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

Applicant/Program: Beechmont Neighborhood	Association, Inc Fun Club
Executive Summary of Request:	
BNA Fun Club Rewards	
	ge better participation in community support events in eration Brightside cleanups, neighborhood watch,
Each time an individual volunteers in a win in a drawing two admission tickets	qualifying community event they will be entered to to a family friendly local attraction
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	Yes
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 he disclosure section below, if required.
32 District # Council Member Signature	\$350.00 4-27-6 Amount Date
Primary Sponsor Disclosure List below any personal or business relationsh organization, its volunteers, its employees or response.	ip you, your family or your legislative assistant have with this nembers of its board of directors.
Approved by:	
Appropriations Committee Chairman	D-4
	Date
Clerk's Office Only:	
Request Amount:	Committee Amended Appropriation:
Original Appropriation:	Council Amended Appropriation:

NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST Legal Name of Applicant Organization: Beechmont Neighborhood Association, Inc. Program Name and Request Amount: Fun Club Rewards - \$350.00 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? N/A Has prior Metro Funds committed/granted been disclosed? Yes Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes Is recommended funding less than 33% of total agency operating budget? Yes Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? N/A Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? N/A Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? N/A Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if N/A required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Charity Review Standards?

Date: 4-27-16

Prepared by:

BEECHMONT NEIGHBORHOOD ASSOCIATION INCORPORATED

General Information

Organization

Number

0155481

Name

BEECHMONT NEIGHBORHOOD

ASSOCIATION INCORPORATED

Profit or Non-

Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

KY

File Date

4/14/1981

Organization

Date

4/14/1981

Last Annual

Report

3/21/2016

Principal Office

P. O. BOX 14332

LOUISVILLE, KY 40214

Registered

JEFF MILLER

Agent

1014 W. ASHLAND AVE

LOUISVILLE, KY 40215

Current Officers

President

Debra Thompson

Vice President

Betsy Ruhe

Secretary

Richard Galvin

Treasurer

Joan Shepherd

Director

Gary Guss

DirectorLinda TaylorDirectorJohn Wardlaw

Individuals / Entities listed at time of formation

Director KENDALL FETZER

Director MARY N ZIRNHELD

Director <u>ELIZABETH M RIEBER</u>

Director LINDA S TAYLOR

Incorporator <u>KENDALL Y FETZER</u>

Incorporator <u>MARY N ZIRNHELD</u>

Incorporator <u>ELIZABETH M RIEBER</u>

Incorporator <u>LINDA S TAYLOR</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>	3/21/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/15/2015	1 page	<u>PDF</u>	
Annual Report	4/2/2014	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/11/2013	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/14/2012	1 page	<u>PDF</u>	
Annual Report	3/15/2011	1 page	<u>PDF</u>	
Registered Agent name/address change	9/9/2010 12:16:24 PM	1 page	<u>PDF</u>	
Annual Report	9/9/2010	1 page	<u>PDF</u>	
Registered Agent name/address change	5/13/2009 1:57:18 PM	1 page	<u>PDF</u>	
Annual Report	5/13/2009	1 page	<u>PDF</u>	
Annual Report	1/30/2008	1 page	<u>PDF</u>	
Annual Report	1/24/2007	1 page	<u>tiff</u>	<u>PDF</u>

<u>Reinstatement</u>	8/7/2006	3 pages	tiff	<u>PDF</u>
Statement of Change	8/7/2006	1 page	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	11/1/2005	1 page	<u>PDF</u>	
Annual Report	6/2/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/28/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	1/10/2002	2 pages	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	11/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/25/1992	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
Sixty Day Notice	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	4/14/1981	6 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report		3/21/2016 11:10:23 AM	
Annual report	4/15/2015 8:33:03 AM	54/15/2015 8:33:03 AM	;
Annual report	4/2/2014 1:42:55 PM	4/2/2014	

Annual report	9/11/2013 11:34:38 AM	9/11/2013
Annual report	2/14/2012 8:09:23 PM	
Annual report	3/15/2011 1:16:25 PM	3/15/2011 1:16:25 PM
Registered agent address change		· · ·
Annual report	9/9/2010 12:05:13 PM	• •
Registered agent address change		
Annual report	5/13/2009 1:50:20 PM	•
Annual report	1/30/2008 1:50:25 PM	
•	1/24/2007 4:02:09 PM	1/24/2007
Registered agent address change	8/7/2006 1:44:45 PM	8/7/2006
Reinstatement	8/7/2006 1:42:17 PM	8/7/2006
·	11/1/2005 6/26/2004	11/1/2005

Registered agent address change 3:26:35 6/26/2004

PM

1/10/2002

Reinstatement 3:06:19 1/10/2002

PM

Admin Dis. A. report not in

11/1/1994 11/1/1994

Microfilmed Images

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

Annual Report	8/3/2004	1 page
Statement of Change	6/26/2004	1 page
Annual Report	6/2/2003	1 page
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Annual Report	9/1/1990	1 page
Sixty Day Notice	9/1/1990	1 page
Annual Report	7/1/1989	1 page
Articles of Incorporation	4/14/1981	6 pages



