

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

**Applicant/Program:** Breckenridge Estates Neighborhood Association, Inc./BENA Mural Wall Repair Project

**Executive Summary of Request:**

Funding will be used to refurbish an existing wall mural in the 4000 block of Breckenridge Lane. The project includes repairing wall damage due to an auto accident and sealing cracks/chips in the concrete before applying a fresh coat of paint followed by a graffiti barrier coating. Funding request is for materials only and members of Breckenridge Estates Neighborhood Association, Inc. will volunteer the labor and continue maintaining maintenance of the wall.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

11

District #

K. J. Krane  
Council Member Signature

\$866.88  
Amount

9/9/2015  
Date

**Primary Sponsor Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

None

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

# LOUISVILLE METRO COUNCIL

## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

**Legal Name of Applicant Organization:** Breckenridge Estates Neighborhood Association, Inc.

**Program Name and Request Amount:** BENA Mural Wall Repair Project \$918.89

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State?</li> <li>• Louisville Metro Revenue Commission?</li> <li>• Louisville Metro Government?</li> <li>• Internal Revenue Service?</li> <li>• Louisville Metro Human Relations Commission?</li> </ul>	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input checked="" type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>Scott W. Hamington</i>	Date: <i>9-9-15</i>



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Breckenridge Estates Neighborhood Association <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
<b>Main Office Street &amp; Mailing Address:</b> P.O. Box 20956			
<b>Website:</b> www.Beneighborhood.com			
<b>Applicant Contact:</b>	Albert Hampton	<b>Title:</b>	President
<b>Phone:</b>	502-499-8151	<b>Email:</b>	albert.hampton1@att.net
<b>Financial Contact:</b>	Donna Kempf	<b>Title:</b>	Treasurer
<b>Phone:</b>	502-491-2866	<b>Email:</b>	dkempf@probank.com
<b>Organization's Representative who attended NDF Training:</b> Donna Kempf			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Along Breckenridge Ln. (Behind 4003 through 4011 Woodgate Ln.)		
<b>Council District(s):</b>	11	<b>Zip Code(s):</b>	40220
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> BENA Mural Wall Repair Project			
<b>Total Request: (\$)</b>	\$918.89	<b>Total Metro Award (this program) in previous year: (\$)</b>	2,040 D11 NDF Landscape Project
<b>Purpose of Request (check all that apply):</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)</div> <div><input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals</div> <div><input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)</div> </div>			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
<b>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.</b>			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### 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 BENA Mural Wall Repair Project goal is to repair damage caused by a car hitting the wall earlier this year which caused a part of the paint to smudge and to repair parts of the paint that are starting to crack/peel. After the wall is repainted, a graffiti barrier coating will be applied over the entire wall to prevent any future damage. BENA believes the wall represents the neighborhood and as such should be kept in good repair.

Preparations are already being made by BENA to get the wall ready for repairs. For example, the wall is being scrubbed clean so that it will be ready for the paint to be applied. However, BENA needs the money from the Neighborhood Development Fund to purchase the paint and supplies to actually do the repairs. Once the requested funds are released to BENA, the supplies will be purchased and a date will be set for volunteers from BENA to begin the repairs. Weather conditions will have an impact on when the repairs will start and end, but will be done ASAP. Afterwards, BENA will continue to maintain the area as it has been for the last 5 years by removing any weeds or debris from around the wall and the sidewalk along the wall.

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

The funding will pay for the following:

Paint (including the graffiti barrier paint)

Rollers

Brushes



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

N/A

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

☒ 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.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**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:**

Bringing the wall back into good repair will show what the neighborhood of Breckenridge Estates is about and that we are proud of who we are. Although the wall is located in District 11, the boundaries for BENA run through both District 11 & District 26. Also this area of Breckenridge Ln. is heavily traveled.

