1.04

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

| Applicant/Program: TOONOFVILLE TRONING NEIGHBORHOOD ASSOCIATION INC. Applicant Requested Amount: \$57000 \$500 SMT Springfest Appropriation Request Amount: \$500  |
|--|
| Executive Summary of Request Funds for Springfest, a neighborhood event aimed at builting the community & community awapeness. Family frichally event complete with activities and food.   |
| Is this program/project a fundraiser?  Is this applicant a faith based organization?  Does this application include funding for sub-grantee(s)?  Yes No  Yes No  |
| I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.    District # Primary Sponsor Signature   \$500 Amount   Date   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:  |

# **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.

# Council Member Signature and Amount

| District 1  | \$       |
|-------------|----------|
|             | <u> </u> |
| District 3  | \$       |
| District 4  | \$       |
| District 5  | <u> </u> |
|             | \$       |
| District 7  | \$       |
|             | \$       |
|             | \$       |
|             | <u> </u> |
|             | \$\$     |
|             | \$       |
|             | \$       |
| District 14 |          |
| District 15 | \$       |

# Applicant/Program: TOONEPVILLE Trovery Neighborhood ASSOC, INC Springfest

|   | osure 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   | <u> </u>             | - |  |  |
| District 21   | \$                   | - |  |  |
| District 22   | \$                   | - |  |  |
| District 23   | \$                   | - |  |  |
| District 24   | \$                   |   |  |  |
| District 25   | \$                   |   |  |  |

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District 26 \_\_\_\_\_

# LOUISVILLE METRO COUNCIL

NEIGHBORHOOD DEVELOPMENT FUND APPLICATION Legal Name of Applicant Organization TROILY NEIGHBORHOOD ASSOCIAC **Program Name and Request Amount** Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? 191 Is the funding proposed by Council Member(s) less than or equal to the request amount? MPC Is the proposed public purpose of the program viable and well-documented? ves 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? .. Ves 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? Is the most recent annual audit (if required by organization) included? Is a copy of Signed Lease (if rent costs are requested) included? 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 ...NA met the BBB Charity Review Standards?

Prepared by

# PASIC & LEWIS/PLLC ATTORNEYS AT LAW

600 West Main Street, Suite 500 • Louisville, Kentucky 40202 T 502. 855 7599 • F 502. 584 1212 • www.pasiclewis.com

April 4, 2019

**Via Hand Delivery** 

Hon. David James President & 6<sup>th</sup> District Rep, Louisville Metro Council

RE:

NDF Request, Springfest,

**Toonerville Trolley Neighborhood Association** 

Dear President James,

Association's annual Springfest, together with supporting documentation. Springfest is the premier spring festival of the Old Louisville neighborhood, and the areas of Council District 6. We have moved it into Toonerville Trolley Park in order to highlight this green space and surrounding neighborhoods, and regard the event as a major selling feature for investment in this neighborhood. We have reduced the event to a single day in order to be as budget-conscious as possible. The enclosed application details the importance of this event and its fit into neighborhood improvement.

As you are aware, our primary sponsor has cut their support in half this year, making the City Council contribution more important than ever. Please call or write me with any questions, or our Treasurer Joan Stewart, at 593-1242.

Thank you again for your continued support of Old Louisville and Toonerville.

Sincerely,

F. TODD LEWIS

President, Toonerville Trolley NA

| SECTION 1 — APPLICANT INFORMATION  |  |   |  |  |
|--|--|---|--|--|
| Legal Name of Applic   | _  | Toonerville '   | Trolley Neighborhood   | Association Inc  |
| (as listed on: http://www.   |  | ousiness/records  |  | •  |
|  |  |   | Preston St., PO Box 17   | 672, Louisville KY 40217   |
| Website: www.ttnalo  |  |   |  |  |
| Applicant Contact:   | Joan St  | ewart   | Titie:   | Treasurer  |
| Phone:   | (502) 5  | 93-1242   | Email:   | jagsaregreat@yahoo.com   |
| Financial Contact:   | Joan St  | ewart   | Title:   | Treasurer  |
| Phone:   | 502-593  | 3-1242  | Email:   |  |
| Organization's Repre   | sentative  | who attended NDF Train  | ing: Joan Stewart, Tod   | d Lewis (Powerpoint)   |
| GEO  | SRAPHICA   | AL AREA(S) WHERE PROGE  | RAM ACTIVITIES ARE (   | WILL BE) PROVIDED  |
| Program Facility Loca  | tion(s):   | Toonerville Trolley Park  |  |  |
| Council District(s):   |  | 6   | Zip Code(s):   | 40203 & 40208  |
|  | The same of the sa | ON 2 – PROGRAM REQUE  | ST & FINANCIAL INFO  | RMATION  |
|  | NAME: O  | d Louisvillle Springfest  |  |  |
| Total Request: (\$)  | 500  |   | ward (this program) in   | previous year: (\$)  3500  |
| Purpose of Request (   |  |   |  | -  |
|  |  | erally cannot exceed 33%  |  |  |
|  |  | s/events for direct benefi  |  |  |
| Capital Proje  | ect of the   |   |  |  |
|  |  | organization (equipment,  | furnishing, building, e  | tc)  |
| The Following are Rec  |  |   | furnishing, building, e  | tc)  |
|  | quired At  | achments:   |  | costs are being requested  |
| The Following are Rec  | quired Ato   | achments:   |  |  |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  | quired Att<br>termination<br>d budget<br>ement   | n Letter  | Signed lease if rent o   |  |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial statu  ■ Most recent IRS Form  | termination de budget ement 1990 or 11   | n Letter  | Signed lease if rent of IRS Form W9 Evaluation forms if u  | costs are being requested  |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  ■ Most recent IRS Form  ■ Articles of Incorporati   | quired Att<br>termination<br>d budget<br>ement<br>1990 or 11<br>ion (curre   | n Letter  20-H  at & signed)  | Signed lease if rent of the IRS Form W9 Evaluation forms if the Annual audit (if requirements)   | costs are being requested used in the proposed program   |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial statu  ■ Most recent IRS Form  | quired Att<br>termination<br>d budget<br>ement<br>1990 or 11<br>ion (curre   | n Letter  20-H  at & signed)  | Signed lease if rent of the IRS Form W9 Evaluation forms if the Annual audit (if requirements)   | costs are being requested  sed in the proposed program  ired by organization)  |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial statu  ■ Most recent IRS Form  ■ Articles of Incorporati  Cost estimates from prapital expense  For the current fiscal y  Government for this o  | quired Att<br>termination<br>d budget<br>ement<br>1990 or 11<br>ion (current<br>proposed very ear ending<br>year ending  | n Letter  20-H  at & signed)  endor if request is for  ag June 30, list all funds ager program or expense, inc  | Signed lease if rent of the IRS Form W9 Evaluation forms if use Annual audit (if required Faith Based Organization propriated and/or recoluding funds received   | costs are being requested  sed in the proposed program  ired by organization)  |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  ■ Most recent IRS Form  ■ Articles of Incorporate  Cost estimates from propertial expense  For the current fiscal years  Government for this of from any department sheet if necessary.           | quired Att<br>termination<br>d budget<br>ement<br>1990 or 11<br>ion (current<br>proposed very ear ending<br>year ending  | n Letter  20-H  at & signed)  endor if request is for  ag June 30, list all funds ager program or expense, incoming Council Appropriation (Ne                                   | Signed lease if rent of the IRS Form W9 Evaluation forms if use Annual audit (if required Faith Based Organization propriated and/or recoluding funds received   | costs are being requested  sed in the proposed program ired by organization) ation Certification Form, if applicable ceived from Louisville Metro through Metro Federal Grants.                                |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  ■ Most recent IRS Form  ■ Articles of Incorporate  Cost estimates from propertial expense  For the current fiscal years  Government for this of from any department sheet if necessary.           | termination de budget ement e 1990 or 11 ion (current proposed very ear ending rany other or Metro   | n Letter  20-H  and & signed)  endor if request is for  and June 30, list all funds ager program or expense, incommodication (New June 16)  Council Appropriation (New June 16) | Signed lease if rent of the IRS Form W9 Evaluation forms if use Annual audit (if requestrated Annual audit (if requestrated Annual Annu | costs are being requested  sed in the proposed program ired by organization) ation Certification Form, if applicable ceived from Louisville Metro through Metro Federal Grants.                                |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  ■ Most recent IRS Form  ■ Articles of Incorporati  Cost estimates from p capital expense  For the current fiscal y Government for this o from any department sheet if necessary.  Source:         | termination de budget ement e 1990 or 11 ion (current proposed very ear ending rany other or Metro   | achments:  n Letter  20-H  nt & signed)  endor if request is for  ag June 30, list all funds ager program or expense, incouncil Appropriation (Nettor)                          | Signed lease if rent of the IRS Form W9 Evaluation forms if use Annual audit (if requestion Faith Based Organization propriated and/or recluding funds received eighborhood Developm Amount. (\$)  | costs are being requested  sed in the proposed program ired by organization) ation Certification Form, if applicable ceived from Louisville Metro through Metro Federal Grants.                                |
| The Following are Rec  ■ IRS Exempt Status De  ■ Current year projecte  ■ Current financial state  ■ Most recent IRS Form  ■ Articles of Incorporati Cost estimates from p capital expense  For the current fiscal y Government for this o from any department sheet if necessary.  Source:  Source: | termination de budget ement 1990 or 11 ion (current proposed volume en many other or Metro   | achments:  n Letter  20-H  nt & signed)  endor if request is for  ag June 30, list all funds ager program or expense, incouncil Appropriation (Nettor)                          | Signed lease if rent of the IRS Form W9 Evaluation forms if use Annual audit (if requestrated Annual audit (if requestrated Annual audit (if requestrated Annual An | costs are being requested  sed in the proposed program ired by organization) ation Certification Form, if applicable ceived from Louisville Metro through Metro Federal Grants, nent Funds). Attach additional |

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Effective May 2016

# **SECTION 3 - AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

Toonerville Trolley Neighborhood Association exists to promote the improvement and profile of the subneighborhood area bounded First, Hill, Floyd and St. Catherine Streets, all within the historic district of Old Louisville as designated by Metro Louisville and the National Park Service. The Association seeks to improve all property (single family, multi-family, commercial, religious and public) and public spaces, and to improve the quality of life for residents, visitors and tourists to the area. It is the largest neighborhood association within the Old Louisville Historic / TMZD District, represents a very wide socio-economic span, and features both small and large historic homes, multifamily complexes, historic religious structures, and public spaces. Public Spaces within this neighborhood include Metro Parks' Toonerville Trolley Park and Fort George. Toonerville Park is the second largest public space in Old Louisville, and contains numerous significant features: the city's only urban dog run; tennis courts; basketball courts; and new playground equipment, all bounded by a newly-configured and widened alleyway laid with artistic brick masonry. The Association's own "Fort George," is a parklike setting open to the public in the 1200 Block of Floyd Street, fronted by a traditional iron fence, featuring a large lighted memorial American Flag, and containing memorials to the Revolutionary War officer who originally settled the property. The Association has just completed a new fencing project for the space, and continues to pursue professional-level historical and archaeological surveys of this property, and plans a series of future public events for the space.

The Association's vision is to make the Toonerville Neighborhood a desirable residential, commercial and public space area, maintaining the traditional confines of the historic homes, buildings and public spaces within the neighborhood. This Toonerville Neighborhood has historically faced more challenges that other sections of Old Louisville, including property maintenance, maintenance of public spaces, street crime and vandalism.

The Association's primary services have included investment into the park spaces (purchasing, improving, maintaining and promoting the historic "Fort George" property; placing improvements into the Metro Parks Toonerville Trolley Park; and into public spaces of the neighborhood (tree planting, sidewalk, alley and public area cleaning)).

