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

| Applicant/Program: Upper Highlands Neighborhood Applicant Requested Amount: \$500 Appropriation Request Amount: \$500 | u Association | |
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| Executive Summary of Request | | |
| \$500 to help cover costs for Upper Highlands Neighbo | orhood Festival | |
| Is this program/project a fundraiser? Is this applicant a faith based organization? | Yes No | |
| Does this application include funding for sub-grantee(s | Yes No No Yes No | |
| District # Primary Sponsor Signature | source section below, if required. \$500 Amount \$501 5/11/17 Date | blic |
| Primary Sponsor Disclosure | | |
| ist below any personal or business relationship you, yo rganization, its volunteers, its employees or members of | our family or your legislative assistant have with to of its board of directors. | this |
| ist below any personal or business relationship you, yong ganization, its volunteers, its employees or members of the second sec | our family or your legislative assistant have with to of its board of directors. | this |
| ist below any personal or business relationship you vo | our family or your legislative assistant have with to of its board of directors. | this |

| Legal Name of Applicant Organization Upper Highlands Neighborhood Association | |
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| Program Name and Request Amount Upper Highlands Neighborhood Festival \$500 | |
| | 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? | Ye₃☑ |
| 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 the legal responsibility of that taxing district? | N/A |
| Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? | Ye₅⊠ |
| Is the current Fiscal Year Budget included? | N/A |
| 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/AS |
| 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 faith-based) included? | N/A |
| 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? | N/A |
| 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 required to do so)? | 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? | N/A |
| Prepared by: Womin Mastonon Date: 5/11/17 | |

| (as listed on: http://www. | Mailine | Address/records | hlands Neighborhoo | |
|--------------------------------------------|----------------------|----------------------------|---------------------------------|-------------------------------------------------------------------|
| Website: https://uppo | erhighlan | Address: PO BOX 5782 | , Louisville, KY 402 | 55 |
| Applicant Contact: | | llen Cassidy | | |
| Phone: | 502599 | | Title: | Vice President |
| Financial Contact: | | 3302 | Email: | uhna05@outlook.com |
| Phone: | same | | Title: | same |
| | same | | Email: | same |
| GEOG | BADLICA | who attended NDF Trai | ning: Maureen Gayno | or |
| Program Facility Local | tion(s) | L AREA(S) WHERE PROC | RAM ACTIVITIES AR | E (WILL BE) PROVIDED |
| Council District(s): | cion(s); | Atherton High School, | | uisville |
| 232.00(3). | | δ | Zip Code(s): | 40205 |
| PROGRAM/PROJECT | JAMEN I | AVE - PRE GRAM, FREE | | EPRINATION |
| Total Request: (\$) | 500 | per Highlands Neighbor | 100d Festival | |
| Purpose of Request (cl | | 1 Otal Metro A | ward (this program) | in previous year: (\$) 800 |
| Operating Eu | nds (see | iat apply): | | |
| Programming | rius (gene | rally cannot exceed 339 | of agency's total op | erating budget) |
| Canital Project | nt of the - | events for direct benef | it to community or qu | ualified individuals |
| The Following are n | or or the C | rganization (equipment | , furnishing, building, | etc) |
| The Following are Requ | | | | |
| IRS Exempt Status Dete | | Letter | Signed lease if ren | t costs are being requested |
| Current year projected | | | IRS Form W9 | - , |
| Current financial staten | | + Bylaws | Evaluation forms if | used,in the proposed program |
| Most recent IRS Form 9 | | -11 | Annual audit (if rec | quired by organization) |
| Articles of Incorporation | | | | zation Certification Form, if applicable |
| Cost estimates from pro capital expense | posed ven | dor if request is for | | and any it applicable |
| | | | | |
| Fire current fiscal ye | ar ending | June 30, list all funds a | propriated and/or re | eceived from Louisville Metro |
| om any department or | my other Metro Co | program or expense, inc | luding funds received | eceived from Louisville Metro d through Metro Federal Grants, |
| eet if necessary. | | which which obligation (Ne | ignborhood Developi | d through Metro Federal Grants, ment Funds). Attach additional |
| urce: | | | i Ministration agents on the | |
| | | | Amount: (\$) 0 Amount: (\$) | |
| urce: | | L . | 7000UHL 151 | |
| urce: | | | Amount: (\$) | |

