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

Applicant/Program: Beechmont Neighborhood Association. Inc. Beechmont Neighborhood Logo Re-design Applicant Requested Amount: \$1,250 Appropriation Request Amount: \$1,250
Executive Summary of Request
To pay a graphic designer to develop a new neighborhood logo to be used on public facing pole banners,
signs, etc. in the Beechmont neighborhood.
Is this program/project a fundraiser?
Is this applicant a faith based organization?
Does this application include funding for sub-grantee(s)? 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 \$1,250 Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors. Councilwoman Nicole George's husband Ricky George serves on the board of directors as board tresurer of the Beechmont Neighborhood Association.
Approved by:
Appropriations Committee Chairman Date
Final Appropriations Amount:

Legal Name of Applicant Organization Beechmont Neighborhood Association, Inc.

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	yes
Is the proposed public purpose of the program viable and well-documented?	yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	NA
Is the application properly signed and dated by authorized signatory?	yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
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? 	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	yes
Does the application budget reflect only the revenue and expenses of the project/program?	yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	y es
Is the most recent annual audit (if required by organization) included?	NA
ls a copy of Signed Lease (if rent costs are requested) included?	NA]
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	NA
Are the Articles of Incorporation of the Agency included?	yes
s the IRS Form W-9 included?	NO
s the IRS Form 990 included?	yes
Are the evaluation forms (if program participants are given evaluation forms) included?	NA-
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	res
Prepared by: Rachel Roarx District 21 Legislative Aide Date: 11-13-2020	

BEECHMONT NEIGHBORHOOD ASSOCIATION INCORPORATED

General Information

Organization Number

Name BEECHMONT NEIGHBORHOOD ASSOCIATION INCORPORATED

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

0155481

Status A - Active Standing G-Good State ΚY

File Date 4/14/1981 **Organization Date** 4/14/1981 Last Annual Report 5/29/2020

Principal Office P.O. BOX 14332

LOUISVILLE, KY 40214 **Registered Agent** TERRY O'MAHONEY

> **4530 MERIDALE AVENUE** LOUISVILLE, KY 40214

Current Officers

President Terry O'Mahoney Vice President Betsy Ruhe Secretary Amy Talbott Treasurer Ricky George Director Clare Wallace **Director** Shireen Deobhakta Director Debbie Thompson

Director **Donald Pitts** Director Terry Scott Director PJ Ray

Director **Emily Kicklighter**

Individuals / Entities listed at time of formation

Director KENDALL FETZER Director MARY N ZIRNHELD Director **ELIZABETH M RIEBER Director** LINDA S TAYLOR Incorporator KENDALL Y FETZER Incorporator MARY N ZIRNHELD Incorporator ELIZABETH M RIEBER Incorporator LINDASTAYLOR

Images available online

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

Registered Agent name/address change	5/29/2020 2:56:53 PM	1 page	<u>PDF</u>
Annual Report	5/29/2020	1 page	<u>PDF</u>
Annual Report	4/8/2019	1 page	PDF
<u>Annual Report</u>	7/16/2018	1 page	<u>PDF</u>
<u>Annual Report</u>	3/16/2017	1 page	PDF

	Westerne to Fastilack Org	anization Search		
Annual Report Amendment Annual Report	3/16/2017 3/21/2016 4/15/2015 4/2/2014 9/11/2013 2/14/2012 3/15/2011	1 page 1 page 1 page 1 page 1 page 1 page 1 page	PDF PDF PDF tiff tiff PDF PDF	PDF PDF
<u>Registered Agent</u> name/address change	9/9/2010 12:16:24 P	M 1 page	<u>PDF</u>	
<u>Annual Report</u>	9/9/2010	1 page	<u>PDF</u>	
<u>Registered Agent</u> <u>name/address change</u>	5/13/2009 1:57:18 PI	M 1 page	<u>PDF</u>	
Annual Report Annual Report Annual Report	5/13/2009 1/30/2008 1/24/2007	1 page 1 page	PDF PDF	M 200 -
Reinstatement	8/7/2006	1 page 3 pages	<u>tiff</u> <u>tiff</u>	<u>PDF</u> PDF
Statement of Change	8/7/2006	1 page	<u>tiff</u>	PDF
Administrative Dissolution	11/1/2005	1 page	<u>PDF</u>	
Annual Report	6/2/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/28/2002	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement	1/10/2002	2 pages	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	11/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1993	1 page	<u>tiff</u>	PDF
Annual Report	3/25/1992	2 pages	tiff	PDF
Annual Report Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Sixty Day Notice	9/1/1990 9/1/1990	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Articles of Incorporation		1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	4/14/1981 4/14/1981	6 pages	<u>tiff</u>	<u>PDF</u>
A LECTES OF THEOT POTALION	7/ 17/ 1201	6 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/29/2020	5/29/2020	•
Registered agent address chang	3:20:25 PM _{1e} 5/29/2020	3:20:25 PM 5/29/2020	
regions, ou agone address chang			
Annual report	4/8/2019 3:34:29 PM	4/8/2019 3:34:29 PM	
Annual report	7/16/2018 4:23:53 PM	7/16/2018 4:23:53 PM	
Amendment to annual report	3/16/2017	3/16/2017	
Annual report	11:49:47 AM 3/16/2017	3/16/2017	
·	11:40:32 AM 3/21/2016		
Annual report	11:10:23 AM	11:10:23 AM	
Annual report	4/15/2015 8:33:03 AM	4/15/2015 8:33:03 AM	
Annual report	4/2/2014 1:42:55 PM	4/2/2014	
Annual report	9/11/2013 11:34:38 AM	9/11/2013	
Annual report	2/14/2012 8:09:23 PM	2/14/2012 8:09:23 PM	