**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.**

This project will have Councilman Kramer's office providing the funds for the project through the Louisville Metro Council Neighborhood Development Fund to BENA so they can make the needed repairs.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### 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.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project	918.89	0	918.89
L: Other Expenses (Attach Detail List)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	918.89	0	918.89
<b>% of Program Budget</b>	100 %	0 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Columns 2 Expenses **</i>	

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**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
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO ☒ YES ☐

If YES, please explain:





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### 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

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.
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.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
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.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

### 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:	<i>Albert Hampton</i>	Date:	09-02-2015
Legal Signatory: (please print):	ALBERT HAMPTON	Title:	PRESIDENT
Phone:	502-499-8151	Extension:	N/A
Email:	ALBERT.HAMPTON1@ATT.NET		

HIKES POINT PAINT & WALLPAPER  
 4117 BROWNS LANE  
 LOUISVILLE, KY 40220  
 www.hikespointpaint.com  
 PHONE: (502) 451-1333

Customer No. 2255	Job No.	Purchase Order No.	Reference	CASH	Terms	Clerk DALE	Date 9/2/15	Time 9:51
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Sold To  
 BRECKENRIDGE ESTATES  
 LOUISVILLE KY 40220

Ship To

DOC# 559459/1  
 \*\*\*\*\*  
 \*SPEC ORDER \*  
 \*\*\*\*\*  
 EXPT DATE: 9/2/15 TERN#560  
 TAX : 001 KENTUCKY STATE SALES  
 ORDER 559459

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
	4	GA	18006	WATCHDOG CPU647 GRAFFITI BARRIER		4	165.00 /GA	660.00
	6	EA	8-101	SUPREME ACRL HP WH TINTABLE	CO	6	26.99 /EA	161.94
	1	EA	R750	7329 BLUE SKY		1	14.99 /EA	14.99 S
	5	EA	E43125	SUPER FAB COVER 1/2" NAP 6/PK		5	5.99 /EA	29.95
				I-SERIES BRUSH 3" FLAT				

\*\* ORDER \*\* ORDER \*\* ORDER \*\* ORDER \*\* ORDER \*  
 \*\* DEPOSIT AMOUNT \*\*  
 \*\* BALANCE DUE \*\*  
 \*\* PAYMENT RECEIVED \*\*

