

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

Applicant/Program: West End Baptist Church Inc. / The Great Escape: Longest Day of Praise
Applicant Requested Amount: \$800.00
Appropriation Request Amount: \$800.00

Executive Summary of Request

Funds are requested to go toward this free community outreach event that will have food, games, giveaways, a Dj and Open Air Family Movie.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

6
District #


Primary Sponsor Signature

\$800
Amount

Aug 19, 2019
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: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization West End Baptist Church Inc.

Program Name and Request Amount The Great Escape: Longest Day of Praise, \$800

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> N/A
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: Shalanna Taylor	Date: Aug 19, 2019

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: West End Baptist Church, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1400 South Fourth Street, Louisville, KY 40208			
Website: http://www.webcky.com			
Applicant Contact:	Bill Simpson	Title:	Secretary
Phone:	(502)905-9245	Email:	bsimpson@sitsilc.co
Financial Contact:	Rodney Thomas	Title:	Treasurer
Phone:	(502)905-0832	Email:	rthomas@louisvillehondaworld.com
Organization's Representative who attended NDF Training: Bill Simpson			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Central Park		
Council District(s):	6th	Zip Code(s):	40208
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: The Great Escape: Longest Day of Play & Praise			
Total Request: (\$)	800.00	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:
VISION

REACH THE LOST
SERVE ALL HUMANITY
EDIFY THE SAVED
GLORIFY THE SAVIOR!

MISSION STATEMENT

AS MEMBERS OF THE WEST END BAPTIST CHURCH

We are commissioned to teach Jesus, Preach Jesus and Baptize in the Name of the Father, Son and Holy Spirit. Our commitment is to share the Love of Jesus to the Broken-Hearted, To the Hungry, to the Naked, to the Sick and to the Imprisoned. We will serve our diverse community; Welcome the Stranger in. Neglecting No One, Accepting Everyone; Doing all to build up the Body of Christ. We do this work by Faith, with the authority given us by Jesus Christ our Lord. Amen

Mission Statement for The Great Escape: Longest Day of Play & Praise

Community Outreach

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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 event will be August 31, 2019. It is called "The Great Escape: Longest Day of Play & Praise". It is a community outreach with Food, Games, Giveaways, Stage Performances, DJ and Open Air Family Movie, Free to the Public.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
The funding will be used for Public viewing license for the movie "Breakthrough" and Big Screen rental.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
Attendance will be tracked by registering for a ticket for giveaways and backpacks.

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.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	800.00	2,700.00	3,500.00
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	800.00	2,700.00	3,500.00
% of Program Budget	23 %	77 %	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)	700.00
Fees Collected from Program Participants	
Other (please specify)	2,000 fundraising
Total Revenue for Column 2 Expenses **	2,700

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Special Event (Park) Permit		275.00	275.00
Special Event (Metro Louisville) Permit		40.00	40.00
Louisville Metro SWMS		50.00	50.00
Criterion Pictures (Movie License)	385.00		385.00
Highway Safety Service, Inc.		60.00	60.00
Tons of Fun/Astro Jump (Bouncy Houses, Big Screen)	415.00	1,085.00	1,500.00
Greg Knox Sound		500.00	500.00
Bluegrass Sportswear		390.00	390.00
Food and Supplies		300.00	300.00
Total	800.00	2,700.00	3,500.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

*** 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: September 1, 2019

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 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

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	8/5/2019
Legal Signatory: (please print):	William T. Simpson	Title:	Secretary
Phone:	(502)905-9245	Extension:	
Email:	bsimpson@sitsllc.co		

WEST END BAPTIST CHURCH, INCORPORATED**General Information**

Organization Number 0279410
Name WEST END BAPTIST CHURCH, INCORPORATED
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 11/12/1990
Organization Date 11/12/1990
Last Annual Report 7/11/2019
Principal Office 1400 S. 4TH ST.
 LOUISVILLE, KY 40208
Registered Agent REV. DARTANYA G. HILL, SR.
 1400 S. 4TH. ST.
 LOUISVILLE, KY 40208