Annual report	3/15/2011	3/15/2011
•	1:16:25 PM	1:16:25 PM
Registered agent address chang	_e 9/9/2010	9/9/2010
J J	12:16:24 PM	12:16:24 PM
Annual report	9/9/2010 12:05:13 PM	9/9/2010 12:05:13 PM
		5/13/2009
Registered agent address change	e 1:57:18 PM	1:57:18 PM
Annual report	5/13/2009	5/13/2009
Aimaireport	1:50:20 PM	1:50:20 PM
Annual report	1/30/2008	1/30/2008
•	1:50:25 PM	1:50:25 PM
Annual report	1/24/2007 4:02:09 PM	1/24/2007
5		
Registered agent address change	1:44:45 PM	8/7/2006
Reinstatement	8/7/2006	9/7/2006
	1:42:17 PM	8/7/2006
Admin Dis. A. report not in	11/1/2005	11/1/2005
Registered agent address change	6/26/2004	6/26/2004
	3:26:35 PM 1/10/2002	
Reinstatement	3:06:19 PM	1/10/2002
Admin Dis. A. report not in	11/1/1994	11/1/1994

Microfilmed Images

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

Annual Report	8/3/2004	1 page
Statement of Change	6/26/2004	1 page
Annual Report	6/2/2003	1 page
Annual Report	8/28/2002	1 page
Reinstatement	1/10/2002	2 pages
Administrative Dissolution	11/1/1994	1 page
Annual Report	7/1/1994	2 pages
Annual Report	7/1/1993	1 page
Annual Report	3/25/1992	2 pages
Annual Report	7/1/1991	2 pages
Annual Report	9/1/1990	1 page
Sixty Day Notice	9/1/1990	1 page
Annual Report	7/1/1989	1 page
Articles of Incorporation	4/14/1981	6 pages

Form W-9

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

Request for Taxpayer Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.			
	Beech monit Neighborhood HSSOCIATION				
	2 Business name/disregarded entity name, if different from above				
ෆ්	Beechmont Neighborhous	-\ ::23= V:-			
	Check appropriate box for federal tax classification of the person whose name following seven boxes.	certain entities, not individuals; see instructions on page 3):			
oe. ons on	Individual/sole proprietor or Single-member LLC	Partnership Trust/estate Exempt payee code (if any)			
Ç ₹	Limited liability company. Enter the tax classification (C=C corporation, S=				
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fro another LLC that is not disregarded from the owner for U.S. federal tax pu	m the owner unless the owner of the LLC is rposes. Otherwise, a single-member LLC that			
cif	is disregarded from the owner should check the appropriate box for the ta: ☐ Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)			
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)			
See	6 City, state, and ZIP code				
	LOUISVILLE KY 4	0214			
	7 List account number(s) here (optional)				
Par	t I Taxpayer Identification Number (TIN)				
	your TIN in the appropriate box. The TIN provided must match the name				
	p withholding. For individuals, this is generally your social security nument alien, sole proprietor, or disregarded entity, see the instructions for P				
entitie	s, it is your employer identification number (EIN). If you do not have a nu				
TIN, la		Or Also see What Name and Employer identification number			
	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.				
	3	3 1 - 1 06 2 2 3 6			
Par	Certification				
	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					
Ser	vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	to report all interest or dividends, or (c) the IRS has notified me that I am			
3. I an	n a U.S. citizen or other U.S. person (defined below); and				
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting is correct.			
you ha	ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real esta sition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but	ns to an individual retirement arrangement (IRA), and generally, payments			
Sign Here	Signature of U.S. person \ U.S. person \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Millet Date 1/20/2020			
Gei	neral Instructions	Form 1099-DIV (dividends, including those from stocks or mutual			
Section noted.	on references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (various types of income, prizes, awards, or gross			
Future	e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted	proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)			
	hey were published, go to www.irs.gov/FormW9.	Form 1099-S (proceeds from real estate transactions)			
•	pose of Form	Form 1099-K (merchant card and third party network transactions)			
inform	lividual or entity (Form W-9 requester) who is required to file an lation return with the IRS must obtain your correct taxpayer	Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)			
	ication number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt) Form 1000 A (convinition or abandonment of convived prepart)			
taxpay	yer identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a LLS, person (including a resident)			
amou	to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.			
	s include, but are not limited to, the following. n 1099-INT (interest earned or paid)	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.			