TAXABLE	866.88
NON-TAXABLE	0.00
SUBTOTAL	866.88
TAX AMOUNT	52.01
TOTAL AMOUNT	918.89

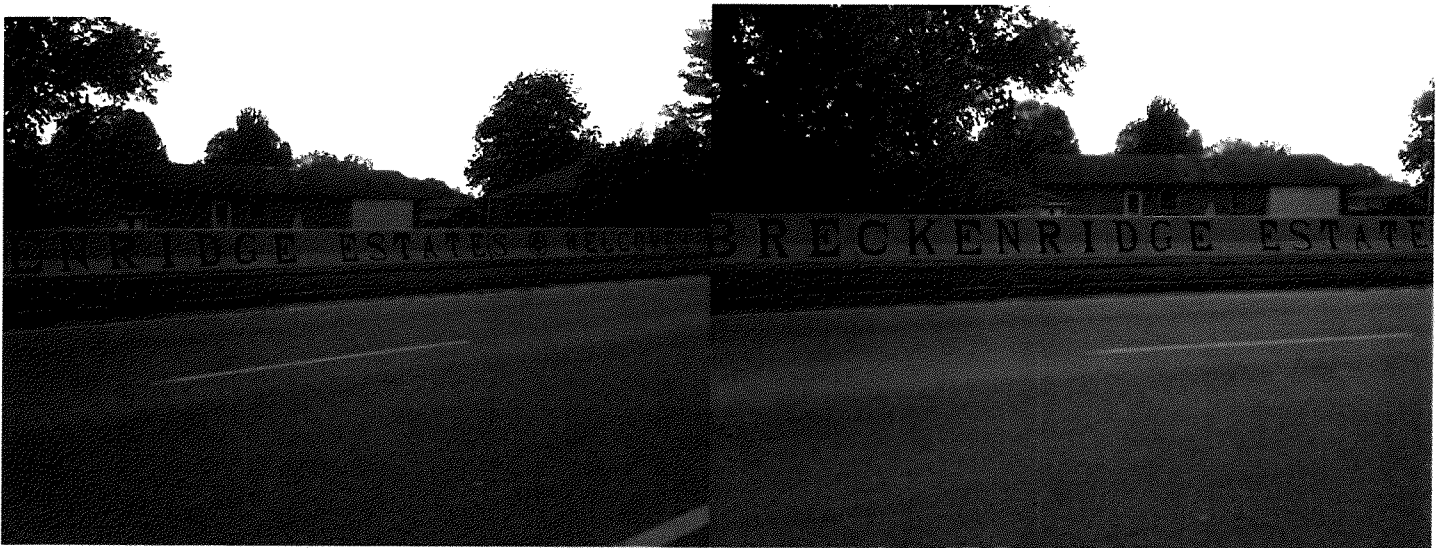
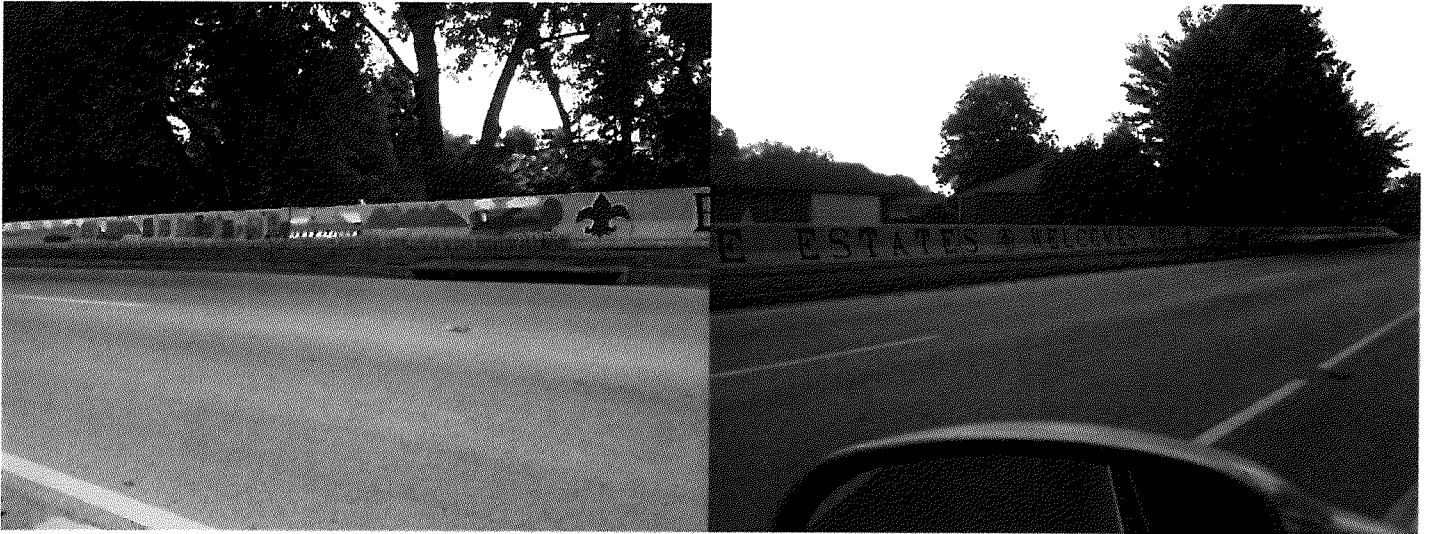
X

Prepared by

## Breckenridge Estates Mural



# Breckenridge Estates Mural



**Breckenridge Estates Neighborhood Association  
2015 Board of Directors**

According to the by-laws: The officers shall serve two year terms or until their successors shall be elected and are limited to two consecutive terms in a position.

**President:** Albert Hampton (was elected February 2014 as temporary president due to the previous president having to step down due to person reasons. The term will end in at the end of 2015.)