		SECTION 1 - APPLI	CANT INFORMATION		
Legal Name of Application (as listed on: http://www.s	_	BEECHMC	NT NEIGHBORHOOD	ASSOCIATION INCORPORATED	
Main Office Street & I	Mailing A	ddress: P. O. BOX 1433	2 LOUISVILLE, KY 402	214	
Website:					
Applicant Contact:	DEBBI	E THOMPSON	Title:	PRESIDENT	
Phone:	502-36	6-4614	Email:	hdbthom@gmail.com	
Financial Contact:	JOAN	SHEPHERD	Title:	TREASURER	
Phone:	502-22	1-5177	Email:	jm593@twc.com	
Organization's Repres	entative	who attended NDF Train	ning: JOAN SHEPHER	D	
GEOG	RAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (V	VILL BE) PROVIDED	
Program Facility Locat	tion(s):	Festival of Flowers-B	eechmont Open Air M	larkets-Southern Pky-Beechmont	
Council District(s):		District 21	Zip Code(s):	40214 40215	
	SECTI	ON 2 – PROGRAM REQU	EST & FINANCIAL INFO	RMATION	
PROGRAM/PROJECT I	NAME: BI	NA FUN CLUB REWARD	OS PROGRAM		
Total Request: (\$)	\$350	Total Metro A	ward (this program) in	previous year: (\$) 0.00	
Purpose of Request (c	heck all t	hat apply):			
☐ Operating Fu	unds (gen	erally cannot exceed 33%	% of agency's total opera	ating budget)	
Programmin	g/service	s/events for direct benef	it to community or qual	ified individuals	
☐ Capital Proje	ect of the	organization (equipment	, furnishing, building, et	cc)	
The Following are Rec	quired Att	cachments: No attachments w	vere originally indicatedapplicant	checked attachments included with this application.	
IRS Exempt Status De		n Letter	Signed lease if rent c	osts are being requested	
Current Year Projecte			☐ IRS Form W9		
List of Board of Direct		de term & term limits	Evaluation forms if u	sed in the proposed program	
Current financial stat		,	Annual audit (if requ	ired by organization)	
Most recent IRS Form Articles of Incorporat		.20-H	Faith Based Organization Certification Form, if required		
Cost estimates from		vendor if request is for	Staff including the 3	highest paid staff	
capital expense					
	-	-		eived from Louisville Metro	
				through Metro Federal Grants,	
sheet if necessary.	oi Metro	Council Appropriation (N	ieignbornood Developm	nent Funds). Attach additional	
	Commun	ity Music Partnership	Amount: (\$) \$7	80.00	
Source:))	Amount: (\$)	140	
Source:			Amount: (\$)	42/45/0	
- Application of the Control of the	acted the	BBB Charity Review for		No	
, -		Charity Review Standards	·		

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SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The purpose of the BNA shall be the furthering of the neighborhood good by consideration and implementation of programs and projects for that good.

The goals of the BNA shall be:

To unite property owners, tenants, business people and others interested in furthering the good of the neighborhood.

To encourage civic improvements.

To promote community activities and interests of an educational and civic nature.

To encourage residential and business property upkeep and to eliminate vandalism and littering.

To encourage better police protection and traffic enforcement.

To encourage gentler vehicular traffic flow and to promote means for increased pedestrian and alternative transportation.

To ensure friendliness and cooperation within the neighborhood and with other Metro Louisville neighborhood groups.

To encourage and protect reasonable and adequate zoning.

To look after and protect any interest or inquiry deemed important by the members of the 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.):

BNA Fun Club Rewards [see attachment] April 12, 2016 through November 21, 2016

This promotion is intended to encourage better participation in community support events in our neighborhood (ie: Operation Brightside cleanups; Beechmont Neighborhood Watch; Neighborhood Walk-throughs with Metro Police; etc.). Participants are not required to be actual members of Beechmont Neighborhood Association.

Each time an individual volunteers in a qualifying community service event he or she will register with the event coordinator so his or her name can be submitted for a drawing to win two (2) FREE admission tickets to a family friendly attraction in our area.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Beechmont Neighborhood Association members can now purchase Kentucky Kingdom tickets at a discounted price and we recently obtained two (2) donations from local institutions for the specific purpose of purchasing several Kentucky Kingdom tickets to give away in the BNA Fun Club Rewards drawings. Funding is in place to purchase 16 tickets to Kentucky Kingdom under BNA's discounted price agreement.

We are seeking funding to purchase Admission Tickets to other educational and family friendly area attractions such as Louisville Zoo, Kentucky Derby Museum, Muhammad Ali Center, Louisville Mega Caverns, Kentucky Science Center, and Frazier History Museum. These tickets will also be used to in our BNA Fun Club Drawing.

Each prize drawn will include Admission Tickets for two people so that a child's prize will also include the cost of the adult who will need to accompany that child.

We currently plan to hold multiple drawings at six separate events this year: two (2) Operation Brightside cleanup events--Spring & Fall; Annual Festival of Flowers--May 14th, Opening Day of Beechmont Open Air Market--June 4th, Annual Fall Festival--dtbd, with a final drawing to be held at the annual Firehouse Chili Dinner--November 21.

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C: If this request is a fundraiser, please detail how the proceeds will be spent:
This is not a fundraising event.
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application. ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan
identified in this application.
N/A
The funding request is a reimbursement of the following expenditures that will probably be incorred of the attention
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.
Precise ticket purchase expenditures have not yet been determined and will depend on total funding available.
total fulluling available.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: BNA Fund Club Rewards program benefits all the members of our community in that it serves to attract volunteers to participate in duties vital to the health, safety, and well-being of the community

as a whole.

