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

| Applicant/Program: Friends of the Louisville Free Public Library/ Newburg Friends of the Library Essav Applicant Requested Amount: \$4.500 \$\footnote{\lambda} \text{hola(Shif Playson Appropriation Request Amount: 4.500} |
|--|
| |
| Executive Summary of Request |
| The funding allocated by Louisville Metro Council will be applied to the Newburg Friends of the Library Essay Scholarship program. The funding will allow the Essay Scholarship Program to award scholarships to Essay Scholarship recipients, with all funds dispersed by July 2020. |
| |
| Is this program/project a fundraiser? Yes V No |
| Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes Yo No |
| Does and approach marked remains for the States of O. |
| I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required. Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose is legitimate. I have also completed the disclosure section below, if required. |
| District ii Timing Sponsor digitative Amount Date |
| Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. |
| |
| Approved by: |
| Appropriations Committee Chairman Date |
| Final Appropriations Amount: |

| App | licant | t/Pro | gram: |
|-----|--------|-------|-------|
|-----|--------|-------|-------|

Friends of the Louisville Free Public Library/ Newburg Friends of the Library Essay Scholarship Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

NA

Council Member Signature and Amount

| District I | \$ |
|-------------|------|
| District 2 | \$ |
| District 3 | \$\$ |
| District 4 | S |
| District 5 | S |
| District 6 | |
| District 7 | S |
| District 8 | \$ |
| District 9 | \$ |
| District 10 | \$ |
| District 11 | \$ |
| District 12 | \$ |
| District 13 | \$ |
| District 14 | \$ |
| District 15 | \$ |

^{2 |} Page Effective May 2016

Applicant/Program:

Friends of the Louisville Free Public Library/ Newburg Friends of the Library Essay Scholarship Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

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



| District 16 | \$ |
|-------------|--------|
| District 17 | \$ |
| District 18 | \$ |
| District 19 | \$ |
| District 20 | \$ |
| District 21 | \$ |
| District 22 | \$ |
| District 23 | \$ |
| District 24 | \$ |
| District 25 | \$ |
| District 26 | \$ |

3 | Page Effective May 2016

Legal Name of Applicant Organization Friends of the Louisville Free Public Library Program Name and Request Amount/Newburg Friends of the Library Essay Scholarship Program \$4,500 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Is the proposed public purpose of the program viable and well-documented? Will all of the funding go to programs specific to Louisville/Jefferson County? Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? 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? Is the current Fiscal Year Budget included? Is the entity's board member list (with term length/term limits) included? Is recommended funding less than 33% of total agency operating budget? ..NA Does the application budget reflect only the revenue and expenses of the project/program? Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? AN. Is the most recent annual audit (if required by organization) included? ... *NA* Is a copy of Signed Lease (if rent costs are requested) included? .. *N*} Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? Are the Articles of Incorporation of the Agency included? Is the IRS Form W-9 included? Is the IRS Form 990 included? Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant -- NO met the BBB Charity Review Standards? Prepared by: SMith Date:

| SECTION 1 – APPLI | ICANT INFORMATION |
|--|--|
| Legal Name of Applicant Organization: | |
| (as listed on: http://www.sos.ky.gov/business/records Tylend | s of the Louisville Free Public Librar. |
| Main Office Street & Mailing Address: 301 Yo | VK St. Louisville KY 40203 |
| Website: Friends of the LFPL. or | 74 TO |
| Applicant Contact: Gloria Allen | Title: President |
| Phone: (502) 653-7503 | Email: Shashanant Cont. |
| Financial Contact: Region March | Title: Transforev & and com |
| Phone: (502) 541-1820 | Email: |
| Organization's Representative who attended NDF Train | ling: Min Gasto Grana Re Clara Selly |
| | RAM ACTIVITIES ARE (WILL BE) PROVIDED |
| Program Facility Location(s): | 1 Illia- C. L |
| Council District(s): | Zip Code(s): 40018 |
| SECTION 2 - PROGRAM REQUI | EST & FINANCIAL INFORMATION |
| PROGRAM/PROJECT NAME: Newborg Friends | 0 11 11/2 611 1. |
| | ward (this program) in previous year: (\$) -a- |
| Purpose of Request (check all that apply): | read (this program) in previous year: (5) |
| Operating Funds (generally cannot exceed 33% | of agency's total operating hydroth |
| Programming/services/events for direct benefi | t to community or qualified individuals |
| Capital Project of the organization (equipment, | furnishing huilding etc) |
| The Following are Required Attachments: | g, zanang, etc) |
| IRS Exempt Status Determination Letter | Signed lease if root costs are bailed |
| Current year projected budget | Signed lease if rent costs are being requested IRS Form W9 |
| Current financial statement | () () () () () () () () () () |
| Most recent IRS Form 990 or 1120-H | Evaluation forms if used in the proposed program Annual audit (if required by organization) |
| Articles of Incorporation (current & signed) | Faith Based Organization Certification Form, if applicable |
| Cost estimates from proposed vendor if request is for | totti based organization certification Form, if applicable |
| capital expense | |
| For the current fiscal year ending June 30, list all funds a | ppropriated and/or received from Louisville Manager |
| dovernment for this or any other program or expense, in | Cluding funds received through Motro Fodoral Court |
| from any department or Metro Council Appropriation (Ne sheet if necessary. | eighborhood Development Funds). Attach additional |
| | |
| Source: | Amount: (\$) |
| Source: | Amount: (\$) |
| | Amount: (\$) |
| Has the applicant contacted the BBB Charity Review for p | articipation? Yes No |
| Has the applicant met the BBB Charity Review Standards? | Yes No |

Page 1 Effective May 2016

| | SECTION 3 - AGENCY DETAILS | |
|---|----------------------------|----------|
| Describe Agency's Vision, Mission and S | ervices: | |
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Page 2

Section 3 - Agency Details Describe Agency's Vision, Mission and Services:

Vision

The vision for the Newburg Library was initiated, over 50 years ago, through the efforts of the founding families in the Newburg Community.

Mission

The Newburg Friends of the Library, had both a mission, and a passion, to implement and continue the vision for the Newburg Community, to meet the needs of the area. Mr. Nelson Goodwin, and many others in the Newburg Community, made a profound statement that impacted, and encouraged followers to pursue the construction of the Newburg Library.

"Lest We Forget"

Services

The Friends of the Newburg Library provide many services to the community. Some of the services are:

- 1. Recognition of the Legends in the Newburg Community
- 2. "What To Do" Outreach Program for the community
- 3. Newburg Library Essay Scholarship Fundraiser Event
- 4. Provide financial support for the Newburg Library

| SECTION 4 - BOARD OF DIF | RECTORS AND PAID STAFF |
|---|------------------------|
| Board Member | Term End Date |
| See attached Liss Louisville Free Public Libra Members and The Newburg Library Board | ts of the |
| | |
| | |
| Describe the Board term limit policy: See a Hached Pa | zes |
| Three Highest Paid Staff Names | Annual Salary NA |

| 2019 | 2018 | 2019 | 2019 | 2018 | 2018 | 2019 | 2018 | 2018 | WA | 2019 | ach 2018 | 2019 | | 2019 | | 2018 | | 2018 | 2018 | 2019 |
|----------------------------|--|----------------------------|----------------------------------|----------------------------|-----------------------------|-----------------------------------|-----------------------------|------------------------------------|--------------------------------------|----------------------------------|----------------------------|------------------------------|--------------------------------|--------------------------------|---|---------------------------|--------------------------------------|--------------------------|-----------------------------|----------------------------|
| Branch Relations Events | Ex-Officio President | Events Branch Relations | Book Vault Membership | Branch Relations Events | Book Sales/Sorting | Community Relations Book Sales | Branch Relations | Branch Relations Communications | Foundation | President | Branch Relations/Outreach | Book Sales/Sorting | Outreach | Branch Relations Membership | Branch Relations | Branch Relations | Finance | Branch Relations | Treasurer | Branch Relations |
| St. Matthews | Highland/Shelby Park | Newburg | Main | Crescent Hill | St. Matthews | Highland/Shelby Park | Middletown | Fairdale | Main | St. Matthews | Highland/Shelby Park | Highland/Shelby Park | Bon Air | Shawnee | South Central | Shawnee | South Central | St. Matthews | J-town | Bon Air |
| LAmick@facilitiesment.com | banderson@wyattfirm.com | lbaker@kentuckycenter.org | minambein@gmail.com | Lauren.biagi@gmail.com | Catharine@Birchs.US | Brundige@iglou.com | gmddenver@msn.com | Delkins@spalding.edu | chandra.gordon@ffpl.org | greenwell@derbycitylaw.com | lguissinger@aol.com | elsiehom17@gmail.com | deja.brennan.jackson@gmail.com | mgri39@yahoo.com | Sam.Lafollette@mcmcpa.com | Kate.leitner@lfpl.org | Eleanor.livingston@mcmcpa.com | garyluhr@gmail.com | rmartin@spalding.edu | smcelroy31@yahoo.com |
| 502-693-4712 | 502-562-7178 (W) 931-349-0028(C) | 502-939-6898 | 908-418-8812 (C) | 404-229-2413 | 502-544-1820 | 502-451-7165 | 720-982-9021 | 502-403-5368 | 502-574-1679 (W) 502-551-1031 (C) | 502-371-3524 (O) 939-5871 (C) | 502-593-7275 | 502-589-9582 580-1249 (O) | 270-779-5828 | 502-533-6263 | 502-552-4162 | 574-1754 (W) | 616-881-6168 (C) 502-882-4483 (W) | 502-425-1931 | 502-541-1820 | 502-619-0776 |
| 1895 Ivanhoe Cf. | 500 W. Jefferson St, Suite 2800, 40202 | 3437 Bryan Way, 40220 | 324 E. Main St., Unit 505, 40202 | 7405 Wesboro Road, 40242 | 2010 Newmarket Drive, 40222 | 1718 Edgeland Ave., 40204 | 17408 Redstone Court, 40245 | 311 Kenny Blvd., 40214 | 301 York St., 40203 | 2500 Valletta Road, 40205 | 1843 Princeton Drive 40205 | 1307 Payne St., 40204 | 2638 McCoy Way, 40205 | 6307 Forest Way Place, 40258 | 563 Castleman Branch Rd., Shepherdsville, KY 40165 | 958 Charles Street, 40204 | 6911 Caitlynn Way, 40229 | 1702 Girard Drive, 40222 | 2506 Merriwood Drive, 40299 | 3701 Rosemont Blvd., 40218 |
| 1. Liz Amick | 2. Beth Anderson | 3. Lauren Baker | 4. Miriam Bein | 5. Lauren Biagi | 6. Catharine Birch | 7. Ray Brundige | 8. Gall Dow | 9. Donna Elkins | 10. Chandra Gordon | 11. Pam Greenweil | 12. Laura Guissinger | 13. Sue Hom | 14. Deja Jackson | 15. Marilynn Johnson | 16. Sam LaFollette | 17. Kate Leitner | 18. Eleanor Livingston | 19. Gary Luhr | 20. Regina Martin | 21. Suzie McElroy |

| | Council of Friends of the LFPL Members Roster 2018/2019 | | | |
|---------------------------|---|-----------|--|------|
| 22, Al Mortenson | Western | | Outreach Branch Relations | 2018 |
| 23. Eunice Murphy | Shively | ly. | Branch Relations | 2018 |
| 24. Dianna Ragan | Highland/Shelby Park | elby Park | Branch Relations | 2018 |
| 25. Ann Ramser | (requies | 80 | Branch Relations | 2018 |
| 26. Shanna Sanders | Main | | | |
| 27. Deborah Smith-Seadler | Shawmee | 99 | Branch Relations Membership | 2019 |
| 28. Bill Stopher | Bon Air | | Branch Relations/Outreach | 2018 |
| 29. Kristina Tumer | Portland | | Secretary Branch Relations/Outreach | 2018 |
| 30. Linda Wyatt | Southwest | est | Finance/Branch Relations | 2018 |
| 31. Ann Zeman | Highland/Sheiby Park | oby Park | Branch Relations | 2018 |
| | | | | |

Page 3

Section 4 - Board of Directors and Paid Staff (see attachment for the Louisville Free Public Library Board of Directors)

The Newburg Library Board of Directors

President

· 9 ·

Vice President Secretary Treasurer

Chaplain

Members

Advisor

Gloria Allen

Rev. Roland Allen Wanda Johnson

Gayle Graham

Minister Sharelle Lyons-Goodwin

Sharon Adams

Diane Hagan **Della Humphrey** Mamie Maxwell

Lauren Baker

Describe the Board term limit policy:

Board terms have not been established. The Board Members have agreed to remain in their positions until notice is given stating otherwise, upon their request.

SECTION 5 - 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.): See attachment B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): See attachment

Page 4

Section 5 - Program/Project Narrative

A.

For the year 2019-2020, The Newburg Friends of the Library Essay Scholarship Program, will be awarding Senior High School students with Scholarships, towards furthering their education, post senior graduation. The Scholarship Application and information, is provided to all Jefferson County Public High Schools (Senior Counselors), Churches, and Libraries.

Attached are copies of the information for the Essay Scholarship Program (used for the 2018 Program):

- 1. Letter to Senior High School Counselors
- 2. Scholarship Guidelines
- 3. Essay Scholarship Application
- 4. Essay Scholarship Recipient Letter
- 5. Essay Scholarship Applicant Regret Letter

B.

The funding allocated by Louisville Metro Council, will be applied to the Newburg Friends of the Library Essay Scholarship Program. The funding will allow the Essay Scholarship Program to award scholarships to Essay Scholarship recipients, with all funds dispersed by July 2020.

Friends of the Newburg Library

Newburg Library 4800 Exeter Avenue Louisville, KY 40218 (502) 479-6160

May 10, 2018

Dear High School Senior Counselor:

The Friends of the Newburg Library extend an invitation to all your 2018 High School Seniors to submit an application applying for our annual scholarship award of \$500.

Please find enclosed our scholarship guidelines and application form. Graduating seniors must comply with all guidelines and entries must be postmarked or submitted to the Friends of the Newburg Library Scholarship Committee at the Newburg Library by midnight Friday, June 15, 2018.

We look forward to receiving entries from your school's 2018 graduating seniors.

Sincerely,

Friends of the Newburg Library

FRIENDS OF THE NEWBURG LIBRARY SCHOLARSHIP GUIDELINES

GOALS:

To provide financial assistance to students of Jefferson County Public Schools (JCPS) for undergraduate course work.

ELIGIBILITY:

Graduating High School Seniors enrolling in college or technical school.

DESCRIPTION OF FINANCIAL AWARD:

Friends of the Newburg Library will award a one-time book scholarship of \$500.

TERM OF SCHOLARSHIP:

Scholarships will be awarded for the term of one semester only.

ENTRY REQUIREMENTS:

Application must be postmarked by midnight Friday, June 15, 2018. Scholarship will be awarded October 13, 2018 at the Friends of the Newburg Library's Annual Fashion Show and Brunch.