In 2018 and continuing to 2019, Springfest has been re-visioned, with the enthusiastic support of Metro Parks and others, as an expose' of the public space of the Toonerville Neighborhod, in a more manageable size and time-frame. The Association envisions Springfest as a kick-off to a whole season of smaller, self-funded public events in the park areas. To achieve this, the festival event will be held within the confines of the Toonerville Trolley Park and Fort George. The Association believes that by promoting and exposing the significant city and Association investments in these public areas, the profile and desirability of this portion of the neighborhood will be significantly raised in the eye of residential and commercial investors, and visitors and tourists. Property values and crime rates are already changing positively in this area, and must continue. Public events within the public spaces of the neighborhood promote a "broken window" approach to reducing crime and vandalism: when wrongdoers see the space as clean and well-used, it is not attractive as a place for anti-social behavior. The overall value of Old Louisville to the City of Louisville reaches well beyond its mere residential status, attracting interest worldwide in this largest contiguous collection of Victorian properties in the U.S.



| SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF |               |  |
|---|---------------|--|
| Board Member                                  | Term End Date |  |
| Nancy Woodcock                                | Dec 31, 2019  |  |
| Kirk Stewart                                  | Dec 31, 2019  |  |
| Joan Stewart                                  | Dec 31, 2019  |  |
| Todd Lewis                                    | Dec 31, 2019  |  |
| Galen Roquet                                  | Dec 31, 2019  |  |
| Joseph Splenka                                | Dec 31, 2019  |  |
| Mack Welsh                                    | Dec 31, 2019  |  |
| Linda Ross                                    | Dec 31, 2019  |  |
|   |               |  |
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| Describe the Board term limit policy:                             |  |
|---|--|
| One year. May serve, if elected, more than one term continuously. |  |
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| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| None                           |               |
|                                |               |
|                                |               |

# 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.): The Program is SpringFest...a Neighborhood Event. This Event is to build Community and Community Awareness. The Event will be held on May 18, 2019 from 10 am until 9 PM in Toonerville Park. The Event will have load-in from 7AM until 10 AM with load-out from 8pm until the vendors are completely off-site. The Event will focus primarily on the Old Louisville Neighborhood with invites going to all of Louisville Metro. The Event is a Neighborhood Festival with Vendors, Food Trucks and a KidsZone (Noon -6pm) in the newly renovated Toonerville Park. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): These funds will be use to pay for security



| C: If this request is a fundraiser, please detail how the proceeds will be spent:   |
|---|
| Hopefully the Event will generate funds for the hosting organization which will continue its practice of using all funds from SpringFest to foster Community Building, Pride, Beautification and Neighborhood welfare. This has included in the past, for example, (1) the purchase and professional installation of site-appropriate fencing and gates on the historic public Fort George property in the 1200 block of Floyd Street; upkeep of this property; (2) and the purchase of new playground equipment for the Metro Parks' Toonerville Trolley Park; (3) assisting other nearby 501(c) neighborhood associations in the upkeep and beautification of the Old Louisville neighborhood, especially the Toonerville subsection. |
|   |
|   |
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|   |
| 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.   |
|   |
|   |
|   |
| 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.  |
|   |
|   |
|   |

| 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:  |
|---|
| This Event proposes to help promote a feeling of inclusion of ALL residents of the Neighborhood, promote the understanding of the importance of The Neighborhood Association as the Voice of the Neighborhood, Community Building through having fun together, offering the Neighborhood children a fun time in their neighborhood while meeting other children in the Neighborhood, offering the Parents of children to network for the purpose of building relationships for the Parents of Neighborhood Children, offering the participants the opportunity to meet Elected Officials who serve the Neighborhood and to have fun in our Neighborhood. In the long run, positive, large-scale public utilization of the public spaces of this area will foster a feeling of ownership and togetherness, and amplify negative incentives toward improper activity like graffiti, open air drug use, vandalism and more serious crimes. |
| These benefits will be measured primarily by attempting a count of attendance at the event. We will also seek feedback from participants and attendees. We hope to measure good participation from all areas of Old Louisville. If the Kids have FUN in the KidsZone this will be a positive measurement. Also, if the Association hosting the Event earns funds to go toward the development of a safe, beautiful and friendly Neighborhood, then a positive outcome is achieved.  |
|   |
|   |
| 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.  |
| We are working with The Old Louisville Neighborhood Council for promotion and advertisement of the Event.  We are Partnering with Kosair Charities in funding the KidsZone and promoting the Event.   |
| We are Partnering with Old Louisville Businesses in funding the Event and promoting the said Businesses.  |
| We are Connecting with ALL the neighborhood Associations in Old Louisville in order to Showcase the Neighborhood and help with All working together.  |
| We are reaching out to other Neighborhoods in Louisville Metro in order to promote the Event.   |
|   |
|   |
|   |
|   |
|   |
|   |

# SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

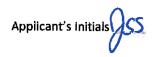
THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

|   | Column<br>1             | Column 2               | Column<br>(1+2)=3 |
|---|-------------------------|------------------------|-------------------|
| Program/Project Expenses                                      | Proposed<br>Metro Funds | Non-<br>Metro<br>Funds | Total<br>Funds    |
| A: Personnel Costs Including Benefits                         |                         |                        |                   |
| B: Rent/Utilities   |                         |                        | <u>-</u>          |
| C: Office Supplies  |                         |                        |                   |
| D: Telephone  |                         |                        |                   |
| E: In-town Travel   |                         |                        |                   |
| F: Client Assistance (See Detailed List on Page 8)            |                         |                        |                   |
| G: Professional Service Contracts                             |                         |                        |                   |
| H: Program Materials  |                         |                        |                   |
| I: Community Events & Festivals (See Detailed List on Page 8) | 500                     | 13,875                 | 14,375            |
| J: Machinery & Equipment                                      |                         |                        | <del></del>       |
| K: Capital Project  |                         |                        |                   |
| L: Other Expenses (See Detailed List on Page 8)               |                         |                        |                   |
| *TOTAL PROGRAM/PROJECT FUNDS                                  | 500                     | 13,875                 | 14,375            |
| % of Program Budget   | 0.03 %                  | 0.97 %                 | 100%              |

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

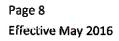
| Other State, Federal or Local Government                      |                  |
|---|------------------|
| United Way  |                  |
| Private Contributions (do not include individual donor names) |                  |
| Fees Collected from Program Participants                      | 9,000            |
| Other (please specify)  | 4,875 (sponsors) |
| Total Revenue for Columns 2 Expenses **                       | 13,875           |

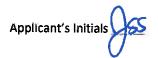
<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"



<sup>\*\*</sup>Must equal or exceed total in column 2.

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 | Column<br>1                           | Column<br>2            | Column<br>(1 + 2)=3 |
|--|---------------------------------------|------------------------|---------------------|
| (circle one and use multiple sheets if necessary)  | Proposed<br>Metro<br>Funds            | Non-<br>Metro<br>Funds | Total Funds         |
| Advertising  |                                       | 2,000                  | 2,000               |
| Boy Scouts (clean up)  |                                       | 300                    | 300                 |
| Vendor Permits (Metro Parks)   |                                       | 1,750                  | 1,750               |
| Insurance  |                                       | 825                    | 825                 |
| Security   | 500                                   | 1,500                  | 2,000               |
| Portable Toilets   |                                       | 110                    | 110                 |
| KidZone (inflatables)  |                                       | 3,000                  | 3,000               |
| Music  |                                       | 800                    | 800                 |
| Electrical   |                                       | 350                    | 350                 |
| website  |                                       | 30                     | 30                  |
| business cards   |                                       | 10                     | 10                  |
| Registration Website fees (Zapp)   | -                                     | 1,600                  | 1,600               |
| Vendor Coffee & Donuts   |                                       | 100                    | 100                 |
| Misc   | · · · · · · · · · · · · · · · · · · · | 500                    | 500                 |
| Master Permits   |                                       |                        |                     |
| Picnic Tables & Trash Cans (Metro Parks)   |                                       |                        |                     |
| Printing (banners)   |                                       | 1,000                  | 1,000               |
| Total  | 500                                   | 13,875                 | 14,375              |





**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

| Donor*/Type of Contribution   | Value of Contribution | Method of Valuation         |
|---|-----------------------|-----------------------------|
| Web Design  | 1500                  | hourly rate                 |
| Facebook/Website Maintenance  | 1000                  | comp hourly rate            |
| planning committee  | 5000                  | comp to hiring event planne |
| volunteers during event   | 1600                  | comp to hourly rate         |
| Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other in Kind) | 9100                  |                             |

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

| Agency Fiscal Year Start Date: January   | 1st |                              |                    |                          |
|--|-----|------------------------------|--------------------|--------------------------|
| Does your Agency anticipate a significa budget projected for next fiscal year? |     | or decrease in your<br>YES [ | budget from the cu | rrent fiscal year to the |
| If YES, please explain:  |     |                              |                    |                          |
|  |     |                              |                    |                          |
|  |     |                              |                    |                          |
|  |     |                              |                    |                          |
|  |     |                              |                    |                          |
|  |     |                              |                    |                          |
|  |     |                              |                    |                          |

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### **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.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal vear end.
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. 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

### **Standard Certifications**

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 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 Signature of Legal Signatory: ( Date: -egreat D/ahoo.co~ Legal Signatory: (please print): Title: Extension: Email: Phone:

Page 10 **Effective May 2016** 

(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; de   | o not leave this line blank.                               |   |   |
|---|--|--|---|---|
|   | 100 nerville Trolley Neigh   | box hood 1   | Assn                                    |   |
|   | 2 Business name/disregarded entity name, if different from above   |  |   |   |
|   | Same as above  |  |   |   |
| on bade 3.                              | Check appropriate box for federal tax classification of the person whose nan following seven boxes.  |  |   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3); |
| 9                                       | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC  | ☐ Partnership  | ☐ Trust/estate                          | F   |
| 9 6                                     | The state of the s |  |   | Exempt payee code (if any)  |
| 찬필                                      | Limited liability company. Enter the tax classification (C=C corporation, S  Note: Check the appropriate box in the line above for the tax classificatio   |  |   |   |
| Print or type.<br>Specific instructions | LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax p is disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is disregarded from the owner for U.S. federal tax p is disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not disregarded from the owner should check the appropriate box for the tax classified as a single-member LLC that is not dispersion to the tax classified as a single-member LLC that is not dispersion to the tax classified as a single-member LLC that is not dispersion to the tax classified as a single-member LLC that is not dispersion to the tax classified as a single-member LLC that is not dispersion to the tax classified as a single-member LLC that is not dispersion to the tax classifi | om the owner unless the ov<br>urposes. Otherwise, a single | wner of the LLC is<br>e-member LLC that | Exemption from FATCA reporting code (If any)  |
| <u>cr</u>                               | Other (see instructions) ▶   |  |   | (Applies to accounts maintained outside the U.S.)   |
| S                                       |  |  | Requester's name a                      | ind address (optional)  |
| 88                                      | 1 23/2 South Prestan PD. Bo  | x 17672  |   |   |
|   | e City, state, and Zir code  | ′ ′  |   |   |
|   | Louisville, Kentucky 40.   | 317  |   |   |
|   | 7 List account number(s) here (optional)   |  |   |   |
|   |  |  |   |   |
| Pa                                      |  | <del> </del>   | 15.11                                   |   |
|   | your TIN in the appropriate box. The TIN provided must match the name up withholding. For individuals, this is generally your social security numbers.   |  |   | arity number  |
|   | ent alien, sole proprietor, or disregarded entity, see the instructions for l  |  | ""                                      | -   |
|   | es, it is your employer identification number (EIN). If you do not have a r  | number, see How to get                                     |   |   |
| TIN,                                    |  | Also see What Name a                                       | Or<br>Employer                          | identification number   |
|   | : If the account is in more than one name, see the instructions for line 1.<br>per To Give the Requester for guidelines on whose number to enter.  | . Also see virial mairie a                                 |   |   |
|   |  |  | 20                                      | 2262464   |
| Pai                                     | t II Certification   |  |   |   |
|   | r penalties of perjury, I certify that:  | •  |   |   |
| 2. I a<br>Se                            | e number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from bac<br>rvice (IRS) that I am subject to backup withholding as a result of a failur<br>longer subject to backup withholding; and   | ckup withholding, or (b) i                                 | ì have not been n                       | otified by the Internal Revenue   |
| 3. l a                                  | n a U.S. citizen or other U.S. person (defined below); and   |  |   |   |
| 4. Th                                   | e FATCA code(s) entered on this form (if any) indicating that I am exemp   | ot from FATCA reporting                                    | g is correct.                           |   |
| you h                                   | ication instructions. You must cross out item 2 above if you have been no<br>ave failed to report all interest and dividends on your tax return. For real est<br>sition or abandonment of secured property, cancellation of debt, contribution<br>than interest and dividends, you are not required to sign the certification, b   | tate transactions, item 2 c<br>ons to an individual retire | does not apply. Fo<br>ment arrangement  | r mortgage interest paid,<br>(IRA), and generally, payments                                       |
| Sign                                    |  | D  | ate > 03//                              | 4/19  |
| Ge                                      | neral Instructions   | • Form 1099-DIV (divi                                      | idends, including                       | those from stocks or mutual   |
| Section                                 | on references are to the Internal Revenue Code unless otherwise  | <ul> <li>Form 1099-MISC (v. proceeds)</li> </ul>           | arious types of inc                     | come, prizes, awards, or gross  |