Page 1 Effective May 2016

| SECTION 3 + AGEA | ICYDETAILS | | - |
|------------------------------------------------------------------|-----------------------|---------------|---|
| Describe Agency's Vision, Mission and Services: | | | |
| The purpose of the Upper Highlands Neighborhood Association | n is to: | | |
| Promote the social and economic interest of the neighborhood | | • | |
| Act as a liaison in matters involving needs related to neighborh | ood | | |
| Afford opportunity for expression and interchange of opinions | of special interest t | o all members | |
| Educate residents and the community at large on issues of conc | ern to the neighbor | hood | |
| Work with local government and similar agencies in promoting | the neighborhood | | |
| Aid and support worthy legislation and community efforts to in | nprove the neighbo | rhood | |
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Page 2 Effective May 2016

Applicant's Initials _ MCC

| SECTION 4 - BOARD OF DIRECTORS AND | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Board Member | Term End Date |
| Honi Goldman, President | Sep 1, 2018 |
| Mary Ellen Cassidy, Vice President | Sep 1, 2018 |
| Mike Kolb, Treasurer | Sep 1, 2017 |
| Lisa Crabtree, Secretary | Sep 1, 2018 |
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| Describe the Board term limit policy: | - |
| TERMS OF OFFICE | |
| The term of office shall be for two years, except where specified otherwise. mexpired balance of the term. | Vacancies shall be filled for the |
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| Three Highest Paid Staff Names | Annual Salary |
| paid staff 0 | |
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Applicant's Initials MEC.

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| A: Describe the program/proj with regards to specific client designs, event permits, propos | population the progran | n will address (attach | program/project related flyers, p | and applianning mi | icable data inutes, |
| Upper Highlands Neighborhood Atherton High School, 3000 Du It is prompted through out our ne | ndee Rd from 11am to 3 | pm. The Festival is o | ed for Saturday, pen to anyone wi | June 10th, no would li | 2017 at ike to attend. |
| We have a combination of activi Examples are below: | | | ncies and commo | ercial vend | lors. |
| Activities include - a petting zoo Non profits attending include - A Government agencies attending i safety. LMPD - discusses safety Commercial vendors include - se jewelery | Animal Care Society, Fa include - LMFD brings a and provides Child ID | rmington Historic Pla a firetruck, hands out presistration and a Pres | olastic helmets ar | d educates | on fire |
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| B: Describe specifically how the | | | | | |
| The \$500 funding will be spent to painting artist. | reimburse our out of po | ocket costs, like the pe | tting zoo, balloo | n artist, an | ıd face |
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| C: If this request is a fundraiser, please detail how the proceeds will be spent: The funds raised from vendor booth space fees are used to off set the cost of the 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 unds to be spent before the grant award period, identify the applicable circumstances: 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. Reimbursements should not be made before application date 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 invoices and/or receipts to provide proof of payment of the invoices or receipts associated with the work plan identified in this application. | no detail no | ow the proceeds will be spent. |
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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: | : |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| The festival is open any one who would like to attend. Last year we had over 800 people attend, and this year we are expecting more than 1,000 as we continue to grow the festival in terms of activities, community services (such as drudisposal drop box, Child ID) vendors and food services. | g |
| We have numerous drawings for prizes including a Metro Services recycle bin and prizes donated by our local businesses. It is difficult to track neighborhood good will but this is our biggest event of the year and is well attended | 1. |
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| 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. | |
| Government agencies and non profit partners are provided free space and a forum to promote and encourage civic engagement and provide services. | - |
| Examples of those that are already scheduled to attend are: | |
| Government agencies: LMPD, LMFD and Voter Registration. | |
| Non profit organizations: The Arrow Fund, Animal Care Society, American Red Cross, Farmington Historic Plantation and Books for Prisoners. | |
| Festival attendees have the opportunity to utilize and learn about a variety of services and meet with other neighbors. | |
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SECTION 6 - 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 | Alon- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | 0 | 0 | 0 |
| B: Rent/Utilities | 0 | 0 | 0 |
| C: Office Supplies | 0 | 1 0 | 1 0 |
| D: Telephone | 0 | 1 0 | |
| E: In-town Travel | 0 | 0 | 0 |
| F: Client Assistance (See Detailed List on Page 8) | 1 0 | 0 | 0 |
| G: Professional Service Contracts | 0 | | 0 |
| H: Program Materials | 0 | 0 | 0 |
| : Community Events & Festivals (See Detailed List on Page 8) | 500 | 4160 | 4660 |
| : Machinery & Equipment | 0 | 0 | |
| C: Capital Project | 0 | | 0 |
| : Other Expenses (See Detailed List on Page 8) | | 0 . | 0 |
| *TOTAL PROGRAM/PROJECT FUNDS | 0 | 0 | 0 |
| 's af Program Budget | 11 % | 89 % | 100% |