The following are qualifying events that need volunteers:

- Safe Neighborhood Committee/Neighborhood Block Watch
 - o Attend meetings and support crime prevention in your part of our neighborhood
- Beautification Committee Landscaping projects
 - o Gazebo/ Clock Corner Garden Landscaping Manicure -Tues, April 12th, 6:00 pm
- Brightside|Louisville-
 - o Beautification Committee Neighborhood Cleanup Saturday, April 16th, 8:00 am
 - o Register your own Brightside cleanup event in your part of our neighborhood
 - o Brightside Walk TBD
- Open Air Kentucky Proud Market
 - o Volunteer to help out at our weekly Open Air Market Day
 - -each Saturday--June 4th through end of growing season-- 8:00am 12 Noon

Volunteers will register with event coordinators in order to have their name submitted for each drawing. A list of names will be compiled, counted and compared to previous years attendance data.

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.

During this pilot year Beechmont Neighborhood Association is primarily working through details to determine exactly what is required to successfully administer this promotion. However, with a measureable achievement collaboration with Metro Parks and Beechmont Community Center will most certainly be considered.

Such collaboration will increase the number of qualifying Community Service events, as well as the necessity to increase the number of BNA Fun Club Rewards to be awarded.



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	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	350	650	1000.00
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	35 %	65 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	574.50
Fees Collected from Program Participants	0
Other (please specify)	75.50 BNA funding
Total Revenue for Columns 2 Expenses **	650.00

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

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



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
Total Value of In-Kind		
(to match Program Budget Line Item. Volunteer Contribution &Other In Kind)		
* DONOR INFORMATION REFERS TO WHO MADE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER OPERSON PER WEEK		
Agency Fiscal Year Start Date: January 1	1990an sauri - Ann ann ann an Ann	
Does your Agency anticipate a significant increase budget projected for next fiscal year? NO	or decrease in your budget for YES	rom the current fiscal year to the
If YES, please explain:		

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SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- 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 gain.
- 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 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.

Signatur	e of Legal Signatory:	Leblue &	Compan	Date: 4/25/16	
Legal Sig	gnatory: (please print):	Debbie Thom	son	Title: President	dido dese
Phone:	502-366-4614	Extension:	Email:	hdbthom@gmail.com	

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Form W=9 (Rev. December 2014) 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.

	1 Name (as shown on your income tax return). Name is required on this line; do not	eave this line blank.		
	BEECHMONT NEIGHBORHOOD ASSOCIATION INCORPORATED			
ci	2 Business name/disregarded entity name, if different from above			
ige				
Print or type See Specific Instructions on page		Certain	emptions (codes apply only to in entitles, not individuals; see actions on page 3):	
on:	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S cor	Evern	pt payee code (if any) 5	
r ty icti	Note. For a single-member LLC that is disregarded, do not check LLC; check the	Evom	ption from FATCA reporting	
Print or type	the tax classification of the single-member owner.	le appropriate box in the line above for	(If any) Not Applicable	
Pri	☐ Other (see instructions) ▶	(Applies	to accounts maintained outside the U.S.)	
ij	5 Address (number, street, and apt. or suite no.)	Requester's name and add	dress (optional)	
bec	PO BOX 14332	-		
e S	6 City, state, and ZIP code			
Se	LOUISVILLE, KY 40214			
	7 List account number(s) here (optional)	<u> </u>		
Par	Taxpayer Identification Number (TIN)		The second secon	
	your TIN in the appropriate box. The TIN provided must match the name give		number	
	p withholding. For individuals, this is generally your social security number			
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other				
entitie	is it is your employer identification number (FIN). If you do not have a numb	er see How to get a		
	is, it is your employer identification number (EIN). If you do not have a numb in page 3.	er, see How to get a or		
TIN or	n page 3.	or	fication number	
TIN or Note.		or	Tication number	
TIN or Note.	n page 3. If the account is in more than one name, see the instructions for line 1 and	or	fication number	
TIN or Note.	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter.	or	fication number	
Note. guidel	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter.	or	fication number	
Note. guidel Par Under	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification	the chart on page 4 for Employer Identif		
Par Under 1. The 2. I ar	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification penalties of perjury, I certify that:	or Employer Identifier or I am waiting for a number to be issued to withholding, or (b) I have not been notified	to me); and	
Parr Under 1. The 2. Lar Ser	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number (or not subject to backup withholding because: (a) I am exempt from backup rvice (IRS) that I am subject to backup withholding as a result of a failure to	or Employer Identifier or I am waiting for a number to be issued to withholding, or (b) I have not been notified	to me); and	
Par Under 1. The 2. I ar Ser no 3. I ar	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number (em not subject to backup withholding because: (a) I am exempt from backup rivice (IRS) that I am subject to backup withholding as a result of a failure to longer subject to backup withholding; and	or Employer identifier I am waiting for a number to be issued to withholding, or (b) I have not been notified report all interest or dividends, or (c) the IF	to me); and	
Par Under 1. The 2. I ar See no 3. I ar 4. The Certif because instructions are constructed to the construction of the construc	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number (or not subject to backup withholding because: (a) I am exempt from backup rvice (IRS) that I am subject to backup withholding as a result of a failure to longer subject to backup withholding; and m a U.S. citizen or other U.S. person (defined below); and e FATCA code(s) entered on this form (if any) indicating that I am exempt from ication instructions. You must cross out item 2 above if you have been not see you have failed to report all interest and dividends on your tax return. For st paid, acquisition or abandonment of secured property, cancellation of deally, payments other than interest and dividends, you are not required to significant to the control of	or Employer Identification on page 4 for Employer Identification or I am waiting for a number to be issued to withholding, or (b) I have not been notified report all interest or dividends, or (c) the IF or FATCA reporting is correct. If	to me); and d by the Internal Revenue RS has notified me that I am eject to backup withholding apply. For mortgage at arrangement (IRA), and	
Par Under 1. The 2. I ar See no 3. I ar 4. The Certif because interes general control of the con	If the account is in more than one name, see the instructions for line 1 and lines on whose number to enter. Certification penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number (or not subject to backup withholding because: (a) I am exempt from backup rice (IRS) that I am subject to backup withholding as a result of a failure to longer subject to backup withholding; and m a U.S. citizen or other U.S. person (defined below); and e FATCA code(s) entered on this form (if any) indicating that I am exempt from iteration instructions. You must cross out item 2 above if you have been not see you have failed to report all interest and dividends on your tax return. For stip paid, acquisition or abandonment of secured property, cancellation of deally, payments other than interest and dividends, you are not required to significant to the control of the control	or Employer Identification on page 4 for Employer Identification or I am waiting for a number to be issued to withholding, or (b) I have not been notified report all interest or dividends, or (c) the IF or FATCA reporting is correct. If	to me); and d by the Internal Revenue RS has notified me that I am egiect to backup withholding apply. For mortgage at arrangement (IRA), and our correct TIN. See the	