**Vice President:** David Kinny (2013-2014/reelected 2015-2016)

**Secretary:** Michelle Gay (2013-2014/reelected 2015-2016)

**Treasurer:** Donna Kempf (2014-2015)

The at-large members shall serve one year terms or until their successors shall be elected and can serve an unlimited number of consecutive terms.

**Area 1 Representatives**

David DiSalvo

**Area 2 Representatives**

Joe Gillette

**Area 3 Representatives**

Debbie McKnight

Ruth Spears

Michael Melloan

**Area 4 Representatives**

Susan Kinny

**Area 5 Representatives**

Charlie Toon

Susan Clifton

**Area 6 Representatives**

Clancy DeCuir

**Area 7 Representatives**

Michelle Gay

**Area 8 Representatives**

Christy Lauano

**Area 9 Representatives**

Albert Hampton

# Breckenridge Estates Neighborhood Association

## Proposed budget for 2015

	Total Amount <u>2014</u>	Annual Budget <u>2014</u>	Annual Budget <u>2015</u>
<b>Members</b>	<b>11,600.00</b> 464	<b>\$12,000.00</b> 480	<b>\$ 12,500.00</b> 500
<b><u>Expenses:</u></b>			
Lock Box Rental - Reports	92.00	88.00	95.00
Picnic Expense	582.15	450.00	-
Misc Supplies/Bank/State Fees	193.87	200.00	200.00
Beautification Expense	128.12	150.00	150.00
Meeting Expenses/Signs	63.31	150.00	150.00
Utilities (53 Lights+5% increase)	10,217.86	10,500.00	11,000.00
Advertising/Gifts/Yd. sale	124.50	300.00	300.00
Apprec. - Hunsinger Ln Ch	200.00	200.00	200.00
Newsletters Exp - Printing	487.60	800.00	800.00
Postage/Envelopes, etc.	25.00	200.00	200.00
Web Site Service	-	235.00	235.00
Center for Neighborhoods	-	24.00	24.00
<b>Total Expenses</b>	<b>\$ 12,114.41</b>	<b>\$13,297.00</b>	<b>\$ 13,354.00</b>

**Subject:** Form 990-N E-filing Receipt - IRS Status: Accepted  
**From:** epostcard@urban.org (epostcard@urban.org)  
**To:** DEQUIRC@ATT.NET;  
**Date:** Tuesday, May 26, 2015 8:57 AM

**Organization:** BRECKENRIDGE ESTATES NEIGHBORHOOD ASSOCIATION  
**EIN:** [REDACTED]  
**Submission Type:** Form 990-N  
**Year:** 2014  
**Submission ID:** 7800582015146e119934  
**e-File Postmark:** 5/26/2015 8:43:56 AM  
**Accepted Date:** 5/26/2015

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

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e-Postcard technical support  
Phone: 866-255-0654 (toll free)  
email: ePostcard@urban.org

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BRECKENRIDGE ESTATES NEIGHBORHOOD  
ASSOCIATION  
PO Box 90250  
Louisville, KY 40250

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

DEPARTMENT OF THE TREASURY

Date: **MAY 30 2006**

tion Number:

BRECKENRIDGE ESTATES NEIGHBORHOOD  
ASSOCIATION INC  
PO BOX 20956  
LOUISVILLE, KY 40250

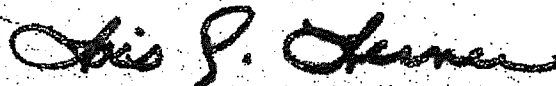
DLN:  
17053292017025  
Contact Person:  
TODD COLE ID# 75901  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
June 10, 2005  
Contribution Deductibility:  
No

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)(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 Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

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

Letter 948 (DO/CG)



## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Breckenridge Estates Neighborhood Association, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>non-profit organization exempt under IRS Code 501C4</b>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>PO Box 20956</b>	Requester's name and address (optional) <b>Albert Hampton</b> <b>3404 Norita Ct</b> <b>Louisville KY 40220</b>
	6 City, state, and ZIP code <b>Louisville, KY 40220</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Albert Hampton</i>	Date ▶ <i>09-02-2015</i>
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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Trey Grayson  
Secretary of State  
Received and Filed

06/10/2005 3:21:34 PM

Fee Receipt: \$8.00

Articles of Incorporation  
of  
Breckenridge Estates Neighborhood Association, --

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

Article I

The name of the corporation shall be:

Breckenridge Estates Neighborhood Association, Inc.