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

| 875 - Vendor Booth Space |
|--------------------------|
| 3285 - UHNA |
| OINA |
| |

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

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

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 | Column 1 | Column 2 | Column (1 + 2)=3 |
|----------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------|
| (circle one and use multiple sheets if necessary) | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| pper Highlands Neighborhood Festival 2017 | 500 | 4,160 | 4,660 |
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| | | | |
| Total | 500 | 4,160 | 4,660 |

Page 8 Effective May 2016

Applicant's Initials MEC

| | _ | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------|--------------|-----------|-----------------------------------------|--------------------|
| Donor /Type of Con | (Jantion | Value of | Contribution | M | thod of V2 | luation : |
| Atherton High School / C | Grounds Use | | | | | <u> </u> |
| Volunteers | | | | | *************************************** | |
| Businesses / Door I | Prizes | | | . (| estimated re | tail |
| | | | | | | |
| Total Value of In-l | Kind | | | | | |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU | et <i>Line Item</i> . Other In Kind) TO WHO MADE | THE IN KIND O | ONTRIBUTION | N. VOLUNT | EERS NEED | NOT BE OURS PER |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU SON PER WEEK acy Fiscal Year Start Date: Ja | et Line Item. Other In Kind) TO WHO MADE PED TOGETHER nuary 1st | ON ONE LINE | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU ON PER WEEK Try Fiscal Year Start Date: Ja your Agency anticipate a sig | et Line Item. Other In Kind) TO WHO MADE PED TOGETHER nuary 1st | ON ONE LINE | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU EON PER WEEK Ecy Fiscal Year Start Date: Ja your Agency anticipate a sig et projected for next fiscal year | et Line Item. Other In Kind) TO WHO MADE IPED TOGETHER Inuary 1st | e or decrease in | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU EON PER WEEK Try Fiscal Year Start Date: Ja your Agency anticipate a sig et projected for next fiscal ye | et Line Item. Other In Kind) TO WHO MADE IPED TOGETHER Inuary 1st | e or decrease in | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |
| (to match Program Budge Volunteer Contribution &C NOR INFORMATION REFERS ED INDIVIDUALLY, BUT GROU EON PER WEEK Try Fiscal Year Start Date: Ja your Agency anticipate a sig et projected for next fiscal ye | et Line Item. Other In Kind) TO WHO MADE IPED TOGETHER Inuary 1st | e or decrease in | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |
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| (to match Program Budge | et Line Item. Other In Kind) TO WHO MADE IPED TOGETHER Inuary 1st | e or decrease in | AS A TOTAL N | OTING HOV | V MANY HC | OURS PER |

SECTION 7.4 CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant 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 and the funds will not be disbursed to our organization.
- 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).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant 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.

Standard Certifications

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

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

| I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application. | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|----------------|--|--|
| Signature of Legal Signatory: | Mary Ellen Cassidy (Usse | Date: | 4.24.17 | | |
| Legal Signatory: (please print): | Mary Ellen Cassidy | Title: | Vice President | | |
| Phone: 502-599-5502 | Extension: Em | ail: uhna05@out | look.com | | |

Page 10 Effective May 2016

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC. BY-LAWS, as amended on May 18, 2017

ARTICLE I. NAME

- 1. The name of the Association shall be Upper Highlands Neighborhood Association, Inc. (UHNA)
- 2. Upper Highlands Neighborhood Association is organized and incorporated under and by virtue of the laws of the Commonwealth of Kentucky.
- 3. This corporation is not organized for material or pecuniary profit, and shall have no capital stock.
- 4. The principal office shall be the mailing address of UHNA. The registered agent shall be a member of the Executive Board of UHNA.
- 5. All changes in principal office and registered agent shall be filed yearly with the Secretary of State in a timely manner.