SECTION 1 – AF	PPLICANT INFORMATION		
Legal Name of Applicant Organization:			
(as listed on: http://www.sos.ky.gov/business/records Beechmont Neighbur hord Assoc. Inc.			
Main Office Street & Mailing Address: P.O. B.	0x 14332, Louisville, KY 40214		
Website: WWW. beechmont.	org		
Applicant Contact: Terry O'Mahor	rey Title: President		
Phone: (502) 551-4106	of Email: tomphone hormal		
Financial Contact: Ricky George	, Title: Treasurer		
Phone: (So2) 298- 84	73 Email: rglaneelink-electri		
Organization's Representative who attended NDF Tr	raining: Terry O'Mahoneu		
GEOGRAPHICAL AREA(S) WHERE PRO	OGRAM ACTIVITIES ARE (WILL BE) PROVIDED 🜙		
Program Facility Location(s): Beechmon	At Neighbourhood		
Council District(s):	Zip Code(s): 40214		
	QUEST & FINANCIAL INFORMATION		
PROGRAM/PROJECT NAME: Beechmont Ne			
	o Award (this program) in previous year: (\$)		
Purpose of Request (check all that apply):			
Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
Programming/services/events for direct benefit to community or qualified individuals			
Capital Project of the organization (equipme	ent, furnishing, building, etc)		
The Following are Required Attachments:			
▼ IRS Exempt Status Determination Letter	Signed lease if rent costs are being requested		
Current year projected budget	☐ IRS Form W9		
Current financial statement	Evaluation forms if used in the proposed program		
Most recent IRS Form 990 or 1120-H	Annual audit (if required by organization)		
Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for	Faith Based Organization Certification Form, if applicable		
capital expense			
For the current fiscal year ending June 30, list all fund	is annonriated 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.	Terrenamental Committee		
Source: MA	Amount: (\$)		
Source:	Amount: (\$)		
Source:	Amount: (\$)		
Has the applicant contacted the BBB Charity Review for	, 		
Has the applicant met the BBB Charity Review Standard	ds? 🗹 Yes 🔲 No		

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Applicant's Initials

SECTION 3 – AGENCY DETAILS
Describe Agency's Vision, Mission and Services:
. To work for the good of the Beechmont Neighborhood and its residents.
Neighborhood and its residents.
· Hold events of benefit on the
· Hold events of benefit on the community (i.e. Farmer's Market, Festival
of Flowers, pop-up neighborhood events,
volunteer clean-up programs, etc)

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF	
Board Member Terry O'M Ahoney Betsy Ruhe Kicky Creerge Clared WAllace Shireen Deabhakta Emily Kicklighter Don Pitts PJ RAy Terry Scott Debbie Thurpson	Term End Date 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20 12 31 20
Describe the Board term limit policy: 1 year for each position	
Three Highest Paid Staff Names Annual Sala	ry

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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.):

Start: 8/1/20 end: 12/31/20

description: Neighborhood logo re-design

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

To pay a graphic designer to develop a new veighborhood logo to be used on pole barners, sign, etc...

C. If the contract is a fine data on the contract in the contr
C: If this request is a fundraiser, please detail how the proceeds will be spent:
NA
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.
F

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Applicant's Initials

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:	
The Neighborhood logo re-design will	1
The Neighborhood logo re-design will benefit the centire Beechmont neighborhood	1
by helping to toster a unified sense	
by helping to toster a unified sense of community through Street	
signs erected throughout the	
neigh bor hood.	
4-2-2	

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.

