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

Executive Summary of Request:	
	tion and Safety Initiative seeks to increase the police f-duty LMPD officers to patrol the streets and alleys corner of 4 th and Oak throughout the year.
The area's include ongoing program covers Ormsby Ave, and South 7 th St	s the area bounded by West Kentucky St, South 2 nd St, West
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 grantee(s)? ☐ Yes ✓ No
within Metro Council guidelines and request a	Development 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 the disclosure section below, if required.
6 District # Primary Sponsor Signature	$$5.00^{\circ 0}$ $7-0-2015$ Amount Date
Primary Sponsor Disclosure	aip you, your family or your legislative assistant have with this
organization, its volunteers, its employees or i	
Approved by:	
Approved by: Appropriations Committee Chairman	Date
Appropriations Committee Chairman	Date
Approved by: Appropriations Committee Chairman Clerk's Office Only: Request Amount:	Date Committee Amended Appropriation:

1 | Page

Effective February 2014

ATE 7/16/15 TIME 10:07

NDF NON-PROFIT APPLICATION CHECKLIST				
Legal Name of Applicant Organization: West St. Catherine Neighborhood Association, Inc.				
Program Name: Neighborhood Crime Prevention and Safety Initiative Request Amount: 5, 000				
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?				
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	n/a			
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?	no			
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.	no			
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: allison Olives Date: 7/6/2015				



July 1, 2015

2015 Officers

Dear Councilman James:

President Dennis Lally Enclosed is the 2015–2016 NDF application for The West Saint Catherine Neighborhood Association's *Crime Prevention and Safety Initiative*. Building on the success of this program in FY 2014–2015, we have continued this program, which to-date has allowed off-duty LMPD officers an additional 576.5 hours total to patrol our neighborhood.

Vice President Betsy Aldrich

Secretary Scott Gilbertson

> Treasurer Neal Nixon

Your support during the last fiscal year was key to our program's success and we hope that you will be able to continue your support during this fiscal year as we believe that this program is very valuable to the overall quality of life for our neighborhood.

2015 Board Members

Nancy Cogan

If you have any questions, please don't hesitate to contact me.

Respectfully submitted,

Scott Gilbertson

Secretary

West Saint Catherine Neighborhood Association



		SECTION 1 - APPLI	CANT INFORMATION			
Legal Name of Applicant Organization: WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.						
(as listed on: http://www.sc	os.kv.gov/b	usiness/records)		BOTT TOOL ASSOCIATION, INC.		
Main Office Street & Mailing Address: 1340 South 4th St., Louisville, KY 40208						
Website: wscna.org						
Applicant Contact:	Scott	Gilbertson	Title:	secretary		
Phone:	502-49	502-491-1002 Email: secretary@wscna.org				
Financial Contact:	Inancial Contact: Neal Nixon Title:			treasurer		
Phone:	502-5	84-0919	Email:	nixon@louisville.edu		
Organization's Repres	entative	who attended NDF Train	ing: Scott Gilbertsor	1		
GEOG	RAPHICA	L AREA(S) WHERE PROGE	RAM ACTIVITIES ARE (V	WILL BE) PROVIDED		
Program Facility Locat	ion(s):	Limerick neighborho	od of Old Louisville			
Council District(s):		6	Zip Code(s):	40203		
	SECTI	ON 2 - PROGRAM REQUI	ST & FINANCIAL INFO	RMATION		
PROGRAM/PROJECT N	IAME: W	SCNA Neighborhood (Crime Prevention and	d Safety Initiative		
Total Request: (\$)	5,000	Total Metro Av	ward (this program) in	previous year: (\$) 5,000		
Purpose of Request (c	heck all t	hat apply):				
	_	erally cannot exceed 33%		- · ·		
Programmin	g/service	s/events for direct benefi	t to community or qual	lified individuals		
☐ Capital Proje	ct of the	organization (equipment,	furnishing, building, et	tc)		
The Following are Req	uired Atl	achments:				
IRS Exempt Status Det		n Letter	☐ Signed lease if rent c	osts are being requested		
Current Year Projecte	-		RS Form W9			
List of Board of Direct	-	de term & term limits	Evaluation forms if u	sed in the proposed program		
Current financial state		20.11		ired by organization)		
Most recent IRS FormArticles of Incorporation		.20-H		ition Certification Form, if required		
		rendor if request is for	Staff including the 3	highest paid staff		
capital expense	-	·				
				ceived from Louisville Metro		
				through Metro Federal Grants,		
from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.						
Source:		Arran and and arrange arrange and arrange arrange and arrange arrange arrange and arrange	Amount: (\$)			
Source:		All visibles	Amount: (\$)			
Source:			Amount: (\$)			
Has the applicant cont	acted the	BBB Charity Review for p	articipation? Yes	■ No		
Has the applicant met	the BBB (Charity Review Standards	Yes 🔳 No			