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

# Purpose of Form

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

Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

IRS e-file Signature Authorization Form 8879-EC OMB No. 1545-1878 for an Exempt Organization For calendar year 2017, or fiscal year beginning \_\_\_\_\_\_\_, 2017, and ending \_\_\_\_\_\_, 20 2017 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 Name of exempt organization Toonerville Trolley Neighborhood Employer Identification number Association c/o Joan Stewart 20-2262464 Name and title of officer Joan Stewart Treasurer Part I 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 one line in Part I. 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b Part II **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 lauthorize Baldwin CPAs, PLLC to enter my PIN as my signature Enter five numbers, but do not enter ali zeros 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 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61048854321 Do not enter all zeros 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 confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. \_ Date | \_08/24/18 Barbara Laskv ERO's signature | \_\_\_

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

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

MAY 1 4 2015

Date:

TOONERVILLE TROLLEY NEIGHBORHOOD
ASSOCIATION INC
C/O DENNY LAW OFFICE PLLC
455 S FOURTH ST STE 1071
LOUISVILLE, KY 40204

Employer Identification Number: 20-2262464 DLN: 17053093318015 Contact Person: ID# 31188 DAVID L. SLAUGHTER Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: March 31, 2015 Contribution Deductibility: Addendum Applies: No

# Dear Applicant:

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

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

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

# TOONERVILLE TROLLEY NEIGHBORHOOD

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Director, Exempt Organizations

# **Toonerville Trolley NA Budget 2017**

Administration

| Revenues  |          |
|---|----------|
| Membership Dues   | 800.00   |
| Interest Income   |          |
| Fundraising   | 47000.00 |
| Old Louisville Spring Fest 45000.00                         |          |
| St. James Court Art Show 2000.00                            |          |
| Grants, Gifts, and Contributions                            | 2000.00  |
| Nancy and Tom Woodcock (Bookkeeper) 1000.00                 |          |
| Alistate Grant 1000.00                                      |          |
| Total Income  | 49800.00 |
| Expenses  |          |
| Beautification  |          |
| Street Banners  | 6000.00  |
| Period Street Signs   | 1000.00  |
| Sidewalk (Litter, leaves, and so on)                        | 3000.00  |
| Alley Beautification  | 1000.00  |
| Fort George   |          |
| Mowing  |          |
| Other maintenance/tree care                                 | 2000.00  |
| Landscape/restoration project in excess of restricted funds | 1000.00  |
| Fundraising   |          |
| Springfest expenses (putting it on)                         | 30000,00 |
| Beer Can Koozies  |          |
| Dog Treats  | 200.00   |
| Pop-Up Tent (10'x10')                                       |          |
| Display Banners   | 100.00   |
| Old Louisville  |          |
| Springfest Sponsorship                                      |          |
| OLNC Dues   | 25.00    |
| Holiday House Tour  | 500.00   |
| Brook St. Community Garden                                  | 500.00   |
| Yard Sale Ads   |          |
|   |          |

| Bookkeeper Salary           | 1000.00 |
|-----------------------------|---------|
| State Corporation Filing    | 30.00   |
| Checks for new bank account | 70.00   |
| General Liability Insurance | 575.00  |
| Paypal Fees on website      |         |
| USPS Store Mailbox          | 70.00   |

# **Total Expenses**

46570.00

Net Change in General Fund Balance Forward at Beginning of Year Ending Balance at End of Year

23000.00

# FILED IN OFFICE

0591293.09

NAOI

Trey Grayson
Secretary of State
Received and Filed
07/28/2004 2:45:37 PM
Fee Receipt: \$8.00

AUG 1 7 2004

ARTICLES OF INCORPORATION

Bobbie Helsclaw, Clerk

OF

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

# ARTICLE I

The name of the Corporation shall be:

TOONERVILLE TROLLEY NEIGHBORHOOD ASSOCIATION, INC.

# ARTICLE II

The duration of the Corporation shall be perpetual.

### ARTICLE III

The address of the registered office of the corporation is:

1416 South Brook Street Louisville, Kentucky 40208

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

Chris Hart

The principal office of the Corporation is located at:

1416 South Brook Street Louisville, Kentucky 40208

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

### ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such

purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

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

- 1. to unify property owners, tenants, business people and others interested in the area;
  - to encourage neighborhood improvement and betterment;
- 3. to promote community activities and interests of an educational and charitable nature:
- 4. to preserve the historic and architectural character of the neighborhood;
- 5. to encourage upkeep of residential and business property and to eliminate vandalism and littering;
  - 6. to encourage the planting of trees and shrubs;
- 7. to encourage high quality fire and police protection and traffic law enforcement;
- 8. to assist in the development of better traffic design and flow;
  - 9. to be concerned with the youth of the area;
  - 10. to be concerned for the senior citizens of the area;
- 11. to encourage reasonable and adequate zoning and zoning code enforcement;
- 12. to encourage friendliness and cooperative community spirit in the area and in relations with other neighborhood groups in the Old Louisville Neighborhood Council and throughout the City of Louisville;
- 13. to support other charitable, educational and cultural activities which advance the general welfare of the community and its people; and
- 14. to collect and solicit funds to enable the corporation to carry out the above purposes.

### ARTICLE V

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

# ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.
- b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:
  - 1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.
  - 2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
- c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:
  - 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
  - 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

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

# ARTICLE VII

The names and addresses of the incorporators are:

| INCORPORATOR        | ADDRESS   |
|---------------------|---|
| Chris Hart          | 1416 South Brook Street<br>Louisville, KY 40208 |
| Jan Marie Hemberger | 1244 South Brook Street<br>Louisville, KY 40203 |
| Dale Tucker         | 1420 South Brook Street<br>Louisville, KY 40208 |
| Philip J. DiBlasi   | 1244 South Brook Street<br>Louisville, KY 40203 |

### ARTICLE VIII

The initial Board of Directors shall consist of 4 Directors. The names and addresses of the members of the initial Board of Directors are:

| DIRECTOR            | ADDRESS   |
|---------------------|---|
| Chris Hart          | 1416 South Brook Street<br>Louisville, KY 40208 |
| Jan Marie Hemberger | 1244 South Brook Street<br>Louisville, KY 40203 |
| Dale Tucker         | 1420 South Brook Street<br>Louisville, KY 40208 |
| Philip J. DiBlasi   | 1244 South Brook Street<br>Louisville, KY 40203 |

### ARTICLE IX

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

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

# ARTICLE X

- a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.
- b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:
  - 1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;
  - 2) was not in good faith or involved or involves intentional misconduct on the part of the director;
  - 3) was known by the director to be a violation of law; or
  - 4) resulted in an improper personal benefit to the director.

# ARTICLE XI

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

### ARTICLE XII

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

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

### ARTICLE XIII

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

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of this Corporation, this 144 day of June,

CHRIS HART, INCORPORATOR

| COUNTY OF JEFFERSON )  |            |
|--|------------|
| The foregoing Articles of Incorporation were acknowled before me this 14th day of June , 2004, by CHRIS HAW Witness my signature and seal of office. | ged<br>RT. |
| My Commission Expires: January 8, 2005   |            |

STATE OF KENTUCKY

NOTARY PUBLIC STATE AT LARGE, KENTUCKY

JAN MARIE HEMBERGER, O

| STATE OF KENTUCKY )  COUNTY OF JEFFERSON )  |
|---|
| The foregoing Articles of Incorporation were acknowledged before me this 1944 day of June, 2004, by JAN MARIE HEMBERGER. Witness my signature and seal of office. |
| My Commission Expires: January 8, 2005  |
| NOTARY PUBLIC STATE AT LARGE, KENTUCKY  |
|   |
| DALE TUCKER, INCORPORATOR   |
| STATE OF KENTUCKY ) ) COUNTY OF JEFFERSON )   |
| The foregoing Articles of Incorporation were acknowledged before me this 144 day of June, 2004, by DALE TUCKER. Witness my signature and seal of office.          |
| My Commission Expires:  |
| NOTARY PUBLIC STATE AT LARGE, KENTUCKY  |

PHILIP J. DIBLASI INCORPORATOR

STATE AT LARGE, KENTUCKY

COUNTY OF JEFFERSON )

The foregoing Articles of Incorporation were acknowledged before me this 14h day of June , 2004, by PHILIP J. DIBLASI. Witness my signature and seal of office.

My Commission Expires: January 8, 2005 .

This Document Prepared By:

LISA KILKELLY
Attorney at Law
LEGAL AID SOCIETY, INC.
425 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 585-6980

# **By-Laws**

TOONERVILLE TROLLEY NEIGHBORHOOD ASSOCIATION, INC. BYLAWS

ARTICLE 1. NAME, SERVICE AREA AND OFFICES

Section 1. This organization shall be called the Toonerville Trolley Neighborhood Association, Inc, hereinafter referred to as "TTNA".

Section 2. For purposes of this organization, the boundaries will consist of First, Brook and Floyd Streets from Kentucky Street to Hill Street and adjacent cross streets within the Old Louisville Historic District in the City of Louisville, Kentucky.

Section 3. The principal office of the Corporation shall be located in Louisville, Kentucky. The Corporation may have such other office, either within or without the Commonwealth of Kentucky, as the business of the Corporation may require from time to time.

# ARTICLE 2. PURPOSE AND RESPONSIBILITY

Section 1. TTNA is a membership organization governed by a Board of Trustees that has as its major responsibilities the formation of goals and implementation of strategies which lead to the betterment of the neighborhood.

Section 2. The authority of the organization derives from the expression of a democratic election by dues-paying members of TTNA.