Current Officers

President Dartanya G Hill
Vice President ROBERT DICKERSON, SR.
Secretary WILLIAM T. SIMPSON
Treasurer RODNEY THOMAS, SR.
Director Dartanya G Hill
Director JOHN P. BACON
Director ROBERT EDWARDS

Individuals / Entities listed at time of formation

Director REV DARTANYA G HILL S
Director JAMES SHEPHERD
Director JOHN CONNOR
Director JIM MALONE
Incorporator REV DARTANYA G HILL S

Images available online

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

<u>Annual Report</u>	7/11/2019	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/28/2018	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/28/2017	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement Certificate of Existence</u>	7/1/2016 10:06:25 AM	2 pages	<u>PDF</u>	
<u>Reinstatement</u>	7/1/2016	2 pages	<u>tiff</u>	<u>PDF</u>

Administrative Dissolution	9/30/2014	1 page	PDF
Reinstatement Certificate of Existence	5/3/2013 11:07:47 AM	2 pages	PDF
Reinstatement	5/3/2013	2 pages	tiff PDF
Administrative Dissolution	9/11/2012	1 page	PDF
Annual Report	7/15/2011	1 page	tiff PDF
Annual Report	5/19/2010	1 page	tiff PDF
Annual Report	9/24/2009	2 pages	tiff PDF
Annual Report	3/13/2008	1 page	tiff PDF
Annual Report	2/16/2007	1 page	tiff PDF
Annual Report	2/16/2006	1 page	tiff PDF
Annual Report	3/9/2005	1 page	tiff PDF
Annual Report	6/19/2003	1 page	tiff PDF
Annual Report	3/5/2002	1 page	tiff PDF
Amendment	7/19/2001	4 pages	tiff PDF
Annual Report	5/11/2001	1 page	tiff PDF
Annual Report	6/13/2000	1 page	tiff PDF
Annual Report	7/7/1999	1 page	tiff PDF
Annual Report	6/9/1998	1 page	tiff PDF
Annual Report	7/1/1997	1 page	tiff PDF
Annual Report	7/1/1996	1 page	tiff PDF
Annual Report	7/1/1995	1 page	tiff PDF
Annual Report	7/1/1994	1 page	tiff PDF
Statement of Change	9/9/1993	1 page	tiff PDF
Annual Report	7/1/1993	1 page	tiff PDF
Annual Report	7/1/1992	1 page	tiff PDF
Annual Report	7/1/1991	1 page	tiff PDF
Articles of Incorporation	11/12/1990	4 pages	tiff PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/11/2019 10:50:03 AM	7/11/2019	
Annual report	6/28/2018 8:26:43 AM	6/28/2018	
Annual report	6/28/2017 3:19:54 PM	6/28/2017	
Reinstatement	7/1/2016 10:06:21 AM	7/1/2016	
Admin Dis. A. report not in	9/30/2014	9/30/2014	
Reinstatement	5/3/2013 11:07:43 AM	5/3/2013	
Admin Dis. A. report not in	9/11/2012	9/11/2012	
Annual report	7/15/2011 3:26:41 PM	7/15/2011	
Annual report	5/19/2010 11:00:02 AM	5/19/2010	

Annual report	9/24/2009 11:55:02 AM	9/24/2009
Annual report	3/13/2008 10:43:28 AM	3/13/2008
Annual report	2/16/2007 8:30:52 AM	2/16/2007
Annual report	2/16/2006 3:27:38 PM	2/16/2006
Amendment - Miscellaneous amendments	7/19/2001 8:47:51 AM	7/19/2001