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.

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:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), $\,$
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. 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
- 4. 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.

Internal Revenue Service

Date: March 15, 2004

Beechmont Neighborhood Association P.O. Box 14332 Louisville, KY 40214

Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Kaye Keyes 31-07416
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756

Federal Identification Number:

Dear Sir or Madam:

This is in response to your request of March 15, 2004, regarding your organization's tax-exempt status.

In August 1983 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(4) of the Internal Revenue Code.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is also liable for tax under the Federal Unemployment Tax Act for each employee to whom it pays \$50 or more during a calendar quarter if, during the current or preceding calendar year, the organization had one or more employees at any time in each of 20 calendar weeks or it paid wag of \$1,500 or more in any calendar quarter.

If your organization's character, method of operation, or purposes change, please let us know so we can consider the effect of the change on the organization's exempt status. Also, your organization should inforus of all changes in its name or address.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the design of the design

Because your organization is not one described in section 170(c) of the Code, donors may not deduct contributions made to it. You should advise your organization's contributors to that effect.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Internal Revenue Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your organization's activities are unrelated trade or business as defined in Code section 513.

Beechmont Neighborhood Association

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to an individual who requests such documents in person or in writing. Organizations that received recognition exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting document and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

As this letter could help resolve any questions about your organization's exempt status, you should keep a solve your organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms the exempt status of your organization

Sincerely,

Janna K. Skufen

Janna K. Skufca, Acting Director, TE/GE Customer Account Services

Beechmont Neighborhood Association 2016 Budget Projections

Projected	Events	Income/Expenses
-----------	---------------	-----------------

Festival of Flowers Income	\$	2,500.00
Open-Air Farmer's Market	\$	1,000.00
BNA Family Picnic	\$	(700.00)
Ironman Cheer Festival	\$	(50.00)
Internet Activity [Facebook/Blog]	•	325.00
Bugler [No permit/mass mailing this year]	\$	650.00
Annual Firemans Chili Supper		(200.00)
Projected Other Miscellaneous Activies Income/E		,
Annual Contributions-Neighborhood Orgs	\$	(300.00)
Organizational Fees	\$	(15.00)
Brightside Expenses	\$	(60.00)
Best Stamp Co	\$	(20.00)
Bennet's Lawn Care-3rd & Florence	\$	(480.00)

PO Box Rental \$ (88.00)

Beechmont Neighborhood Association 2016 Projected Annual

Profit/Loss \$

2,562.00

BEECHMONT NEIGHBORHOOD ASSOCIATION 2016 BOARD MEMBER ROSTER

THERE ARE NO TERM LIMITS FOR BOARD MEMBERS

NAME	TERM
Debra Thompson-President	12th Term
Nancy Bowman-Dention-Vice President	2nd Term
Rich Galvin-Secretary	2nd Term
Joan Shepherd-Secretary	4th Term
Gary Guss	13th Term
Betsy Ruhe	2nd Term
Katie Carter	2nd Term
Jeff Miller	8th Term
Tom Shaughnessy	1st Term
Nicole George	1st Term
Scott Allgood	2nd Term
Tamara Brown	2nd Term
Wes Emly	2nd Term
Linda Taylor-Honorary Board Member	6th Term

THERE ARE NO PAID STAFF FOR BEECHMONT NEIGHBORHOOD ASSOCIATION

Beginning Bank Balance	9128.84
Net Loss	-679.18
Projected Ending Bank Balance	8449.66
_	
Bank Balance Treasurer Report	8427.93
Control Difference	21.73