ARTICLE II. PURPOSE

- 1. To promote the social and economic interest of the neighborhood.
- 2. To act on behalf of members in matters involving their needs as related to the neighborhood.
- 3. To afford opportunity for expression and interchange of opinions of special interest to all members.
- 4. To educate residents and the community at large on issues of concern to the neighborhood.
- 5. To work with local government and similar agencies in promoting the neighborhood.
- 6. To aid and support worthy legislation and community efforts to improve the neighborhood.
- 7. Maintain the integrity of the neighborhood.

ARTICLE III. MEETINGS

- 1. Notice of all meetings will be made public at least five days in advance, unless otherwise provided for, either by written notice, website, social media, email or by a personal contact, giving time and place of meeting.
- 2. There shall be an annual meeting of the membership to be held in September of each year at a place, date and time as determined by the Executive Board.

ARTICLE IV. MEMBERSHIP

- Eligibility: Any household, property owner or business in the area bound by the Watterson Expressway, Bardstown Road, Newburg Road and Dundee Road/Emerson Avenue.
- Active Member: The annual membership dues will be evaluated and determined by the Executive Board and Directors each year and reported at the annual meeting.

ARTICLE V. OFFICERS

- SECTION A. The Executive officers of UHNA shall be President, Vice President, Secretary and Treasurer.
- SECTION B. Officers must be active members in good standing, having attended at least four meetings during the previous year.
- SECTION C. DUTIES OF THE OFFICERS, as determined as needed by the Executive Board.
 - 1. The President
 - a) The President shall be the executive officer of UHNA. The term of office shall be for two years, ending on September 30.
 - b) The President shall carry out rules and regulations and policies as set forth by the Board of UHNA.
 - c) The President shall make an annual report to the membership.
 - 2. The Vice President
 - The Vice President shall serve as President in the absence of the President.

b) The Vice President shall assist the President at such functions and times as requested by the President of the Board.

3. The Secretary

- a) The Secretary shall take minutes of all meetings and make reports on such minutes.
- b) The Secretary shall inform the membership of all meetings.
- c) The Secretary shall maintain the membership list.
- d) The Secretary shall maintain the official record of minutes of all prior meetings.

4. The Treasurer

- a) The Treasurer shall be responsible for keeping full and accurate accounts of all receipts and disbursements.
- b) The Treasurer shall be responsible for making reports to the Board and the general meetings.

SECTION D. REMOVAL OF OFFICERS

Officers may be removed from office when 2/3 of the Board of Directors of the Upper Highlands Neighborhood Association recommends such action to the membership. Removal shall take place upon ratification of such recommendation by 2/3 of the voting membership.

ARTICLE VI. UHNA BOARD

- 1. The UHNA Board shall consist of:
 - a) Officers and Directors of the Association.
 - b) A maximum of 18 UHNA Board members may be elected at the annual meeting; all Board members shall serve a two (2)-year term.
 - c) The Board shall meet at least four times a year.
 - d) The President, as chairperson, may vote in case of a tie.
 - e) The President or a majority of the Board may call a meeting.
- 2. Board members must be active members, in good standing.
- 3. Board members may be removed in the same manner as in Article V, Section D, above.

ARTICLE VII. NOMINATIONS AND ELECTIONS

- A slate for all Officers and Directors shall be presented to the annual meeting for election. A ballot may be prepared for the use of the membership. Such ballot may allow write-in votes. Nominations may be made from the floor.
- 2. The Executive Board shall have authority to fill any vacancy. Any vacancy so filled shall be for the remainder of the terms of office.
- 3. Proxy voting is not allowed.
- 4. Voters may cast one vote per board seat.
- 5. An effort will be made to provide at least two candidates from each district.