Microfilmed Images

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

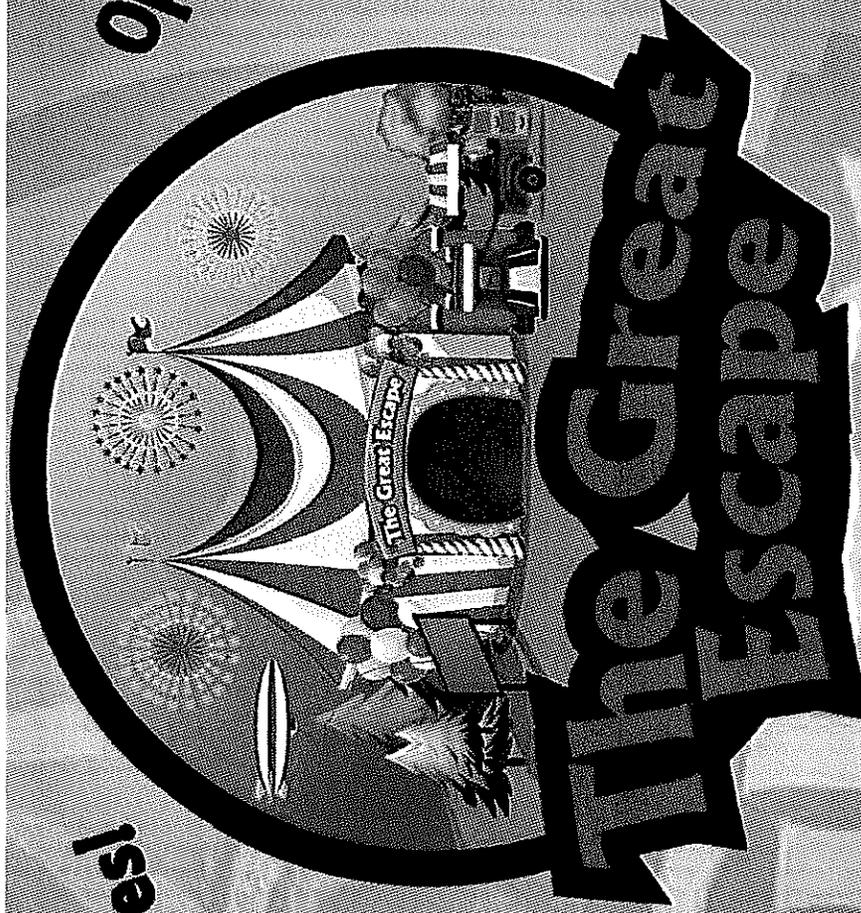
Annual Report	2/24/2005	1 page
Annual Report	4/2/2004	1 page
Annual Report	6/19/2003	1 page
Annual Report	3/5/2002	1 page
Amendment	7/19/2001	4 pages
Annual Report	5/11/2001	1 page
Annual Report	6/13/2000	1 page
Annual Report	7/7/1999	1 page
Annual Report	6/9/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Statement of Change	9/9/1993	1 page
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Articles of Incorporation	11/12/1990	3 pages

Fun! Food! Games!