ESSAY REQUIREMENTS:

Applicant is required to present a typewritten 1,000-word essay about the history of Newburg (person, place, or thing) and how the history of the Newburg Community has had an influence on the Louisville Community.

AWARD PROCESS:

After the winner has been selected by the Friends of the Newburg Library Scholarship Committee, the recipient will be notified by mail of our decision followed by a phone call.

Friends of the Newburg Library will post notice of winner, through standard library communication channels.

FRIENDS OF THE NEWBURG LIBRARY ESSAY SCHOLARSHIP APPLICATION FORM

| NAME: |
|--|
| STREET ADDRESS: |
| CITY/STATE/ZIP: |
| HOME PHONE: CELL PHONE: |
| HIGH SCHOOL: |
| EXPECTED DATE OF GRADUATION: |
| Along with your application, please submit a 1,000 word essay on the History of Newburg In addition to your essay, on a separate sheet, please include responses to the following: |
| What are your education and career goals? Please list any honors, awards, or other recognitions you have received. Please note this will not affect the Committee's decision. |
| I have read and fully understand the scholarship guidelines and expectations. If awarded a scholarship, I agree to abide by all guidelines. |
| |
| DATE:SIGNATURE: |
| Please return application and essay by mail or in person to the Newburg Library, 4800 Exeter Avenue, Louisville, KY 40218. Attention: Ms. Kerry Hunter |

Friends of the Newburg Library

Newburg Library 4800 Exeter Avenue Louisville, KY 40218 (502) 479-6160

Date

| Applicant's | Full Name |
|-------------|----------------|
| Applicant's | Street Address |
| Applicant's | City/State/Zip |
| | |

Dear Mr./Ms.

Thank you for applying for the Friends of the Newburg Library Essay Scholarship. We are pleased to notify you that you were selected as our 2018 recipient and will receive a \$500 scholarship award to assist with your tuition.

We invite you to attend the Friends of the Newburg Library Annual Fashion Show and Brunch as or guest on Saturday, October 13, 2018 at 11:00a.m., in the Grand Ball Room of Hotel Louisville located at 120 West Broadway. Please let us know if you will be in attendance so we can schedule the presentation of the award on the program. If unable to attend, we would appreciate a representative attend on your behalf to accept your award.

We wish you all the best in your future endeavors.

Sincerely,

Friends of the Newburg Library

Friends of the Newburg Library

Newburg Library 4800 Exeter Avenue Louisville, KY 40218 (502) 479-6160

Date

| Applicant's Full Name Applicant's Street Address Applicant's City/State/Zip |
|--|
| Dear Mr./Ms |
| Thank you for applying for the Friends of the Newburg Library Essay Scholarship. After much consideration we regret we are unable to offer you a financial award at this time. |
| We wish you all the best in your future endeavors. |
| Sincerely, |
| Friends of the Newburg Library |

| C: If this request is a fundraiser, please detail how the proceeds will be spent: | | | | |
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| B. F. C. attaur. B. incharge and Only. The great around assis discrimination the Make Council and all the | | | | |
| 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: | | | | |
| | | | | |
| 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. | | | | |
| | | | | |
| NA | | | | |
| NIA | | | | |
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| 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 cancelled checks to provide proof of payment of the invoices or receipts associated with the work | | | | |
| plan identified in this application. | | | | |
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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: See affachment 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. See attachment

Page 6

E. Program's Benefits To Those Being Served

The 2018 recipient of the Newburg Friends of the Library Essay Scholarship, is a young lady who is currently a Freshman at University of Kentucky, with a concentration in Criminal Forensics, as her major. She was recognized at the Newburg Friends of the Library Scholarship/Fashion Show Luncheon, October 13, 2018, as the 2018 Recipient. However, the \$500.00 award was given to her in August 2018, to help defray anticipated costs in preparing to attend U of K.

F. Existing Collaborative Relationships

Collaborative relationships have been established in 2018 with JCPS, (Senior Counselors as the contact person), various Churches, and the Newburg Library. Because of the awareness of the Friends of the Newburg Library Scholarship Program, and its purpose to support high school students to further their education, the annual Scholarship Luncheon, held in October, has increased participation from various geographical communities.

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 | Non- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | -0- | 91- | 11- |
| B: Rent/Utilities | -M- | -0- | -0 |
| C: Office Supplies | -O- | -0 | 0 |
| D: Telephone | 2- | -0 - | -0- |
| E: In-town Travel | -0- | -0 | 0 |
| F: Client Assistance (See Detailed List on Page 8) | -()- | 0- | 0- |
| G: Professional Service Contracts | -0- | 10- | -0- |
| H: Program Materials | -0- | 0- | 0 |
| !: Community Events & Festivals (See Detailed List on Page 8) | -(·)- | 70- | -0- |
| J: Machinery & Equipment | ~0- | -0- | 7) - |
| K: Capital Project | -0- | -0- | 7)- |
| L: Other Expenses (See Detailed List on Page 8) | HEAD XD | 500.00 | # 500 02 |
| *TOTAL PROGRAM/PROJECT FUNDS | 4560,00 | 500,00 | 9500000 |
| % of Program Budget | 90% | 10% | 100% |

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

| Other State Federal ed - 10 | |
|---|----------|
| Other State, Federal or Local Government | -0 - |
| United Way | -0- |
| Private Contributions (do not include individual donor names) | -0 - |
| Fees Collected from Program Participants | -0- |
| Other (please specify) Newburg Friends of the Library form | \$500.00 |
| Other (please specify) Newburg Friends of the Library Essay Scholarship- Poshion Show Theatestery for Chinavaiser) | 500.00 |
| otal of Column 1 MUST match "Total Bossies and San 1 5 | |

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

**Must equal or exceed total in column 2.

\$500.00

| 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 |
| Scholarship Awards | 4500.00 | \$500.00 | 5000,00 |
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| Total | \$ 4500.00 | \$500.00 | \$5000.00 |

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|------------------------------|---------------------|
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| Total Value of In-Kind | | |
| to match Program Budget Line Item. olunteer Contribution &Other In Kind) R INFORMATION REFERS TO WHO MA | DE THE IN KIND CONTRIBUTION. | VOLUNTEERS NEED NOT |
| to match Program Budget Line Item. olunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MA NDIVIDUALLY, BUT GROUPED TOGETH PER WEEK Fiscal Year Start Date: Januar | er on one line as a total no | TING HOW MANY HOURS |
| to match Program Budget Line Item. olunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MA NDIVIDUALLY, BUT GROUPED TOGETH PER WEEK | ER ON ONE LINE AS A TOTAL NO | TING HOW MANY HOURS |
| to match Program Budget Line Item. olunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MA NDIVIDUALLY, BUT GROUPED TOGETH PER WEEK Fiscal Year Start Date: Januar ur Agency anticipate a significant incre | ER ON ONE LINE AS A TOTAL NO | TING HOW MANY HOURS |
| to match Program Budget Line Item. olunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MANDIVIDUALLY, BUT GROUPED TOGETH PER WEEK Fiscal Year Start Date: Janual Ur Agency anticipate a significant incre projected for next fiscal year? NO | ER ON ONE LINE AS A TOTAL NO | TING HOW MANY HOURS |
| to match Program Budget Line Item. colunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MANDIVIDUALLY, BUT GROUPED TOGETH PER WEEK Siscal Year Start Date: Januar Ar Agency anticipate a significant incre projected for next fiscal year? NO | ER ON ONE LINE AS A TOTAL NO | TING HOW MANY HOURS |
| to match Program Budget Line Item. colunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MANDIVIDUALLY, BUT GROUPED TOGETH PER WEEK Siscal Year Start Date: Januar Ar Agency anticipate a significant incressrojected for next fiscal year? NO | ER ON ONE LINE AS A TOTAL NO | TING HOW MANY HOURS |

SECTION 7 - 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).
- 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.
- 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.
- 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.

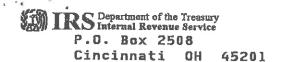
Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 - CERTIFICATIONS & ASSURANCES

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

| Signature of Legal Signatory: | Blome J. allen | | Date: Oct 05, 2018 | |
|----------------------------------|----------------|----------|-----------------------------|------|
| Legal Signatory: (please print): | Sloria J. | Allen | Title: President of Franco! | Ylew |
| Phone: 502-653-7503 | Extension: | Email: S | shastarevogaol.com di | bra |

Page 10 Effective May 2016



In reply refer to: 0248667583 Nov. 06, 2009 LTR 4168C E0 31-0928151 000000 00 00015610

BODC: TE

FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY 301 YORK STREET LOUISVILLE KY 40203



21006

Employer Identification Number: 31-0928151
Person to Contact: Ms Mosley
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 28, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1978.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

0248667583 Nov. 06, 2009 LTR 4168C E0 31-0928151 000000 00 00015611

FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY 301 YORK STREET LOUISVILLE KY 40203

Sincerely yours,

Michele M. Sulliver

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

FRIENDS OF THE LIBRARY COUNCIL OF FRIENDS MEETING - 9/13/18 TREASURER'S REPORT

| Bank Balances | |
|--------------------------------|-------------|
| PNC Checking, as of 8/31/18 | \$5,282.67 |
| PNC Gaming, as of 8/31/18 | \$1,020.00 |
| Eclipse Savings, as of 7/31/18 | \$33,889.56 |
| PayPal Account, as of 8/31/18 | \$5,055.46 |
| Liabilities, as of 8/31/18 | |
| Payable to Branches | \$315.00 |

REVENUE AND EXPENSES

| n. | AUGUST 2018 | YTD 2018 |
|---|------------------|-------------------|
| Revenue | | 1 000 00 |
| Summer Reading Fund | ((1 (5 | 1,000.00 |
| Book Sales T-Shirt Sales | 661.65 | 661.65 |
| Interest Income | | 245.00 |
| Donations - Miscellaneous | 125.00 | 58.99 |
| Donations – Whiscenaneous Donations – Sara Bein | 125.00 | 2,508.58 50.00 |
| | 15.00 | |
| Membership Dues Total Revenue | 15.00 | <u>2,070.00</u> |
| - | 801.65 | 6,594.22 |
| Expenses Awards/Grants | | |
| | | 500.00 |
| Sara Bein Scholarship Branch of the Year Award | | 500.00 300.00 |
| | | |
| Morgan Atkinson | | 1,000.00 |
| Meetings | | 1 240 21 |
| Annual Meeting | | 1,348.21 |
| Kentucky Sales Tax | | 1,451.57 |
| Operations Ventuality Approal Filling Fee | | 15.00 |
| Kentucky Annual Filing Fee Insurance | | 15.00 |
| Book Sales | | 2,121.55 |
| Service Fees | 4.58 | 97.02 |
| Software | 4.38 | 46.38 |
| T-shirt Purchases | | 421.20 |
| Website and Domain Name | | 173.50 |
| Miscellaneous | | 315.92 |
| Miscenaneous | • | 103.26 |
| Total Expenses | 4.58 | 7,893.61 |
| Income / (Loss) | <u>\$ 797.07</u> | (\$ 1,299.39) |

ARTICLES OF INCORPORATION OF THE FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY

*** *** *** *** ***

KNCW ALL PERSONS BY THESE PRESENTS:

That we, the undersigned, citizens of the United States and of the State of Kentucky, have this day voluntarily associated curselves for the purpose of forming a non-profit corporation under the laws of the State of Kentucky, pursuant to Chapter 273 of the Kentucky Revised Statutes, and to that end do hereby adopt Articles of Incorporation as follows:

ARTICLE I NAME

The name of the organization shall be the Friends of the Louisville Free Public Library.

ARTICLE II DURATION

The period of duration of the Friends of the Louisville Free Public Library, Inc., shall be perpetual.

ARTICLE 111 PURPOSES

Library, Inc., is organized exclusively for charitable, benevolent, educational and literary purposes; to wit, maintaining an association of persons interested in libraries; focusing public attention on library services and problems; in forming library staff and trustees of community needs; stimulating the use of the library's resources and services; to receive and encourage gifts, endowments and bequests to the library; supporting and comperating with the library in developing library services

and facilities for the community; demonstrating citizen support of the library; encouraging the provision of a variety
of volunteer opportunities within the library; initiating
programs of interest to the community in the library; sponsoring
programs through the library which will add to the cultural
life of the community; and to supporting the freedom to read
as expressed in the American Library Association Bill of
Rights.

No part of the net earnings of the Corporation shall inure to the benefit of any member, trustee, official or individual, except that the Friends of the Louisville Free Public Library, Inc., shall be authorized and empowered to make reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this section. The Corporation shall not engage in propaganda or intervention in any political campaign on behalf of any candidate for public office. No substantial part of the activities of the corporation shall-involve attempts to influence legislation. Notwithstanding any other provision of these articles, the Friends of the Louisville Free Public Library, Inc., shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States revenue law) or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding

provision of any future United States revenue law).

Section 2. In the event of the dissolution of the corporation, and prior to the completion thereof, all liabilities and obligations of the corporation shall be paid, satisfied and discharged, and all of the remaining assets, property and income owned or held by the corporation shall be expended for or applied to the purposes of the corporation, or one or more of such purposes, by transferring and conveying such assets, property and income to one or more corporations or organizations organized and operated exclusively for religious, charitable, scientific, literary or educational purposes, to which exemptions from income taxes have been granted under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States revenue law), and no part of such remaining assets, property or income shall be distributed to members or to any other persons whatsoever.

ARTICLE IV

Friends of the Free Public Library, Inc., shall have and may exercise all powers given to non-profit corporations under the provisions of Chapter 273 of the Kentucky Revised Statutes, subject only to the limitation that notwithstanding any other provision of these Articles of Incorporation, the corporation shall possess and exercise only such powers as may be exercised in furtherence of its tax-exempt purposes and as may be exercised (a) by organizations for purposes similar to those of the Friends of the Louisville Free Public

Library, Inc., exempt under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States revenue law), or (b) by corporations, contributions to which are deductable under section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States revenue law).

ARTICLE V MEMBERSHIP

Section 1. The Friends of the Louisville Free Public Library, Inc., shall have no capital stock, and shall be composed of members rather than shareholders.

Section 2. Membership in this organization shall be open to all individuals in sympathy with its purposes and to representatives of organizations and clubs when such representation is desired.

Membership shall not be denied on the basis of race, creed, color, national origin, sex, age or handicap.

Section 3. Each member shall be entitled to one vote.

ARTICLE VI OFFICERS

Section 1. The officers of this organization shall be a president, vice-president, treasurer, secretary and three directors.

Section 2. Except for the initial officers named in Article XIV hereof, the officers shall be elected from the membership by the members at the annual meeting called for such purpose. Officers shall be nominated by the executive board at least two months before the annual membership meeting.

The nominations shall be submitted in writing to the membership with the consent of the nominee at least two weeks prior to the annual meeting. Additional nominations may be made from the floor.

Section 3. Officers shall be elected by the majority vote of those present or by proxy at the annual meeting for the term of one year, but not more than two successive terms.

ARTICLE VII DUTIES OF OFFICERS

Section 1. President: To preside over and conduct meetings.

Section 2. Vice-President: To perform the duties of the President in the absence of the President.