ARTICLE VIII. COMMITTEES

- Executive Board shall consist of the President, Vice President, Secretary and Treasurer.
- 2. Executive Board shall act for the Association between meetings of the Board and in addition shall have sole responsibility for any matter expressly delegated to it by the Board.
- Committees shall be appointed by the President with the approval of the Executive Board and select their own chairpersons, unless otherwise specified.

ARTICLE IX. TERMS OF OFFICE

The term of office shall be for two years, except where specified otherwise. Vacancies shall be filled for the unexpired balance of the term.

ARTICLE X. QUORUM

- A quorum for any membership meeting shall be the members present.
- 2. A quorum for a Board meeting shall require a majority of the Board members be present.
- 3. The President shall have a vote in case of a tie.

ARTICLE XI. AMENDMENTS

- 1. No part of these by-laws shall be amended or suspended unless presented in writing prior to voting on the proposed change/s.
- 2. Amendments must be approved by at least two-thirds of the members present.
- 3. Said approved amendment shall become effective immediately.

ARTICLE XII. RULES OF PROCEDURE

The most recent of Robert's Rules of Order shall be the authority governing all matters of procedure provided by these By-laws.

ARTICLE XIII. FISCAL MEMBERSHIP YEAR

The fiscal year of the UHNA shall begin January 1 to December 31.

ARTICLE XIV. FINANCES

- 1. Checks may be signed by any two of these three officers: President, Vice President or Treasurer.
- 2. The duties of receiving and disbursing monies shall be performed by separate individuals.
- 3. An individual who does not receive or disburse monies shall receive all financial transaction reports directly from third parties and review them for reasonableness.
- 4. The Board shall require a strict procedure of anyone handling money on behalf of UHNA, and may require a bond if the Board finds it advisable.

ARTICLE XV. ADOPTION AND EFFECTIVE DATE

The by-laws shall become effective upon adoption.

ARTICLE XVI. CORPORATE SEAL

The corporation, having been duly incorporated under the laws of the Commonwealth of Kentucky, adopts as its corporate seal a circle containing the word Upper Highlands Neighborhood Association.

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999

DATE OF THIS NOTICE: 06-12-2000 NUMBER OF THIS NOTICE: CP 575 F EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 1752204233 0

UPPER HIGHLANDS NEIGHORHOOD % PAUL J SCHUHMANN 2901 FAMOUTH DR LOUISVILLE KY 40205

FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form (EIN). We assigned you EIN ication for Employer Identification Number This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

UPPER HIGHLANDS NEIGBORHOOD ASSOCIATION % PAUL J SCHUHMANN 2901 FAMOUTH DR LOUISVILLE KY 4 40205

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply

Thank you for your cooperation.

400 Braviers Got brief

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.

General Information

Organization Number

0479290

Name

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

ΚY

File Date

8/25/1999

Organization Date
Last Annual Report

8/25/1999

Dringing Office

2/1/2017

Principal Office

UPPER HIGHLANDS NEIGHBORHOOD ASSN

PO BOX 5782

LOUISVILLE, KY 40255

Registered Agent

HONI MARLEEN GOLDMAN

UPPER HIGHLANDS NEIGHBORHOOD ASSN

2727 LAMONT RD LOUISVILLE, KY 40205

Current Officers

President

Honi Marleen Goldman

Vice President

Mary Ellen Cassidy

Secretary

Lisa Crabtree

Treasurer

Mike Kolb

Director

Dwayne Adams

Director

Rick Shuster

Director

Maureen Gaynor

Director

Lisa Shoff

Individuals / Entities listed at time of formation

Director

JILL EDWARDS

Director

EMILY GRIFFIN

Director

HOLLEY HOLLAND

Director

TAMMY KEENAN

Director

MIKE KOLB

Director

IIM MCCALL

Director

DOUG POHL

Director

KEVIN SCANLAN

Director

DAIH COURTED (AND

Director

PAUL SCHUHMANN

Director

CHARLES SHACKLETTE FRANZ VONDERHAAR Incorporator

PAUL SCHUHMANN

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.

