growth. A mester arborist in our neishborhood has been happy to consult when one of oar plantings was danaged by a storm. We will try to include this day when ever possible.

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.

A few trees have been planted close to our border in the bernentow neighborhood. Several Germantown residents have volunteered with our tree plantings and clean ups. Love housuille Trees, a non-profit, asked me to help find homes for some lettouer trees and also sent me the names of people asking for Adbuds.



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 | Column | Column |
|--|----------------------|------------------------|---------------------------|
| Program/Project Expenses | Proposed Metro Funds | Non- Metro FURSS | (1+2)=3 Total Funds |
| A: Personnel Costs Including Benefits | 0 | | |
| B: Rent/Utilities | 0 | | 1 |
| C: Office Supplies | ð | | |
| Di Telephone | 0 | | |
| E: In-town Travel | 0 | | |
| F: Client Assistance (Attach Detailed List) | 0 | | |
| G: Professional Service Contracts | 0 | | |
| H: Program Materials | \$1,000 | | |
| I: Community Events & Festivals (Attach Detail List) | 0 | | |
| J: Small Equipment | 0 | | |
| K: Capital Equipment | 0 | | |
| L: Other Expenses (Attach Detail List) | 0 | | |
| *TOTAL PROGRAM/PROJECT FUNDS | \$1,000 | | |
| % of Program Bindget | 100 % | % | 100% |

| List funding sources for total | I program/project cos | ts in Column 2 | , Non-Metro Fun | ds: |
|--------------------------------|-----------------------|----------------|-----------------|-----|
|--------------------------------|-----------------------|----------------|-----------------|-----|

| Other State, Federal or Local Government | | | |
|---|-------------------|----------|--|
| United Way | | | |
| Private Contributions (do not include individual de | onor names) | | |
| Fees Collected from Program Participants | | | |
| Other (please specify) | | | |
| Total Revenue fo | ir Columns 2. Exp | enses ** | |

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

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



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 |
|--|-----------------------|-----------------------------------|
| Volunteer time 3 6 hrs perweek | \$ 3666.00 | # 19,50/hr per Irs quide lines |
| trasport/gestine | \$ 65.00 | 500/mile |
| watering/storage | \$1507.00 | 19.50/hr |
| Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | 54238,00 | |

* 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

| ncy Fiscal Year Start Date: | |
|---|-----------|
| es your Agency anticipate a significant increase or decrease in your budget from the current fiscal year projected for next fiscal year? NO Z YES | ar to the |
| ES, please explain: | |
| | |
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| | 3 |



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.
- 2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue
 Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- 6. 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
 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 expanditures 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.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 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.

Signature of Legal Signatory: Seen but Date: 4 30 2015

Legal Signatory: (please print): Susci Birnton Title: 514cc vice pres.

Phone: 759-7132 Extension: Email: 1050 bry 1060 gravil. com

Applicant's Initials

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

DEPARTMENT OF THE TREASURY

ID# 31536

Date

FEB 23 2007

SCHWITZELBURG AREA COMMUNITY COUNCIL 1343 BICKORY ST LOUISVILLE, KY 40217 Employer Identification Number:

DIN:
307044022
Contact Person:
EDWARD & SCHLARCK
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
February 7, 1977
Contribution Deductibility:
No

Dear Applicant:

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

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

Sincerely,

tale di sa

Lois G. Lerner Director, Exampt Organizations Rulings and Agreements

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

Letter 948 (DO/CG)