Section 3. The objects and purposes of TTNA shall be:

- 1. to unify property owners, tenants, business people and others interested in the area;
- 2. to encourage neighborhood improvement and betterment;
- 3. to promote community activities and interests of an educational and charitable nature:
- 4. to preserve the historic and architectural character of the neighborhood.
- 5. to encourage upkeep of residential and business property and to eliminate vandalism and littering;
- 6. to encourage the planting of trees and shrubs;
- 7. to encourage high quality fire and police protection and traffic law enforcement;
- 8. to assist in the development of better traffic design and flow;
- 9. to be concerned with the youth of the area;
- 10. to be concerned for the senior citizens of the area;
- 11. to encourage reasonable and adequate zoning and zoning code enforcement;
- 12. to encourage friendliness and cooperative community spirit in the area and in relations with other neighborhood groups in the Old Louisville Neighborhood Council and throughout the City of Louisville;
- 13. to support other charitable, educational and cultural activities which advance the general welfare of the community and its people; and
- 14. to collect and solicit funds to enable the Corporation to carry out the above purposes.

# ARTICLE 3. MEMBERSHIP AND VOTING RIGHTS

Section 1. Membership in the TTNA shall be open to all persons who reside or own property within the boundaries of the TTNA as set forth in Article 1, Section

2, or who are otherwise supportive of the purposes and responsibilities of the TTNA as set forth in Article 2.

Section 2. TTNA shall have the following classes of membership:

Individual/Household: This class consists of dues-paying individuals or households who are residents of or own property within the TTNA boundaries and are at least 18 years of age. Each member of a household has one vote on matters submitted for a membership vote.

Organizational: This category includes dues-paying businesses and other organizations whose place of business lies within the boundaries of the association. Each organizational member has one vote on matters submitted for a membership vote. Organizational members shall appoint and notify the TTNA of the names and addresses of one delegate and one alternate.

Associate: This class consists of TTNA residents who are under the age of 18 or persons interested in the concerns and objectives of TTNA but do not live within the organizational boundaries. Associate members have no voting privileges.

Section 3. To be eligible to vote in regular or special meetings, members must meet the following criteria:

- be individual/household members or organizational member delegates;
- 2. have paid their dues for the current calendar year.

Section 4. The Board of Trustees shall recommend the amount of annual individual/household and organizational dues to the membership, who will accept or reject the recommendation by majority vote.

Section 5. The Board of Trustees may suspend or terminate the membership of any member for good cause. Good cause includes actions detrimental to the best interests of the Corporation. Notice of intent to remove must be sent to the member in question at least fourteen (14) days prior to the meeting at which such action is to be taken. Said notice shall give reasons for removal. A majority vote of the Board of Trustees shall be required for removal.

# **ARTICLE 4. ORGANIZATION**

Section 1. TTNA shall be governed by a Board of Trustees elected from the membership.

Section 2. The officers of the organization are a President, Vice-President, Secretary and Treasurer.

Section 3. The Board of Trustees shall be no less than four (4) and no more than nine (9) in number.

Section 4. Standing committees may be established to oversee the continuing business of TTNA. The President may assign ad hoc committees to work on special projects and activities on a one-time basis.

ARTICLE 5. ELECTIONS, TERMS OF OFFICE AND REMOVAL FROM OFFICE

Section 1. The members of the TTNA shall annually from among themselves by a majority of members present select a President, Vice-President, Secretary and Treasurer for a term in office of one year from January 1 to December 31 and

until said officer's successor shall have been elected. No person shall serve more than two consecutive terms in the same office.

Section 2. The President shall appoint a nominating committee. The nominating committee shall be charged with putting together a slate of proposed Officers and Trustees for the following year. This slate shall be presented by the committee to the TTNA membership at the November meeting.

Section 3. The annual election shall be held at the December meeting of the TTNA. Notification of the election shall be announced at the TTNA meeting prior to the election.

Section 4. The initial Officers provided for in the Articles of Incorporation shall serve until the December 2004 Annual Meeting and until their successors shall have been elected.

Section 5 A vacancy in any office because of death, resignation, removal, or otherwise shall be filled for the remainder of the term by election at the meeting which most closely follows the creation of the vacancy.

Section 6. An Officer or Trustee may be removed from office for neglect of duty or violation of trust in the performance of duties. A petition stating the reasons for removal and bearing the signatures of at least ten percent of the voting members of TTNA, or at least three members of the Board of Trustees, shall be given to all voting members of the TTNA, including the Officer in question, at least ten (10) days prior to the TTNA meeting at which it will be presented. A two-thirds vote of the members present at this meeting is required for removal.

Section 7 An Officer or Trustee may resign at any time by delivering a written resignation to the President or to the Secretary in the event of resignation of the

President. Said resignation shall become effective upon receipt by the President or Secretary.

## **ARTICLE 6. DUTIES OF OFFICERS**

Section 1. The day-to-day business and affairs of the Corporation shall be managed by its Officers and Trustees.

#### Section 2. The President

- 1. shall be the Chief Executive Officer of the Corporation and shall, in general, supervise all of the day-to-day business and affairs of the Corporation;
- 2. shall preside at meetings of the TTNA membership, Executive Committee and Board of Trustees;
- 3. shall appoint members to serve on standing and special committees;
- 4. shall appoint members to chair committees, and appoint such special committees as are needed;
- 5. shall be an ex-officio member of all committees:
- 6. may authorize an expenditure of up to \$50.00 without specific approval by the TTNA;
- 7. may call special meetings of the TTNA membership, Executive Committee and Board of Trustees;
- 8. may appoint a Parliamentarian; and
- 9. shall carry out any other duties delegated by the Board of Trustees, Executive Committee or the membership.

#### Section 3. The Vice-President

- 1. shall assist the President in carrying out the President's duties;
- 2. shall, in the absence of the President, perform the duties of the President; and

3. shall carry out any other duties delegated by the Board of Trustees, Executive Committee or the membership.

## Section 4. The Secretary

- 1. shall attend all membership, Executive Committee and Board of Trustees meetings and act as a clerk of each meeting, recording all votes and keeping the minutes of all proceedings in a book kept for that purpose;
- 2. shall be responsible for the giving of all notices in accordance with these bylaws or as required by law;
- 3. shall keep the official records, including all minutes, policy decisions, the original copy of the Articles of Incorporation and bylaws and all amendments thereto of the Corporation;
- 4. shall be responsible for authenticating the records of the Corporation
- 5. shall perform the duties of the President in the absence of the President and Vice-President; and
- 6. shall carry out any other duties delegated by the Board of Trustees, Executive Committee or the membership

#### Section 5. The Treasurer:

- 1. shall receive all money and deposit funds in the name of the TTNA in such banks, trust companies, or other depositories as shall be selected in accordance with the provisions of these by-laws;
- 2. shall pay all expenditures duly authorized by the TTNA and account to the TTNA for the condition of the treasury;
- 3. shall maintain and keep at the registered or principal office a record of the names and addresses of its members entitled to vote;
- 4. shall submit the current membership list and by-laws to the Old Louisville Neighborhood Council on an annual basis;
- 5. shall keep correct and complete books and records of account;
- 6. shall prepare an annual written financial report; and

7. shall carry out any other duties delegated by the Board of Trustees, Executive Committee or the membership.

Section 6. No Officer or Trustee shall receive compensation for services as an Officer of the Corporation; however, any expenses incurred by any Officer or Trustee by reason of their duties or responsibilities as such may be paid by the Corporation; provided, that nothing contained herein shall be construed to preclude any Officer from serving the Corporation in any other capacity and receiving compensation thereof.

#### ARTICLE 7. COMMITTEES

Section 1. The Executive Committee shall be comprised of the President, Vice-President, Secretary, Treasurer and the most recent past President, provided that person is still a member of the TTNA and does not hold another current Officer position. This committee is charged with the responsibility of carrying out the TTNA business in the interim of business meetings. Such decisions and activities shall be subject to approval by the Board of Trustees and ratification by the members at the next meeting of the TTNA.

Section 2. Standing committees may be authorized by the Board of Trustees to oversee the continuing business of the Corporation. The Executive Committee is a standing committee.

Section 3. Ad hoc committees may be established by the President to satisfy any special needs of the TTNA on a one-time basis. Among these committees is the nominating committee described in Article 5, Section 2 above.

Section 4. Each committee shall be chaired by a member of TTNA.

Section 5. Committees shall meet at times and places agreeable to the majority of the committee members.

Section 6. Any action required or permitted to be taken at a meeting of the Officers or Trustees, or any action which may be taken at a meeting of a committee, may be taken without a meeting if a consent, in writing, setting forth the action so taken shall be signed by all of the Officers, Trustees, or all members of the committee, as the case may be, and included in minutes or filed with the corporate records. Such consent shall have the effect of a unanimous vote.

#### **ARTICLE 8. FINANCE**

Section 1. The Treasurer shall handle the management of the money within the TTNA.

Section 2. The fiscal year shall be from January 1 to December 31.

Section 3. Annual membership dues shall be payable at the January meeting. Any dues paid during the fiscal year will apply toward membership until the end of the fiscal year in which they were paid.

#### ARTICLE 9. MEETINGS

Section 1. There shall be a membership meeting of the TTNA held once a month at a time and place designated by the Board of Trustees and agreed to the membership. The December membership meeting shall be the annual meeting of members held for the purpose of electing the Officers and Trustees and for the transaction of such other business as may come before the meeting.

Section 2. The Board of Trustees shall meet prior to the regular membership meeting to determine the business to be transacted at the membership meeting and to set an agenda.

Section 3. The President or three (3) members of the Board of Trustees may call a Special Meeting of the Board of Trustees at any time on 24 hours notice. The President, or three (3) members of the Board of Trustees, or members having at least twenty-five percent (25%) of the votes entitled to be cast at a meeting may call a special meeting of membership to be held no sooner than three business days after notice.

Section 4. Notice of any special meeting shall be given prior thereto either by written notice delivered personally or mailed or telegrammed or via facsimile or via electronic mail to Officers, Trustees and members at their address, personal computer, or verbally face-to-face or over the telephone. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with first class postage thereon prepaid. If notice is given by telegram, it shall be deemed to be delivered when the telegram is delivered to the telegraph company. If notice is given by facsimile, such notice shall be deemed delivered when the initiating facsimile receives electronic confirmation of receipt of the entire document. If notice is given via electronic mail, such notice shall be deemed delivered when the electronic mail has been received at the Officer's or member's computer or server. If notice is given verbally, the notifier shall keep a record of the contact. Any notice required hereunder shall state the date, time and location of the meeting.

Section 5. Any member, Officer or Trustee may waive notice of any meeting. The attendance of a member, Officer or Trustee at any meeting shall constitute a waiver of notice of such a meeting, except when a member, Officer or Trustee attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

Section 6. All membership meetings of the TTNA shall be open to the public. All meetings of the Executive Committee and Board of Trustees shall be open to all members. However, the Executive Committee or Board of Trustees may vote to hold a meeting of the membership, Board of Trustees or Executive Committee or portion thereof in executive session. Notice shall be given in a regular open meeting of the general nature of the business to be discussed in closed session and the reason for the closed session. No final action may be taken at a closed meeting. No matters may be discussed at a closed meeting other than those publicly announced prior to convening the closed meeting.

Section 7. Three members shall constitute a quorum for conduct of business of the Executive Committee. The quorum for conduct of business of the Board of Trustees shall be one-half the number of elected officers and trustees plus one. Members holding twenty per cent (20%) of the votes entitled to be cast on the matter to be voted upon shall constitute a quorum for the conduct of the TTNA.

Section 8. In all TTNA membership, Board of Trustee and Executive Committee voting, a simple majority shall prevail, except as otherwise noted.

Section 9. Voting in TTNA meetings shall be either by voice vote or show of hands or by ballot as determined by the President.

Section 10. Individual proxy votes among the Board of Trustees, Executive committee or membership shall not be recognized.

ARTICLE 10. CONTRACTS, LOANS, CHECKS AND DEPOSITS

Section 1. The Board of Trustees or the Executive Committee, with authorization of the Board of Trustees may authorize any Officer or Officers, agent or agents, to enter into any contract or execute and deliver any instruments

in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances.