| Registered Agent name/address change | 2/1/2017 9:13:51 PM | 1 page | PDF | |
|-----------------------------------------|----------------------|---------|-------------|------------|
| Principal Office Address Change | 2/1/2017 9:08:41 PM | 1 page | <u>PDF</u> | |
| Annual Report | 2/1/2017 | 1 page | <u>PDF</u> | |
| Annual Report | 3/20/2016 | 1 page | <u>PDF</u> | |
| Registered Agent name/address change | 6/22/2015 6:36:58 PM | 1 page | <u>PDF</u> | |
| Principal Office Address Change | 6/22/2015 6:33:17 PM | 1 page | <u>PDF</u> | |
| Annual Report | 6/22/2015 | 1 page | <u>PDF</u> | |
| Annual Report | 2/24/2014 | 1 page | <u>PDF</u> | |
| Annual Report | 6/24/2013 | 1 page | <u>PDF</u> | |
| Annual Report | 3/21/2012 | 1 page | <u>PDF</u> | |
| Unhonored Check Letter | 7/14/2011 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 6/30/2011 | 1 page | <u>PDF</u> | |
| Annual Report | 6/2/2010 | 1 page | <u>PDF</u> | |
| Annual Report | 7/14/2009 | 1 page | <u>PDF</u> | |
| Annual Report | 6/25/2008 | 1 page | <u>PDF</u> | |
| Annual Report | 3/29/2007 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 9/14/2006 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 4/29/2005 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/16/2003 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/25/2001 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 5/17/2000 | 1 page | tiff | <u>PDF</u> |
| Articles of Incorporation | 8/25/1999 | 7 pages | <u>tiff</u> | <u>PDF</u> |
| | | | | |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------------------------|--------------------------|--------------------------|-----------------|
| Annual report | 2/1/2017 9:27:17 PM | 2/1/2017 9:27:17 PM | |
| Registered agent address change | 2/1/2017 9:13:51 PM | 2/1/2017 9:13:51 PM | |
| Principal office change | 2/1/2017 9:08:41 PM | 2/1/2017 9:08:41 PM | |
| Annual report | 3/20/2016 10:36:54 AM | 3/20/2016 10:36:54 AM | |
| Annual report | 6/22/2015 6:48:48 PM | 6/22/2015 6:48:48 PM | |
| Registered agent address change | 6/22/2015 6:36:58 PM | 6/22/2015 6:36:58 PM | |
| Principal office change | 6/22/2015 | 6/22/2015 | |

| | | • * |
|---------------|-------------|-------------|
| | 6:33:17 PM | 6:33:17 PM |
| Annual report | 2/24/2014 | 2/24/2014 |
| | 12:28:35 PM | 12:28:35 PM |
| Annual report | 6/24/2013 | 6/24/2013 |
| | 11:17:59 AM | 11:17:59 AM |
| Annual report | 3/21/2012 | 3/21/2012 |
| • | 3:42:53 PM | 3:42:53 PM |
| Annual report | 6/30/2011 | 6/30/2011 |
| | 2:16:01 PM | 2:16:01 PM |
| Annual report | 6/2/2010 | 6/2/2010 |
| · | 4:58:59 PM | 4:58:59 PM |
| Annual report | 7/14/2009 | 7/14/2009 |
| · | 9:24:55 PM | 9:24:55 PM |
| Annual report | 6/25/2008 | 6/25/2008 |
| · | 10:33:05 AM | 10:33:05 AM |
| Annual report | 3/29/2007 | 3/29/2007 |
| | 1:34:00 PM | -,,, |
| Annual report | 9/14/2006 | 9/14/2006 |
| V ~ 1 ~ 1 | 10:41:06 AM | |
| Add | 8/25/1999 | 8/25/1999 |
| | | |

Microfilmed Images

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

| Annual Report | 4/22/2005 | 1 page |
|---------------------------|-----------|---------|
| Annual Report | 7/15/2004 | 1 page |
| Annual Report | 7/16/2003 | 1 page |
| Annual Report | 7/30/2002 | 1 page |
| Annual Report | 7/25/2001 | 1 page |
| Annual Report | 5/17/2000 | 1 page |
| Articles of Incorporation | 8/25/1999 | 7 pages |



UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION

PO Box 5782 Louisville KY 40255 uhna05@outlook.com

www.UpperHighlandsLouisville.org

Established in 1999, serving all of the Upper Highlands

Brandon Coan Jasmine Masterson Metro Council District 8 601 West Jefferson Street Louisville, KY 40202

Brandon and Jasmine:

Per your email from Jess Helton dated May 19, 2017, please see my answers in **bold**:

 The applicant did not check yes or no to the last questions on page 1 of the application

As UHNA is NOT a 501c3, (a charity) this BBB Charity Review Participation does not apply to us. If I am incorrect, please let me know.