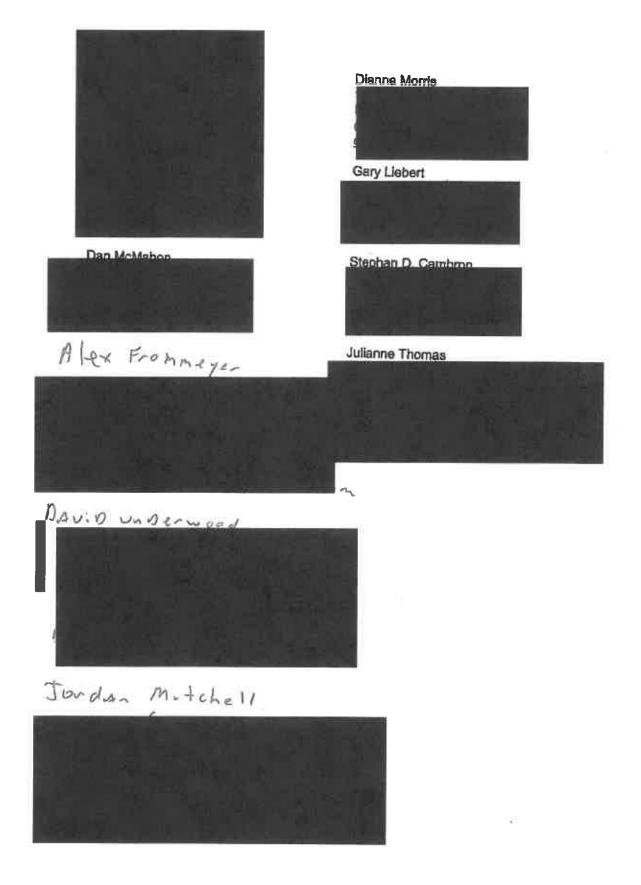
Schnitzelburg Area Community Council P. O. Box 17306 Louisville, KY 40217 sacc@insightbb.com www.neighborhoodlink.com/Schnitzelburg Area Council

Schnitzeiburg 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 & Board members are on one year term. Officers: Mike Morris - President Susan Brunton -Vice President David J. (Jake) Wildstrom - Secretary Kathy Lang - Treasurer At Large Board Members:

| Shane Smith | Paul Boblitt |
|----------------|-------------------|
| Lisa Pisterman | |
| | Jennifer Chappell |
| | |



Form 990-N

Department of the Treasury Internal Revenue Service

Electron Lottee (e-Posteard) for Exempt Organism in Tot Required To File Form 190 (190)

OMB No. 1545-2085

2013

Open to Public Inspection

A For the 2013 calendar year, or to year beginning 1/1/2013, an anding 3//2013.

- B Check if applicable
 - Terminater Stephensiness
- Gross accepte to normally \$50,000

Rame of organization: SCHNITZELBURG AREA COMMUNITY COUNCIL d/b/a:

D Employer Identification Number

Ale site

with an elighborhood is an interiburn Area Council-

P O Box 17305 Louisville, KY, US, 40217

mitzeiburnAreaCouncil- F Name of Principal Officer: Kathy Leng

P O Box 17306 Louisville, KY, US, 40217

Paracy set and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the internal name 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 8104.

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

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

SHAREST COSA PRINCIPA CHA GRAPP Section of the Committee of the Committe

ARTICLES OF INCORPORATION

SECRETARY OF STATE Commit summit exeleure area community council, inc. Communication

The undersigned, the majority of whom are eitisens of the United States of America, destring to form a non-profit corporation law of the Communecalth of Rentacky, do hereby

ARTICLE I

The mame of the corporation shall be The Schmitzelburg Area Community Council, Inc.

ARTICLE 11

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

ARTICLE III

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

- a. To unite property owners, tenants, business people and others interested in the area.
- h. 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 businesse property upleap in the area, and to climinate wandaling and littering.
- ** To encourage better fire and police protection, traffic flow and traffic law enforcement in the great.
- fraffic flow and traffic its enforcement in the area.

 f. To be conserved with youth problems of the area.

 fo to encourage reasonable and adequate coming, and

 to encourage a spirit of friendlineas and cooperative

 community spirit in the area and in relations with

 the City of Louisville.

 i. To support any attack activities which
- is To support any other activities which advance the common guad and reneral melfore of the community and its people unless three activities are emcluded by INC Sec. 501 (c) (4) or IRS regulation.