Collaboration ul Center for Neighbortwood	^
Collaboration ul Center for Neighbortestall (CEN) on Better Black and	
Congness for New Urbanson (CNU)	
Congress for New Urbanism (CNU) LesAces Neighborhood design project.	
This collaboration helped to idutify	
the need for neighborhood Signage.	

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 Proposed Metro Funds	Column 2 Non- Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts	\$ 1,250.00		\$ 1,250.00
H: Program Materials			\$ 0.00
i: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 1,250.00	\$ 0.00	\$ 1,250.00
% of Program Budget	100.00%	0.00%	100%

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

Other State, Federal or Local G	iovernment	
United Way		
Private Contributions (do not in	nclude individual donor names)	
Fees Collected from Program P	Participants	
Other (please specify)		
	Total Revenue for Columns 2 Expenses **	\$ 0.00

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

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

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sneets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
	,		\$ 0.00
			\$ 0.00
			\$ 0.00
	,,,,,		\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

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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
NA	NA	N/A
Total Value of In-Kind (to match Program Budget Line Item.	\$ 0.00	
Volunteer Contribution & Other In Kind)		
your Agency anticipate a significant increaset projected for next fiscal year? NO	se or decrease in your budget fr YES ☐	om the current fiscal year to
i, please explain:		

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.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 vear 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.
- 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

falsificatio repaid. I f application		funding has been approved, a authorized to sign this applicati	ny allocations already re ion for the applying orga	eceived and ex enization and	spended are subject to be have initialed each page of the
Signatur	e of Legal Signatory:	JunoMal		Date:	11/1/2020
Legal Sig	natory: (please print):	Terry O'Mak	loney	Title:	Presidut
Phone:	502.551-4100	Extension:	Email: 4	mahon	Obstmail. com

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Louisville Metro Government Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Beechmont Neighbur hovel ASSOC.
Grantee Representative Name: Terry O'M Ahoney, President
I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.
Please check: /
I viewed the NDF training material on the website
Answer the following questions before signing (Circle or write in the correct answer).
1. The NDF funding your agency received is a gift from LMG? True of False
2. Name the three budget categories that require a detail list.
Client Assistance, Commonity event + fest, and other expenses.
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to
satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
who what when and where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial
report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment of False.
Tur O'Mal 4/1/2020
Grantee Representative Signature Date
NOTE: Please return to Roxanne Steele
E-mail address: Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.

Louisville, KY 40202

Internal Revenue Service

Date: March 15, 2004

Beechmont Neighborhood Association P.O. Box 14332 Louisville, KY 40214 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:
Kaye Keyes 31-07416
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
31-1062236

Dear Sir or Madam:

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

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

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

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

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

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

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

Beechmont Neighborhood Association 31-1062236

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

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

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

This letter affirms the exempt status of your organization.

Sincerely,

Janua K. Stufen

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

BNA PROFIT AND LOSS STATEMENT	
	<u> </u>
BEGINNING BALANCE 1/1/2019	\$13,949.58
DONATIONS FROM BNA	<u> </u>
DONATIONS PROVIDINA	\$3,400.00
MISC. EXPENSES	\$3,574.70
P.O. BOX FEE	\$90.00
F.O.F. EXPENSES	\$2,522.49
INSURANCE	\$386.93
SUBTOTAL BALANCE	\$3,975.46
DEPOSITS	
MEMBERSHIP DUES	\$430
F.O.F REVENUE	\$7,150.50
DONATIONS FROM OTHERS	\$762.00
MISC. REVENUE	\$938.00
SUBTOTAL REVENUE	\$9,280.50
ENDING BALANCE 12/31/2019	\$13,255.96

Account Name: BASIC BUSINESS CHECKING
Transaction Date Range: 9/22/2020-10/19/2020

Ending Treasury Report Balance as of 10/19/20		Notation	Balance to Bank Balance as of 10/19/20														Balance to Bank Statement as of 9/22/2020	Notation
14,573.92	14,573.92	Balance	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,573.92	14,627.92	14,666.08	14,419.08	14,399.08	Balance
ís.	\$	its	\$	\$	ķ	s	s	Ş	\$	\$	s	\$	s	Ş	47.00 \$	20.00 \$	\$	its
		Deposi													\$ 24	\$ 2	\$	Deposits
		Withdrawals											(\$54.00)	(\$38.16)			i i	Withdrawals
	Z													NT			Ś	
NDING BALANCE	transactions outstanding	Mema	ENDING BALANCE				MACO TO THE PARTY OF THE PARTY				100		AMY TALBOTT	EMILY KICKLIGHTER REIMBURSEMENT	MARKET PROCEEDS	(2) MEMBERSHIPS DURING MARKET	BEGINNING BALANCE	Memo
NG TRANSACTIC E		Check Number											2144 A	2143	N			Check Number
Add'I Info; OUTSTANDINGPENDING TRANSACTIC ENDING BALANCE		Description											POSTCARD GIFTS	MARKET FRAMES MARKET	BNA MARKET	BNA MEMBERSHIP		Description
dd'l Info; Ol				22-24									10-10-20	10-10-20	10-19-20	09-12-20		Date