Article II

The duration of the corporation shall be perpetual.

Article III

The address of the registered and principal office of the corporation is:

3010 Arjay Lane  
Louisville, Ky. 40220

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

Dow Buford  
3010 Arjay Lane  
Louisville, KY 40220

Other places of business in said city or elsewhere may be designated by resolution of the board of directors.

Article IV

The corporation is organized and shall be operated exclusively for the promotion of social welfare as described within Section 501(c)(4) of the Internal Revenue Code (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 in activity falling within the purposes of the corporation and permitted for an organization exempt under said Section 501(c)(4).

The purposes of the corporation shall be more specifically stated as follows:

- 1) enhance the health, safety and welfare of the community;
- 2) provide a forum wherein neighborhood issues and concerns may be publicly expressed and discussed;
- 3) improve the economic life of the Breckenridge Estates area;
- 4) encourage a spirit of friendliness and cooperation with other groups in the Breckenridge Estates neighborhood and throughout the Louisville/Jefferson County Metro area;
- 5) foster cooperation and unity between property owners, tenants, business people and others;
- 6) meet the educational and cultural needs of the community;
- 7) encourage improvements in municipal services through public involvement and cooperation with local government;

8) encourage, plan, and coordinate the beautification, preservation, rehabilitation, and revitalization of all residential and public properties, structures and physical environments;

9) seek the assistance and cooperation from government agencies and other neighborhood associations to resolve common neighborhood problems, achieve common neighborhood objectives and goals, and to maintain and improve the quality of life for residents of all neighborhoods;

10) support other charitable, educational and cultural activities which advance the general well being of the community and its people.

#### Article V

The corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, 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 forth 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 State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

a) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501(c)(4) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

#### Article VII

The name and address of the incorporator is:

<u>Incorporator</u>	<u>Address</u>
Dow Buford	3010 Arjay Lane Louisville, KY. 40220

#### Article VIII

The initial board of directors shall consist of three directors. The names and addresses of the members of the initial board of directors are:

<u>Director</u>	<u>Address</u>
Meghann Frederick	4401 Marnergate Court Louisville, KY. 40220
Susan Toon	4206 Woodgate Lane Louisville, KY. 40220
Charlie Durhan	7411 Colson Drive Louisville, KY. 40220

#### Article IX

The original bylaws shall be adopted by the initial board of directors. Thereafter, the corporation shall be governed by the bylaws.

Any director may be removed for cause pursuant to bylaws provisions regarding grounds and procedures for such removal.

Article X

a) The directors, officers and at-large members, employees and members of this corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position in the corporation.

b) Any person serving on the board of directors of this corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;  
or

4) resulted in an improper personal benefit to the director.

Article XI

The corporation may indemnify any director, officer and at-large member, or former director, officer and at-large member, of the corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he/she is made a party by reason of being or having been such director, officer and at-large member, except in relation to matters as to which he/she shall be adjudged in such action, suit or proceeding, to be liable for negligence or misconduct in the performance of duty to the corporation. The corporation may make any other indemnification permitted by law and authorized by its articles of incorporation, by-laws or resolution adopted after notice to members entitled to vote.

Article XII


In the event of dissolution of the corporation, the board of directors shall, after paying or making provision for the payment of all liabilities of the corporation, dispose of all assets of the corporation exclusively for the purposes of the corporation, in such manner, or to such organizations organized and operated exclusively for the promotion of social welfare as shall at the time qualify as an exempt organization under Section 501(c)(4) or 501 (c) 3 of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose 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 are organized and operated exclusively for such purposes.