Section 3. Treasurer: To maintain the financial records of the organization.

Section 4. Secretary: To record attendance of all meetings; to take the minutes of all meetings; to keep a list of the membership together with their addresses; to notify the members of the time and place of meetings; and to conduct the correspondence of the organization.

Section 5. It shall be the duty of the foregoing officers and the three at-large directors to serve on the Executive Board of Directors and thereby to effectuate the purposes of the Friends of the Louisville Free Public Library, Inc., as set forth in Article VIII.

ARTICLE · VIII EXECUTIVE BOARD

Section 1. The Executive Board shall consist of the officers of the organization and the chairman of all the standing committees. The Director of the Louisville Free Public Library shall serve as an ex-officio member of the Executive Board.

Section 2. The Executive Board shall have the authority to appoint committees consistent with the purposes of this organization.

Section 3. Meetings of the Executive Board shall be held quarterly. Special meetings shall be called by the President.

Section 4. A majority of the Executive Board shall constitute a quorum.

ARTICLE ·IX MEETINGS

Section 1. An annual meeting shall be held on a date to be determined by the Executive Board. Members should be notified in writing at least two weeks prior to the date of the meeting.

Section 2. A special meeting of this organization may be called at any time by the Executive Board.

ARTICLE X

Dues shall be payable annually and shall become due on the day of the annual membership meeting. There shall be four classes of dues:

- Individual members \$2.00.
- 2. Family memberships \$5.00.
- 3. Senior citizen/student memberships \$1.00.
- 4. Life membership \$25.00.

ARTICLE XI AMENDMENTS

The Articles of Incorporation of the Friends of the Louisville Free Public Library, Inc., may be amended at any meeting of the general membership by majority vote of those present or by proxy, after notification in writing to each member at least two weeks before the meeting that voting on such amendments will take place.

ARTICLE XII PARLIAMENTARY PROCEDURE

Robert's Rules of Order Revised, when not in conflict with these by-laws, shall govern the proceedings of this organization.

ARTICLE XIII LIABILITIES

Members of the Friends of the Free Public Library, Inc., shall not be personally liable for any debts or other financial obligations solely by reason of being members of said organization.

ARTICLE XIV INITIAL OFFICERS/EXECUTIVE BOARD

The names and addresses of the initial officers and members of the Executive Board are:

President: Carol Layne

2120 Woodford Place Louisville, Ky. 40205

Treasurer: Mary Spitzer

1722 Sulgrave Rd.

Louisville, Ky. 40205

At Large: Dr. Wade Hall

1568 Cherokee Road Louisville, Ky. 40205

Nancy Jones

5305 Indian Crest Rd. Louisville, Ky. 40207

Barbara Jung 3507 Sorrento

Louisville, Ky. 40222

POWERS OF THE EXECUTIVE BOARD

The Executive Board of Directors shall possess all of the powers necessary to effectuate the purposes of the Friends of the Louisville Free Public Library, Inc., and shall exercise complete control and management thereof, limited only by the rights and powers vested in the members by these Articles and the laws of the State of Kentucky and the limitations imposed by Articles III and IV hereof.

ARTICLE XVI REGISTERED OFFICE/AGENT

The registered office of the Friends of the Louisville Free Public Library, Inc., in the State of Kentucky is located at 4th & York Streets, Louisville, Kentucky 40202; and the name of its registered agent is Carol Layne.

ARTICLE XVII INCORPORATORS

The names and addresses of the Incorporators are the same as the initial Offices/Executive Board set forth in Article XIV hereof.

IN WITNESS WHEREOF, we, the Incorporators of the Friends of the Louisville Free Public Library, Inc., have hereunto subscribed our names this Hay of November, 1977.

CAROL LAYNE, President

Mary SPITZER, Treasurer

AT LARGE:

DR. WADE HALL-

NANCY JONES (POLIS

Barbara Jung J

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN to before me by Carol Layne, Mary Spitzer, Dr. Wade Hall, Nancy Jones and Barbara Jung this day of November, 1977.

My Commission Expires October 17, 1979.

My commission expires:

NOTARY PUBLIC, STATE AT LARGE, KENTUCKY

SEAL

ORIGINAL COPY
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRAMESON, MENTOCKY

NOV 15 1977 OF THE FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY V

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Commonwealth of Kentucky

SECRETARY OF STATE

KNOWALL PERSONS BY THESE PRESENTS:

That we, the undersigned, citizens of the United States and of the State of Kentucky, have this day voluntarily associated ourselves for the purpose of forming a non-profit corporation under the laws of the State of Kentucky, pursuant to Chapter 273 of the Kentucky Revised Statutes, and to that end do hereby adopt Articles of Incorporation as follows:

ARTICLE I NAME

The name of the organization shall be the Friends of the Louisville Free Public Library.

ARTICLE II DURATION

The period of duration of the Friends of the Louisville Free Public Library, Inc., shall be perpetual.

ARTICLE III PURPOSES

Section 1. The Friends of the Louisville Free Public
Library, Inc., is organized exclusively for charitable, benevolent,
educational and literary purposes; to wit, maintaining an
namociation of persons interested in libraries; focusing public
attention on library services and problems; in forming library
staff and trustees of community needs; stimulating the use
of the library's resources and services; to receive and encourage
gifts, endowments and bequests to the library; supporting and
cooperating with the library in developing library services

and facilities for the community; demonstrating citizen: support of the library; encouraging the provision of a variety
of volunteer opportunities within the library; initiating
programs of interest to the community in the library; sponsoring
programs through the library which will add to the cultural
life of the community; and to supporting the freedom to read
as expressed in the American Library Association Bill of
Rights.

No part of the net earnings of the Corporation shall inure to the benefit of any member, trustee, official or individual, except that the Friends of the Louisville Free Public Library, Inc., shall be authorized and empowered to make reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this section. The Corporation shall not engage in propaganda or intervention in any political campaign on behalf of any candidate for public office. No substantial part of the activities of the corporation shall involve attempts to influence legislation. Notwithstanding any other provision of these articles, the Friends of the Louisville Free Public Library, Inc., shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States revenue law) or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 or the corresponding

provision of any future United States revenue law).

In the event of the dissolution of the Section 2. corporation, and prior to the completion thereof, all liabilities and obligations of the corporation shall be paid, satisfied and discharged, and all of the remaining assets, property and income owned or held by the corporation shall be expended for or applied to the purposes of the corporation, or one or more of such purposes, by transferring and conveying such assets, property and income to one or more corporations or organizations organized and operated exclusively for religious, charitable, scientific, literary or educational purposes, to which exemptions from income taxes have been granted under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States revenue law), and no part of such remaining assets, property or income shall be distributed to members or to any other persons whatsoever.

POWERS

Friends of the Free Public Library, Inc., shall have and may exercise all powers given to non-profit corporations under the provisions of Chapter 273 of the Kentucky Revised Statutes, subject only to the limitation that notwithstanding any other provision of these Articles of Incorporation, the corporation shall possess and exercise only such powers as may be exercised in furtherence of its tax-exempt purposes and as may be exercised (a) by organizations for purposes similar to those of the Friends of the Louisville Free Public

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ARTICLE V MEMBERSHIP

Section 1. The Friends of the Louisville Free Public Library, Inc., shall have no capital stock, and shall be composed of members rather than shareholders.

Section 2. Membership in this organization shall be open to all individuals in sympathy with its purposes and to representatives of organizations and clubs when such representation is desired.

Membership shall not be denied on the basis of race, creed, color, national origin, sex, age or handicap.

Section 3. Each member shall be entitled to one vote.

ARTICLE VI OFFICERS

Section 1. The officers of this organization shall be a president, vice-president, treasurer, secretary and three directors.

Section 2. Except for the initial officers named in Article XIV hereof, the officers shall be elected from the membership by the members at the annual meeting called for such purpose. Officers shall be nominated by the executive board at least two months before the annual membership meeting.

The nominations shall be submitted in writing to the membership with the consent of the nominee at least two weeks prior to the annual meeting. Additional nominations may be made from the floor.

Section 3. Officers shall be elected by the majority vote of those present or by proxy at the annual meeting for the term of one year, but not more than two successive terms.

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Section 5. It shall be the duty of the foregoing officers and the three at-large directors to serve on the Executive Board of Directors and thereby to effectuate the purposes of the Friends of the Louisville Free Public Library, Inc., as set forth in Article VIII.

ARTICLE VIII EXECUTIVE BOARD

Section 1. The Executive Board shall consist of the officers of the organization and the chairman of all the standing committees. The Director of the Louisville Free Public Library shall serve as an ex-officio member of the Executive Board.

Section 2. The Executive Board shall have the authority to appoint committees consistent with the purposes of this organization.

Section 3. Meetings of the Executive Board shall be held quarterly. Special meetings shall be called by the President.

Section 4. A majority of the Executive Board shall constitute a quorum.

ARTICLE IX MEETINGS

Section 1. An annual meeting shall be held on a date to be determined by the Executive Board. Members should be notified in writing at least two weeks prior to the date of the meeting.

Section 2. A special meeting of this organization may be called at any time by the Executive Board.

ARTICLE X DUES

Dues shall be payable annually and shall become due on the day of the annual membership meeting. There shall be four classes of dues:

- Individual members \$2.00.
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- 4. Life membership \$25.00.

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The Articles of Incorporation of the Friends of the Louisville Free Public Library, Inc., may be amended at any meeting of the general membership by majority vote of those present or by proxy, after notification in writing to each member at least two weeks before the meeting that voting on such amendments will take place.

ARTICLE XII PARLIAMENTARY PROCEDURE

Robert's Rules of Order Revised, when not in conflict with these by-laws, shall govern the proceedings of this organization.

ARTICLE XIII LIABILITIES

Members of the Friends of the Free Public Library, Inc., shall not be personally liable for any debts or other financial obligations solely by reason of being members of said organization.

ARTICLE XIV INITIAL OFFICERS/EXECUTIVE BOARD

The names and addresses of the initial officers and members of the Executive Board are:

President: Carol Layne

•

2120 Woodford Place Louisville, Ky. 40205

Treasurer: Mary Spitzer

1722 Sulgrave Rd. Louisville, Ky. 40205

Louisville, ky. 40203

At Large: Dr. Wade Hall

1568 Cherokee Road Louisville, Ky. 40205

Nancy Jones

5305 Indian Crest Rd. Louisville, Ky. 40207

Barbara Jung 3507 Sorrento

Louisville, Ky. 40222

POWERS OF THE EXECUTIVE BOARD

The Executive Board of Directors shall possess all of the powers necessary to effectuate the purposes of the Friends of the Louisville Free Public Library, Inc., and shall exercise complete control and management thereof, limited only by the rights and powers vested in the members by these Articles and the laws of the State of Kentucky and the limitations imposed by Articles III and IV hereof.

ARTICLE XVI REGISTERED OFFICE/AGENT

The registered office of the Friends of the Louisville Free Public Library, Inc., in the State of Kentucky is located at 4th & York Streets, Louisville, Kentucky 40202; and the name of its registered agent is Carol Layne.

ARTICLE XVII INCORPORATORS

The names and addresses of the Incorporators are the same as the initial Offices/Executive Board set forth in Article XIV hereof.

IN WITNESS WHEREOF, we, the Incorporators of the Friends of the Louisville Free Public Library, Inc., have hereunto subscribed our names this Haday of November, 1977.

CAROL LAYNE, President

Mary Beverly Spitzer

AT LARGE:

DR. WADE HALL

Maray Jones

Borbaco June BARBARA JUNG

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN to before me by Carol Layne, Mary Spitzer, Dr. Wade Hall, Nancy Jones and Barbara Jung this day of November, 1977.

My commission expires: My Commission Expires October 17, 1979.

NOTARY PUBLIC, STATE AT LARGE, KENTUCKY

SEAL

Mrs. George W. Layne 2120 Woodford Place Louisville, Kentucky 40205

November 14, 1977



Commonwealth of Kentuc'

Mr. Drexel Davis Secretary of State New Capitol Building Frankfort, Kentucky 40601

Dear Mr. Davis:

The enclosed Articles of Incorporation, plus the four dollar filing fee, are being sent to your office for processing. We are a non-profit corporation organized exclusively for charitable, educational, and literary purposes.

Sincerely yours,

Carol Sayre.
Carol Layne,
President

CSL:dob

Enclosure

BY-LAWS FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY, INC.

Article 1 Offices

- 1.1 Name. The Corporation shall be known as Friends of the Louisville Free Public Library, Inc. ("Friends of the Library").
- 1.2 <u>Management Authority</u>. The business and affairs of the Friends of the Library shall be managed by the Council of Friends of the Library (sometimes referred to as "Council")
- 1.3 Principal Office. The principal office of the Friends of the Library in the Commonwealth of Kentucky shall be located in Jefferson County. The Friends of the Library may have such other offices, either within or without the Commonwealth of Kentucky, as the business of the Friends of the Library may require from time to time. The principal office of the Friends of the Library, until otherwise determined, shall be located at Fourth and York Streets, Louisville, Kentucky 40203.
- 1.4 Registered Office. The registered office of the Friends of the Library may be, but need not be, identical with its principal office in the Commonwealth of Kentucky. The address of the registered office may be changed from time to time by the Council.

Article 2 Purposes

Purpose. The Friends of the Library is organized exclusively for charitable, benevolent, education and literary purposes; to wit: maintaining an association of persons interested in libraries; focusing public attention on library services and problems; informing library staff and trustees of community needs; stimulating the use of the library's resources and services; encouraging membership in Friends of the Library; receiving and encouraging donations; supporting and cooperating with the library in developing library services and facilities for the community; demonstrating citizen support of the library; encouraging the provision of a variety of volunteer opportunities within the library; initiating programs of interest to the community in the library; sponsoring programs through the library which will add to the cultural life of the community; and supporting the freedom to read as expressed in the American Library Association Bill of Rights.

Article 3 Members

- 3.1 Qualification for Membership. Members of the Friends of the Library shall include the Members serving on the Council, members of affiliated Friends Branch Chapters as defined in Article 10, and all at-large members. In order to be qualified for the privileges of membership, Members shall have paid current membership dues, the amount of which shall be set by resolution of the Council. Only currently paid-up Members may participate in elections.
- Annual Meeting. The annual meeting of Members shall be held at a time and place to be designated by the Council for the election of Members to serve on the Council and such other business as may properly come before the meeting. If the election is not held on the date designated for any annual meeting, the Council shall cause the election to be held at a special meeting of the Members as soon thereafter as may be practicable.
 - 3.3 <u>Special Meetings</u>. Special meetings of the Members may be called by the Council, by the President of the Council, or by written request to the Council by twenty Members. At a special meeting, no item of business shall be transacted except that stated in the notice of the meeting.
 - 3.4 <u>Place of Meetings</u>. The Council or the President of the Council may designate any place within Jefferson County, Kentucky as the place of meeting for any annual meeting, or for any special meeting called by the Council or by the President of the Council.
 - 3.5 Notice of Meetings. Written notice stating the place, day and hour of the meeting and, in the case of a special meeting, the purpose for which the meeting is called, shall be delivered not less than ten days, nor more than thirty days before the date of the meeting, either personally or by U.S. mail, electronic mail, or by publication sent by the Council to Members and delivered to each Member's address as reflected in records of Council.
 - 3.6 Address of Record. Each Member will have an address on file to serve as "address of record" for purposes of meeting notices and other Council correspondence. To the extent possible, such address of record will contain an electronic mail address. It is the goal of the Council to obtain electronic mail addresses for all Members to reduce mailing expenses and for purposes of publicizing Library and Friends of the Library events.
 - 3.7 <u>Quorum of Members</u>. Eighteen qualified Members present in person or by valid proxy at a duly organized membership meeting or specially called meeting shall constitute a quorum and may transact all necessary business.