FYE2015 Profit Loss Statement

	. TEEGTO T TOTAL EGGG GLATOTT	Cit			
Festival of Flowers Income/	Expenses:				
Flowers/Paint-a-Pot Booth					
	Plant Sales	\$	2,959.10		
	Expenses:				
	Peerce Farms-Flowers	\$	(1,000.10)		
	Herbs		(364.64)		
	Pots/soil/paint /supplies		(112.84)		
611		Р	lant Booth Profit	\$	1,481.52
Silent Auction		_			
	Auction Ticket Sales		260.00		
	Expenses:		-		
Food Booth		Sile	nt Auction Profit	\$	260.00
i oou bootii	Food/Drink Sales	Φ	EEO 00		
	Expenses:	•	559.36		
	Health Dept Permit		(25.00)		
	Food/ingredients/paper goods		(167.97)		
	Soft drinks & waters		(78.76)		
	Ice		(14.00)		
			ood Booth Profit	\$	273.63
BNA Booth	•			•	
	New Memberships (12)	\$	120.00		
	Renewed Memberships (9)		90.00		
	Merchandise Sales		102.00		
	Contribution		5.50		
	Expenses		-		
		В	NA Booth Profit	\$	317.50
Vendors	· ·				
	Fees Paid		505.00		
	Expenses:	\$	- V	Α	505.00
			Vendor Profit	\$	505.00
	Tota	ol R	ooth Earnings	\$	2 027 66
	1018	ai D	ootii Eariiiigs	J	2,837.65
Festival Earnings:					
	Expenses:	•			
	Festival Permit	\$	(40.00)		
	Night Watchman		(100.00)		
	Moon Portable Restrooms		(175.00)		
	Metro Garbage Boxes		(27.40)		

	lowers Profit \$	
esti	val Expenses \$	(370.70)
\$	(28.30)	
\$	(27.40)	
	(175.00)	
	(100.00)	
\$	(40.00)	
	\$ \$ \$ \$	\$ (100.00) \$ (175.00) \$ (27.40) \$ (28.30)

Expenses:			Total Income	\$ 2,188.05
	Grace by Design-T-Shirts Tables for Booth		(261.82)	
	Insurance-Liability Policy		(127.78) (271.88)	
	Rick PGarbage Bags		(9.53)	
	Tom DFestival Music		(640.00)	
	Rick PHat Award Embroidery		(5.00)	
	Beechmont Baptist Church-1/2 Bouncy House Exp	\$	(125.00)	
	Gary GB&G Ingredients		(31.88)	
			Total Expenses	\$ (1,472.89)
	Net Open	-A	ir Market Profit	\$ 715.16
•	Koozies	S	13.00	
Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine	\$ \$	5.00 30.00 Total Income (225.44)	\$ 48.00
Expenses:	Cash Donation Memberships Paid	\$	5.00 30.00 Total Income	\$ 48.00
Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies	\$\$\$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00)	
Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce	\$\$\$	5.00 30.00 Total Income (225.44) (356.18) (55.72)	\$ 48.00 (737.34)
Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic	\$\$\$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00)	
Ironman Chee	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic	\$\$\$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense	\$ (737.34)
Ironman Chee	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Fer Festival: Annual Income/Expense Statement	\$ \$ \$ \$ Pic	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense Cnic Profit/Loss	\$ (737.34)
Ironman Chee Income: 10/15/15	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Fer Festival: Annual Income/Expense Statement Koozie Sales	\$ \$ \$ \$ \$ \$ \$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss	\$ (737.34)
Ironman Chee	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Fer Festival: Annual Income/Expense Statement	\$ \$ \$ \$ \$ \$ \$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss	\$ (737.34)
Ironman Chee Income: 10/15/15 10/27/15	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Fer Festival: Annual Income/Expense Statement Koozie Sales	\$ \$ \$ \$ \$ \$ \$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss	\$ (737.34)
Ironman Chee Income: 10/15/15 10/27/15 Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Frestival: Annual Income/Expense Statement Koozie Sales L&N Fed Credit Union Donation	\$ \$ \$ \$ \$ \$ \$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss 11.00 500.00 Total Income	\$ (737.34) (689.34)
Ironman Chee Income: 10/15/15 10/27/15 Expenses: 12/04/15	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Frestival: Annual Income/Expense Statement Koozie Sales L&N Fed Credit Union Donation John Wardlaw-Festival Supplies	\$\$ \$\$\$\$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss 11.00 500.00 Total Income (272.07)	\$ (737.34)
Ironman Chee Income: 10/15/15 10/27/15 Expenses:	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Frestival: Annual Income/Expense Statement Koozie Sales L&N Fed Credit Union Donation	\$\$ \$\$\$\$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss 11.00 500.00 Total Income (272.07) (188.29)	\$ (737.34) (689.34)
Ironman Chee Income: 10/15/15 10/27/15 Expenses: 12/04/15	Cash Donation Memberships Paid Bouncy Houses/Snow Cone Machine Moon Sanitation: Facilities & Supplies Chips, Buns, BBQ Sauce Mary Kate PowerMusic Net Family Frestival: Annual Income/Expense Statement Koozie Sales L&N Fed Credit Union Donation John Wardlaw-Festival Supplies	\$\$ \$\$\$\$ \$	5.00 30.00 Total Income (225.44) (356.18) (55.72) (100.00) Total Expense cnic Profit/Loss 11.00 500.00 Total Income (272.07) (188.29) Total Expenses	\$ (737.34) (689.34) 511.00