- 2. The IRS letter included is not the IRS determination letter. We need the letter from the IRS showing the organization is 501 C (3) or (4) or such **ATTACHED**
- The by-laws were included but not the article of incorporation which is what is needed

ATTACHED

- 4. Current year projected budget Because UHNA has so little income/expenses, there has not been a need to have a full budget. I believe a draft of the budget for this year's UHNA festival was sent to you.
- Most recent IRS form 990 or 1120-H
 Because UHNA was just designated a 501c4 in December 2016, we have not had to fill out a IRS 990 or 1120-H
- 6. IRS form W9
 ATTACHED (pls note that we do not provide any W9 to anyone nor are we obligated to file any income tax return)

Thank you,
Honi Marleen Goldman

President

RECEIVED & FILED

\$8.00

Aug 25 11 58 AM '99

ARTICLES OF INCORPORATION

OF

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.

CA

WE, THE UNDERSIGNED, having associated for the purpose 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 the

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:

2901 Falmouth Drive, Louisville, KY 40205

The name of the initial registered agent located at such address is:

Paul Schuhmann

The principal office of the Corporation is located at:

Upper Highlands Neighborhood Association c/o Paul Schuhmann 2901 Falmouth Drive Louisville, KY 40205

Other places of business in said city or elsewhere maybe 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 within the meaning of Section 501 © (4) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and

individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501 © (4).

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

- 1. To promote the economic and social interest of the neighborhood.
- 2. To act on behalf of members in matters involving their needs as related to the neighborhood.
- 3. To afford opportunity for expression and interchange of opinions of special interest to all members.
- 4. To educate residents and the community at large on issues of concern to the neighborhood.
- 5. To work with local government and similar agencies in promoting the neighborhood.
- 6. To aid and support worthy legislation and community efforts to improve the neighborhood.
- 7. To maintain the integrity of the neighborhood.

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 insure 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 Kentucky Statutes, except as follows and as otherwise stated in these Articles.

Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501 © (4) of the Internal Revenue Code of 1954, or the corresponding provisions of any subsequent Federal tax laws.

ARTICLE VII

The name and address of the incorporator is:

INCORPORATOR

<u>ADDRESS</u>

Mr. Paul Shuhmann

2901 Falmouth Dr. Louisville, Kentucky 40205

ARTICLE VIII

The initial Board of Directors shall consist of no more than eighteen (18) Directors. The names and addresses of the members of the initial Board of Directors are:

| DIRECTOR | <u>ADDRESS</u> |
|----------------|-----------------------|
| Jill Edwards | 2129 Gladstone Avenue |
| | Louisville, KY 40205 |
| Emily Griffin | 2838 Hoock Avenue |
| | Louisville, KY 40205 |
| Holley Holland | 2827 Hoock Avenue |
| • | Louisville, KY 40205 |
| Tammy Keenan | 2901 Tremont Drive |
| - | Louisville, KY 40205 |
| Mike Kolb | 1908 Gladstone Avenue |
| | Louisville, KY 40205 |

Jim McCall

3015 Wickland Drive Louisville, KY 40205

Doug Pohl

2828 Tremont Drive Louisville, KY 40205

Kevin Scanlan

2028 Lancashire Avenue Louisville, KY 40205

Paul Schuhmann

2901 Falmouth Drive Louisville, KY 40205

Charles Shacklette

2840 Tremont Drive Louisville, KY 40205

Franz VonderHaar

1908 Tyler Lane

Louisville, KY 40205 '

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

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

ARTICLE X

a) The directors, officers, 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. The Corporation may make any indemification permitted by law as authorized by its Articles of Incorporation, its By-laws, or by a resolution adopted by the Corporation's Board of Directors.

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.

This paragraph b) applies only to acts or omissions or breaches of duty occurring after July 15, 1998.