3.8 Proxy. A Member who wishes to have a recorded vote at a meeting which he or she is unable to attend by reason of illness, conflict, or absence may submit a written proxy to another Member who will be present.

Article 4 Council of Friends of the Library

- 4.1 <u>General Powers</u>. The business and affairs of the Friends of the Library shall be managed by its Council.
- 4.2 <u>Composition. Tenure. Election and Vote</u>. The Council shall be composed of no more than 35 Members and no less than three Members with the exact number to be fixed from time to time by resolution of the Council. Members serving on the Council shall serve for two-year terms, subject to re-election at the annual meeting of Members or, in the case of default, until a successor shall have been qualified and elected. The terms may be staggered so that approximately one half of the Members serving on the Council shall be elected each year. Each Member serving on the Council shall have one vote to cast in person at each Council meeting, provided however, the immediate past president shall have a non-voting status.
- 4.3 Regular Meetings. Regular meetings of the Council are open to all members of the Friends of the Library. Regular Meetings shall be held monthly at a place and time designated by the President of the Council or by resolution of the Council, with timely written notice given by the Recording Secretary of the Council of the agenda with copies of the minutes of the previous meeting. Regular meetings may be cancelled by the President of the Council or by resolution of the Council when there is insufficient business to transact. In any event, at least four regular meetings of the Council must be held each year.
- 4.4 Special Meetings. Special meetings of the Council may be called by the President of the Council or, if he or she is absent or unable, by the Vice President of the Council, or by three Members serving on the Council with three days written notice of the time and place within Jefferson County, Kentucky, stating the purpose of the meeting. At a special meeting, no item of business shall be transacted except that stated in the notice of the meeting.
- 4.5 Quorum of the Council. A majority of the Members serving on the Council shall constitute a quorum for the transaction of business at any meeting of the Council, and the act of a majority of the Members serving on the Council and present at a meeting at which a quorum is present shall be the act of the Council, unless greater proportion is specifically required by law. If a quorum is not present at a meeting, then a majority of the Members serving on the Council present at the meeting may defer such meeting without further notice until a quorum can be assembled.

- 4.6 <u>Vacancies</u>. Any vacancy occurring in the Council may be filled at a regular meeting, or a special meeting called for that purpose, by the affirmative vote of a majority of the remaining Members serving on the Council. A Member elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office.
- 4.7 Executive Committee. Members serving on the Council elected to serve as Officers will constitute the Executive Committee of the Council. The Executive Committee shall meet on call of the President of the Council or, in his or her absence or incapacity, the Vice President of the Council during periods between meetings of the Council to transact such business as may be prescribed. If neither the President nor the Vice President of the Council is present, the present officers will appoint a temporary chairperson to preside over the meeting.
- Duties of Members serving on the Council. All Members serving on the Council will attend meetings of the Council and participate actively in the work of at least one Council committee and at least one designated event ("Event"), unless by reason of excused absence. Unexcused absences from three meetings of the Council and one Event within one calendar year may result in loss of Council position and the election of a replacement.
- 4.9 No Proxy for Council Vote. A Member serving on the Council who wishes to have a recorded vote at a meeting must be present as such meeting. No Member serving on the Council may submit a written proxy to another Member to cast a vote at a Council meeting.
- 4.10 Address of Record. Each Member serving on the Council will have an address on file, to serve as "address of record" for purposes of meeting notices and other Council correspondence. To the extent possible, such address of record will contain an electronic mail address. It is the goal of the Council to obtain electronic mail addresses for all Members to reduce mailing expenditures.

Article 5 Council Officers

- Election. At a special meeting following the annual meeting of Members, the Members serving on the Council shall elect from their number the following officers: President, Vice President, Recording Secretary, and Treasurer who each shall serve a term of one year subject to re-election or, in the case of default, until a successor can be duly elected. The Members serving on the Council shall establish procedures for election by resolution.
- 5.2 <u>Vacancy</u>. The Members serving on the Council may fill a vacancy in any office for the unexpired portion of the term of that office at any regular meeting or a special meeting called for that purpose.

- 5.3 President. The President will be the principal officer of the Council, and shall supervise and control all of the business and affairs of the Friends of the Library. The President shall preside, unless absent or unable, at all meetings of the Council. The President shall perform all duties incident to the office of President and such other duties as may be prescribed by the Council from time to time.
- Vice President. In the absence of the President or in the event of the President's inability to perform the President's duties, the Vice President will perform the duties of the President. When so acting, the Vice President shall have all the powers of the President as prescribed in these by-laws. The Vice-President shall perform all duties incident to the office of Vice President and such other duties as may be prescribed by the Council from time to time.
- Recording Secretary. The Recording Secretary will (a) keep the minutes of the Council meetings and of the Executive Committee in one or more books provided for that purpose; (b) ensure that all notices are provided in accordance with these by-laws; (c) maintain a record of attendance at Council meetings, indicating proxies and excused absences; and (d) perform all duties incident to the office of Recording Secretary and such other duties as from time to time may be assigned by the President or by the Council.
- 5.6 Treasurer. The Treasurer will (a) have charge and custody of and be responsible for all funds of the Council; (b) receive all monies due and payable to the Friends of the Library from any source whatsoever, make arrangement for deposit of all monies in the name of the Friends of the Library in such banks or other depositories as shall be selected in accordance with the provisions of Article 7 of these by-laws, and make all payments authorized by the Council; (c) coordinate collection of financial information from Treasurers of the Friends of the Library Branch Chapters for purposes of preparation and payment of sales tax and preparation of annual tax return; and (d) perform all the duties incident to the office of Treasurer and such other duties as from to time may be assigned to the Treasurer by the President of the Council or the Executive Committee of the Council. The Treasurer of the Council and Treasurers of the Friends of the Library Branch Chapters shall be required to undertake adequate measures to ensure protection of the Friends of the Library funds
- 5.7 <u>Past-President</u>. The immediate Past-President of the Council will serve a one-year ex-officio (nonvoting) term as member without election. The Past-President shall (a) serve to advise the President; (b) serve as the Nominating Committee chair; and (c) shall not be subject to the other requirements of Council membership.

Article 6 Committees

- 6.1 <u>Generally</u>. The Council will appoint individuals or committees to oversee specific activities and to keep the Council informed about plans and actions in a timely manner. At least one member of any committee must be a Member serving on the Council. All committees must follow the fiscal procedures outlined by resolution of the Council as permitted by Article 7. Members serving on the Council may serve on more than one committee. The Recording Secretary of the Council shall maintain current lists of committees and their members.
- 6.2 <u>Finance Committee</u>. Chaired by the Treasurer of the Council, this committee is responsible for developing budget recommendations, submitting financial reports to the Council, recommending project funding and establishing the criteria for project approval. The Finance Committee must observe sound fiscal procedures as outlined in Article 7.
- 6.3 <u>Volunteers Committee</u>. The Volunteers Committee will coordinate with all events that are sponsored and co-sponsored by the Friends of the Library in order to arrange for volunteers to help at the events.
- 6.4 Community Relations Committee. The Community Relations Committee will coordinate the communication of the Friends of the Library's business and activities to the Members of the Friends of the Library, including publication of any newsletter. Additionally, the Community Relations Committee may from time to time, with the approval of the Council, publish press releases, advertisements or other items to increase public awareness of the Friends of the Library.
- 6.5 <u>Membership Development Committee</u>. The Membership Development Committee will oversee membership development, ongoing membership recruitment including annual membership drive, the accuracy of records and long-range planning.
- Branch Relations Committee. The Branch Relations Committee will support the Branch Friends and foster a relationship that is inclusive. Committee members will periodically attend Branch Friends meetings to share information, obtain feedback and maintain open communications.
 - 6.7 <u>Advocacy Committee</u>. The Advocacy Committee will coordinate advocacy efforts to raise public awareness of the Library in the community.
 - 6.8 <u>Book Management Committee</u>. The Book Management Committee will support Friends of the Library branch book sales by maintaining the book vault and other storage areas and ensuring that quality books are provided to

the various Friends of the Library branches as needed. This committee will also coordinate book sorting as needed and develop resources and events for the donation of books that can be sold at Friends of the Library branch book sales.

- 6.9 <u>Outreach Committee</u>. The Outreach Committee will work with the Library and outside organizations like Habitat for Humanity and Metro United Way to foster the mission of the Library.
- Nominating Committee. Chaired by the Past-President of the Council, the Nominating Committee will consist of three Members serving on the Council who, to the extent possible, are not running for reelection. This committee shall solicit applications from members to serve on the Council, conduct the annual election of the members of the Council, conduct the election of the Officers of the Council, and advise the Council of nominees to fill vacant positions.
- 6.11 Other Committees. The Council may, at its discretion, create other standing, ad hoc, or special committees or may combine, eliminate, or otherwise change any committees as need arises. Committees may create subcommittees for special projects.

Article 7 Fiscal and Fiduciary Authority

- 7.1 Funds of the Friends of the Library. All funds belonging to the Friends of the Library, actually or constructively received on behalf of the Friends of the Library by any Member, shall be immediately deposited in the name of the Friends of the Library in a bank or other depository designated by resolution of the Council or as otherwise set forth in these By-Laws. Approved signers of checks drawn on bank accounts established by the Council may include the current Treasurer of the Council, members of the Finance Committee, and current President of the Council. Any prior year officer with signing authority may continue to have signing authority upon resolution of the Council.
- 7.2 <u>Contracts and Loans</u>. The Friends of the Library may be obligated under contracts, including loans and lending contracts, only by resolution of the Council. No Member or officer shall have authority to obligate the Friends of the Library, or to incur debt for which the Friends of the Library is liable, without expressed written resolution of the Council.
- 7.3 Expenditures. Expenditures of the Council's funds in excess of five hundred dollars (\$500.00) may be made only in accordance with a budget approved by the Council, or by resolution of the Council. Unless the Council shall otherwise provide by resolution, all checks, notes and other obligations of the Council of less than five hundred dollars (\$500.00) in value will be signed

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by an approved signer as defined in Paragraph 7.1. Checks, notes or other obligations of the Council of five hundred dollars (\$500.00) or more will be signed by at least two approved signers as defined in Paragraph 7.1, one of which must be the Current President or Treasurer of the Council.

- 7.4 <u>Bonds</u>. Members serving on the Council and officers shall not be required to give bond, but the Council will purchase and keep in force an insurance policy with such coverage and limits of liability adequate to protect the Friends of the Library's funds including all Council and branch funds.
- 7.5 <u>Auditing and Accounting</u>. The books and accounts of the Friends of the Library will be reviewed annually by the Officers of the Council.
- 7.6 <u>Fiscal Year</u>. The fiscal year of the Friends of the Library will begin on the first day of January and end on the last day of December each year.

Article 8 Indemnification of Members serving on the Council, Officers and Others

8.1 <u>Indemnity</u>. The Friends of the Library shall indemnify any Member serving on the Council or Council Officers or former Members serving on the Councilor former Council Officers against expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been such a Member or Officer, except in relation to matters as to which he or she shall be adjudged in such action, suit or proceeding to be liable for misconduct or bad faith in the performance of his or her duties to the Friends of the Library. The Council may, by resolution adopted after notice to the Members, authorize other forms of indemnification.

8.2 <u>Insurance</u>. The Friends of the Library shall maintain insurance to protect itself and Members serving on the Council or Council Officers or former Members serving on the Council or former Council Officers against such liability, cost or expense on such terms, and with such exclusions and deductibles, as determined by the Members serving on the Council.

Article 9 Amendments

9.1 <u>Amendments</u>. The Council may alter, amend or repeal the by-laws at any regular or special meeting of the Council by a majority vote of the Members serving on the Council. Notice of such meeting shall include notice of such proposed alteration, amendment, or repeal.

Article 10 Friends of the Library Branch Chapters

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- 10.1 <u>Members</u>. Any Member of the Friends of the Library may designate one or more specific branch(es) to be affiliated with thereby joining a Friends of the Library branch chapter.
- 10.2 <u>Dues</u>. The amount of dues to become a Member of the Friends of the Library is set by the Council. Branch chapters do not have additional membership dues. Friends of the Library dues must be paid directly to Friends of the Library and delivered to the Council for deposit in general funds in accordance with Paragraph 7.1.
- 10.3 <u>Contributions</u>. Members may designate amounts in excess of dues to be paid to a specific branch chapter. Amounts in excess of dues designated for a specific branch shall be returned to the Friends of the Library Branch Chapter of the Member's designation at the next Annual Meeting of the Friends of the Library. If a Member fails to designate a branch for amounts in excess of dues, the contribution will be deposited in the general Friends of the Library fund maintained by the Council.
- 10.4 <u>Branch Officers</u>. Each Friends of the Library Branch Chapter should have at least the following officers: President, Treasurer, and Secretary. One person may hold no more than two of these positions at the same time. The term of service is to be decided by the Friends of the Library Branch Chapter.
- 10.4.1 Branch President. The Branch President or a designee will preside at all meetings and perform all duties incident to the office of President and such other duties as may be prescribed by the Friends of the Library Branch Chapter.
 - 10.4.2 Branch Treasurer. The Branch Treasurer will have charge of, and be responsible for, all funds of the Friends of the Library Branch Chapter. An annual financial report for the fiscal year will be submitted to the Treasurer of the Council by the end of the first quarter of the following year. The Branch Treasurer will also be responsible for submitting quarterly book sale information to the Treasurer of the Council by the second week of each quarter for the previous quarter book sales.
 - 10.4.3 <u>Branch Secretary</u>. The Branch Secretary will maintain an accurate report of the proceedings of the Friends of the Library Branch Chapter's activities and shall also notify Members of meetings and events.
 - 10.5 <u>Use of Branch Funds</u>. All funds raised through special projects/events sponsored by the Friends of the Library Branch Chapter are funds of that Chapter to be used solely as that Branch Chapter desires in accordance with

- the purpose of the Friends of the Library. These funds shall be deposited in such bank, trust company, or other depository as the Friends of the Library Branch Chapter may select.
- 10.6 Requests for Financial Assistance. Branch Chapters may request financial assistance from the Council by submitting a written grant application to the Council.
- 10.7 <u>Sales Tax Exemption</u>. Friends of the Library Branch Chapters may use the Friends of the Library's state sales tax exemption number when making approved purchases. Such number may be requested from the Treasurer of the Council.
- Branch Meetings. To maintain an active status, each Friends of the Library Branch Chapter will meet a minimum of two times each year. Meetings shall be held at the Branch or at an agreed upon site. Notice of meetings shall be posted in the branch library at least ten days in advance of the meeting. Members should be individually notified of a scheduled meeting by U.S. Mail, electronic mail, or phone. Meeting notice may be satisfied through the Louisville Free Public Library newsletter.