	ctivity [Facebook/Blog]: Annual Income/Expense Staten	nen	t		
Income:	Mambar Food Daid via Day Da		000.01		
03/31/15 09/20/15	Member Fees Paid via Pay Pal		360.21		
11/15/15	Pay Pal Transfer		50.00		
11/15/15	Pay Pal Transfer	ф	70.00		400.04
Evnoncoo			Total Income	5	480.21
Expenses:					
	Gary Guss: Reimb Internet Expenses: 123cheapdomains.com-\$13.95 & Bluehose Web Hosting-		*		
08/10/15	\$143.88 (for 1 year)		(157.00)		
09/20/15	· · · · · · · · · · · · · · · · · · ·		(157.83)		
11/15/15	Paypal Transaction Fees		(3.00)		
11/15/15	Paypal Transaction Fees	<u></u>	(4.00)	¢	(164.02)
			Total Expense	Þ	(164.83)
	Net Pay-Pal Trans	acti	ons Profit/Loss	\$	315.38
Bualer: An	nual Income/Expense Statement				
Income:					
	Mailed Member Pymts Deposit	\$	960.00		
			Total Income	\$	960.00
Expenses:				*	
03/02/15	Standard Mail Permit	\$	(220.00)		
	Turn Key Concepts: Spring Buglar-Printing & Blanket		()		
03/20/15	Mailing		(1,815.10)		
04/29/15	Joan SBuglers printed for 40209 hand delivery		(35.12)		
10/02/15	Turn Key Concepts: Fall Buglar Printing	-	(202.20)		
10/13/15	Turn Key Concepts: Fall Buglar-Postage Expense		(95.09)		
11/13/15	Return Mail Postage Due Fees		(15.76)		
	· ·		Total Expenses	\$	(2,383.27)
	Net	Bu	gler Profit/Loss	\$	(1,423.27)
*		•		_	(), ,
Annual Fire	emans Chili Supper Income/Expense				
Income:					
mcome.	Memberships Paid at Door	ф	150.00		
	ivienibeisnips raid at Door	Φ_	150.00	<u> </u>	150.00
Expenses:			Total Income	Þ	150.00
Expenses.	Kroger Gift Card to Fireman: Ingredients	Φ	(150.00)		
			(150.00)		
	Linda Taylor: Supplies	.,	(65.31)	•	(045.04)
			Total Expenses	\$	(215.31)
	Net Firemans Chili S	Sup	per Profit/Loss	\$	(65.31)

FYE2015 Profit Loss Statement

Other Miscellaneous Activies Income/Expenses:				
03/16/15 Jeff Cnty Master Gardners Assoc: Contribution for Arbor Day Trees	\$	(
04/29/15 Wes Emly: Bike purchase to replace stolen bike at Brightside event	\$	ì		

03/16/15	Jeff Cnty Master Gardners Assoc: Contribution for Arbor Day Trees	\$	(100.00)
04/29/15	Wes Emly: Bike purchase to replace stolen bike at Brightside event	\$	(140.86)
04/29/15	Debbie Thompson: Reimb SoS filing fee-Wardlow baby gift exp.	\$	`(75.77)
05/20/15	Gary Guss: Reimb Lock for Gazebo Electric Box	\$	(14.81)
05/29/15	Stop Pymt Fee-#1812-Bennetts Lawn Service	\$	(30.00)
06/11/15	Jeff Miller-Operation Brightside Expenses	\$	(27.69)
07/01/15	The Little Loomhouse-Membership/Contribution	\$	(100.00)
07/20/15	Best Stamp CoBoard Member Name Tags	\$	(66.50)
09/20/15	Best Stamp Company-Tom Denton Nametag	\$	(10.00)
10/02/15	Linda Guss: Reimb Plants for gazebo area	\$	(34.96)
10/08/15	Jeff Miller: Coffee/Donuts-Operation Brightside Cleanup	\$	(28.69)
10/27/15	Debbie Thompson: Reimb Gift/Card ExpenseKatie Carter Baby Gift	\$	(54.95)
11/05/15	Friends of Library:Donation for December Holidaty Party	\$	(100.00)
11/12/15	The Verdin Company: Survey Clock for Repairs/Refurbishing	\$	(525.00)
Total	Bennetts Lawn Service: 3rd & Florence-total 2015 invoices paid	\$	(480.00)
12/02/15	CLARKE CHECK ORDER	\$	(15.00)
12/30/15	United State Post OfficePO Box Rental Fee	\$	(88.00)
12/31/15	Reimb: Joan ShepherdHoliday Lights for Gazebo	\$	(68.85)
01/05/16	Reimb: Debbie ThompsonSanta Suit Expense	\$	(88.31)
		•	(==)

Total Miscellaneous Activities Profit/Loss:	\$ (2.049.39)

Beechmont Neighborhood Association 2015 Annual Profit/Loss \$

Account Name: BASIC BUSINESS CHECKING Date Range: 01/01/2016 - 01/11/2016

Date	Description	Number	Мето	Amount Debit	Amount Credit	Balance	Notation
			BEGINNING BALANCE			\$ 8,650.40	as of 12/31//2015
01/06/16	SHARE DRAFT	1859	Reimb: Joan ShepherdHoliday Lights for Gazebo	\$ (68.85)		\$ 8,581.55	
						\$ 8,581.55	Balance to Bank as of 01/7/16

Add'I Info: OUTSTANDING TRANSACTIONS

Date	Description	Number	Memo	Amount Debit	Amount Credit	Balance	Notation
01/05/16	SHARE DRAFT	1861	Reimb: Debbie ThompsonSanta Suit Expense	\$ (88.31)		\$ 8,493.24	
12/31/15	SHARE DRAFT	1862	Reimb: Linda TaylorNov Chili Supper Expenses	\$ (65.31)		\$ 8,427.93	
			ENDING BALANCE			\$ 8,427.93	Ending Treasury Report Balance as of 01/7/2016

filed 1/5/15

Information copy. Do not send to IRS.