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The West Saint Catherine Neighborhood Association (WSCNA) strives to make a difference for our neighbors and our community. Through our members' contributions of time and talent, the WSCNA hosts community-building events, enhances neighborhood safety/security, and undertakes initiatives to improve the "curb appeal" of our neighborhood.

Our past activities have included:

- Hosted many social events, including July 4th get-togethers, Christmas parties and potlucks
- Participated in Brightside clean-ups
- Instituted a monthly large trash haul-away for the neighborhood
- Instituted a monthly street-cleaning program for the neighborhood
- Hosted a candidate forum prior to the Nov. 2010 elections
- · Worked with the city to aggressively address problem properties that have been abandoned, are dilapidated, or are drug houses
- Worked with the city to combat crime in the neighborhood Our future activities will consist of continuing to work with the city to combat crime and problem properties, to promote community cohesion and to improve the "curb appeal" of our neighborhood.



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 WSCNA Neighborhood Crime Prevention and Safety Initiative seeks to increase the police presence in our neighborhood by contracting with off-duty LMPD officers to patrol our streets and alleys, including the immediate area surrounding the corner of 4th and Oak, throughout the year.

Our location between downtown and U of L, coupled with major city thoroughfares that bring a large volume of non-resident traffic to the heart of our neighborhood, introduce a disproportionate opportunity for crime. This program aims to increase the safety and well-being of the residents and businesses through increased police visibility, increasing public awareness and involvement, and enhancing police / community relationships.

This ongoing program covers the area bounded by West Kentucky St., South 2nd St., West Ormsby Ave. and South 7th St.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funding will be used to contract with off-duty LMPD officers who are participating in The WSCNA Neighborhood Crime Prevention and Safety Initiative.

We currently contract with two LMPD officers at a rate of \$30/hr plus \$50/month for their squad car fee. Each officer typically works 10 hours per month for a total of \$350 per month per officer.



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



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: From 2009-2011, WSCNA raised and spent almost \$16,000 for this program. 100% of those monies were paid to off-duty LMPD officers for their time patrolling our neighborhood. These past efforts resulted in a noticeable decrease in crime and a definite improvement in the safety and quality of life in the community, based on the experiences of our neighbors before the program's beginning and during its life.

In FY 2013 (July 1, 2012–June 30, 2013) our program ran from November to June. This program provided off-duty LMPD officers 144.5 hours to patrol the West Saint Catherine neighborhood and the corner of 4th & Oak.

In FY 2014 (July 1, 2013-May 31, 2014) this program provided off-duty LMPD officers an additional 240.5 hours to patrol the West Saint Catherine neighborhood and the corner of 4th & Oak.

In FY 2015 (July 1, 2014-May 31, 2015) this program provided off-duty LMPD officers an additional 191.5 hours to patrol the West Saint Catherine neighborhood and the corner of 4th & Oak.

WSCNA is requesting \$5,000 in FY 2015-2016 to continue this beneficial program. We will collect data, as per CM James, from the officers to monitor and adjust the program to achieve maximum benefit for the Council's investment.

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 West Saint Catherine Neighborhood Association (WSCNA) is an active member of the Old Louisville Neighborhood Council, working together to improve all of Old Louisville.