The above by-laws of this Corporation were adopted by the Council effective as of January 11, 2018.

Pamela M. Greenwell, President

Commonwealth of Fentucky Office of Secretary of State

DREXELL R. DAVIS
Secretary



FRANKFORT, KENTUCKY

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

| I. DREXELL R. DAVIS | 5, Secretary of State of the Commonwealth of Kentucky |
|-------------------------------|--|
| | n delivered to my office articles of incorporation of |
| | |
| FRIENDS OF | THE LOUISVILLE FREE PUBLIC LIBRARY, INC. |
| The name and address of th | e registered agent of this corporation is |
| CARCIL LAYNE | |
| NAME 4TH & YORK STREE | 78 |
| STREET ADDRESS LOUISVILE KENI | West |
| CITY, STATE | |
| NOW, THEREFORE, f | nding that these articles of incorporation conform to law |
| | having been paid as prescribed by law, I, DREXELL R. |
| DAVIS, Secretary of State, | issue this Certificate of Incorporation. |
| | Issued this 15TH day of NOVEMBER , 19 77 , at Frankfort, Kentucky. |
| | Drefell R. Wanis |
| CHUBETARY OF STATE | - career and dependent the desired |

From: Martin, Regina [mailto:RMartin@spalding.edu]

Sent: Wednesday, October 17, 2018 9:38 AM

To: Gayle Shumake

Subject: Re: Newburg request for information

Hi Gayle,

Attached is the financial statement thru August 31, 2018. This is just for the Council; I do not have all the financial information for all the branches. I would think that the financial information for Newburg would be what is needed. We do not prepare a projected budget.

Let me know if this does not give you what is needed or if I can be of any further help.

Good luck on the grant!

Regina

From: Gayle Shumake <gayle@shumakeanddaughters.com>

Sent: Tuesday, October 16, 2018 7:10 PM

To: Martin, Regina

Subject: Newburg request for information

Regina,

We are trying to get a grant Newburg Friends of the Library – need the current year projected budget for 2018 and the current financial statement as of August 30, 2018. Can you email me this information?

Gayle

502 458-6214

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|-----|------------------------|---|----------------------|------------------------------------|------|
| i | | | ž. | | |
| No. | 1. Liz Amick | | St. Matthews | Branch Relations Events | 2019 |
| | 2. Beth Anderson | | Highland/Sheiby Park | Ex-Officio President | 2018 |
| | 3. Lauren Baker | | Newburg | Events Branch Relations | 2019 |
| | 4. Mirlam Bein | | Main | Book Vault Membership | 2019 |
| | 5. Lauren Biagi | | Crescent Hill | Branch Relations Events | 2018 |
| T | 6. Catharine Birch | | St. Matthews | Book Sales/Sorting | 2018 |
| 1 | 7. Ray Brundige | | Highland/Shelby Park | Community Relations Book Sales | 2019 |
| | B. Gail Dow | | Middletown | Branch Relations | 2018 |
| | 9. Donna Elkins | | Fakdale | Branch Relations Communications | 2018 |
| - 1 | 10. Chandra Gordon | | Main | Foundation | NA |
| | 11. Pam Greenwell | | St. Matthews | President | 2019 |
| 1 | 12. Laura Guissinger | | Highland/Shelby Park | Branch Relations/Outreach | 2018 |
| | 13. Sue Hom | | Highland/Shelby Park | Book Sales/Sorting | 2019 |
| | 14. Deja Jackson | | Bon Air | Outreach | |
| | 15. Marilynn Johnson | | Shawnee | Branch Relations Membership | 2019 |
| | 16. Sam LaFollette | | South Central | Branch Relations | |
| | 17. Kate Leitner | | Shawnee | Branch Relations | 2018 |
| - | 18. Eleanor Livingston | | South Central | Finance | |
| _ | 19. Gary Luhr | | St. Matthews | Branch Relations | 2018 |
| | 20. Regina Martin | | J-town | Treasurer | 2018 |
| | 21. Suzie McEiroy | | Bon Air | Branch Relations | 2019 |

| Wain | Shawnee Shawnee | | | ner Portland | Portland Southwest |
|--------------------|-----------------|-----------------------------|---|---|--|
| | Main | Main Shawnee | Main Shawnee Bon Air | Main Shawnee Bon Air Portland | Shawnee Bon Air Portland Southwest |
| Callista Matemoria | Dranch Balation | Branch Relations Membership | Branch Relations Membership Branch Relations/Outreach | Branch Relations/Outreach Branch Relations/Outreach Branch Relations/Outreach | Branch Relations/Outreach Branch Relations/Outreach Branch Relations/Outreach Finance/Branch Relations |
| 2018 | 2018 | | | | |

Page 3

Section 4 – Board of Directors and Paid Staff (see attachment for the Louisville Free Public Library Board of Directors)

The Newburg Library Board of Directors

President

Gloria Allen

Vice President

Rev. Roland Allen

Secretary

Wanda Johnson Gayle Graham

Treasurer Chaplain

Minister Sharelle Lyons-Goodwin

Members

Sharon Adams

Diane Hagan Della Humphrey Mamie Maxwell

Advisor

Lauren Baker

Describe the Board term limit policy:

Board terms have not been established. The Board Members have agreed to remain in their positions until notice is given stating otherwise, upon their request.

FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY, INC.

General Information

Organization Number 0084811

Name FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

Status A - Active
Standing G - Good
State KY

 File Date
 11/15/1977

 Organization Date
 11/15/1977

 Last Annual Report
 4/19/2018

Principal Office 4TH. & YORK STS.

LOUISVILLE, KY 40203

Registered Agent REGINA MARTIN

301 YORK ST.

LOUISVILLE, KY 40203

Current Officers

President Pamela Greenwell **Vice President** Ray Brundige Secretary **Lauren Biagietts** Treasurer Regina Martin **Director** Miriam Bein **Director** Catherine Birch **Director** Gail Dow Director Dawn Cobb **Donna Elkins Director** Chandra Gordon **Director** Laura Guissinger Director

Director Sue Horn

Director Marilyn Johnson Director Gary Luhr **Director** Suzie McElroy **Director** Lauren Baker **Director** Dianna Ragan **Director** Al Mortenson **Director Eunice Murphy** Director **Ann Ramser**

Director Deborah Smith-Seadler

DirectorKristina TurnerDirectorAnn ZemenDirectorBeth Anderson

Individuals / Entities listed at time of formation

| Director Director Director DR WADE HALL Director NANCY JONES Director BARBARA JUNG Incorporator CAROL LAYNE Incorporator Incorporator DR WADE HALL Incorporator NANCY JONES Incorporator DR WADE HALL Incorporator | Director | CAROL LAYNE |
|--|--------------|--------------|
| Director Director Director BARBARA JUNG Incorporator Incorporator Incorporator Incorporator DR WADE HALL Incorporator NANCY JONES | Director | MARY SPITZER |
| DirectorBARBARA JUNGIncorporatorCAROL LAYNEIncorporatorMARY SPITZERIncorporatorDR WADE HALLIncorporatorNANCY JONES | Director | DR WADE HALL |
| Incorporator | Director | NANCY JONES |
| IncorporatorMARY SPITZERIncorporatorDR WADE HALLIncorporatorNANCY JONES | Director | BARBARA JUNG |
| Incorporator DR WADE HALL NANCY JONES | Incorporator | CAROL LAYNE |
| Incorporator NANCY JONES | Incorporator | MARY SPITZER |
| | Incorporator | DR WADE HALL |
| Incorporator BARBARA JUNG | Incorporator | NANCY JONES |
| | Incorporator | BARBARA JUNG |

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

| Annual Report | 4/19/2018 | 1 page | <u>PDF</u> | |
|---|----------------------|---------|-------------|------------|
| Annual Report | 4/22/2017 | 1 page | PDF | |
| Annual Report | 4/4/2016 | 1 page | <u>PDF</u> | |
| Annual Report | 4/3/2015 | 1 page | PDF | |
| Registered Agent name/address change | 6/19/2014 4:03:21 PM | 1 page | PDF | |
| Annual Report | 6/19/2014 | 1 page | <u>PDF</u> | |
| Annual Report | 6/23/2013 | 1 page | <u>PDF</u> | |
| Registered Agent name/address change | 5/27/2013 5:03:59 PM | 1 page | PDF | |
| Annual Report | 6/14/2012 | 1 page | <u>PDF</u> | |
| Annual Report | 9/7/2011 | 1 page | <u>PDF</u> | |
| Annual Report Return | 4/13/2011 | 2 pages | tiff | <u>PDF</u> |
| Registered Agent name/address change | 1/25/2011 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 6/24/2010 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Reinstatement | 4/14/2009 | 4 pages | <u>tiff</u> | <u>PDF</u> |
| Registered Agent name/address change | 4/14/2009 | 1 page | <u>tiff</u> | PDF |
| Administrative Dissolution Return | 12/19/2003 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Administrative Dissolution | 11/1/2003 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/15/2002 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Administrative Dissolution | 11/1/2001 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 10/3/2000 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/16/1999 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 5/15/1998 | 1 page | tiff | <u>PDF</u> |
| Annual Report | 7/1/1997 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1996 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Statement of Change | 8/9/1995 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1995 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1994 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1993 | 1 page | <u>tiff</u> | <u>PDF</u> |

| Annual Report | 7/1/1992 | 1 page | <u>tiff</u> | <u>PDF</u> |
|---------------------------|------------|----------|-------------|------------|
| Annual Report | 7/1/1991 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report | 7/1/1989 | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Six Month Notice Return | 12/28/1987 | 1 page | <u>tiff</u> | <u>PDF</u> |
| Articles of Incorporation | 11/15/1977 | 12 pages | tiff | <u>PDF</u> |

Assumed Names

Activity History

| ACLIVITY MISLOTY | | | |
|---------------------------------|--------------------------|-------------------------|-----------------|
| Filing | File Date | Effective Date | Org. Referenced |
| Annual report | 4/19/2018 4:17:06 PM | 4/19/2018 4:17:06 PM | |
| Annual report | 4/22/2017 9:59:30 AM | 4/22/2017 9:59:30 AM | |
| Annual report | 4/4/2016 2:30:18 PM | 4/4/2016 2:30:18 PM | |
| Annual report | 4/3/2015 10:24:17 PM | 4/3/2015 10:24:17 PM | |
| Annual report | 6/19/2014 4:12:22 PM | 6/19/2014 4:12:22 PM | |
| Registered agent address change | 6/19/2014 4:03:21 PM | 6/19/2014 4:03:21 PM | |
| Annual report | 6/23/2013 6:21:13 PM | 6/23/2013 6:21:13 PM | |
| Registered agent address change | 5/27/2013 5:03:59 PM | 5/27/2013 5:03:59 PM | |
| Annual report | 6/14/2012 3:07:18 PM | 6/14/2012 3:07:18 PM | |
| Annual report | 9/7/2011 7:03:10 PM | 9/7/2011 7:03:10 PM | |
| Registered agent address change | 1/25/2011 2:48:49 PM | 1/25/2011 | |
| Annual report | 6/24/2010 1:27:58 PM | 6/24/2010 | |
| Registered agent address change | 4/14/2009 2:48:20 PM | 4/14/2009 | |
| Reinstatement | 4/14/2009 2:47:17 PM | 4/14/2009 | |
| Admin Dis. A. report not in | 11/1/2003 | 11/1/2003 | |
| Registered agent address change | 4/12/2002 1:01:48 PM | 4/12/2002 | |
| Reinstatement | 4/12/2002 12:59:00 PM | 4/12/2002 | |
| Admin Dis. A. report not in | 11/1/2001 | 11/1/2001 | |
| Registered agent address change | 8/9/1995 | 8/9/1995 | |

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.

| Administrative Dissolution | 11/1/2003 | 1 page |
|----------------------------|------------|----------|
| Annual Report | 7/15/2002 | 1 page |
| Statement of Change | 4/12/2002 | 1 page |
| Reinstatement | 4/12/2002 | 2 pages |
| Administrative Dissolution | 11/1/2001 | 1 page |
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| Annual Report | 10/3/2000 | 1 page |
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| Annual Report | 5/15/1998 | 1 page |
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| Annual Report | 7/1/1989 | 2 pages |
| Six Month Notice Return | 12/28/1987 | 1 page |
| Annual Report | 5/22/1978 | 3 pages |
| Articles of Incorporation | 11/15/1977 | 11 pages |
| | | |

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2017

| Prepared for | FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY 301 YORK STREET LOUISVILLE, KY 40203 |
|--|---|
| Prepared by | |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018. |

IRS e-file Signature Authorization for an Exempt Organization OMB No. 1545-1878 Form 8879-EO For calendar year 2017, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization FRIENDS OF THE LOUISVILLE 31-0928151 FREE PUBLIC LIBRARY Name and title of officer REGINA MARTIN TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ b Total tax (Form 1120-POL, line 22) ______ 3b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize MCMCPAS & ADVISORS LLP 40202 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 61480940202 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I

ERO's signature ▶ _______ Date ▶_____

confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

e-file Providers for Business Returns.