Form 990-N

Department of the Treasury Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2014

Open to Public Inspection

D Employer

Identification

Number

A	For the 2014	calendar year,	or tax year	beginning	1/1/2014,	and ending	12/31/2014.
---	--------------	----------------	-------------	-----------	-----------	------------	-------------

B Check if applicable

☐ Terminated, Out of Business

Gross receipts are normally \$50,000 or less

C Name of organization: BEECHMONT NEIGHBORHOOD ASSN d/b/a:

PO Box 14332

Louisville, KY, US, 40214

Name of Principal Officer: Debra Thompson

4834 Southern Parkway Louisville, KY, US, 40214

E Website:

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

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

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated 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 filing via paper. You must file your Form 990-N (e-Postcard) electronically.

155481

#8.pg - 1-1-75

Commonwealth of Gentucky OFFICE OF SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT, KENTUCKY

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

1. FRANCES JONES MILLS, Secretary of State of the Commonwealth of

Kentuck	iy certify that there has been deliver	red to	my	office	articles	of
incorpoi	ration of BEECHMONT NEIGHBORHOOD ASSOCIATIO	ON INCO	RPORAT	TED)		·
The nan	e and address of the registered agent of this			_		
NAME	HARY N. ZIRWELD			. market a		
. –	4707 SOUTHERN PARKWAY					
STRELT ADDA CITY, STATE	LOUISVILLE, KENTUCKY		, -		-A	
NOI	W. THEREFORE, finding that these articles o	d inco	- 224 27 51 1	ion cont	form to l	rena»

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, FRANCES JONES MILLS, Secretary of State, issue this Certificate of Incorporation.



at Frankfort, Kentucky.

SECRETARY OF STATE

ARCHETARY OF STATE

A

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

GRIGINAL COPY THED SECRETARY OF STATE OF KOMBUCKY FRANKIONT, LENIMENT

APR 1 4 1981

BERCHMONT NEIGHBORHOOD ASSOCIATION, INC.

SECRETARY OF STATE RECEIVED

APR 9 1981

COMMONWEALTH OF KENTUCKY

of Louisville, Jefferson County,

Kentucky, has come to incorporate a non-profit corporation without capital stock, under the provisions of Chapter 273 Kentucky Revised Statutes, and has agreed and does hereby agree to the following Articles of Incorporation.

SECRETARY OF STATE

RECEIVED

ARTICLE I.

The name of the Corporation shall be:

207842

beechwont neighborhood Association Incorporated

COMMONWEALTH OF KENTUCKY

(The name may include the word "Incorporation"), by which it may sue and be sued, contract and be contracted with, and establish and use a Corporate Seal.

ARTICLE II.

The location and Post Office address and principal place of business of said corporation shall be at: 4707 Southern I'kwy Louisville, Ky. 40214

ARTICLE III.

The business to be conducted by the corporation shall be exclusively that of organizing, promoting, fostering, assisting and conducting such religious, charitable, scientific, literary and educational, civic and social movements, activities and institutions as from time to time may be determined by the Board of Directors of the Corporation.

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Exchange, or gift, real or personal property, and to sell and lease and otherwise dispose of any property acquired by it and to invest and reinvest the proceeds thereof; to give, donate and contribute to any of the activities of purposes for which the corporation is organized as hereinabove set out, such sums of money and such property as the Board of Directors, in its discretion, may determine; to take title to and hold in its own name such roal and personal property as may be acquired by it for the purposes hereinabove set out, and to sell the same and reinvest the proceeds thereof; to borrow money and give security therefor; and generally to do any and all things determined by the Board of Directors to be necessary or appropriate to effectuate the purposes for which the corporation is organized as horeinabove set out, not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any other applicable laws of the Commonwealth of Kentucky. The Corporation shall have any and all other powers not hereinabove enumerated as are provided for in K. R. S. 273.171.

Also "Notwithstanding any other provision of these articles, the comporation, shall not carry on 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 195h (or the corresponding provision of any future United States Internal Revenue Law)",

ARTICLE IV.

The corporation shall have no capital stock and its business shall not be conducted for profit, and no profit shall inure to the organizers hereof, or to any other Member, nor to any officer hereof, but the entire net sarnings of the corporation shall be devoted exclusively to religious, charitable, scientific, liveral, livic, social and educational uses and surposes, as set out in Article III hereof, No part of its earnings or assets shall be used for propaganda or

or otherwise attempting to influence legislation, either directly or indirectly.

ARTICLE V.

The corporation shall commence business when its Articles of Incorporation have been filed and recorded in the Office of the Secretary of State of the Commonwealth of Kentucky, and in the Office of the Clerk of the County Court of Jefferson County, Kentucky, as required by law, and shall continue perpetually unless otherwise sconer dissolved according to law, or as provided in Article I hereof. Upon dissolution, the Directors shall apply any assets not theretofore allocated, to such of the uses and purposes set out in Article III, as they may determine, and in such or any event, upon dissolution, any and all remaining assets of this corporation shall be donated to a religious, charitable, or educational organization exempt from Federal income tax under Section (C) (3) of the Internal Revenue Code as now provided or hereafter amended.

ARTICLE VI.