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)≃3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	5000	3400	8400
H: Program Materials			<u> </u>
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			-
K: Capital Project			_
L: Other Expenses (Attach Detail List)			-
*TOTAL PROGRAM/PROJECT FUNDS	5000	3400	8400
Té el Fregium Buigel	59.5 %	40.5 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

	1 41140.
Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Reseaue for Columns 2 Expenses ***	\$3,400 WSCNA funds

^{*}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
None		
Total Value of In-Kind		
(to match Program Budget Line Item. Volunteer Contribution &Other In Kind)		
	TOTAL LINE ADA TOTAL NOT	ING HOW MANY HOURS PER
erson PER WEEK gency Fiscal Year Start Date: 1 January	1.	
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RERSON PER WEEK Agency Fiscal Year Start Date: 1 January Does your Agency anticipate a significant increase and get projected for next fiscal year? NO	/ . se or decrease in your budget fr	



SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

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

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

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory: Scott Gilbertson		Date:	July 1, 2015		
Legal Signatory: (please print): Scott Gilbertson		Title:	secretary		
Phone:	502-491-1002	Extension:	Email: secretary@wscna.org		@wscna.org

Date:

MAY 08 2012

WEST ST CATHERINE NEIGHBORHOOD ASSOCIATION INC 1340 SOUTH 4TH ST LOUISVILLE, KY 40208 Employer Identification Number:

DLN:

17053208022001 Contact Person: SHEENA L BREWER

ID# 31270

Contact Telephone Number: (877) 829-5500

Accounting Period Ending: December 31

Public Charity Status: 509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption: April 11, 2012 Contribution Deductibility:

Yes

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

sincerely,

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

WEST ST CATHERINE NEIGHBORHOOD

The effective date of your exemption is April 11, 2012, the date your organization stopped conducting activities that benefit specifically named individuals.

The WSCNA Neighborhood Crime Prevention and Safety Initiative NDF App 2015–2016

Required Attachments

Current Year (2015-2016) Projected Budget

Income		Expenses		
Donations	\$100	Security	\$8,400	
Grants	\$5,000	Dues OLNC	\$25	
Fund raising	\$3,900	Events	\$500	
		Donations	\$50	
Total	\$9,000	Postage/Supplies	\$25	
		Total	\$9,000	

List of Board of Directors (include term & term limits)

Dennis Lally President Vice-President Betsy Aldrich Scott Gilbertson Secretary Neal Nixon Treasurer
Nancy Cogan Member-at-large

All terms expire in November. There are no term limits.

Current financial statement

Most recent banking statement included in this pdf.

Most recent IRS Form 990 or 1120-H

Included in this pdf.

Articles of Incorporation

Included in this pdf.

Cost Estimates

Not required – this request is not for capital expenses.

Signed lease if rent costs are being requested

Not applicable.

IRS Form W9

Included in this pdf.

Evaluation forms if used in the proposed program

Not applicable.

Annual audit (if required by organization)

Not required.

Faith Based Organization Certification Form, if required

Not applicable.

Staff including the 3 highest paid staff

The WSCNA is a volunteer based organization has no paid staff.

Staff including the 3 highest paid staff

The WSCNA is a volunteer based organization has no paid staff.

Affirmative Action policy

The West Saint Catherine Neighborhood Association does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Form W-9 (Rev. December 2011)

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	Name (as snown on your income tax return)	
ge 2.	Business name/disregarded entity name, if different from above WEST ST. CATHERINE NEIGHBORH	HOOD ASSOCIATION, INC.
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/esta	□ Exempt payee
Prir Tic In	☐ Other (see instructions) ► Address (number, street, and apt. or suite no.) Reques	toulo popo and address (NN
Specif	1340 South 4th St.	ter's name and address (optional)
See	City, state, and ZIP code Louisville, KY 40208	
	List account number(s) here (optional)	
Par	Taxpayer Identification Number (TIN)	
to avo reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line oid backup withholding. For individuals, this is your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> n page 3.	Social security number
	. If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	Employer Identification number
Par		
	r penalties of perjury, I certify that:	
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a numb	,,
Sei	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divido I longer subject to backup withholding, and	not been notified by the Internal Revenue ands, or (c) the IRS has notified me that I am
3. I ar	m a U.S. citizen or other U.S. person (defined below).	
becau interes genera instruc	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you also you have failed to report all interest and dividends on your tax return. For real estate transactions, st paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an indially, payments other than interest and dividends, you are not required to sign the certification, but you citions on page 4.	item 2 does not apply. For mortgage ividual retirement arrangement (IRA), and
Sign Here	Signature of U.S. person > Date > JU	ıly 1, 2015