Form **990-EZ**

EXTENDED TO NOVEMBER 15, 2018 Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| | | 2017 calendar year, or tax year beginning and ending | - | | |
|------------|----------------------|---|--------------|-----------------------------|--|
| B | heck if | e: | D Employe | identification number | |
| | _ | ss change FRIENDS OF THE LOUISVILLE | | | |
| | Name | change FREE PUBLIC LIBRARY | | 928151 | |
| | | return | E Telephon | | |
| | Final termir | eturn/ 301 YORK STREET | (502 | 2)574-1648 | |
| | Amen | ded return | F Group Ex | emption | |
| | □ _{Applica} | tion pending LOUISVILLE, KY 40203 | Number | | |
| | | | H Check | ► X if the organization is | |
| | | e: ►WWW.LFPL.ORG/FRIENDS | not requi | red to attach Schedule B | |
| J | Tax-ex | empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 | (Form 99 | 0, 990-EZ, or 990-PF). | |
| | | forganization: Corporation Trust X Association Other | | | |
| L | Add lin | es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II | , | | |
| (| column | (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | 🕨 🤅 | 84,165. | |
| Pa | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru | ctions for P | | |
| | | Check if the organization used Schedule 0 to respond to any question in this Part I | | X | |
| | 1 | Contributions, gifts, grants, and similar amounts received | | 11,378. | |
| | 2 | Program service revenue including government fees and contracts | | | |
| | 3 | Membership dues and assessments | 3 | 29,026. | |
| | 4 | Investment income SEE SCHEDULE O | 4 | 257. | |
| | 5a | Gross amount from sale of assets other than inventory 5a | | | |
| | Ь | Less; cost or other basis and sales expenses | | | |
| | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | |
| | 6 | Gaming and fundraising events | | | |
| • | a | Gross income from gaming (attach Schedule G if greater than | | | |
| Revenue | | \$15,000) | | | |
| ě | b | Gross income from fundraising events (not including \$ of contributions | | | |
| ш. | | from fundraising events reported on line 1) (attach Schedule G if the sum of such | | | |
| | | gross income and contributions exceeds \$15,000) 6b 42,5 | 34. | | |
| | | Less: direct expenses from gaming and fundraising events 6c 5,6° | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 36,858. | |
| | | Gross sales of inventory, less returns and allowances 7a | | | |
| | b | Less; cost of goods sold 7b | | | |
| | £ | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 0.70 | |
| | 8 | Other revenue (describe in Schedule 0) SEE SCHEDULE O | 8 | 970. | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O | ▶ 9 | 78,489. | |
| | 10 | | | 12,016. | |
| | 11 | Benefits paid to or for members | | 22,560. | |
| ės | 12 | Salaries, other compensation, and employee benefits | | 1 225 | |
| Expens | 13 | Professional fees and other payments to independent contractors | | 1,235. | |
| Ř | 14 | Occupancy, rent, utilities, and maintenance SEE SCHEDULE O | 14 | 47. | |
| _ | 15 | Printing, publications, postage, and shipping | 15 | 6,334. | |
| | 16 | Other expenses (describe in Schedule 0) SEE SCHEDULE O | 16 | 42,192. | |
| _ | 17 | Total expenses. Add lines 10 through 16 | | 36,297. | |
| \$ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 30,491. | |
| 556 | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | 45 | 170 121 | |
| Net Assets | | (must agree with end-of-year figure reported on prior year's return) | | 179,131. | |
| Š | 20 | Other changes in net assets or fund balances (explain in Schedule 0) | | 215,428. | |
| _ | 21 | Net assets or fund balances at end of year, Combine lines 18 through 20 | ▶ 21 | Form 990-EZ (2017) | |
| LH | A FOR | Paperwork Reduction Act Notice, see the separate instructions. | | FUIIII 33U-EZ (2017) | |

Form 990-EZ (2017)

| _ | rt II Balance Sheets (see the instructions for Part II) | | | | | |
|------|--|---|---------------------------------|--|-------------------------------|------------------------------|
| 1 4 | Check if the organization used Schedule O to resp | ond to any ques | stion in this Part II | | | |
| | Official and organization according | | (A) Beginning of year | | | nd of year |
| 22 | Cash, savings, and investments | | 180,667 | 22 | | 216,368. |
| 23 | Land and buildings | | | 23 | | |
| 24 | Other assets (describe in Schedule O) SEE SCHEDULE O | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 69. | | | 0. |
| 25 | Total assets | | 180,736 | | 4 | 216,368. |
| 26 | Total liabilities (describe in Schedule 0) SEE SCHEDULE O | | 1,605 | | | 940. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | , | 179,131 | 27 | | 215,428. |
| Pa | rt III Statement of Program Service Accomplishmen | ts (see the instr | uctions for Part III) | | | penses |
| | Check if the organization used Schedule O to resp | ond to any ques | stion in this Part III | X | (Required 1 501(c)(3) a | or section and 501(c)(4) |
| Wha | t is the organization's primary exempt purpose?SEE SCHEDULE O | | | | organizatio | ns; optional for |
| Door | ibn the organization's program service accomplishments for each of its three largest program s | ervices, as measured by e | xpenses. In a clear and concise | - 1 | others.) | |
| manr | er, describe the services provided, the number of persons benefited, and other relevant informa | tion for each program title | · | | | |
| 28 | DIRECT GIFTS TO THE LIBRARY FOR VAR | IOUS PROGR | AMS, BOOKS | | | |
| | AND EQUIPMENT TO BENEFIT THE GENERAL | L PUBLIC. | | — I | | |
| | | | | <u> </u> | | 10 016 |
| | (Grants \$) If this amount includes foreign g | rants, check here | <u></u> | Щ | 28a | 12,016. |
| 29 | | | | — | | |
| | | | | — I | | |
| | | | | 1 | 20. | |
| | (Grants \$) If this amount includes foreign g | rants, check here | | ш | 29a | |
| 30 | | <u> </u> | | — | | |
| | | | | — | | |
| | The state of the s | | | | 30a | |
| | (Grants \$) If this amount includes foreign g | | | | - | |
| 31 | Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign g | rants check here | | | 31a | |
| 99 | Table and service expenses (add lines 289 through 319) | | | | 32 | 12,016. |
| P | art IV List of Officers, Directors, Trustees, and Key E | mployees (list eac | h one even if not compensated - | see the | instructions f | or Part IV) |
| | Check if the organization used Schedule O to resp | ond to any que | stion in this Part IV | | | <u>X</u> |
| _ | <u></u> | (b) Average hou | S (C) Reportable | | alth benefits, ibutions to | (e) Estimated |
| | (a) Name and title | per week devoted | W-2/1099-MISC) | emplo | yee benefit and deferred | amount of other compensation |
| | <u> </u> | position | (if not paid, enter -0-) | com | pensation | Compensation |
| PZ | M GREENWELL | | | | • | _ |
| | RESIDENT | 2.50 | 0. | | 0. | 0. |
| | ANNA RAGAN | 0.50 | | | 0 | 0. |
| | CE PRESIDENT | 2.50 | 0. | | 0. | <u> </u> |
| | AUREN BAKER | 2.50 | 0. | | 0. | 0. |
| | CRETARY | 2.50 | | | | |
| | GINA MARTIN REASURER | 2.50 | 0. | | 0. | 0. |
| | ETH ANDERSON | 2.50 | | | | |
| | RECTOR | 1.00 | 0. | | 0. | 0. |
| | RIAM BEIN | | | | | |
| | RECTOR | 1.00 | 0. | | 0. | 0. |
| | AUREN BIAGI | | | | | |
| | RECTOR | 1.00 | 0. | İ | 0. | 0. |
| | ATHERINE BIRCH | | | | | |
| | RECTOR | 1.00 | 0. | | 0. | 0. |
| | AY BRUNDIGE | | | | _ | |
| | IRECTOR | 1.00 | 0. | | 0. | 0. |
| | AWN COBB | | _ | | ^ | _ |
| | IRECTOR | 1.00 | 0. | <u> </u> | 0. | 0. |
| | AIL DOW | 4 00 | _ | | 0 | _ |
| | IRECTOR | 1.00 | 0. | | 0. | 0. |
| | ONNA ELKINS | 1.00 | 0. | | 0. | 0. |
| = | | 1 4 11 11 | 1 U. | | V • | , ,, |
| D | IRECTOR | See a see | | | Form | 990-EZ (2017) |

Form 990-EZ (2017)

FREE PUBLIC LIBRARY

| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | in the | e \/ | X |
|------|---|------------|---------|---------------|
| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | I | Vac | No |
| | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | 163 | 140 |
| 33 | | 33 | | x |
| 34 | activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | $\overline{}$ |
| 34 | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2. 6a. and 7a. among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | 35b | N/ | <u>A</u> |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | 3.5 |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | 36 | | x |
| | complete applicable parts of Schedule N | 30 | | |
| 37a | Enter amount of political experiorities, direct of indirect, as described in the medications | 37b | | х |
| 90 A | Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| 90 A | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 | 1.2 | | |
| b | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 - section 4911 | | | |
| | SECHOLI 49 11 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any | | | |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40ь | | х |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | 112 | - | |
| · | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| . 6 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed | | | |
| | by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e_ | | <u> </u> |
| 41 | | 74- | 164 | . 8 |
| 428 | The organization's books are in care of ► TREASURER Located at ► 301 YORK STREET, LOUISVILLE, KY Telephone no. ► (502)5 | 020 | 3 | |
| | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| L | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | v |
| • | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | L | X |
| | If "Yes," enter the name of the foreign country: | | | . \Box |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | and effect the amount of tax-exempt interest received of accided during the tax year | | | |
| | | | Yes | No |
| 44: | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | X |
| ı | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | 77 |
| | of Form 990-EZ | 44b | | X |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | 44d | | |
| | in Schedule O | 440 45a | | x |
| 45 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | 734 | | |
| | 5 Did the organization receive any payment from or engage in any transaction with a controlled state within the meaning or essential to the state of Form 990-EZ (see instructions) | 45b | | |
| _ | O IZ(D), 10/1 1 (ca) 1 Orth 300 and Conscious it may floor to be completed include of City 500 EZ (cas in 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | _ | 190_F7 | (2017) |

| m 990-EZ (20 | 11/) FREE PUBLIC | LIBRAKI | | | | | | Yes | No |
|----------------------------|--|------------------------------------|---------------------------|-----------------|-----------------------------------|---|---------------------------|------------------|---------------|
| Did the org | anization engage, directly or indirec | ctly, in political campaign activi | ties on behalf of or in | oppositio | n to candidates for | oublic offic | e? | | 1,, |
| If "Yes," cor | mplete Schedule C, Part I | | <u> </u> | | | | 4 | 6 | X |
| art VI S | ection 501(c)(3) organiz | ations only | | | | | 1.54 | | |
| Α | Il section 501(c)(3) organization | ns must answer questions 4 | 17-49b and 52, and | l complet | te the tables for li | ies 50 an | a 51. | | _ |
| | heck if the organization used S | Schedule O to respond to a | ny question in this | Part VI _ | | | <u></u> | Yes | No |
| | anization engage in lobbying activi | 0 | action in affact during | n the tay v | par2 If "Vec " comple | ete Sch. C | Part II | 7 | X |
| Did the org | janization engage in lobbying activi nization a school as described in se | nes or nave a section ou i(ii) th | " complete Schedule l | guic aax y F | car: ii 100, compi | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ` | 8 | TX |
| Is the orga | nization a school as described in se Janization make any transfers to an | exampt pop-charitable related | organization? | L , | | | 4 | 9a | X |
| L Did the org | janization make any transiers to an is the related organization a section | 527 organization? | organization: ,, | | | | 4 | 9b | T |
|) II 165, Wa Complete t | this table for the organization's five | highest compensated employe | es (other than officer | s, director | rs, trustees, and key | employees | s) who eac | h receive | d mor |
| than \$100 | ,000 of compensation from the org | anization. If there is none, ente | r "None." | | | | | | |
| σιαν φγ | (a) Name and title of each | | (b) Average | | (£) Reportable compensation (Form | | th benefits, utions to | (e) Esti | |
| | | | per week deve position | | W-2/1099-MISC) | employ | ee benefit nd deferred | amount o | |
| | | NONE | position | .I | | comp | ensation | 00111001 | |
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| | | | | | | | | | |
| Total num | nber of other independent contracto | ors each receiving over \$100,0 | 00 | | | | | | |
| Did the or | rganization complete Schedule A? | Note: All section 501(c)(3) org | anizations must attaci | ha | | | ▶ 🗓 | Vec | $\overline{}$ |
| complete | d Schedule As of perjury, I declare that I have ex | t at the state of the state of | no manuina cohodu | lee and et | atements and to the | hest of m | | | ief. it |
| der penalties | s of perjury, I declare that I have ex | amined this return, including a | companying screau | which are | atements, and to the | edae | y Kilowious | 10 4114 50 | , |
| e, correct, a | nd complete. Declaration of prepare | er (other than officer) is based | on an information of s | willian proj | parer rias any mioni | Jugu. | | | |
| | Signature of officer | | | _ | | Date | | | |
| gn ere | REGINA MARTIN, | TREASURER | | <u> </u> | | | | | |
| | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Preparer's signat | ure | Date | Check | if | PTIN | | |
| | Print/Type preparer's name | Liehaici 2 siñilar | uio | Date | self- en | ployed | | | |
| aid | | | | | | | | | |
| reparer | Firm's name | | | | Firm's | EIN 🕨 | | | |
| se Only | Firm's name | | | | Phone | | | | |
| | Firm's address | | | | T HONG | | | | |
| | t and the second | shown shows? Can instruction | <u> </u> | | | | | Yes | |
| ay the IRS d | iscuss this return with the preparer | SHOWIT ADDVET SEE HISH OCHOIL | d , | | ****************** | | | orm 990 - | E7 (2 |
| | | | | | | | Г | UIIII DOU- | /- |

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

FRIENDS OF THE LOUISVILLE Name of the organization 31-0928151 FREE PUBLIC LIBRARY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (ii) EIN (i) Name of supported in vour governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

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Part II Support Schedule for Organizations Described in Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|--|---------------------------|--------------------------------------|---------------------------|-----------------------------|--|----------------------|
| | ndar year (or fiscal year beginning in) 🖊 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | 44 000 | 40 404 | DE 460 |
| | include any "unusual grants.") | 9,816. | 7,343. | 6,017. | 11,882. | 40,404. | 75,462. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | j | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | 44 000 | 40 404 | 75 460 |
| 4 | Total. Add lines 1 through 3 | 9,816. | 7,343. | 6,017. | 11,882. | 40,404. | 75,462. |
| 5 | The portion of total contributions | | S 10 | | | | |
| | by each person (other than a | | | 18 | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | BE 466 |
| | Public support. Subtract line 5 from line 4. | | | | | | 75,462. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total 75,462. |
| 7 | Amounts from line 4 | 9,816. | 7,343. | 6,017. | 11,882. | 40,404. | /5,402. |
| 8 | Gross income from interest, | | ļ | | | | |
| | dividends, payments received on | | l | | | | |
| | securities loans, rents, royalties, | | | | 4 = 6 | | 4 444 |
| | and income from similar sources | 256. | 200. | 549. | 179. | 257. | 1,441. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | _ | | | | 44 054 |
| | assets (Explain in Part VI.) | 1,796. | 3,935. | 4,300. | 3,250. | 970. | 14,251. 91,154. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 91,154 |
| 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | . — |
| | organization, check this box and stor | here | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | > |
| | ction C. Computation of Pub | | | | | Last | 00 70 |
| | Public support percentage for 2017 (| | | | | 14 | 82.79 % |
| 15 | Public support percentage from 2010 | 5 Schedule A, Part | II, line 14 | | | <u> 15 </u> | <u>57.90 %</u> |
| 16 | a 33 1/3% support test - 2017. If the | | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | ۱ | | | |
| i | 33 1/3% support test - 2016. If the | organization did no | ot check a box on | line 13 or 16a, and | l line 15 is 33 1/3% | 6 or more, check ti | nis box |
| | and stop here. The organization qua | lifies as a publicly | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances tes | st - 2017. If the org | janization did not d | check a box on line | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | cts-and-circumstar | ices" test, check t | his box and stop l | i ere. Explain in Pa | irt VI how the organ | nization |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supported | d organization | | P |
| | o 10% -facts-and-circumstances tes | st - 2016. If the org | janization did not d | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets t | the "facts-and-circu | ımstances" test, c | heck this box and | stop here. Explai | n in Part VI how the | |
| | organization meets the "facts-and-cir | cumstances" test. | The organization | qualifies as a publi | icly supported org | anization | |
| 18 | Private foundation. If the organization | <u>on did not check a</u> | box on line 13, 16 | ia, 16b, 17a, or 17 | b, check this box | and see instruction | ns |
| | | | | | Sch | edule A (Form 990 |) or 990-EZ) 2017 |