Section 2. No loans shall be contracted on behalf of the Corporation and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Trustees. Such authority may be general or confined to specific instances.

Section 3. All checks, drafts or other orders of payment of money, notes or other evidence of indebtedness issued in the name of the Corporation shall be signed by such Officer or Officers, agent or agents, of the Corporation and in such manner shall from time to time be determined by resolution of the Board of Trustees.

Section 4. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depositories as the Board of Trustees select.

Section 5. Any Officer may accept, with the approval of the Treasurer, on behalf of the Corporation any contribution, gift, bequest or device for the general purpose of or for any special purpose of the Corporation.

Section 6. No Officer shall make charitable contributions in the name of, from the funds of, or on behalf of the Corporation without prior authorization by the Board of Trustees.

### ARTICLE 11. BOOKS AND RECORDS

Section 1. The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its members, Board of Trustees and Executive Committee meetings and shall keep at the Principal

Office a record giving the names and address of the members entitled to vote. All books and records of the Corporation may be inspected by any member or his agent or attorney, for any proper purpose at any reasonable time.

Section 2. The Corporation shall comply with any applicable public inspection laws including the Kentucky Open Records Act, KRS 61.870 to 61.884 and the Internal Revenue Code, when required by law.

### ARTICLE 12. WAIVER OF NOTICE

Section 1. Whenever any notice is required to be given under the provisions of the by-laws, or under the provisions of the Articles of Incorporation, or under the provisions of the corporation laws of the Commonwealth of Kentucky, waiver thereof in writing, signed by the person or persons, entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

#### ARTICLE 13. INDEMNIFICATION

Section 1. Each person who is or was a member, trustee, agent, officer or employee of the corporation, whether elected or appointed, and each person who is or was serving at the request of the corporation as a member, trustee, agent, officer or employee of another corporation, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the corporation to the full amount against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, trustee, agent, officer, or employee or arising out of such person's status as a member, trustee, agent, officer, or employee; provided, however, no such person shall be indemnified against any such liability, cost, or expense incurred in

connection with any action, suit, or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the corporation the reasonable expenses incurred in defending any threatened or pending action, suit, or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this article shall not affect any rights or obligations then existing. If any indemnification payment required by this article is not paid by the corporation within 90 days after a written claim has been received by the corporation, the member, trustee, officer, agent, or employee may at any time thereafter bring suit against the corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Nonprofit Corporation Acts or under this article, but it shall not be obligated to do so. The indemnification provided by this article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of members, or officers, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law. {Note: See KRS 273.171(14).}

#### ARTICLE 14. LIMITATION OF OFFICER LIABILITY

Section 1. No officer or trustee shall be personally liable to the corporation for monetary damages for breach of their duties as an officer except for liability:

- 1 For any transaction in which the officers' or trustees' personal financial interest is in conflict with the financial interests of the corporation;
- 2 For acts or omissions not in good faith or which involve intentional misconduct or are known to the officer or trustee to be a violation of law; or
- 3 For any transaction from which the officer or trustee derives an improper personal benefit.

#### ARTICLE 15. AMENDMENTS

Section 1. These by-laws may be changed or amended by a two-third (2/3) majority vote of the members present at any business meeting of the TTNA.

Section 2. Notice of any proposed changes shall be publicized at least 30 days prior to the TTNA meeting at which they will be on the agenda.

### ARTICLE 16. RATIFICATION

Section 1. The initial bylaws adopted by the Board of Trustees after incorporation shall be ratified by a two thirds (2/3) majority vote of the TTNA members present at the next TTNA meeting. Notice of this proposed ratification shall be publicized at least 30 days prior to the TTNA meeting at which it will be considered.

### ARTICLE 17. RULES OF PROCEDURE

Section 1. Robert's Rules of Order, the latest edition, shall govern the procedure of all meetings of this Corporation. In case of conflict, these by-laws shall take precedent.

### ARTICLE 18. NONDISCRIMINATION

The members, officers, trustees, committee members, employees and persons served by TTNA shall be selected entirely on a nondiscriminatory basis with respect to age, ethnicity, familial status, gender, national origin, race, religion, sexual orientation, veterans' status, disability and all other categories providing nondiscriminatory treatment by law, statute or ordinance.

Adopted: August 11, 1988

(Revised): May 9, 1991 and March 18, 1993. Retyped and formatted November 21, 1995 and significantly revised and approved by the membership on January 13, 2000.

Revised: September, 2004, adopted by membership October 2004

### TOONERVILLE TROLLEY NEIGHBORHOOD ASSOCIATION, INC.

### **General Information**

**Organization Number** 0591293

Name TOONERVILLE TROLLEY NEIGHBORHOOD ASSOCIATION, INC.

**Profit or Non-Profit** N - Non-profit

**Company Type** KCO - Kentucky Corporation

**Status** A - Active Standing G - Good State KY

**File Date** 7/28/2004 **Organization Date** 7/28/2004 **Last Annual Report** 2/26/2019

**Principal Office** 2312 SOUTH PRESTON

BOX 17672

LOUISVILLE, KY 40217

**Registered Agent** JOAN STEWART

> 1358 OUERBACKER COURT LOUISVILLE, KY 40208

#### **Current Officers**

**President Todd Lewis** Vice President Matt Welsh Secretary Galen Roquet Treasurer Joan Stewart Director Nancy Woodcock

Director Linda Ross **Director** Kirk Stewart Director Josef Splenka

### Individuals / Entities listed at time of formation

Director **CHRIS HART** 

Director JAN MARIE HEMBERGER

**Director DALE TUCKER Director** PHILIP | DIBLASI Incorporator **CHRIS HART** 

Incorporator JAN MARIE HEMBERGER

Incorporator **DALE TUCKER** Incorporator PHILIP J DIBLASI

## 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 2/26/2019 1 page **PDF** 

| Registered Agent name/address change | 3/29/2018 4:21:00 PM     | 1 page  | PDF         |            |
|--------------------------------------|--------------------------|---------|-------------|------------|
| Annual Report                        | 3/29/2018                | 1 page  | PDF         |            |
| Principal Office Address<br>Change   | 2/14/2017 10:39:45<br>AM | 1 page  | PDF         |            |
| Annual Report                        | 2/14/2017                | 1 page  | PDF         |            |
| Annual Report                        | 6/30/2016                | 1 page  | <u>PDF</u>  |            |
| Principal Office Address<br>Change   | 6/17/2015 10:31:32<br>AM | 1 page  | PDF         |            |
| Annual Report                        | 1/14/2015                | 1 page  | <u>PDF</u>  |            |
| Registered Agent name/address change | 6/17/2014 11:44:50<br>AM | 1 page  | <u>PDF</u>  |            |
| Principal Office Address<br>Change   | 6/17/2014 11:41:57<br>AM | 1 page  | PDF         |            |
| Annual Report                        | 6/17/2014                | 1 page  | <u>PDF</u>  |            |
| Principal Office Address<br>Change   | 3/4/2013 9:43:58 AM      | 1 page  | PDF         |            |
| Registered Agent name/address change | 3/4/2013 9:42:23 AM      | 1 page  | PDF         |            |
| Annual Report                        | 3/4/2013                 | 1 page  | <u>PDF</u>  |            |
| Annual Report                        | 6/16/2012                | 1 page  | <u>PDF</u>  |            |
| Annual Report Amendment              | 6/16/2012                | 1 page  | <u>PDF</u>  |            |
| Registered Agent name/address change | 6/25/2011 8:48:38 PM     | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report</u>                 | 6/25/2011                | 1 page  | PDF         |            |
| <u>Annual Report Return</u>          | 4/13/2011                | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report                        | 6/1/2010                 | 1 page  | <u>PDF</u>  |            |
| <u>Annual Report Return</u>          | 3/19/2010                | 2 pages | <u>tiff</u> | <u>PDF</u> |
| Annual Report                        | 1/14/2009                | 1 page  | <u>PDF</u>  |            |
| Registered Agent name/address change | 5/2/2008                 | 1 page  | tiff        | PDF        |
| Annual Report                        | 4/11/2008                | 1 page  | <u>PDF</u>  |            |
| Annual Report                        | 1/18/2007                | 1 page  | <u>PDF</u>  |            |
| Reinstatement                        | 8/18/2006                | 3 pages | tiff        | <u>PDF</u> |
| Annual Report                        | 8/18/2006                | 1 page  | <u>tiff</u> | <u>PDF</u> |
| Administrative Dissolution           | 11/1/2005                | 1 page  | <u>PDF</u>  |            |
| Articles of Incorporation            | 7/28/2004                | 8 pages | tiff        | <u>PDF</u> |
|                                      |                          |         |             |            |

## **Assumed Names**

# **Activity History**

| Filing                          | File Date                | <b>Effective Date</b>    | Org. Referenced |
|---------------------------------|--------------------------|--------------------------|-----------------|
| Annual report                   | 2/26/2019<br>11:18:18 AM | 2/26/2019<br>11:18:18 AM |                 |
| Annual report                   | 3/29/2018<br>4:33:03 PM  | 3/29/2018<br>4:33:03 PM  |                 |
| Registered agent address change | 3/29/2018<br>4:21:00 PM  | 3/29/2018<br>4:21:00 PM  |                 |
| Annual report                   | 2/14/2017<br>11:05:17 AM | 2/14/2017<br>11:05:17 AM |                 |

| Principal office change         | 2/14/2017<br>10:39:45 AM | 2/14/2017<br>10:39:45 AM |
|---------------------------------|--------------------------|--------------------------|
| Annual report                   | 6/30/2016<br>11:57:34 AM | 6/30/2016<br>11:57:34 AM |
| Principal office change         | 6/17/2015<br>10:31:32 AM | 6/17/2015<br>10:31:32 AM |
| Annual report                   | 1/14/2015<br>3:35:27 PM  | 1/14/2015<br>3:35:27 PM  |
| Annual report                   | 6/17/2014<br>11:57:48 AM | 6/17/2014<br>11:57:48 AM |
| Registered agent address change | 6/17/2014<br>11:44:50 AM | 6/17/2014<br>11:44:50 AM |
| Principal office change         | 6/17/2014<br>11:41:57 AM | 6/17/2014<br>11:41:57 AM |
| Annual report                   | 3/4/2013<br>9:51:22 AM   | 3/4/2013<br>9:51:22 AM   |
| Principal office change         | 3/4/2013<br>9:43:58 AM   | 3/4/2013<br>9:43:58 AM   |
| Registered agent address change | 3/4/2013<br>9:42:23 AM   | 3/4/2013<br>9:42:23 AM   |
| Amendment to annual report      | 6/16/2012<br>6:24:49 PM  | 6/16/2012<br>6:24:49 PM  |
| Annual report                   | 6/16/2012<br>6:19:46 PM  | 6/16/2012<br>6:19:46 PM  |
| Annual report                   | 6/25/2011<br>9:11:46 PM  | 6/25/2011<br>9:11:46 PM  |
| Registered agent address change | 6/25/2011<br>8:48:38 PM  | 6/25/2011<br>8:48:38 PM  |
| Annual report                   | 6/1/2010<br>8:59:35 AM   | 6/1/2010<br>8:59:35 AM   |
| Annual report                   | 1/14/2009<br>8:21:21 AM  | 1/14/2009<br>8:21:21 AM  |
| Registered agent address change | 5/2/2008<br>3:02:55 PM   | 5/2/2008                 |
| Annual report                   | 4/11/2008<br>8:49:44 AM  | 4/11/2008<br>8:49:44 AM  |
| Annual report                   | 1/18/2007<br>11:42:57 AM | 1/18/2007<br>11:42:57 AM |
| Annual report                   | 8/18/2006<br>10:50:36 AM | 8/18/2006                |
| Principal office change         | 8/18/2006<br>10:46:50 AM | 8/18/2006                |
| Reinstatement                   | 8/18/2006<br>10:45:59 AM | 8/18/2006                |
| Admin Dis. A. report not in     | 11/1/2005                | 11/1/2005                |
| Add                             | 7/28/2004<br>2:45:37 PM  | 7/28/2004                |