ALTERICIES IN

中

- (4.1) The said Area Community Council is organized exclusively for the premation of social and sivin voltare as described in 180 Sec. 901 (c) (A). In view of that fact, no part of the not carnings of the Council shall be distributable to its sameers, directors, efficiers, and other private persons as immens, however, the corporation shall be sutherized and exponent to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Three beaut.
- (6.2) No substantial part of the activities of the Area Community Council shall be the carrying on of propagance, or otherwise attempting to inflatore legislation, unless the social welfare and civic objective require legislation as per the regulations concorning IRC Sec. 501 (c) (4) or intervene is any political compalyn on behalf of any candidate for public office.
- (A.3) Notwithstanding any other provision of those articles, the Arma Community Council shell not carry on any other activities not permitted to be carried on by a corporation except from Federal Income Tax under Sec. 501.(c) (4) of the Internal Revenue Code of 1954.
- (b,b) Open dissolution of the Area Community Council. the Board of directors shall, after paying or making provision for the payment of all the limitities of the Area Community Council, dispose of all the meants of the Area Community Council, dispose of all the perposes of the Area Community Council antimively for the perposes of the Area Community Council in such matter, or to such organization or organizations established and operated exclusively for social welfare or civic purposes as shall at the time qualify as exempt organization or organizations under Sec. 501 (c) (b) Internal Revenue Code of 1914 as the Board of Directors shall determine, any such assets not so disposed of Bhall be disposed of by the Court of Council Pleas of the county in which the principal office of the Cosporation is then leasted, exclusively for such purposes, which are organizations, as said Court shall determine, which are organizations, as said Court shall determine, which are organizations and operated exclusively for such purposes.

ARTICLE P

- (5.1) The replacered office and place of business of the corporation whall be: William Reels, 600 Messions Louisville, Jefferson County, Kontucky horif.
- (5.2) The case and address of its resident agent for the service of process that her william Recap, President, Ste Mossiek, Louisville, Kentucky 60217.

ARTICLE VI

The officers, directors, or members of the Area Gommunity Convoll shall not be personally liable for payment of debte, liabilities, or obligations of the Council to any extent Whatsoever.

ARTICLE VII

(7.1) The initial board of directors chall consist of thirteen members on the beard and four officers selected

(7.2) The following individuals will serve in the capsaity of officers until the selection of their successors: Prosident: William Resly, 819 Kenwick, Louisville, Ky., 40217 Vice-President: Gregory Sarjent, 942 Mulberry, Louisville, Ey., 40217 Secretary: James Peak, 1021 Wagner, Louisville, Ky., 40217 Treasurer: William Tinker, 1245 Milton, Louisville, Ky., 40217

. names this _____day of _______ 1977.

Notary France

William Keely Low W. inder Jam Puh Hogo Hogos

RECEIVED SON I 2 2005

0078158.09

Trey Gragaco Scaretary of State Received and Med 11/09/2005 11:32-11 AM Fee Receipt: \$8.00

AMENDMENT ARTICLES 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 forth below:

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 Roundle, Inc.

William W. Tinkei

Director

APPROVED: September 26, 2005

COUNTRY OF STATE

DREXELL R. DAVIS



BRANK FORT.

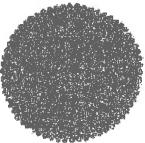
CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROPER CORPORATION

I. DREXELL R. DAVIN, Surnatury of State of the Commonwealth of Kantacky certify that there has been delibered to my affect articles of incorporation of the acquirestance and completely exempts, 1942.

The mone and utilizes of the registered agent of this corporation is

THE STATE OF THE S

NOW. THERESIME, finding that these articles of incorporation confuses to law and thus all fore therefore backup been paid as prescribed by last. I. DREXELL M. DAFTS, hereatery of Soute, ioner this Certificate of Incorporation.