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 secured 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

- An individual who is a U.S. citizen or U.S. resident alien,
- 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 domestic 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 partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Non-Profit Checking

For the Period 05/15/2015 to 06/12/2015

Primary Account Number:

Page 1 of 2

Number of enclosures: 0

WEST ST CATHERINE NEIGHBORHOOD ASSOC

605 W SAINT CATHERINE ST LOUISVILLE KY 40203-3111

For 24-hour banking sign on to

💂 PNC Bank Online Banking on pnc.com FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG Monday - Friday: 7 AM - 10 PM ET Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en espanol, 1-877-BUS-BNKG

Moving? Please contact your local branch

Write to: Customer Service PO Box 609

Pittsburgh, PA 15230-9738

Visit us at PNC.com/mybusiness/

TDD terminal: 1-800-531-1648

For hearing impaired clients only

West St Catherine Neighborhood Assoc

Non-Profit Checking Summary

Account number

Overdraft Protection has not been established for this account. Please contact us if you would like to set up this service.

Balance Summary

Beginning balance 9,556.92 Deposits and other additions

.00

Checks and other deductions 385.87

Ending balance 9,171.05

Average ledger balance

9,405.30

Average collected balance

9,405.30

Deposits and Other Additions			Checks and Other Deductions		
Description	Items	Amount	Description	Items	Amount
			Checks	2	385.87
Total	0	.00	Total	2	385.87

Daily Balance

Ledger balance 05/15 9,556.92

Date 05/19 Ledger balance 9,521.05 Date 06/03 Ledger balance 9,171.05

PNCBANK

Activity Detail

Checks and Other Deductions

* Gap in check sequence **Checks and Substitute Checks** Reference Date Check

Date Check posted number Amount number 06/03 2288 * 350.00 077481476

posted 05/19 2291 *

Reference Amount number 073840007

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Date: January 27, 2015 at 1:43:04 PM EST

Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: WEST ST CATHERINE NEIGHBORHOOD ASSOCIATION INC

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Submission rype: Form 990-N

Year: 2014

Submission ID: 7800582015027c|50578

e-File Postmark: 1/27/2015 1:37:01 PM

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WEST ST CATHERINE NEIGHBORHOOD

ASSOCIATION INC

% Scott Gilbertson

1340 South 4th St

Louisville, KY 40208

ARTICLES OF INCORPORATION

98 APR -6 PM 2: 21

WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION COLOR BROWN III

KNOW ALL MEN BY THESE PRESENCE:

We, Rhonda Williams, Laurie Bledsoe, Dennis Lally, and Neal Nixon, all over the age of twenty-one (21) and residents of the Commonwealth of Kentucky, do hereby associate to form a non-profit Corporation under the laws of the Commonwealth of Kentucky, and with all rights and privileges granted by the laws of the Commonwealth of Kentucky, and to that end do hereby adopt Articles of Incorporation as follows:

ARTICLE I

This non-profit Corporation shall be named and known as the West St. Catherine Neighborhood Association, Inc., by which name it may adopt its corporate seal, conduct its business, contract and be contracted with, sue and be sued.

ARTICLE II

Said Corporation shall continue in perpetual existence.

ARTICLE III

The principal place of business of the Corporation is to be located at 622 West St. Catherine, Louisville, Kentucky 40203 and such other places in said city or elsewhere, as its board of

directors by resolution shall designate.

The name and address of the initial registered agent for service of process is Rhonda Williams, 622 West St. Catherine, Louisville, Kentucky 40203

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging an activity falling within the purposes of the Corporation and permit a foreign organization exempt under said Section 501(c)(3).

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the Corporation shall enure to the benefit or be distributed to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set for in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes except as follows and those otherwise stated in these Articles:

- A. Not withstanding any other provision of these Articles, the Corporation shall not carry out any other activities not permitted to be carried on by a Corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any subsequent federal tax laws.
- B. If in so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any latter federal tax laws:
- 1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4949 of the Internal Revenue Code of 1954, or corresponding provisions of any later federal tax laws.
 - 2. The Corporation shall not engage in any

act of self dealing as defined in Section 4941(d) of the Internal Revenue Code of 1994, or corresponding provisions of any later federal tax laws.