# **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.

Articles of Incorporation

7/28/2004

8 pages

Baldwin CPAs, PLLC 943 S 1st Street Louisville, KY 40203

Toonerville Trolley Neighborhood Association c/o Joan Stewart 2312 S Preston St. Louisville, KY 40217





August 29, 2018

#### CONFIDENTIAL

Toonerville Trolley Neighborhood Association c/o Joan Stewart 2312 S Preston St. Louisville, KY 40217

Dear Joan:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Baldwin CPAs, PLLC

# **Filing Instructions**

# Toonerville Trolley Neighborhood Association c/o Joan Stewart

## **Short Form Exempt Organization Tax Return**

## Taxable Year Ended December 31, 2017

Date Due:

November 15, 2018

Remittance:

None is required. Your Form 990-EZ for the tax year ended 12/31/17 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Baldwin CPAs, PLLC 943 S 1st Street Louisville, KY 40203

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no

further action is required.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

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Toonerville Trolley Neighborhood Association c/o Joan Stewart 2312 S Preston St. Louisville, KY 40217

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
||...|||...||||...|||||

990-EZ

# 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

Open to Public Inspection

priment of the Treasury ma 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. For the 2017 calendar year, or tax year beginning , and ending Chaox d applicable: C Name of organization D Employer identification number Address change Toonerville Trolley Neighborhood Association c/o Joan Stewart Name change \*\*-\*\*\*2464 E return Number and street (or P.O. box, if mail is not delivered to street address) Spontorite. E Telephone number 2312 S Preston St. Final return/terminated 502-593-1242 City or town, state or province, country, and ZIP or foreign postal code -mendad return F Group Exemption ation pending Louisville Number > X Cash Accrual Other (specify) Recounting Method: Check ▶ X if the organization is not Website: | www.ttnalouisville.org required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) ( ) ₹ (insert no.) (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or dital assets 🕅 column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 43,125 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) eri i Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 749 2 Program service revenue including government fees and contracts 37,376 2 3 Membership dues and assessments 3 4 Investment income ..... 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) P c Less: direct expenses from garning and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a · Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 7c Other revenue (describe in Schedule O) 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 3 43,125 9 Grants and similar amounts paid (list in Schedule O) 12 10 Senefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 1,254 13 Occupancy, rent, utilities, and maintenance 540 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule O) 51,243 16 Total expenses. Add lines 10 through 16 17 17 52,497 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -9,37218 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with and-of-year figure reported on prior year's return) 23,342 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 13,970

| 1 01111 000 == (=011  | 100UGLATITE ILOIT  | ea Merdimor                     | 1004 <u>20-22</u>         | 02404  |          |  |
|---|--|---------------------------------|---------------------------|--|----------|--|
|   | alance Sheets (see the instruction                                   | •                               |                           |  |          |  |
| C   | heck if the organization used Schedu                                 | <u>ile O to respond to a</u>    |                           |  |          |  |
|   |  |                                 |                           | inning of year                                   | . 1      | (B) End of year                            |
|   | s, and investments   |                                 |                           | 23,342   | 22       | 13,970                                     |
| 23 Land and bui   |  |                                 |                           | 0  | 23       |  |
| 24 Other assets   | (describe in Schedule O)   |                                 |                           | 23,342   | 24       | 12 07/                                     |
| 25 Total assets   |  |                                 |                           | <u> </u>   | 25<br>26 | 13,970                                     |
|   | es (describe in Schedule O) r fund balances (line 27 of column (B) m | t parage with line 21\          |                           | 23,342   | 27       | 13,970                                     |
|   | tatement of Program Service A  |                                 |                           |  | 21       | 13,31                                      |
| • -   | heck if the organization used Schedu                                 |                                 |                           |  |          | Expenses                                   |
|   | nization's primary exempt purpose?                                   | ile o to respond to a           | ny question in ano re     |  | (Re      | quired for section                         |
| See Schedul   |  |                                 |                           |  |          | (c)(3) and 501(c)(4)                       |
|   | anization's program service accomplishme                             | ents for each of its three      | e largest program service | es,  |          | anizations; optional for                   |
| _   | expenses. In a clear and concise manner,                             |                                 |                           |  | oth      | ers.)                                      |
| persons benefite  | d, and other relevant information for each                           | program title.                  |                           |  |          | ,  |
| 28 See Sche   | dule O   |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
| (Grants\$   | ) If this amount inc   | <u>ludes foreign grants, ch</u> | neck here                 | <u> </u>   | 28a      | 52,49                                      |
| 29  |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  | .        |  |
| _   | ) If this amount inc   |                                 |                           |  | 29a      |  |
| 30  |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
| (Grants\$   | ) If this amount inc   | ludes foreign grants, ch        | ack here                  |  | 30a      |  |
|   |  |                                 | took note                 |  | 000      | · · · · · · · · · · · · · · · · · · ·      |
| (Grants\$   | ) If this amount inc   |                                 |                           |  | 31a      |  |
| · · · · · · · · · · · · · · · · · · ·   | m service expenses (add lines 28a throu                              |                                 |                           |  | 32       | 52,49                                      |
| a transfer of the last of the | ist of Officers, Directors, Trustees, and                            | Key Employees (list             | each one even if not co   | mpensated — se                                   | ee the i | nstructions for Part 🗠                     |
|   | heck if the organization used Schedule O                             |                                 | (a) Papartable            |  | nefits.  |  |
|   | (a) Name and title   | hours per week                  | (Forms vv-2/1099-iviISC)  | I benefit plans.                                 | and      | (e) Estimated amount of other compensation |
|   |  | devoted to position             | (if not paid, enter -0-)  | deferred compe                                   | nsation  | Carol Componication                        |
| Dan Masor   |  |                                 |                           |  |          |  |
| President   |  | 1.00                            | 0                         |  |          | '  |
| Ray Robin   |  | 1.00                            | ٥                         |  | c        |  |
| Josef Sa  |  | 1.00                            |                           |  |          | '  |
| Secretry  | lelika   | 1.00                            | ٥                         |  | 0        |  |
| Joan Ster   | rart   | 1.00                            |                           |  |          | <u></u>                                    |
| Treasure  |  | 1.00                            | o                         |  | C        |  |
| Kirk Ster   |  |                                 |                           |  |          |  |
| Board Mer   | aber   | 1.00                            | 0                         |  |          |  |
| Nancy Woo   | odcock   |                                 |                           |  |          |  |
| Board Mer   | nber   | 1.00                            | 0                         |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
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|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           | <del>                                     </del> |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |
|   |  |                                 |                           |  |          |  |

| 7 0111 | Toonerville froitey Neighborhood 20-2262464   |               |               | age (       |
|--------|---|---------------|---------------|-------------|
| ď      | Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this F |               |               |             |
|        | instructions for Part v.) Check if the organization used Schedule O to respond to any question in this r  | -ait v        | Yes           | No          |
| 33     | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a   |               | 100           | 110         |
|        | detailed description of each activity in Schedule O   | 33            |               | X           |
| 34     | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed  |               |               |             |
|        | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the   |               |               |             |
|        | change on Schedule O (see instructions)   | 34            |               | X           |
| 35a    | 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      |   | 35b           |               |             |
| C      | (-), (-), (-), (-), (-), (-), (-), (-),   |               |               |             |
|        | reporting, and proxy tax 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," complete applicable parts of Schedule N  | 36            | 122           | X           |
| _      | Enter amount of political expenditures, direct or indirect, as described in the instructions  | -             |               |             |
| b      | * *************************************   | 37b           | _             | X           |
| 38a    |   | 20            |               | v           |
|        | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a           |               | Х           |
|        | If "Yes," complete Schedule L, Part II and enter the total amount involved  | -             |               | 10          |
| 39     | Section 501(c)(7) organizations. Enter:   | 155           | 2300          | 33          |
| a      | Once receipts included on the O few within the office of the facilities   | 15            |               | 5           |
| 40a    |   | 9 (5)         |               | -           |
| 4va    | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   | 1650          | Hai i         |             |
| h      | section 4911 ►; section 4912 ►; section 4955 ►<br>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958   |               | 153           |             |
| D      | 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   | 40b           |               | x           |
| c      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed   | 400           |               |             |
| ·      | on organization managers or disqualified persons during the year under sections 4912,   | 200           |               | 94          |
|        | 4955, and 4958  | 200           |               | 95          |
| d      |   | - 100         |               |             |
| **     | 40c reimburged by the organization  |               |               | Я.          |
| е      |   |               |               |             |
| •      | Annual Africa C 15 6V - 1 Annual Africa Cocco T   | 40e           |               | X           |
| 41     | List the states with which a copy of this return is filed <b>KY</b>   | [ 100         |               |             |
| 42a    |   | 02-59         | 3-1           | 24          |
|        | 2312 S Preston Street   | n <del></del> | . <del></del> | <del></del> |
|        |   | 10217         |               |             |
| b      | At any time during the calendar year, did the organization have an interest in or a signature or other authority over   |               | Yes           | No          |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial 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   | 1 3           |               |             |
|        | Financial Accounts (FBAR).  | 11/1 65       |               |             |
| C      | At any time during the calendar year, did the organization maintain an office outside the United States?  | 42c           |               | X           |
|        | If "Yes," enter the name of the foreign country: ▶  |               |               |             |
| 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 43  |               |               |             |
|        |   |               | Yes           | No          |
| 44a    | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be   |               |               | Щ.          |
|        | completed instead of Form 990-EZ  | 44a           |               | X           |
| b      | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be  |               |               |             |
|        | completed instead of Form 990-EZ  | 44b           | $\vdash$      | X           |
| C      | Did the organization receive any payments for indoor tanning services during the year?  | 44c           |               | X           |
| d      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an   |               |               |             |
|        | explanation in Schedule O   |               | $\vdash$      |             |
| 45a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a           |               | X           |
| b      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the  |               | -44           |             |
|        | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of  | 45h           |               | -           |
|        | EDITI MALLEZ (SOO IDSTITICIODS)   | I AEN         |               | -           |