SECRETARY OF STATES

Immediation 7(3) day of presignates

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of Frankfurt Knownty.

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VOLUMENTAL WEIGHT WHA CLA STURE



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentacky, 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 data 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 Kentiscky, whose date of incorporation is Rebruary 7, 1977, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have became 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

| DISTRIBUTE. | II LESABLEMB SUBLAICO | | TOPLION | send to the IRS. |
|--|--|--|--|-----------------------|
| | Name (as shown of | 1 your Income tex return) | | agin to the 142' |
| | SCHNITZELBU | RG AREA COMMUNITY COUNCILING. | | |
| of | Business name/dis | regarded entity name, if different from shove | | |
| e God | | | | |
| 2 | Check appropriate | box for facional text olsestification; | | |
| | individual/sole | | | |
| Print or type Specific instructions | _ | — | | |
| 무를 | Limited flability | y company. Enter the tex classification (C=C corporation, S=S corporation, P=partner | _LL_1 b. | ☑ Exempt payee |
| 불물 | | | eub) > | PELI =Xempt payee |
| 주일! | Other (see inst | ruotions) > | | ſ |
| 뒇 | | rest, and ept. or suite no.) | Requester's name and address (| |
| - 6 | P. O. Box 17306 City, state, and ZiP of | | . conferences à LEGILLE SAIS MICHAEL É | optional) |
| 8 | | | | |
| L | Louisville KY 40 | | | |
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| o avok | backup withhold | opriate box. The TiN provided must match the name given on the "Name" ng. For Individuate, this is your sooial security number (SSN). However, for stor, or disrepanded entity see the Port life to the control of the c | line Social security rumber | |
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| umber | to enter. | nore than one name, see the chart on page 4 for guidalines on whose | | |
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| Part'l | Certifica | tion | | |
| nder p | enalties of perjury. | Certify that | | |
| . The r | umbershown on t | his form is my correct taxpayer identification number (or I am waiting for a | | |
| l am . | not subject to back | CUD withholding because to Less and a compart of an waiting for a | number to be fasued to me), : | and |
| Servi | ce (IRS) that I am a | up withholding because: (a) I am exempt from backup withholding, or (b) I ubject to backup withholding as a result of a failure to report all integer or | have not been notified by the | Internal Revenue |
| | -B-1 Amploor to Ddr | with amorninizing, and | dividends, or (c) the IRS has I | notified me that I am |
| l am a | t U.S. citizan or off | Or II S moreon McGreet hateurs | | |

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to beckup 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 partification, but you must provide your correct TIN. See the Sign

Signature of U.S. person in

Date >

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Purpose of Form

A person who is required to file an information return with the IRS must A person who is required to me an information return with the river 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 sourced property, cancellation of debt, or contributions you made to an IRA.

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

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

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

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

- An individual who is a U.S. citizen or U.S. resident allen,
- 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 pertner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a pertnership 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 2 Lucite Holders /Magnetic Calendars | 16 x 10.00/hour per year at \$15.00 each | \$ \$25.60 \$ 775.00 \$ 750.00 \$2,160.00 \$ 60.00 |
|---|---|--|
| 'Stickers | | \$ 152.00 \$ 200.00 |
| Welcome Wagon Bags: Bags & Materials Volunteer hours to fill and distribute ba | egs 30 x 10.00/hour | \$ 100.00 \$ 300.00 |
| ✓Misc Printing Expenses for Event Fliers Volunteer hours to distribute fliers | 10 x 10.00/hour | \$ 50.00 \$ 100.00 |
| Meetings Rear - 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 Sponsoring Horse and Race at AmVets 1 | Fundraiser | \$ 50.00 \$ 50.00 |
| Office Expenses Sec of State Renewal P. O. Box Stamps Paper, Envelopes, etc. | | \$ 15.00 \$ 86.00 \$ 46.00 \$ 50.00 |
| INCOMING FUNDS Memberships Business Family | 50 x \$20.00 5-ce 3/2 | \$1,000.00 \$1,000.00 \$500.00 |
| #1 Dinner Ticket Sales #1 Dinner Program Ads | | \$1,200,00 \$ 500.00 |
| Yard Sale Booth Rental | 25 x \$10.00 | \$ 250.00 |