- 3. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later federal tax laws.
- 4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later federal tax laws.
- 5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are Rhonda Williams, 622 West St. Catherine, Louisville, Kentucky; Laurie Bledsoe, 546 West St. Catherine, Louisville, Kentucky; Dennis Lally, 514 West St. Catherine, Louisville, Kentucky and Neal Nixon, 605 West St. Catherine, Louisville, Kentucky.

ARTICLE VIII

The initial Board of Directors shall consist of four (4)

directors. The name and addresses of the members of the initial Board of Directors are: Rhonda Williams, President, 622 West St. Catherine, Louisville, Kentucky; Laurie Bledsoe, Vice-President, 546 West St. Catherine, Louisville, Kentucky; Dennis Lally, Treasurer, 514 West St. Catherine, Louisville, Kentucky; and, Neal Nixon, Secretary, 605 West St. Catherine, Louisville, Kentucky.

ARTICLE IX

The nature and purpose of the business of the Corporation shall be to carry out the general objective and purposes as set forth in Article IV and through coordinated and conservative efforts to develop to the fullest objectives including, but not limited to:

A. To stimulate the development and betterment of the West St. Catherine Neighborhood, Louisville, Kentucky.

To carry out its purposes, the Corporation shall be authorized:

- A. To receive, hold and disburse gifts, requests and other funds for said purposes; to own and maintain suitable real estate and buildings for its purposes, and to do all things necessary and incident thereto;
- B. To make contracts and incur liabilities, borrow money at such rates of interest as a Corporation may determine, issue its notes, bonds and other obligations and secure

any of its obligations by mortgage or pledge of all or any of its property and income;

C. The foregoing purposes shall be construed both as objectives and powers and it is hereby expressly provided that the foregoing accumulations of the specific powers shall not be held to limit or restrict in any manner the general powers of this Corporation and are in furtherance of and in addition to and not in limitation of, the general powers conferred by the laws of the Commonwealth of Kentucky according to KRS 273.171.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of said Corporation.

No director of the Corporation shall have personal liability for monetary damages for breach of his or her duties as a director; provided, however, this provision shall not eliminate the liability of a director for (a) any transaction in which the director's personal financial interest is in conflict with the financial interest of the Corporation; (b) acts or omissions not in good faith which involve intentional misconduct or are known to the director to be a violation of law; or (c) any transaction from which the director derives an improper personal benefit.

ARTICLE XI

The Corporation formed hereby shall have no capital stock and shall be composed of members rather than share holders.

ARTICLE XII

The Corporation is not organized for profit nor shall it have any power to issue certificates of stock or declare dividends and no part of its net earnings shall enure to the benefit of any member or officer.

ARTICLE XIII

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment involved in liabilities of the Corporation, dispose of all the assets of the Corporation exclusively for the purposes of the Corporation, in such manner or to such organizations organized and operated exclusively for charitable and/or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any latter federal tax laws), as the Board of Directors shall determine.

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

organized and operated exclusively for such purposes.

ARTICLE XIV

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263.

Signed and hereby acknowledged by the incorporators at Louisville, Kentucky this 1st day of april

Rhonala Williams

Prepared By:

G:\ROBERT\ARTICLES.WPD

Robert T. Watson CLARK, WARD & CAVE 601 West Market Street Suite 403 Louisville, Ky 40202 (502) 583-7012

> Document No: 1998056819 Lodged By: CLARK WARD CAVE Recorded On: Apr 23, 1998 03:24:34 P.N. \$19.00 Total Fees: County Clerk: Rebecca Jackson Deputy Clerk: TERHIG



WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.