| to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(C)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as excelled complete organization as each organization?  If yes," was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization as each organization?  If yes, was the related organization or organization for the organization. If there is none, enter "None,"  If yes, was the related organization organization for the organization. If there is none, enter "None," (a) Name and title of each employee  If yes, was the related organization organization for the organization. If there is none, enter "None," (b) Type of service (c) Complete this table for the organization is the highest compensation organization. If there is none, enter "None."  If Total number of other employees paid over \$100,000  If Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of complete this table for the organization is there is none, enter "None."  If Total number of other employees paid over \$100,000  If Complete this table for the organization is there is none, enter "None."  If Yes, was the related organization organization is the paid of the organization organization organization organization organization organization organization organization organization organ                       |          |           |                                |  |                                 |              |                  |   |   | -  | -                   | Yes     | No                      |
|---|----------|-----------|--------------------------------|--|---------------------------------|--------------|------------------|---|---|--|---------------------|---------|-------------------------|
| Section 501(c)(3) organizations only All section 501(c)(3) organizations used solved to the section 50 (a) organization used Schedule O to respond to any question in this Part VI  Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax  Yes No  Yes                          |          |           |                                |  |                                 |              |                  |   |   |  |                     |         |                         |
| All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule C to respond to any question in this Part V   Vew Notes of the organization used Schedule C to respond to any question in this Part V   Vew Notes of the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, 'complete Schedule E   Vew Notes of the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, 'complete Schedule E   Vew Notes of the organization and the superior transfers to an exampt non-charactic related organization?   Vew Notes of the organization of the superior transfers to an exampt non-charactic enterprise the substance of the organization and the superior transfers to an exampt non-charactic enterprise (a) Name and still of each employee   Vew Notes of the organization or the superior transfer organization and transfer                           | 3 . · ·  | o cano    |                                |  |                                 |              |                  |   | • |  | 46                  |         | _X                      |
| So and 51.   Check if the organization used Schedule O to respond to any question in this Part V  | Φ. ,     |           | All section                    | 501(c)(3) organizations or<br>501(c)(3) organizations must | 1 <b>IY</b><br>anewer questions | 47_40k       | and 52 and       | complete                                | the tables                              | for line   |                     |         |                         |
| Did the organization engage in lobbying activities or have a section SO1(h) election in effect during the tax   |          |           | 50 and 51.                     | oo i(c)(o) organizations must                              | answer questions                | 47-43L       | Janu 52, anu     | complete                                | trie tables                             | ioi iine   | 5                   |         |                         |
| Did the organization engage in lobbying activities or have a section SO1(h) election in effect during the tax   |          |           | Check if th                    | e organization used Schedule                               | O to respond to a               | any que      | stion in this Pa | art VI                                  |   |  |                     |         |                         |
| Total number of other employees paid over \$100,000   Name and title of each employee paid over \$100,000   Name and business address of each independent contractors each received more than \$100   Name and business address of each independent contractors each received more than \$100   Name and business address of each independent contractors each received more than \$100   Name and business address of each independent contractors each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractor who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors who each received more than \$100   Name and business address of each independent contractors each received more than \$100   Name and business address of each independent contractors each received more than \$100   Name and business     | 47       | D:-1 4b   |                                |  |                                 |              |                  |   |   |  |                     |         | No                      |
| ## It the organization as achool as described in section 170(b)(1)A(0)(9) ff ves.* complete Shedule E ## 48   |          |           |                                |  | ve a section 501(n)             | election     | in effect during | the tax                                 |   | Γ  | -                   |         |                         |
| description                               |          |           |                                |  | 7/6\/4\/A\/#\/ If #\/           | "I           |                  | • | · · · · · · · · · · · · · · · · ·       | -  | _                   |         |                         |
| b if Yes,* was the related organization a section 527 organization?  Complete this table for the organization is well highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter *None* (b) Average hours per week (evoted to position) (forms W-2/1098-MISI) organization is none, enter *None* (c) Reportable to present the present of the response to the present of the remote organization from the organization. If there is none, enter *None* (c) Reportable to present the present of the remote organization of the remote organization is the remote organization of the remote organization is the remote organization organization is the remote organization organization is the remote organization organization organization is none, enter *None* (e) Complete this table for the organization from the organization o                         | 40 I     | Did the   | organization a                 | aske any transfers to an exempt                            | D(D)(T)(A)(II) / IT Tes         | , compi      | ete Schedule E   | •••••                                   | • | ⊦  |                     |         |                         |
| complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None:  (a) Name and title of each employee  (b) Average (c) Reportable (c) Reportable (c) Reportable (delevated to position (forms W-2/1999-MISC)  (d) Health benefits, and the received more than \$100,000 of compensation for the organization of their compensation (e) Estimated amount of other compensation (e) Estimated (e) Estimated (e) Estima                        | h i      | f "Vee    | 'was the relate                | and arranization a section 527 arr                         | non-criamable relate            | a organi.    | zauon?           |   |   |  |                     |         |                         |
| employees) who each received more than \$100,000 of compensation from the organization. If there is an one presentation devoted to position (forms W-2/1998-MISC)    A None   |          |           |                                |  |                                 | ees (oth     | er than officers | directors                               | truetooe on                             |  | 490                 |         |                         |
| (a) Name and title of each employee   (b) Average hours per week devoted to position (Forms W-2/1099-MISC)   (c) Reportable complexation (Forms W-2/1099-MISC)   (c) Reportabl                          |          |           |                                |  |                                 |              |                  |   |   |  |                     |         |                         |
| (e) Name and title of each employee   |          |           |                                |  |                                 |              |                  |   |   | T  |                     | _       |                         |
| ## Total number of other employees paid over \$100,000  **Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None.*  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  **None  **Did the organization complete Schedule A' Note: All section 501(c)(3) organizations must attach a complete Schedule A  **Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  **Sign   John Schwart   Treasurer    Proper print mean and title   Date   Dat                        |          |           | (a) Name and                   | title of each employee                                     | hours per week                  | l co         | mpensation       | contribution                            | s to employee                           |  |                     |         |                         |
| Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.*  (a) Name and business address of each independent contractors each receiving over \$100,000 \( \)  Signature of other independent contractors each receiving over \$100,000 \( \)  Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations must attach a completed Schedule A? Note: All section \$01(c)(3) organizations must attach a completed Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organization smust attach a complete Schedule A? Note: All section \$01(c)(3) organization smust attach a complete Schedule A? Note: All section \$01(c)(3) organization smust attach a complete Schedule A? Note: All section \$01(c)(3) orga |          |           | <del></del> .                  | <u>,</u>   | devoted to position             | (FOITIS      |                  | deferred c                              | ompensation                             |  |                     |         |                         |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparers name  Print/Type preparers name  Print/Type preparers name  Print/Type preparers name  Preparers  Barbara Lasky  Barbara Lasky  Print/Type preparers name  Preparers signature  Date  Check, if Print self-employed popolis280  Print same Baldwin CPAs, PLLC  Firm's alm's address b 943 S 1st Street  Louisville, KY 40203  Phone no. 502-584-9793  May the IRS discuss this return with the preparer shown above? See instructions  | No       | ne        |                                |  |                                 |              |                  |   |   |  |                     |         |                         |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparers name  Print/Type preparers name  Print/Type preparers name  Print/Type preparers name  Preparers  Barbara Lasky  Barbara Lasky  Print/Type preparers name  Preparers signature  Date  Check, if Print self-employed popolis280  Print same Baldwin CPAs, PLLC  Firm's alm's address b 943 S 1st Street  Louisville, KY 40203  Phone no. 502-584-9793  May the IRS discuss this return with the preparer shown above? See instructions  |          |           |                                |  |                                 | <b>_</b>     |                  | _                                       |   | ļ  |                     |         |                         |
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| (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000 ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  Preparer's signature  Treasurer  Type or print name and title  Print/Type preparer's name  Preparer's signature  Barbara Lasky  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Barbara Lasky  Print/Type preparer's name  Preparer's signature  Barbara Lasky  Print/Type preparer's name  Preparer's signature  Barbara Lasky  Print/Type preparer's name  Preparer's signature  Proparer's signature  Proparer's signature  Print/Type preparer's name  Preparer's signature  Proparer's signature  Proparer's signature  Proparer's signature  Proparer's signature  Preparer's signature  Proparer's signat                          | 51 (     | Comple    | te this table fo               | r the organization's five highest c                        | ompensated indeper              | ndent co     | ntractors who e  | ach receive                             | –<br>ed more than                       | 1  |                     |         |                         |
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| d Total number of other independent contractors each receiving over \$100,000    52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A    Louisville, RY 40203    May the IRS discuss this return with the preparer shown above? See instructions    Total number of other independent contractors each receiving over \$100,000    X Yes No                            |          |           |                                |  |                                 |              |                  |   |   |  |                     |         |                         |
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| Completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer   | d T      | Γotal nι  | ımber of other                 | independent contractors each rec                           | ceiving over \$100,00           | 0 •          |                  |   |   |  |                     |         |                         |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  Joan Stewart  Type or print name and title  Print/Type preparer's name  Preparer's signature  Paid  Barbara Lasky  Barbara Lasky  Pirm's name  Baldwin CPAs, PLLC  Firm's EIN  20-1416603  Phone no. 502-584-9793  May the IRS discuss this return with the preparer shown above? See instructions  Yes No   | 52 [     | Did the   | organization co                | omplete Schedule A? Note: All se                           | ection 501(c)(3) orga           | nization     | s must attach a  |   |   |  |                     |         |                         |
| Sign Here    Signature of officer   Date  |          | omplet    | ed Schedule A                  | ·  |                                 |              |                  | <u></u>                                 |   | X  | Yes                 | TI.     | ol                      |
| Sign Here    Signature of officer   | Under p  | enalties  | of perjury, I dec              | clare that I have examined this return                     | including accompanyi            | ng sched     | ules and stateme | nts, and to tl                          | ne best of my                           | knowled  | ige and             | d belie | f, it is                |
| Treasurer    Joan Stewart   Treasurer   | true, co | rrect, ar | na complete. Dec               | claration of preparer (other than office                   | er) is based on all infor       | mation of    | which preparer h | as any know                             | ledge.                                  |  |                     |         |                         |
| Treasurer    Joan Stewart   Treasurer   | Sian     |           | 2                              |  |                                 |              |                  |   |   |  |                     |         |                         |
| Type or print name and title  Print/Type preparer's name  Preparer's signature  Barbara Lasky  Preparer  Firm's name  Baldwin CPAs, PLLC  Firm's address  Prim's address  Phone no. 502-584-9793  May the IRS discuss this return with the preparer shown above? See instructions   | –        |           | •                              |  |                                 |              |                  |   |   |  |                     |         |                         |
| Paid Barbara Lasky Barbara Lasky 08/29/18 61-employed P00015280  Preparer Firm's name   | пеге     |           |                                |  |                                 |              | TIERSUIG         | 31                                      | _                                       |  |                     |         |                         |
| Paid Barbara Lasky Barbara Lasky 08/29/18 Check if self-employed P00015280  Preparer Firm's name > Baldwin CPAs, PLLC Firm's EIN > 20-1416603  Use Only Firm's address > 943 S 1st Street Louisville, KY 40203 Phone no. 502-584-9793  May the IRS discuss this return with the preparer shown above? See instructions Yes No   |          | P         |                                | <del></del>  | Preparer's signature            | _            |                  | Date                                    | Т                                       |  | PTIN                |         |                         |
| Preparer   Firm's name   Baldwin CPAs   PLC   | Paid     |           |                                |  |                                 |              |                  |   | 2.015                                   |  |                     |         |                         |
| Use Only Firm's address > 943 S 1st Street Louisville, KY 40203  May the IRS discuss this return with the preparer shown above? See instructions  Phone no. 502-584-9793  No.   |          |           |                                |  |                                 |              |                  | [08/2                                   |   |  |                     |         |                         |
| Louisville, KY 40203  May the IRS discuss this return with the preparer shown above? See instructions  Phone no. 502-584-9793  No. No.  |          | \         |                                |  |                                 |              |                  |   | rimi's EIN ▶                            | 20-  | 14]                 | 196     | <u> </u>                |
| May the IRS discuss this return with the preparer shown above? See instructions  Yes No   |          |           | iiiii's aqqi <del>o</del> ss 🖊 |  | _                               |              |                  |   | D E                                     | <b>02</b> _⊑                                     | 0.4                 | -07     | 0.2                     |
|   | May th   | ne IRS    | discuss this ref               |  |                                 |              | <u> </u>         | <u> </u>                                | rnone no. 3                             | UZ-3   |                     |         |                         |
|   | ,        |           |                                | England, event, epa  |                                 | *******      | ************     |   |   | Form   | Name and Address of |         | The section of the last |

### SCHEDULE A (Form 990 or 990-EZ)

# **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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Toonerville Trolley Neighborhood Association c/o Joan Stewart