F	orm	990	A

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available
C Name of Organization: BEECHMONT NEIGHBORHOOD
ASSN
PO Box 14332, Louisville,
KY, US, 40214

E Website:
F Name of Principal Officer: Terry O'Mahoney.
4530 Meridale Avenue,
Louisville, KY, US, 40214

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

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

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Commonwealth of Gentucky Office of Secretary of State

FRANCES JONES MILLS Secretary



KENTUCKY

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

1. FRANCES JONES MILLS, Secretary of	State of the Commonwealth of
Kentucky certify that there has been delis	vered to my office articles of
incorporation of BEECHMONT NEIGHBORHOOD ASSOCIA	IION INCORPORATED
The name and address of the registered agent of the	
MARY N. ZIRNHELD	r e additio as plustes an hamming t organis

4707 SOUTHERN PARKWAY LOUISVILLE, KENTUCKY

CITY. STATE

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



SECRETARY OF STATE

Issued this	14TH day of_	APRI		, 19 <u>81</u>
at Frankfor!	, Kentucky.	1	2:	
SECRETARY OF ST	Transu	Jenes	Mille	<u> </u>

ASSISTANT SECRETARY OF STATE

GRIGINAL' COPY FILED SECRETARY OF STATE OF KENTUCKY FRANKIORT, MERICCAY

APR 1 4 1981

BEECHMONT NEIGHBORHOOD ASSOCIATION, INC.

SECRETARY OF STATE RECEIVED

APR 9 1981

Tanco NO ALL MEN BY THESE PRESENT:

Mary N. Zirnheld

COMMONWEALTH OF KENTUCKY of Louisville, Jefferson County,

Kentucky, has come to incorporate a non-profit corporation without capital stock, under the provisions of Chapter 273 Kentucky Revised Statutes, and has agreed

and does hereby agree to the following Articles of Incorporation.

SECRETARY OF STATE

ARTICLE I.

The name of the Corporation shall be:

207842

APR. 1 4 1981

seechmont neighborhood Association Incorporated

COMMONWEALTH OF KENTUCKY

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

ARTICLE II.

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

ARTICLE III.

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

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

Also "Notwithstanding any other prevision of these articles, the corporation, shall not carry on any other activities not permitted to be carried on by a corporation, exempt from Federal income tax under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law)",

ARTICLE IV.

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

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

ARTICLE V.

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

ARTICLE VI.

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

- 1. Kendall Fetzer 4710 Southern ikwy Louisville, Ky. 40214
- 2. Eary N. Zirnheld 4707 Souther: Pkwy Louisville Ky. 40214
- 3. Elizabeth M. Rieber 4537 Southern Pkwy. Louisville, Ky. 40214
- 4618 South 6th Street Louisville, Ky. 40214

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

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

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

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

ARTICLE VIII.

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

ARTICLE IX

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

IN TESTIMONY WHEREOF, witness the signature of (The incorporators) to this instrument, in triplicate this 6 day of april 1981

(Incorporator's name)

(Incorporator's name)

(Incorporator's name)

(Incorporator's name)

(Incorporator's name)

STATE OF KENTUCKY)
SS
COUNTY OF JEFFERSON)

The undersigned, a Notary Public, in and for the State and County aforesaid, do hereby certify that the foregoing Articles of Incorporation of Buchment Neighborhood User, were this day produced to me in my office in said County by (Incorporators and they acknowledged the execution and delivery thereof as their act and deed and the act and deed of them.

Robert Ed Brate AT LANCE

INVOICE - Bert Ansback

#10272020-BNA
October 27, 2020
Ricky George
Beechmont Neighborhood Association

DESCRIPTION OF WORK	QTY/HRS	RATE	SUB TOTAL
Client: Beechmont Neighborhood Association Identity and logo design for Beechmont Neighborhood. Research, discovery, creative, design, get community vote, finalize and export logo package.	set	set	\$1250
		GRAND TOTAL	\$1250

Thanks for your business! Choose from two payment methods:

Paper Check

Bert Ansback 4566 S 1st St. Louisville, KY 40214



My handle is @Bert-Ansback