Open Air Movie

**3on3 Basketball
Tournament**

**Prizes!
Giveaways!**



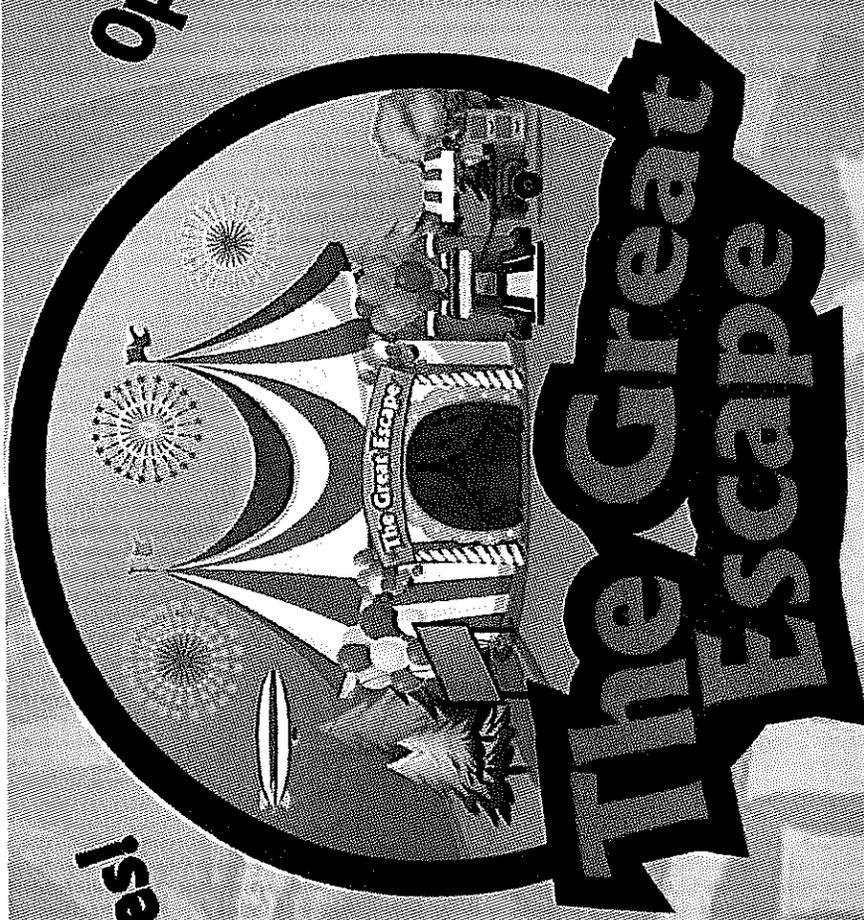
LONGEST DAY OF PLAY & PRAISE

Sat. August 31st * Central Park * 2:00pm-8:00pm

Presented by West End Baptist Church

Fun! Food! Games!

Open Air Movie



**3on3 Basketball
Tournament**

**Prizes!
Giveaways!**

LONGEST DAY OF PLAY & PRAISE

Sat. August 31st * Central Park * 2:00pm-8:00pm

Presented by West End Baptist Church

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

DEPARTMENT OF THE TREASURY

Date: **JAN 14 2002**

WEST END BAPTIST CHURCH
INCORPORATED
1400 S FOURTH ST
LOUISVILLE, KY 40208

Employer Identification Number:

61-1007070

DLN:

17053271010011

Contact Person:

KAREN T HOOD

ID# 75069

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

No

Addendum Applies:

No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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

Letter 947 (DO/CG)

WEST END BAPTIST CHURCH

applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

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

WEST END BAPTIST CHURCH

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

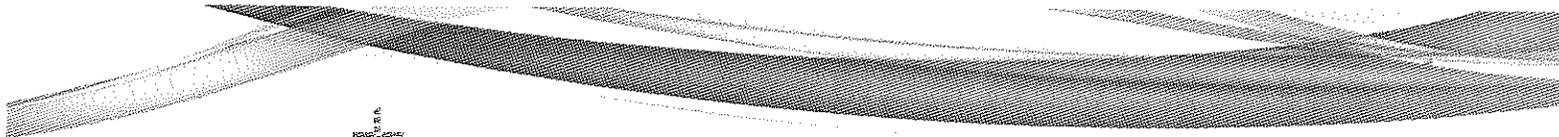
Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations



WELLSVILLE
BAPTIST CHURCH

DR. DARTANYA G. HILL, SR., PASTOR

The Great Escape: Longest Day of Play & Praise 2019 Budget

Special Event Permit (Park)	275.00
Special Event Permit (Metro Lou)	40.00
Louisville Metro SWMS	50.00
Criterion Pictures	385.00
Highway Safety Service	60.00
Tons of Fun/Astro Jump	1,500.00
Greg Knox Sound	500.00
Bluegrass Sportswear	390.00
Food and Supplies	300.00

Budget Total	<hr/> 3,500.00
--------------	----------------

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

West End Baptist Church, Inc.

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:

William T. Simpson

Date: 8/13/2019

Legal Signatory (please print):

William T. Simpson

Title: Secretary

Phone: (502)905-9245 Extension:

Email: bsimpson@itsllc.co

Organization ID # 0279410
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2019 Annual Report
Due June 30, 2019
Filing Fee \$15.00

ARP

Exact organization name and principal office address

WEST END BAPTIST CHURCH, INCORPORATED
1400 S. 4TH ST.
LOUISVILLE KY 40208

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftssearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

REV. DARTANYA G. HILL, SR.
1400 S. 4TH. ST.
LOUISVILLE, KY 40208

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	DARTANYA G. HILL
Treasurer	RODNEY THOMAS, SR.
Vice President	ROBERT DICKERSON, SR.
Secretary	WILLIAM T. SIMPSON

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

DARTANYA G HILL
JOHN P. BACON
ROBERT EDWARDS

Please indicate the county in which your business operates:

County: Jefferson

If any information below has changed, please place an "X" in the appropriate boxes.