ARTICLE XI

Any director of officer or former director or officer of the Corporation, may be indemnified by 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 she/he is made a part by reason of being or having been such director or officer, except in relation to matters as to which she/he 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, or its By-laws or a 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 which manner, or to such organizations organized and operated exclusively for the promotion of social welfare as shall the time qualify as an exempt organization under Section 501 © (4) or 501 © (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the County in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine 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 (2) (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this Andrew 1999.

Tout Schuhmann

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared Paul Schuhmann and being first duly sworn, acknowledged that he was the Incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 25th day of July 1999.

My Commission Expires:

NOTARY PUBLIC

STATE AT LARGE, KENTUCKY

This Document Prepared by:

Bill Allison
Attorney at law
1012 S. 4th Shull
Laws with Kg. 40203

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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 leave this line blank. | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|
| | Upper Highlands Neighborhood Association, Inc | | | | | |
| N | 2 Business name/disregarded entity name, if different from above | | | | | |
| | Upper Highlands Neighborhood Association, Inc | | | | | |
| Print or type Specific Instructions on page | 3 Check appropriate box for federal tax classification; check only one of the fol lndividual/sole proprietor or Corporation S Corporation single-member LLC | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | |
| 충 | Limited liability company. Enter the tax classification (C=C corporation, S= | Exempt payee code (if any) 501c4 | | | | |
| Print or type | Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner. | code (if any) | | | | |
| <u> </u> | ✓ Other (see instructions) ► | | (Applies to accounts maintained outside the U.S.) | | | |
| Ę. | 5 Address (number, street, and apt. or suite no.) | ster's name and address (optional) | | | | |
| Špe | PO Box 5782 | | | | | |
| See (| 6 City, state, and ZIP code | | | | | |
| ű | Louisville KY 40255 | | | | | |
| | 7 List account number(s) here (optional) | | | | | |
| | | | | | | |
| Par | t I Taxpayer Identification Number (TIN) | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the nam | | Social security number | | | |
| reside entitie | up withholding. For individuals, this is generally your social security nument alien, sole proprietor, or disregarded entity, see the Part I instruction is, it is your employer identification number (EIN). If you do not have a nin page 3. | s on page 3. For other | or | | | |
| | If the account is in more than one name, see the instructions for line 1 | and the chart on nage 4 for | Employer identification number | | | |
| | lines on whose number to enter. | and the chart on page + for | | | | |
| | | | | | | |
| Par | t II Certification | | - | | | |
| Section 1999 | r penalties of perjury, I certify that: | | | | | |
| 1. Th | e number shown on this form is my correct taxpayer identification number | per (or I am waiting for a num | ber to be issued to me); and | | | |
| 2. 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 | | | | | | |
| 3. I a | m a U.S. citizen or other U.S. person (defined below); and | | | | | |
| 4. The | e FATCA code(s) entered on this form (if any) indicating that I am exemp | t from FATCA reporting is co | rrect. | | | |
| 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 | | Date▶ | 5/22/2017 | | | |
| Ger | neral Instructions | Form 1098 (home mortgage in (tuition) | nterest), 1098-E (student loan interest), 1098-T | | | |
| | n references are to the Internal Revenue Code unless otherwise noted. | • Form 1099-C (canceled debt) | | | | |
| | e developments. Information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9. | • Form 1099-A (acquisition or a | bandonment of secured property) | | | |
| • | station enacted after we release it is at www.irs.gov/iws. | Use Form W-9 only if you are | a U.S. person (including a resident alien), to | | | |

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)

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.

- 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 P. O. BOX 2508 CINCINNATI. OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 2 2 2016

UPPER HIGHLANDS NEIGHBORHOOD ASSOCIATION INC PO BOX 5782 LOUISVILLE, KY 40255

Employer Identification Number:

DLN:

17053279325016 Contact Person: HARRY J DAMRON

ID# 31499

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

September 29, 2016

Contribution Deductibility:

No

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(4). This letter could help resolve questions on your exempt status. Please keep it for your records.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the postmark date of your application.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N. the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

UPPER HIGHLANDS NEIGHBORHOOD

Sincerely,

Jeffrey I. Cooper Director, Exempt Organizations Rulings and Agreements