Funding Sources;

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

if Membership Ques (13-14 Fixed) - 1,480,00

3) YARD SAle - 250.00

4) Golf Scranble - 5055 (estimated)

```
# 2 expenses (Som receipeds)

1 1499.37

250.00

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 |

ing.

Donated Space. - CHristmas tree Decorating / Light up Schnitzellang - Dog WAIK 100,00 - JAND SAle 200 DAMY Enster Egg Hunt - 100 - History Walles - 160.00 - meetings (Board) - 880.00 total - 1,740,00

Eppene Donated Time Total 920.00 4,320 News letters 3855.60 Meetings 4,320 5300,00 4 00 0 Welcome Wagon 100,00 300 Outreach (calendars) (Advertising, Menderships) 52613 626.00 100 Office (Sec. of State, Po Box, STAMPS, Paper, Printing) 247 00 6 4 0 7080

| . 5 | 0.5 | 9 080 69 | 35 | | DO BOCK See |
|--|----------------------------------|---|--|---|------------------|
| \$1.30 | S 0 | \$2,500,00 | 00 2 00 30 | \$2,000 | |
| # # # # # # # # # # # # # # # # # # # | \$100.00 | \$200.00 | \$50.00 \$50.00 \$80.00 | 7. 2000 2. 5000 2. 5000 3. 500 | |
| 15 get mydf, equip, eet up 10 eet up, er down 6 weed, my, blow | 10 Organize 6 weed, mow, blow | 20 get prizse, 20 sell ads, order tood, bar 3 weed, mow, blow | 5 Obtain tree, decorate 5 Decorate 5 weed, mow, blow | 200 Plant Slop, Watter 200 plant, peed 258 weed moh, blow | , + |
| Jernity Chappell Othress Miles Morte | Judie Greinar Mike Morris | Gary Allen Offners Mike Monts | Julieanne Thomas Others Milke Morris | Sueer Blumon Others Wike Morns | |
| Jennifer Chappet | Judie Greiner | Gary Allen | Juseanne Thomas | Susah Bruman | |
| Move Naphi | Dog Walk | 本 Dinzer | Cinfistings True Decorating | GodneknGemeantawn | Estimated Totals |

| Event History Walks (2 per Year) | Organizer Stave Cambron | Volunteers Steve Cambron Lisa Pisterman Mitce Morris | Hours Donated Description of Time 12 17 Weeding, cleaning route | Hours x \$10,00/hr \$120,00 \$120,00 \$110,00 | Costs REDUCE | Total to Budget |
|-------------------------------------|-----------------------------|---|---|--|--------------|-----------------|
| Eester Egg Hunt | D елпа Мо тів | Dianne Morris Susan Brunton Offiers Mises Morris | 12 10 10 8 thish pick up | \$120,00 \$100,00 \$100,00 | 3 00 | 289 |
| PlayDate in the Park | Susen Brunton | Staten Brunton Disma Morris Others Mike Morris | 12 4 6 6 tresh pick up | \$120,00 \$40,00 \$80,00 \$60,00 | \$200.00 | OPPOSE STATE |
| Pot Luck | Susan Brumon | Susan Brunton Others Mike Morris | 10 set up 10 tear down 3 trash pick up | \$100.00 \$100.00 \$30.00 | \$200.00 | 000004 00004 |
| | Gary Allenfulke Morris | Gery Allen Mike Morris Mike Morris | 20 Bet Up, emcee, manage 5 line judge 9 weed, mow, blow | \$200.00 \$50,00 \$50,00 | 00001 | 340 |
| Back to Sqhodi Balan | Dialina Mojris | Distring Morris Others Mike Marris | 12 10 6 tylsth bick up | 00 00 00 00 00 00 00 00 00 00 00 00 00 | \$15 | |
| | Stean Brundon | Susan Brunton Othera Milke Morris | 12 sell spots, direct vendors 10 man booth, 6 weed, mow, blow | \$120.00 \$100.00 \$60.00 | \$50.00 | 00'0888 |

\$ 00:00 | % |

GoGreen Spring 2015 Agenda

| 10-15 Trees and Shrubs | \$425* |
|---|--------|
| Fill dirt, mulch, mushroom compost,sand | \$75* |
| Replace cordless hedge trimmer | \$100* |
| Flowers, small perennials | \$75* |