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input type="checkbox"/> Other | | | |

Handwritten initials: Pd 7/9/19

X <i>Rev. Dartanya G Hill</i>	<i>Pastor</i>	<i>4/11/19</i>
Signature of officer Or chairman of the Board (Required)	Title (Required)	Date (Required)

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0279410> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2019.

To file via mail

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2019**
- If you file and pay online, do not return this document to the Secretary of State.



279410

ARTICLES OF INCORPORATION
OF
WEST END BAPTIST CHURCH, INCORPORATED

RECEIVED & FILED
8.00
Nov 12 11 01 AM '30

Paul Case

The undersigned desires to form a Corporation pursuant to the Kentucky Non-Profit Corporation Act, adopts the following Articles of Incorporation for such Corporation:

ARTICLE I

603809

The name of the Corporation shall be WEST END BAPTIST CHURCH INCORPORATED.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The Corporation shall be organized for the transaction of any or all lawful business for which corporations may be incorporated in the State of Kentucky.

ARTICLE IV

The regulation of the internal affairs of the Corporation, including provisions for distribution of assets or dissolution or final liquidation will be in accordance with the By-Laws and the provisions of the Kentucky Revised Statutes regarding non-profit organizations.

ARTICLE V

The address of the registered office of the Corporation shall be 2820 West Jefferson Street, Louisville, Jefferson County, Kentucky, 40212, and the name of its registered agent at such address shall be Reverend Dartanya G. Hill, Sr. The principal office is the same as the registered office of the Corporation.

ARTICLE VI

The initial Board of Directors shall consist of four (4) directors, such persons to serve as directors until the first annual meeting of the members, or until their successors are elected and qualified. The initial directors shall be:

REV. DARTANYA G. HILL, SR.
2820 West Jefferson Street
Louisville, Kentucky 40212

JOHN CONNOR
2820 West Jefferson Street
Louisville, Kentucky 40212

JAMES SHEPHERD
2820 West Jefferson Street
Louisville, Kentucky 40212

JIM MALONE
2820 West Jefferson Street
Louisville, Kentucky 40212

The number of directors thereafter shall be as the By-Laws of the Corporation may provide from time to time, but no more than seven (7).

ARTICLE VII

The name and address of the Incorporator is:

REVEREND DARTANYA G. HILL, SR.
2820 West Jefferson Street
Louisville, Kentucky 40212

IN WITNESS WHEREOF, the incorporator has hereunto subscribed his signature, in triplicate originals, this the 24th day of November, 1990.

Rev. Dartanya G. Hill Sr.
REV. DARTANYA G. HILL, SR.

STATE OF KENTUCKY)
)SS:
COUNTY OF JEFFERSON)

Before me, a Notary Public, in and for the State and County aforesaid, appeared personally the above named REV. DARTANYA G. HILL, SR, who acknowledged that he did sign the foregoing instrument and that the same is his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand at Louisville, Jefferson County, Kentucky, this 24th day of November, 1990.

My commission expires: October 11, 1993.

Cathy H. Cooley
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

Michael T. Alexander
MICHAEL T. ALEXANDER
ALEXANDER & REED
730 West Main Street, Suite 490
Louisville, Kentucky 40202
(502) 587-1530

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. West End Baptist Church, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
5 Address (number, street, and apt. or suite no.) See instructions. 1400 South Fourth Street	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40208	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
OR				
Employer identification number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;">61</td> <td style="width: 25%;">-1007</td> <td style="width: 25%;">070</td> <td style="width: 25%;"></td> </tr> </table>	61	-1007	070	
61	-1007	070		

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ *William J. Sign*

Date ▶ 8/13/2019

General Instructions

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

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-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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