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 10 of Part I or if t | he organization failed to qualify under Part II. If the organization fails to |
|--|---|
| qualify under the tests listed below, please complete Part II.) | |

| 3 00 | tion A. Public Support | | | | | | |
|-------------|--|---------------------|----------------------|-----------------------|-----------------------|---------------------|-------------|
| ale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015_ | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | ļ | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | <u> </u> | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | <u></u> | | |
| 5 | The value of services or facilities | | - | | | | |
| | furnished by a governmental unit to | | | 1 | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | - | | | | | |
| | Amounts included on lines 1, 2, and | | | | - | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | | | | | | _ |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | } |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | İ | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | <u></u> | | 1 | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is fo | r the organization' | s first, second, thi | rd, fourth, or fifth | tax year as a section | on 501(c)(3) organi | zation, |
| | check this box and stop here | | | | | | > |
| Se | ction C. Computation of Pub | | | - | | | |
| | Public support percentage for 2017 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2016 | | | | | 16 | % |
| | ction D. Computation of Inve | | |) | | | |
| | Investment income percentage for 20 | | | | ··· | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 10 | a 33 1/3% support tests - 2017. If the | organization did | not check the box | on line 14. and lin | ne 15 is more than | | |
| 137 | more than 33 1/3%, check this box a | and stop here. Th | e organization qua | alifies as a publicly | supported organiz | zation | |
| | 33 1/3% support tests - 2016. If the | organization did | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%. | , and |
| | line 18 is not more than 33 1/3%, ch | eck this boy and | top here. The org | anization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | on did not check a | hay an line 1/1 10 | a or 19h check | this box and see in | structions | |
| 2,0 | rrivate roundation. II the organization | at aid not check a | DOX OUT HITE 14, 18 | A OI TOD, OHECK | and box and bot ii | | |

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Par | t IV Supporting Organizations (continued) | | Ve-T | NI- |
|--------|--|---------------|-------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 44. | | |
| | below, the governing body of a supported organizations | 11a | _ | _ |
| b | A family member of a person described in (a) above. | 11b | | _ |
| С | A 35% controlled entity of a person described in (a) above to the state of the stat | 11c | | _ |
| Sec | tion B. Type I Supporting Organizations | $\overline{}$ | Yes | No |
| | | | res | MO |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 1 | i | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | - | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| _ | supervised, or controlled the supporting organization. | | | |
| Sec | tion C. Type II Supporting Organizations | = | Yes | No |
| | The state of the directors | | 162 | 140 |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| | the supported organization(s). | | | |
| Sec | tion D. All Type III Supporting Organizations | -T | Yes | No |
| | Division with the search of the supported expenientings, by the last day of the fifth month of the | | ,,,,, | 110 |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | _ | |
| _ | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | By reason of the relationship described in (2), did the organization's supported organizations have a | | 1 | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Soc | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| 1 | The state of the s | | | |
| a b | Camplete line 2 holes | | | |
| | - 1 | uctions | s) | |
| 2 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | as a second purposes of | | | |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| È | and the second s | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes, * explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | the best the appropriate appropriate or plant a majority of the officers directors or | | | |
| 2 | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| ŀ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| • | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Organ | izations | |
|------------|---|--------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain in | Part VI.) See instructions. |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ctions A through E. | |
| ecti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | 1 |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | <u> </u> |
| | Average monthly cash balances | 1b | | ļ |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| <u>-</u> _ | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | _ | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| <u>-</u> | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| 9 | emergency temporary reduction (see instructions) | 6_ | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integra | ted Type III supporting or | ganization (see |

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| Par | t V │ Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|---------|---|-------------------------------|--|-------------------------------------|
| Section | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organization | s | |
| | Amounts paid to acquire exempt-use assets | | | |
| 5_ | Qualified set-aside amounts (prior IRS approval required) | <u></u> | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions, Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | • | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | <u> </u> |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| 9 | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| į | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| С. | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | - N1 " 1 | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| C | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |
| | | | Calcadula A | (Earm 000 or 000-E7) 201 |

FRIENDS OF THE LOUISVILLE

| Schedule A | (Form 990 or 990-EZ) 2017 FREE PUBLIC LIBRARY | 31-0928151 Page 8 |
|------------|---|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, il line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.) | 7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V. Section B. line 1e: Part V. |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.lrs.gov/Form990 for the latest instructions. FRIENDS OF THE LOUISVILLE Name of the organization FREE PHRITC LIBRARY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

31-0928151

| | PUIC DIBRARI | | | | 31 0320 | |
|--|--|--|-------------------|--------------------------------------|--|---|
| required to complete this part | | | | | | filers are not |
| 1 Indicate whether the organization rais | ed funds through any of the followir | ng activ | ities. | Check all that apply | | |
| a Mail solicitations | e Solicitat | tion of I | non-ge | overnment grants | | |
| b Internet and email solicitations | | | _ | nment grants | | |
| | g Special | | - | | | |
| · — | g openia | , | | | | |
| d In-person solicitations2 a Did the organization have a written or | r arel agreement with any individual | Linclud | lina of | fficers directors true | stees or | |
| key employees listed in Form 990, Pa | - 1 /// as antitude semporation with p | votocci | anal f | undraieina conticet? | Yes | ☐ No |
| b if "Yes," list the 10 highest paid indiv | art vii) or entity in connection with p | iont to | orran | monte under which : | the fundraiser is to t | = - |
| | | Jan IO | ayıce | Illelits dider willer | une farialization to to t | ,,, |
| compensated at least \$5,000 by the | organization. | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have cu or conf contribu | istody trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| · · · · · · · · · · · · · · · · · · · | | Yes | No | ~ | | |
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| | | <u> </u> | | | | |
| Total | | | <u> </u> | | | <u> </u> |
| List all states in which the organization or licensing. | on is registered or licensed to solicit | contrik | oution | s or has been notifie | d it is exempt from r | egistration |
| or notified. | | | | <u></u> | . | |
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| Schedule 6 | G (Form 990 or 990-EZ | Z) 2017 FREE | PUBLIC ! | LIBRARY_ | | | 31-09281 | | |
|------------|-----------------------|------------------------|------------------|-----------------|-------------------|-------------------|-----------------------|----------|-----|
| Part II | Fundraising Ev | /ents. Complete | if the organizat | tion answered " | Yes" on Form 990, | Part IV, line 18, | or reported more that | n \$15,0 |)00 |

| | | of fundraising event contributions and gr | | | | ots greater than \$5,000. |
|-----------------|-------|---|---|--|---|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | 200 431 74 | | NONE | (add col. (a) through |
| | | | BOOK SALES | (t-t) | (total number) | col. (c)) |
| e ' | | | (event type) | (event type) | (total number) | |
| Revenue | | | 12 524 | | | 42,534. |
| Re | 1 | Gross receipts | 42,534. | | | 42,334. |
| | _ | | | | | |
| | 2 | Less: Contributions | <u></u> | | · | |
| | | Cross income (line 1 minus line 2) | 42,534. | | | 42,534. |
| | 3 | Gross income (line 1 minus line 2) | 12/5511 | | | |
| | 4 | Cash prizes | | | | |
| | 7 | odoli pizoo | | | | |
| | 5 | Noncash prizes | | | | |
| es | • | | | | | |
| ens | 6 | Rent/facility costs | | | | <u> </u> |
| Direct Expenses | ~ | | | | <u> </u> | |
| SC. | 7 | Food and beverages | | | _ | |
| Öjre | | | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 5,676. | | | 5,676. |
| | 10 | | h 9 in column (d) | | | 5,676. |
| | 11 | Net income summary. Subtract line 10 from l | ine 3, column (d) | | > | 36,858. |
| Pa | irt i | | answered "Yes" on Forn | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | T |
| ō | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | Dirigo/progressive Dirigo | | coi. (a) through coi. (c)) |
| Rev | | | | | | |
| | 1 | Gross revenue | | | | |
| | | | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | _ | Nanaah seisaa | | 1 | | |
| X | 3 | Noncash prizes | | | | |
| 3Ct | ١. | Dark fransk kanata | | | | |
| ä | 4 | Rent/facility costs | | | | · · · · · · · · · · · · · · · · · · · |
| | _ | Other direct expenses | | | | |
| _ | 3 | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | ١" | VOIGITEE! INDOI | | (| | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | • | |
| | ′ | Direct experies summary: 7 da in see a une ag | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d) | | | |
| | | | <u> </u> | | | |
| 9 | En | ter the state(s) in which the organization cond | ucts gaming activities: | | | |
| | | the organization licensed to conduct gaming a | | states? | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes No |
| | lf ' | "No," explain: | | | | |
| | | <u> </u> | | | | |
| | _ | | | | | |
| 10: | W | ere any of the organization's gaming licenses i | revoked, suspended, or t | erminated during the tax | year? | Yes No |
| |) If | "Yes," explain: | | | | |
| | _ | | | | | |
| | _ | | | | | |
| 732 | 100 (| 09-13-17 | | · | Schedule G (Fo | orm 990 or 990-EZ) 2017 |

FRIENDS OF THE LOUISVILLE

| Sch | edule G (Form 990 or 990-EZ) 2017 FREE PUBLIC LIBRARY | 31-0 | 928 | <u> 151</u> | Page 3 |
|-----|--|--------------|------------|-------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | □ | /es | No No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | | |
| | to administer charitable gaming? | | \ ' | Ye s | L No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | | |
| 2 | a The organization's facility | | 13a | | % |
| ì | o An outside facility | | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's garning/special events books and reco | rds: | | | |
| | Like the name and account of the property of t | | | | |
| | Name | | | | |
| | | | | | |
| | Address > | | | | |
| | | | \Box | V | □ No |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? $_{\dots}$ | | | 169 | 140 |
| | of lf "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo | unt | | | |
| ' | | | | | |
| | of garning revenue retained by the third party > \$ | | | | |
| • | c If "Yes," enter name and address of the third party: | | | | |
| | Name Name | | | | |
| | Name | | | | |
| | Address | | | | |
| | | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Gaming manager compensation 🕨 \$ | | | | |
| | | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | Bilector/officer Employee | | | | |
| 17 | Mandatory distributions: | | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| | retain the state gaming license? | | | Yes | ☐ No |
| | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen | in the | | | |
| | organization's own exempt activities during the tax year > \$ | | | | |
| P | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | Part III, li | nes 9, | 9b, 1 | 0b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | | |
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FRIENDS OF THE LOUISVILLE 31-0928151 Page 4 FREE PUBLIC LIBRARY Schedule G (Form 990 or 990-EZ) FREE PUBLI Part IV Supplemental Information (continued)

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990~EZ

| Asset No. | Description | Date Acquired | Method | Life | C Line o No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|----------------------------------|------------------|--------|------|-----------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 1 | WEBSITE | 04/09/10 | SL | 7.00 | H¥17 | 1,053. | | | | 1,053. | 1,006. | | 47. | 1,053. |
| 2 | WEP SITE DEVELOPMENT COSTS | 06/30/10 | | 36M | H¥43 | 1,400 | | | | 1,400 | 1,400 | | 0. | 1,400 |
| | * TOTAL 990-EZ PG 1 DEPR & AMORT | | | | | 2,453. | | | | 2,453. | 2,406. | | 47. | 2,453. |
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728111 04-01-17

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

■ Go to www.irs.gov/Form990 for the latest information. FRIENDS OF THE LOUISVILLE

Employer identification number 31-0928151

FREE PUBLIC LIBRARY FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: 257. INTEREST INCOME FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: AMOUNT: DESCRIPTION OF OTHER REVENUE: 970. OTHER INCOME FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID: ACTIVITY CLASSIFICATION: DIRECT GIFTS TO LIBRARY TO BENEFIT GENERAL PUBLIC GRANTEE NAME: LOUISVILLE FREE PUBLIC LIBRARY GRANTEE ADDRESS: 301 YORK STREET LOUISVILLE, KY 40203 12,016. AMOUNT GIVEN: FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: AMOUNT: DESCRIPTION OF EXPENSES: 47. DEPRECIATION FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 542. MISCELLANEOUS 297. BANK CHARGES 586. SUPPLIES 2,783. COMMUNITY RELATIONS 316. WEBSITE Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

FRIENDS OF THE LOUISVILLE FREE PUBLIC LIBRARY

Employer identification number 31-0928151

| FREE PUBLIC LIBRARY | | | 31-03701 | |
|--|--|--|---|--|
| Part IV List of Officers, Directors, Trustees, and Key E | mployees. List each one ev | ven if not compensated. | | or Part (V.) |
| (a) Name and title | (b) Average hours per week devoted to position | (C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| CHANDRA GORDON | | _ | _ | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| LAURA GUISSINGER | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| SUE HORN | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| DEJA JACKSON | | | ĺ | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| MARILYN JOHNSON | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| KATE LEITNER | | | _ | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| GARY LUHR | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| | 2.00 | | —— <u> </u> | |
| SUZIE MCELROY | 1.00 | 0. | 0. | 0. |
| DIRECTOR | 1.00 | | | <u></u> |
| AL MORTENSON | 1 00 | 0. | 0. | 0. |
| DIRECTOR | 1.00 | | J | |
| EUNICE MURPHY | 1 00 | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| ANN RAMSER | 1 00 | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| SHANNA SANDERS | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| DEBORAH SMITH-SEADLER | | | | _ |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| BILL STOPHER | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| KRISTINA TURNER | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| LINDA WYATT | | | | |
| DIRECTOR | 1.00 | 0. | . 0. | 0. |
| ANN ZEMAN | | | | |
| DIRECTOR | 1.00 | 0. | . 0. | 0. |
| DIRECTOR | | | | - |
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Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | Litter me | i a idelitilyili | g manniber | | |
|------------------------------|--|--------------|--------------------------------------|-------------|------------------|----------------|--|--|
| Type or | | | | | | | | |
| print | FRIENDS OF THE LOUISVILLE | 21 0000 | | | | | | |
| | FREE PUBLIC LIBRARY 31-092 | | | | | | | |
| due date for filing your | iling your 301 YORK STREET | | | | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a for LOUISVILLE, KY 40203 | oreign add | lress, see instructions. | - | | | | |
| Enter the | Return Code for the return that this application is for (fil | e a separa | te application for each return) | | | 0 1 | | |
| Applicati | | Return | Application | | | Return | | |
| Is For | | Code | Is For | | | Code | | |
| | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 990 | | 02 | Form 1041-A | | | 08 | | |
| | 0 (individual) | 03 | Form 4720 (other than individual) | | • | 09 | | |
| Form 990 | | 04 | Form 5227 | | | 10 | | |
| | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| | T (trust other than above) | 06 | Form 8870 | 12 | | | | |
| Teleph | books are in the care of ▶ 301 YORK STREE one No. ▶ (502)574-1648 organization does not have an office or place of busines | | Fax No. > | | | ▶□ | | |
| | is for a Group Return, enter the organization's four digit | | | | | | | |
| box 🕨 | If it is for part of the group, check this box | and atta | ach a list with the names and ElNs o | f all memb | ers the exten | sion is for. | | |
| 1 I re | quest an automatic 6-month extension of time until | NOVE | MBER 15, 2018 , to file | e the exem | pt organization | on return | | |
| | the organization named above. The extension is for the | | | | | | | |
| . | X calendar year 2017 or | | | | | | | |
| | tax year beginning | . an | nd endina | | 100 | | | |
| 2 If th | ne tax year entered in line 1 is for less than 12 months, or | | | Final retur | n | | | |
| - ï | Change in accounting period | | | | | | | |
| 3a If th | nis application is for Forms 990-BL, 990-PF, 990-T, 4720 | or 6069, | enter the tentative tax, less any | | | | | |
| | nrefundable credits. See instructions. | , | • | 3a | \$ | 0. | | |
| | nis application is for Forms 990-PF, 990-T, 4720, or 6069 | 9, enter an | y refundable credits and | | | | | |
| | imated tax payments made. Include any prior year over | | = | 3b | \$ | 0. | | |
| | lance due. Subtract line 3b from line 3a. Include your pa | | | | | ^ | | |
| by | using EFTPS (Electronic Federal Tax Payment System). | | | _3c | \$ | 0. | | |
| | The state of the s | مام المراجعة | hit) with this Corm 0060 ass Form (| DAES EO A | ad Farm 9970 | EO for navment | | |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Product: Exempt