Article XIII

Amendments to these articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the incorporator of this corporation, this 2<sup>nd</sup> day of June, 2005.

  
Dow Buford, Incorporator

STATE OF KENTUCKY     )  
                                      ) SS  
COUNTY OF JEFFERSON )

Before me, the undersigned authority, personally appeared and being duly sworn, acknowledged that she is the incorporator and agent of process of the aforementioned corporation, and that she signed the aforementioned articles of incorporation as her free act and deed.



Louisville Metro Government  
Office of Management and Budget

### Neighborhood Development Fund Training Attestation

Organization Name: BENA

Participant Name: Donna Kempf

*I agree that I am an authorized representative and/or signatory of the organization named above and attest to having participated in Neighborhood Development Fund training. In addition, I understand the requirements of the Neighborhood Development Fund grant process.*

Please check:



I viewed the NDF training material on the website

Donna Kempf  
Participant Signature

8-6-15  
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: [Roxanne.Steele@louisvilleky.gov](mailto:Roxanne.Steele@louisvilleky.gov) or Fax: 502-574-3219

Mailing Address: Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St.  
Louisville, Kentucky 40202



**BRECKENRIDGE ESTATES NEIGHBORHOOD ASSOCIATION, INC.****General Information**

<b>Organization Number</b>	0615040
<b>Name</b>	BRECKENRIDGE ESTATES NEIGHBORHOOD ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/10/2005
<b>Organization Date</b>	6/10/2005
<b>Last Annual Report</b>	5/24/2015
<b>Principal Office</b>	3010 ARJAY LN LOUISVILLE, KY 40220
<b>Registered Agent</b>	DAVID A DISALVO 3104 CROMARTY WAY LOUISVILLE, KY 40220

**Current Officers**

<b>President</b>	<u>Albert Hampton</u>
<b>Secretary</b>	<u>Michelle Gay</u>
<b>Treasurer</b>	<u>Donna Kemp</u>
<b>Director</b>	<u>CHARLES TOON</u>
<b>Director</b>	<u>DAVID A DISALVO</u>
<b>Director</b>	<u>DEBORAH MCKNIGHT</u>
<b>Director</b>	<u>Joseph Gillette</u>

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

<b>Director</b>	<u>MEGHANN FREDERICK</u>
<b>Director</b>	<u>SUSAN TOON</u>
<b>Director</b>	<u>CHARLIE DURHAN</u>
<b>Incorporator</b>	<u>DOW BUFORD</u>

**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.

<u>Annual Report</u>	5/24/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	5/16/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	1/9/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	1/5/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	6/29/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	7/8/2010	1 page	<u>PDF</u>

<u>Annual Report</u>	2/26/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/30/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/24/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	6/10/2005	7 pages	<u>tiff</u>	<u>PDF</u>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/24/2015 2:25:55 PM	5/24/2015 2:25:55 PM	
Annual report	5/16/2014 1:59:22 PM	5/16/2014 1:59:22 PM	
Annual report	1/9/2013 10:07:32 PM	1/9/2013 10:07:32 PM	
Annual report	1/5/2012 6:30:49 PM	1/5/2012 6:30:49 PM	
Annual report	6/29/2011 6:03:46 PM	6/29/2011 6:03:46 PM	
Annual report	7/8/2010 11:57:15 AM	7/8/2010 11:57:15 AM	
Annual report	2/26/2009 8:26:07 PM	2/26/2009 8:26:07 PM	
Registered agent address change	9/18/2008 11:43:23 AM	9/18/2008	
Annual report	9/18/2008 11:42:42 AM	9/18/2008	
Annual report	3/30/2007 11:39:09 AM	3/30/2007	
Annual report	5/24/2006 11:00:28 AM	5/24/2006	
Add	6/10/2005 3:21:34 PM	6/10/2005	

## Microfilmed Images