The number of directors of the corporation shall be Four (4)
and shall be elected by the members of the corporation. The original directors are
as follows:

- 1. Kendall Fetzer 4710 Southern key Louisville Ky 40214
- 2. Mary N. Zirnheld 4707 Southern Pkwy Louisville, Ky. 40214
- Rlizabeth M. Rieber 4537 Southern Pkwy. Louisville, Ky. 40214
- h. Linda S. Taylor 4616 South 6th Street Louisville, Ky. 40214

The members of the Corporation and the Directors shall serve without compensation.

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The officers of the Corporation shall be elected by the directors of the Corporation and shall serve until their successors are elected and have qualified. The directors shall elect the regular officers of the Corporation at their annual meeting for the term of one year. The Secretary and Treasurer may be one and the same person. All officers must be Directors of the Corporation.

The Board of Directors shall elect from their number a President, one or more Vice-Presidents, a Secretary and a Treasurer.

The Board of Directors shall adopt a corporate seal and shall have power to make and adopt By-Laws for the operation of the corporation.

ARTICLE VIII.

Private property of the Members of the Corporation, including the incorporator, shall not be subject to any of the debts or liabilities of the corporation.

ARTICLE IX

Unless otherwise designated as provided by law, the name and post office address of the authorized agent of the corporation upon whom process can be served

181 Mary M. Zirnheld 4707 Southern Pkwy Louisville, Ky. 40214

The corporation may be dissolved at any time by the unanimous written consent of its Members, at a meeting for the purpose called in pursuance of a resolution of the Board of Directors and held at the registered office of the corporation, of which meeting and the purpose thereof, the Secretary shall give each member ten (10) days written notice sent by the United States Mail to each member of his last known address as disclosed by the records of the corporation. Upon such voluntary dissolution, notice thereof shall be given in such manner and to such officers as at that time may be acquired by the laws of the Commonwealth of Kentucky.

	•	
		•
IN TESTIMONY WHEREOF, witness the signature of (The incorporators)		
to this instrument, in triplicate this 6 day of april 1981		
Uncorporator's rates) Fetger		
(Incorporator name) Elisabeth M. Redres		
(Locorporator's made)		
Sale D. Julion (Incorporator's name)		
STATE OF KENTUCKY) SS COUNTY OF JEFFERSON)		
The undersigned, a Notary Public, in and for the State and County aforesaid,		
do hereby certify that the foregoing Articles of Incorporation of Beachmont		
Royalforhard Assn. were this day produced to me in my office in said		
County by (Incorporators and they acknowledged the execution and delivery thereof		;
as their act and deed and the act and deed of them.		!
WITNESS my hand this 6 th day of april 1981		!
My commission expires: Sept. 29, 1984		i
ROBERT PUBLIC STATE AT LANGE		1
•		1
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	Children under 3 FREE Children under 5 FREE Children under 6 FREE Children under 2 FREE	Children under 6 FREE
	Parking \$5 Military \$5 Military \$10	•
	Seniors 60 & over \$11.75 Seniors 60 & over \$14 Seniors 65 & over \$8 NA Seniors 60 & over \$8	Seniors 60 & over \$13
	Children 3-11 \$11.75 Children 5-14 \$7 Children 6-12 \$4 Children 2-12-Exhibits Only \$11 Children 5-17 \$8	Children 6-12 \$8
	Adult 12-59 \$16.25 Adult 15-59 \$15 Adults 13-64 \$9 Adults-13 & Over-Exhibits Only \$13 Adults 18 & Over-\$12	Adults 13-59 \$14
Ticket Pricing Information Venue	Louisville Zoo Kentucky Derby Museum Muhammad Ali Center Kentucky Science Center Frazier History Museum	Louisville Slugger Museum



Wait! There's more!

Earn BNA Fun Club Rewards that translate into even more fun and savings whether you're a Beechmont Neighborhood Association paid member or not!

Volunteer to participate in upcoming community service events and EACH time you do your name will be entered into a drawing to win free prizes. Some of those prizes offered will include FREE admission tickets to:



Our first BNA Fun Club Rewards Drawing will be held at the upcoming Festival of Flowers on Saturday, May 14th. The more you participate the more you improve your chances to win.

The following events provide opportunities to earn BNA Fun Club Rewards:

- Safe Neighborhood Committee/Neighborhood Block Watch
 - Attend meetings and support crime prevention in your part of our neighborhood
- Beautification Committee Landscaping projects
 - Gazebo/ Clock Corner Garden Landscaping Manicure –Tuesday, April 12th, 6:00 pm
- Brightside | Louisville---
 - Beautification Committee <u>Neighborhood Cleanup</u> Saturday, April 16th, 8:00 am
 - Register your own Brightside cleanup event in your part of our neighborhood
 - o Brightside Walk TBD
- Festival of Flowers
 - Volunteer to help out at our Annual Festival of Flowers Saturday,
 May 14th, 9:00 am 3:00 pm
- Open Air Kentucky Proud Market
 - Volunteer to help out at our weekly Open Air Market Day —each
 Saturday beginning June 4th through end of growing season—
 8:00am 12 Noon

Additional neighborhood functions may well be added and additional BNA Fun Club Drawings will be scheduled. BNA Membership Apps and BNA Fun Club Rewards sign in sheets will be available at each function.

Beechmont Neighborhood Assoc. P.O. Box 14332 Louisville, KY 40214 Beechmont.org