Employer identification number 20–2262464

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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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 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.) 11 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 I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

| (I) Name of supported<br>organization | (II) EIN                              | (iii) Type of organization<br>(described on lines 1–10<br>above (see Instructions)) | (iv) is the organizated in your government? | verning | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------------------------------------|---|---|---------|---|---|
|                                       |                                       |   | Yes N                                       | No      |   |   |
| (A)                                   |                                       |   |   |         |   |   |
| (B)                                   | · · · · · · · · · · · · · · · · · · · |   |   |         |   |   |
| (C)                                   |                                       |   |   |         |   |   |
| (D)                                   |                                       |   |   |         |   |   |
| (E)                                   |                                       |   |   |         |   |   |
| Total                                 |                                       |   |   |         |   |   |

m 990 or 990-EZ) 2017 Toonerville Trolley Neighborhood 20-2262464
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2017

Support Schedu (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  | <u> </u>             |                    | <del></del> -          |                       |                |           |
|------|---|----------------------|--------------------|------------------------|-----------------------|----------------|-----------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2013             | <b>(b)</b> 2014    | (c) 2015               | (d) 2016              | (e) 2017       | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                      |                    |                        | 28,224                | 5,749          | 33,973    |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                      | _                  |                        |                       |                |           |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge   |                      |                    |                        |                       |                |           |
| 4    | Total. Add lines 1 through 3  | 2                    |                    |                        | 28,224                | 5,749          | 33,973    |
| 5    | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                      |                    |                        |                       |                |           |
| 6    | Public support. Subtract line 5 from line 4.  |                      |                    |                        |                       |                | 33,973    |
|      | tion B. Total Support   |                      |                    |                        |                       |                |           |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2013             | (b) 2014           | (c) 2015               | (d) 2016              | (e) 2017       | (f) Total |
| 7    | Amounts from line 4   |                      |                    |                        | 28,224                | 5,749          | 33,973    |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                      |                    |                        | 15                    |                | 15        |
| 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 assets (Explain in Part VI.)   |                      |                    |                        |                       |                |           |
| 11   | Total support. Add lines 7 through 10   |                      |                    |                        |                       |                | 33,988    |
| 12   | Gross receipts from related activities, etc.  | . (see instructions  | )                  |                        |                       | 12             | 37,376    |
| 13   | First five years. If the Form 990 is for the  | e organization's fi  | rst, second, third | , fourth, or fifth tax | year as a section     | 501(c)(3)      |           |
|      | organization, check this box and stop he  | re                   |                    |                        | *****************     |                |           |
|      | tion C. Computation of Public S   |                      |                    |                        |                       |                |           |
| 14   | Public support percentage for 2017 (line  | 6, column (f) divid  | ed by line 11, co  | lumn (f))              |                       | 14             | %         |
| 15   | Public support percentage from 2016 Sci   | hedule A, Part II, i | ine 14             |                        |                       | 15             | %         |
| 16a  | 33 1/3% support test—2017. If the orga  | nization did not ch  | reck the box on I  | ine 13, and line 14    | l is 33 1/3% or mo    | re, check this |           |
|      | box and stop here. The organization qua   |                      |                    |                        |                       |                | ▶ □       |
| b    | 33 1/3% support test—2016. If the orga  |                      |                    | e 13 or 16a, and li    | ne 15 is 33 1/3% c    | or more, check |           |
|      | this box and stop here. The organization  |                      |                    |                        |                       |                | ▶□        |
| 17a  |   |                      |                    |                        |                       |                |           |
|      | 10% or more, and if the organization mea  |                      |                    |                        |                       |                |           |
|      | Part VI how the organization meets the "t   | facts-and-circums    | tances" test. The  | organization qual      | ifies as a publicly s | supported      |           |
|      | organization  |                      |                    |                        |                       |                | ▶ 🗀       |
| b    | 10%-facts-and-circumstances test—20   | 116. If the organiz  | ation did not che  | ck a box on line 1:    | 3, 16a, 16b, or 17a   | ı, and line    |           |
|      | 15 is 10% or more, and if the organizatio   |                      |                    |                        |                       |                |           |
|      | Explain in Part VI how the organization m   | neets the "facts-an  | d-circumstances    | " test. The organiz    | zation qualifies as   | a publicly     |           |
|      | supported organization  |                      |                    |                        | *****************     |                | ▶ 🗌       |
| 18   | <b>Private foundation.</b> If the organization d  | lid not check a box  | on line 13, 16a,   | 16b, 17a, or 17b,      | check this box an     | d see          |           |
|      | instructions  |                      |                    |                        | ,                     |                | ▶ □       |
|      |   |                      |                    |                        |                       |                |           |

m 990 or 990-EZ) 2017 Toonerville Trolley Neighborhood
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 the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | tion A. Public Support   |                         |                     |                     |                    |   |                      |
|------|--|-------------------------|---------------------|---------------------|--------------------|---|----------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2013                | (b) 2014            | (c) 2015            | (d) 2016           | (e) 2017  | (f) Total            |
| 1    | Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                         |                     |                     |                    |   |                      |
| 2    | Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513   |                         |                     |                     |                    |   |                      |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                         |                     |                     |                    |   |                      |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |                     |                     |                    |   |                      |
| 6    | Total. Add lines 1 through 5   |                         |                     |                     |                    |   |                      |
| 7a   | 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  |                         |                     |                     |                    |   | <u> </u>             |
| 8    | Public support. (Subtract line 7c from line 6.)  |                         |                     |                     | 11211              |   |                      |
|      | tion B. Total Support  |                         |                     |                     |                    | Security of the second of the |                      |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2013                | (b) 2014            | (c) 2015            | (d) 2016           | (e) 2017  | (f) Total            |
| 9    | Amounts from line 6  |                         |                     |                     |                    |   |                      |
| 10a  | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                         |                     |                     |                    |   |                      |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                         |                     |                     |                    |   |                      |
| c    | Add lines 10a and 10b  |                         |                     |                     |                    |   |                      |
| 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 assets (Explain in Part VI.)  |                         |                     |                     |                    |   |                      |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   |                         |                     |                     |                    |   |                      |
| 14   | First five years. If the Form 990 is for th  | e organization's f      | iret eacond third   | fourth or fifth to  | ( voor oo o costio | 501/o\/2\   |                      |
|      | organization, check this box and stop he   |                         |                     |                     | =                  |   | <b>.</b> □           |
| Sec  | tion C. Computation of Public S  |                         | entage              |                     |                    | ******************  |                      |
| 15   | Public support percentage for 2017 (line   |                         |                     | lumn (fl)           |                    | 15  | %                    |
| 16   | Public support percentage from 2016 Sc   | hedule A, Part III,     | line 15             | ,                   |                    |   | %                    |
| Sec  | <u>tion D. Computation of Investm</u>  | <u>ient Income P</u>    | ercentage           |                     |                    |   |                      |
| 17   | Investment income percentage for 2017  |                         |                     | 13, column (f))     |                    | 17  | %                    |
| 18   | Investment income percentage from 201  | 6 Schedule A, Pa        | et III. line 17     |                     |                    | امدا  | %                    |
| 19a  | 33 1/3% support tests—2017. If the org   |                         |                     |                     |                    |   |                      |
|      | 17 is not more than 33 1/3%, check this I  | box and <b>stop her</b> | e. The organization | on qualifies as a p | oublicly supported | organization  | ▶ 🗔                  |
| b    | 33 1/3% support tests—2016. If the org   |                         |                     |                     |                    |   | ıd                   |
|      | line 18 is not more than 33 1/3%, check to   |                         |                     |                     |                    |   | <b>&gt;</b> <u> </u> |
| 20   | Private foundation. If the organization of   | lid not check a bo      | x on line 14, 19a,  | or 19b, check this  | s box and see ins  | tructions   |                      |

#### **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

- 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?
- 6 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.**
- 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.)

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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.

Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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

|    | Yes | No  |
|----|-----|-----|
| 2a |     | i i |
| 2b |     |     |
| 3a |     |     |
| 3b |     |     |

Schedule A (Form 990 or 990-EZ) 2017 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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 maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part Vi): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 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 6 Multiply line 5 by .035. Recoveries of prior-year distributions

| 1 14cooveries of prior-year distributions                                | 1 / 1        |  |
|--|--------------|--|
| 8 Minimum Asset Amount (add line 7 to line 6)                            | 8            |  |
| Section 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 Enter greater of line 2 or line 3.                                     | 4            |  |
| 5 Income tax imposed in prior year                                       | 5            |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   | N 10 10      |  |
| emergency temporary reduction (see instructions).                        | 6            |  |
|  |              |  |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014 .....
c Excess from 2015 .....
d Excess from 2016 .....
e Excess from 2017

| III, line<br>B, lines<br>3a and         | emental Information.<br>12; Part IV, Section A<br>s 1 and 2; Part IV, Sec | Provide the explana<br>, lines 1, 2, 3b, 3c, 4<br>tion C, line 1; Part IV<br>t V, Section B, line 1 | tions required by Pa<br>b, 4c, 5a, 6, 9a, 9b,<br>/, Section D, lines 2<br>e; Part V, Section D | art II, line 10; Part II, line 9c, 11a, 11b, and 11c; and 3; Part IV, Section 0, lines 5, 6, and 8; and n. (See instructions.) | 17a or 17b; Part<br>Part IV, Section<br>E. lines 1c. 2a. 2b. |
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## SCHEDULE O (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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Toonerville Trolley Neighborhood
Association c/o Joan Stewart

Employer Identification number 20-2262464

| 20-2262464                              |   | all Scewart  |   |  |
|---|---|--------------|---|--|
|   | ses                                     | - Other Expe | rt I, Line 16                           | Form 990-EZ, Part I,   |
|   | ount                                    | A            | ····                                    | Description  |
| *************************************** | • |              | •••••                                   | Expenses   |
|   | 241                                     | \$           |   | Office   |
|   | 473                                     | \$           | pal Fees                                | Bank and Paypal Fo   |
|   | 100                                     | \$           | nd Dues                                 | Membership and Due   |
| *************************************** | 182                                     | \$           | S                                       | Miscellaneous  |
|   | 49,417                                  | \$           | nses                                    | Program Expenses   |
| •••••                                   | 830                                     | <b></b> \$   |   | Donations  |
|   | 51,243                                  | Total \$     | *************************************** |  |
| goals include:                          | on's primary g                          |              | ents and busin                          | Coonerville Trolley No Unifying residents and Beautification efforms |
| and design, hig                         | traffic flow a                          | h respect to | mprovement wit                          | Neighborhood improve   |
| ment.                                   | and enforceme                           | ction, zonin | and fire prote                          | quality police and fi  |
| ral character.                          | d architectura                          | s historic a | neighborhood'                           | Preserving the neigh   |
| with other                              | in the area wi                          | unity spirit | operative comm                          | Fostering a cooperat   |
| Council, and                            | Neighborhood C                          | d Louisville | oups in the Ol                          | eighborhood groups i   |
|   |   | •••••        | city.                                   | throughout the city.   |
|   | omplishment                             | 8 - First Ac | rt III. Line 2                          |  |

| Toonerville Trolley Neighborhood           | Employer identification number 20-2262464 |
|--|---|
| Toonerville Trolley is a neighborhood asse | ociation dedicated to the                 |
| betterment of the neighborhood.            |   |
| Toonerville Trolley Neighborhood Associat  | ion's primary goals include:              |
| •Unifying residents and business owners.   |   |
| •Beautification efforts.                   |   |
| •Neighborhood improvement with respect to  | traffic flow and design, high             |
| quality police and fire protection, zoning | g and enforcement.                        |
| •Preserving the neighborhood's historic as | nd architectural character.               |
| •Fostering a cooperative community spirit  | in the area with other                    |
| neighborhood groups in the Old Louisville  | Neighborhood Council, and                 |
| throughout the city.                       |   |
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| 13%  |   |
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