General Information

Organization Number 0454770

Name WEST ST. CATHERINE NEIGHBORHOOD ASSOCIATION, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 4/6/1998

 Organization Date
 4/6/1998

 Last Annual Report
 4/6/2015

Principal Office WEST SAINT CATHERINE NEIGHBORHOOD ASSOCIATION

C/O OLD LOUISVILLE INFORMATION CENTER

1340 SOUTH 4TH ST. LOUISVILLE, KY 40208

Registered Agent SCOTT GILBERTSON

WEST SAINT CATHERINE NEIGHBORHOOD ASSOCIATION

C/O OLD LOUISVILLE INFORMATION CENTER

1340 SOUTH 4TH ST. LOUISVILLE, KY 40208

Current Officers

PresidentDennis LallyVice PresidentBetsy AldrichSecretaryScott GilbertsonTreasurerNeal Nixon

Director Nancy McCormick-Cogan

DirectorDennis LallyDirectorNeal Nixon

Individuals / Entities listed at time of formation

DirectorRHONDA WILLIAMSDirectorLAURIE BLEDSOEDirectorDENNIS LALLYDirectorNEAL NIXON

IncorporatorRHONDA WILLIAMSIncorporatorLAURIE BLEDSOEIncorporatorDENNIS LALLYIncorporatorNEAL NIXON

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	4/6/2015	1 page	<u>PDF</u>	
Annual Report	1/27/2014	1 page	<u>PDF</u>	
Annual Report	1/17/2013	1 page	<u>PDF</u>	
Annual Report	5/22/2012	1 page	<u>PDF</u>	
Annual Report	2/9/2011	1 page	<u>PDF</u>	
Annual Report	3/30/2010	1 page	<u>PDF</u>	
Registered Agent name/address change	11/27/2009 10:37:12 AM	1 page	<u>PDF</u>	
Registered Agent name/address change	11/27/2009 10:36:27 AM	1 page	<u>PDF</u>	
<u>Principal Office Address</u> <u>Change</u>	11/27/2009 10:32:51 AM	1 page	<u>PDF</u>	
Annual Report Amendment	11/27/2009	1 page	<u>PDF</u>	
Annual Report	2/26/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>Change</u>	10/4/2008 12:55:18 PM	1 page	<u>PDF</u>	
Registered Agent name/address change	10/4/2008 12:38:00 PM	1 page	<u>PDF</u>	
Annual Report Amendment	10/4/2008	1 page	<u>PDF</u>	
Annual Report	3/3/2008	1 page	<u>PDF</u>	
Annual Report	1/19/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/15/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/22/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/5/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/10/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/23/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/8/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/22/1999	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	4/6/1998	9 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/6/2015 10:58:25 AM	4/6/2015 10:58:25 AM	
Annual report	1/27/2014 2:52:09 PM	1/27/2014 2:52:09 PM	
Annual report	1/17/2013 3:31:25 PM	1/17/2013 3:31:25 PM	
Annual report	5/22/2012 3:50:08 PM	5/22/2012 3:50:08 PM	
Annual report	2/9/2011 2:37:26 PM	2/9/2011 2:37:26 PM	
Annual report	3/30/2010 1:45:21 PM	3/30/2010 1:45:21 PM	
Amendment to annual report	11/27/2009 10:43:45 AM	11/27/2009 10:43:45 AM	

Registered agent address change	11/27/2009 10:37:12 AM	11/27/2009 10:37:12 AM
Registered agent address change	11/27/2009 10:36:27 AM	11/27/2009 10:36:27 AM
Principal office change	11/27/2009 10:32:51 AM	11/27/2009 10:32:51 AM
Annual report	2/26/2009 4:12:53 PM	2/26/2009
Principal office change	10/4/2008 12:55:18 PM	10/4/2008 12:55:18 PM
Amendment to annual report	10/4/2008 12:51:14 PM	10/4/2008 12:51:14 PM
Registered agent address change	10/4/2008 12:38:00 PM	10/4/2008 12:38:00 PM
Annual report	3/3/2008 8:45:22 AM	3/3/2008 8:45:22 AM
Annual report	1/19/2007 10:45:07 AM	1/19/2007
Annual report	3/15/2006 8:55:13 AM	3/15/2006
Add	4/6/1998	4/6/1998

Microfilmed Images

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

Annual Report	3/7/2005	1 page
Annual Report	5/28/2004	1 page
Annual Report	5/5/2003	1 page
Annual Report	4/10/2002	1 page
Annual Report	5/23/2001	1 page
Annual Report	5/8/2000	1 page
Annual Report	6/22/1999	1 page
Articles of Incorporation	4/6/1998	8 pages