| Tomato plants for children's event | \$30* |
| Additional concrete planters | \$75* |
| Whiskey Barrels | \$150* |
| Paint | \$40* |
| Promotional materials | \$30* |

\$1000

^{*}Approximate estimates

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

StatusA - ActiveStandingG - 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

IAKE WILDSTROM

Registered Agent KATHY LANG

1033 LYDIA STREET LOUISVILLE, KY 40217

Current Officers

Director

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

Individuals / Entities listed at time of formation

Director <u>WILLIAM KEELY</u>

Director GREGORY SARJENT

Director JAMES PEAK

DirectorWILLIAM TINKERIncorporatorWILLIAM KEELYIncorporatorJAMES PEAK

IncorporatorWILLIAM TINKERIncorporatorGREGORY SARIENT

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

| | Transmit to t data dark organization | | a on | | |
|--|--------------------------------------|---|-------|-------------|------------|
| Registered Agent name/address change | 3/18/2013 1:57:09 PM | 1 | page | <u>PDF</u> | |
| Annual Report | 3/18/2013 | 1 | page | <u>PDF</u> | |
| <u>Principal Office Address</u> <u>Change</u> | 3/4/2013 10:48:55 AM | 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 | tiff | <u>PDF</u> |
| <u>Principal Office Address</u> <u>Change</u> | 9/1/2009 | 1 | page | tiff | <u>PDF</u> |
| Registered Agent name/address change | 9/1/2009 | 1 | page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 8/17/2009 | 1 | page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 4/14/2008 | 1 | page | tiff | <u>PDF</u> |
| Annual Report | 2/26/2007 | 1 | page | tiff | <u>PDF</u> |
| Annual Report | 3/27/2006 | 1 | page | <u>tiff</u> | <u>PDF</u> |
| <u>Amendment</u> | 11/9/2005 | 1 | page | tiff | <u>PDF</u> |
| Annual Report | 3/18/2005 | 1 | page | tiff | <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 | tiff | <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> |
| <u>Annual Report</u> | 6/28/1978 | | pages | <u>tiff</u> | <u>PDF</u> |
| <u>Articles of Incorporation</u> | 2/7/1977 | 5 | pages | tiff | <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 |
| Annual Report | 7/1/1990 | 2 pages |
| Annual Report | 9/1/1989 | 1 page |
| Sixty Day Notice | 9/1/1989 | 1 page |
| 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: Go Green Germantown Request Amount: \$1,000.00 | Yes/No/NA |
| Request form: Is the NDF request form signed by all Council Member(s) appropriating funding? | Yes |
| Request form: Is the funding proposed less than or equal to the request amount? | Yes |
| Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet? | Yes |
| Application Page 1: Has prior Metro funds committed/granted been disclosed? | Yes |
| Application Page 1: Is the application properly signed and dated by authorized signatory? | Yes |
| Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included? | Yes |
| Application Pages 3 – 5: Is the proposed public purpose of the program well-documented? | Yes |
| Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent? | n/a |
| 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 |
| 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? | 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? | Yes |
| 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: 5/23// | 5 |