Name: FRIENDS OF THE LOUISVILLE

FREE PUBLIC LIBRARY

FEIN: *****8151

Category:

IRS Center: Ogden

e-Postmark: 11/15/2018 8:54 AM

Notification:

Fiscal Year Begin Date: 1/1/2017

Fiscal Year End Date: 12/31/2017

eSigned:

Return Information

| Date | Return ID | Type of Activity | Submission ID | Refund/ (Due) | Updated By | eSign Date |
|------------|-------------------------|---|----------------------|------------------|---------------|---------------|
| 11/14/2018 | 17X:3437- FRIENDS:V1 | Upload Started | | | | |
| 11/14/2018 | | Ready to Release by Customer | | | | |
| 11/15/2018 | | Released for Transmission - Validation in Progress | | | tara.parker | |
| 11/15/2018 | | Ready to transmit - Validation Complete | | | | |
| 11/15/2018 | | Transmitted to FD | 61480920183190345e67 | | | |
| 11/15/2018 | | Accepted by FD on 11/15/2018 | | | | |

Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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 i | not leave this line blank. | | | | | | | | | | | | |
|---|---|--|---|--------------|-----------|-----------------|--|-------------------|---------------|--------------|----------|----------------|--|--|
| | Friends of the Louisville Free Public Library | | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| က် <u>စ</u> | 3 Check appropriate box for federal tax classification of the person whose name | s is entered on line 1. Check only one of the | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see | | | | | | | |
| Print or type. Specific instructions on page | following seven boxes. | | | | | | | entitie ions c | | | | ls: see | | |
| Ĕ | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation | Partnership | ☐ Trus | st/es | tate | 1010 | iii GOC | IOI IB C | ıı bei | go af, | | | | |
| . 20 | single-member LLC | | | | | Ex | emot | payee | e cod | a (ff a | nvl - | | | |
| Print or type. c instructions | I imited Schiffs annuage. Entay the few elevelination (C.C. annuage) | Soprometico D Dodenos | - falsa l Da | | | -" | or do : | Payar | - | e pr = | | | | |
| £. 2 | Limited flability company. Enter the tax classification (C=C corporation, S=5 Note: Check the appropriate box in the line above for the tax classification | | | | hoola | | | | _ | | | | | |
| 발 | LLC if the LLC is classified as a single-member LLC that is disregarded from | | | | | | | lon fre | /m F/ | AIGA | repo | rung | | |
| 둞등 | another LLC that is not disregarded from the owner for U.S. federal tax pur | | | er LL | .C tha | t ^{co} | de (ii | anyj | _ | | | | | |
| _ 뚩 | is disregarded from the owner should check the appropriate box for the tax | | er. | | | | -E | | | | | -L- 11B1 | | |
| 8 | ✓ Other (see instructions) ► 501(c) Address (number, street, and apt, or suite no.) See instructions. | (3) | Request | | | 1 | | | | | autokie | the U.S.) | | |
| e e | | | nequest | 87 8 | rian i le | au iu a | BOUR | , see (U) | MONE | 11) | | | | |
| See | 301 York Street 6 City, state, and ZIP code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Louisville, KY 40203 | | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Par | | | | _ | | | | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name | | | Soc | ial se | curit | y nu | mber | _ | _ | _ | | | |
| | p withholding. For individuals, this is generally your social security numb int alien, sole proprietor, or disregarded entity, see the instructions for Pr | | ora. | | ł | | _ | | ۱. | | | | | |
| entitie | s, it is your employer identification number (EIN). If you do not have a nu | | ta I | | | | L | | _ | | | | | |
| TIN, la | | | | Of. | | | | | | | | _ | | |
| Note: | If the account is in more than one name, see the instructions for line 1. A er To Give the Requester for guidelines on whose number to enter. | Also see What Name a | and [| Em | ploye | ride | ntific | ation | num. | ber | _ | | | |
| IVGITIL | er to dive the nequester for guidelines on whose number to enter. | | | 3 | 1 | _ | با ہ | 9 2 | 8 | 1 | 5 | 1 | | |
| _ | | | | | <u> </u> | <u></u> | | | Ľ | Γ. | | | | |
| Par | | | | | | | | | | | | | | |
| | penalties of perjury, I certify that: | | | | | | | | | | | | | |
| | number shown on this form is my correct taxpayer identification number | | | | | | | | | 1 | _ | • | | |
| 2. Far Ser | n not subject to backup withholding because: (a) I am exempt from back vice (IRS) that I am subject to backup withholding as a result of a failure | (up withnolding, or (b) to report all interest o | nave r r divide | 101 E nde | een i | 10tm 1 the | IRS | iy me | nnte antif | mai iod r | Heve | enue et lam | | |
| no | longer subject to backup withholding, and | io report an arcorocco | | 100 | O. (O | , | 1110 | 1100 | 1001 | lou i | 10 0 | ELT QUI | | |
| 3. I ar | n a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exempt | from FATCA reporting | g is con | ect. | | | | | | | | | | |
| Certif | ication instructions. You must cross out item 2 above if you have been not | ified by the IRS that vo | u are cu | rreni | tiv sul | oiect | to b | acku | o wit | hhok | dina i | pecause | | |
| you ha | eve failed to report all interest and dividends on your tax return. For real esta | te transactions, item 2 | does no | t ap | ρĺν. F | or m | orta | age ir | iteres | st pa | id. | | | |
| acqui: | ition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, bu | ns to an individual retire | ement ar | ONET: | jerner | nt (IR | A), a | nd ge | nera | dly, p | aym | ents | | |
| | | t you must provide you | u conec | LIIIV | . 366 | (LIG | IIISU | ucuoi | | r rar | t ti, ja | uer. | | |
| Sign | 13 | | | | | | . 4 | | 10 | | | | | |
| Here | U.S. person > Segue has harten | |)ate ► | | | _4 | 1L | 10 | 15 | <u> </u> | | | | |
| Go | neral Instructions | • Form 1099-DIV (div | ridends. | incl | udino | ı tha | / ise fi | om s | tock | s or | muti | ıal | | |
| | | funds) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | , | | | | | | | | |
| Section | on references are to the Internal Revenue Code unless otherwise | • Form 1099-MISC (| various 1 | type | sofi | ncor | ne, į | rizes | , aw | ards | , or g | ross | | |
| | | proceeds) | | | | | | | | | | | | |
| | e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted | Form 1099-B (stoc | | tual | fund | sale | s an | d cer | iain (| othe | r | | | |
| | they were published, go to www.irs.gov/FormW9. | transactions by brok | • | | | | | | | | | | | |
| Dire | pose of Form | • Form 1099-S (proc | | | | | | | , | | | | | |
| | | • Form 1099-K (merc | | | | . 7 | | | | | | • | | |
| | dividual or entity (Form W-9 requester) who is required to file an | Form 1098 (home : 1098-T (tuition) | mortgag | je in | teres | 1), 10 | J 98 - | E (stu | dent | loar | inte | rest), | | |
| | nation return with the IRS must obtain your correct taxpayer fication number (TIN) which may be your social security number | ' ' | nelod de | .h.s\ | | | | | | | | | | |
| (SSN) | , individual taxpayer identification number (ITIN), adoption | • Form 1099-C (cand | | • | | | | | - فيوس | | | | | |
| | yer identification number (ATIN), or employer identification number | • Form 1099-A (acqu | | | | | | | | | | -4 | | |
| | to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information | Use Form W-9 onlealien), to provide you | | | | . pe | rson | (IITCH | TOTAL | a re | :5100 | TIT. | | |
| | is include, but are not limited to, the following. | If you do not return | | | | e rer | פאטר | ter w | ith a | TIN | VOII | miaht | | |
| | n 1099-INT (interest earned or paid) | be subject to backup | | | | | | | | | | | | |
| | | later. | | | | | | | | | | | | |

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 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, later, for further information.

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

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

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-8. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details),
 - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt, in addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without Informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TiN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| If the entity/person on line 1 is a(n) | THEN check the box for |
|--|---|
| Corporation | Corporation |
| Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single- member LLC |
| LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| Partnership | Partnership |
| Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9--An entity registered at all times during the tax year under the investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for | THEN the payment is exempt for |
|---|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,0001 | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E-A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L--A trust exempt from tax under section 664 or described in section 4947(a)(1)

M--A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an TIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to blace an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TiN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| | o anio alo i tedacetei |
|--|---|
| For this type of account: | Give name and SSN of: |
| 1. Individual | The individual |
| Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7 Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671~4(b)(2)() (A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2563 | The corporation |
| Association, club, religious, charitable, educational, or other tax- exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |
| | |

| For this type of account: | Give name and EIN of |
|--|----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)()(B)) | The trust |

- List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- ² Circle the minor's name and furnish the minor's SSN,
- ³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- ⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.
- *Note: The grantor also must provide a Form W-9 to trustee of trust.

 Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/ldtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.ldentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you, mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information, Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Friends of the Newburg Library

Newburg Library 4800 Exeter Avenue Louisville, KY 40218 (502) 479-6160

October 25, 2018

Louisville Metro Council
Councilwoman Barbara Shanklin

The Newburg Friends of the Library, are making application for the \$4500.00 Neighborhood Development Fund. The purpose of the request is to provide Essay Scholarships to Senior High School students, who are pursuing their education, upon graduation. The scholarships will be awarded annually to students who have met the criteria for the *Newburg Friends of the Library Essay Scholarship Program*. All funds will be dispersed by July 2020.

Included with this letter are the required attachments: IRS Exempt Status Determination Letter (LFPL)

Current Financial Statement (Louisville Free Public Library)

Most Recent IRS Form 990 (LFPL)

By-Laws (LFPL)

IRS Form W9 ((LFPL)

Projected Budget (LFPL does not prepare a projected budget)

If any other information is required to complete this application, please contact Gloria Allen at (502) 653-7503.

Sincerely,

Gloria Allen Newburg Friends of the Library President

Friends of the Newburg Library

Newburg Library 4800 Exeter Avenue Louisville, KY 40218 (502) 479-6160

November 10, 2018

Louisville Metro Council
Councilwoman Barbara Shanklin

The Friends of the Newburg Library are submitting some of the missing documentation that is needed to complete a portion of the application for the Neighborhood Development Funds. We are submitting the following information:

- * Articles of Incorporation
- * Completion of page 7 Total Program/Project Funds and Total Revenue

We are unable to submit the other documentation needed to fully complete the application, because it is information that can only be provided by the Main Library (which we have contacted), and they have not responded, as yet. The Main Library is to provide the following information:

- * IRS Form W-9
- * Final 2016 IRS Form 990EZ
- * Completion of the August 2013 W-9 Form
- * Completed November 2017 W-9 Form

Thank you for reviewing our application. When the Main Library forwards us their information, we will expediently submit the remaining information needed to complete our application.

Sincerely,

Gioria Allen

The Newburg Friends of the Library President

(502) 653-7503

Blown J. Allen

Rickey Smith

From:

Bell, LaTonya J.

Sent:

Wednesday, December 5, 2018 12:46 PM

To:

Rickey Smith

Cc:

Shanklin, Barbara; Stenberg, Beth; Steele, Roxanne M; MetroCouncilClerk

Subject:

FW: NDF training response Newburg Friends of the Library

Attachments:

NDF training response.jpg

No problem. Please ask for a technical corrections to correct the person's name on the application at today's Appropriations Committee and submit this email and attachment to the Clerk's office. Thanks.

From: Rickey Smith <Rickey.Smith@louisvilleky.gov> Sent: Wednesday, December 5, 2018 12:28 PM To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Cc: Shanklin, Barbara <Barbara.Shanklin@louisvilleky.gov>; Steele, Roxanne M <Roxanne.Steele@louisvilleky.gov>

Subject: FW: NDF training response Newburg Friends of the Library

Good afternoon Mrs. Bell,

I was given the wrong name to list on the application for the Friends of the Library NDF; Mrs. Steele instructed me to provide you with the correct name. Please see the attachment for the right name.

Best regards, Rickey Smith

From: Gayle Shumake <gayle@shumakeanddaughters.com>

Sent: Tuesday, December 4, 2018 2:34 PM

To: Rickey Smith < Rickey. Smith@louisvilleky.gov >

Cc: Roxanne.Steele@louisvillky.gov; shastarev@aol.com; sharon8211ad@att.net

Subject: NDF training response Newburg Friends of the Library



Louisville Metro Government Office of Management and Budget

| Neighborhood Development Fund Training Attestation |
|---|
| Grantee Organization Name: Newburg Friends of the Library |
| Grantee Representative Name: Gloria J. Allen |
| agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions. |
| Please check: |
| I viewed the NDF training material on the website |
| Answer the following questions before signing (Circle or write in the correct answer). |
| 1. The NDF funding your agency received is a gift from LMG? True or False |
| 2. Name the three budget categories that require a detail list. Client Assistance Community Events & Festivals and Other Expenses |
| 3. If your agency charged gross pay to NDF, you are required to provide additional documentation to |
| satisfy reporting requirements. True or False |
| 4. Which four questions should your financial support documentation answer at all times? Who What When and Where |
| 5. Your agency is considered noncompliant if you do not account for funds received and/or your financial |
| report is missing support documentation? (True or False |
| 6. Canceled check, bank statement, invoice and receipt are considered proof of payment True or False. |
| Gloria J. allon 12/5/2018 |
| Grantee Representative Signature Date |
| |
| NOTE: Please return to Roxanne Steele |
| E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219 |
| Mailing Address: Louisville Metro Government |

ATTN: NDF Coordinator 611 West Jefferson St. Louisvilla KV 10202