NDF041421OLNC06

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

Applicant/Program: Old Louisville Neighborhood Counc Applicant Requested Amount: \$1,000 Appropriation Request Amount: \$1,000	cil, Inc. / Historic Old Louisville Center
Appropriation Request Amount: \$45,000	
Evacutive Summary of Doquest	
Executive Summary of Request	Cold Landard Cold Cold Cold Cold Cold Cold Cold Col
Funds will be used to purchase marketing materials for His Visitor's Center.	storic Old Louisville events and attractions for its
VISION'S Center.	
Is this program/project a fundraiser?	Yes No
Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)?	☐ Yes ■ No ☐ Yes ■ No
Does this application include funding for sub-granice(s):	∐ Yes ■ No
I have reviewed the attached Neighborhood Development within Metro Council guidelines and request approval of organization's statement of public purpose to be furthered purpose is legitimate. I have also completed the disclosure	funding in the following amount(s). I have read the l by the funds requested and I agree that the public
D-6 District # Primary Sponsor Signature	\$1,000 Mar 22, 2021 Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, your organization, its volunteers, its employees or members of	
Approved by:	
Appropriations Committee Chairman	Date
Final Appropriations Amount:	

Legal Name of Applicant OrganizationOld Louisville Neighborhood Council, Inc.

Program Name and Re	quest Amount Historic Old	Louisville Center \$1,000
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	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?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	Yes
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?	Yes
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A
Prepared by: Shalanna Taylor Date: Mar 22, 2021	

SECTION 1 – APPLICANT INFORMATION				
Legal Name of Applica				
(as listed on: http://www.so	s.ky.gov/bi	usiness/records Old Louisv	ille Neighborhood Co	ouncil, Inc.
Main Office Street & N	/lailing A	ddress: 1340 S 4th Stre	et Louisville, KY 402	08
Website: oldlouisville	.org			
Applicant Contact:	Shawn	Fields Williams	Title:	Executive Director
Phone:	338-28	93	Email:	shawn.williams@oldlouisville.org
Financial Contact:	Michae	l Meador	Title:	Treasurer
Phone:	635-52	44	Email:	michaelsmeador@gmail.com
Organization's Represe	entative	who attended NDF Traini	ng: Shawn Willian	ns
GEOGI	RAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES ARE (WILL BE) PROVIDED
Program Facility Locat	ion(s):	1340 S 4th St Louisvil	le, KY 40208	
Council District(s):		6th District	Zip Code(s):	40208,40203
	SECTION	DN 2 – PROGRAM REQUE	ST & FINANCIAL INFO	RMATION
PROGRAM/PROJECT N	AME: H	storic Old Louisville Vis	itors Center Marke	ting Materials
Total Request: (\$)	\$ 1,000.	00 Total Metro Av	vard (this program) in	previous year: (\$) \$ 0.00
Purpose of Request (cl		• •		
		erally cannot exceed 33%		
		s/events for direct benefi		
Capital Proje	ct of the	organization (equipment,	furnishing, building, e	tc)
The Following are Req	uired Att	achments:		and the second s
☑ IRS Exempt Status Det	erminatio	n Letter	Signed lease if rent of	osts are being requested
Current γear projected	l budget		☑ IRS Form W9	
☑ Current financial state	ment		Evaluation forms if u	sed in the proposed program
Most recent IRS Form	990 or 111	20-H	Annual audit (if requ	
Articles of Incorporation	on (currer	nt & signed)	Faith Based Organiza	ation Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense				
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? Yes No				
Has the applicant met the BBB Charity Review Standards? Yes No				
has the applicant flet the BBO Chanty Review Standards?				

SECTION 3 – AGENCY DETAILS Describe Agency's Vision, Mission and Services: Old Louisville Neighborhood Council Vision Statement Historic Old Louisville seeks to be a vibrant and diverse community that welcomes all who call this place home or visit us to enjoy our rich architectural and arts heritage. Mission Statement To advocate, promote, and protect Old Louisville's historic architecture and streetscapes within a diverse neighborhood of residents and businesses while advancing artistic and cultural events to build community. Goals To be the official voice of Old Louisville, serving as a strong advocate for a safe, clean, healthy community where all can flourish. To preserve and protect one of the nation's oldest historic preservation districts of Victorian mansions, as well as its distinctive 19th and early 20th century homes and landscapes. To encourage heritage tourism for enrichment and educational purposes. To promote artistic and educational events within this culturally diverse neighborhood, thereby building community and fostering cooperation. To promote neighborhood revitalization and business development.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Derrick Pedolzky, Chairman	12/31/2021
Jena Blythe, Vice Chairperson	12/31/2021
Michael Meador, Treasurer	12/31/2021
Chuck Anderson, Secretary	12/31/2021
Peggy Heimerdinger, Belgravia Court Association	12/31/2021
Penny Johnson, Central Park West Association	12/31/2021
Luanne Maguire, Garvin Gate Neighborhood Association	12/31/2021
Stephen Peterson, Limerick Association for Neighborhood Development	12/31/2021
Lira Johnson, Ouerbacker Court Association	12/31/2021
Janice Theriot, St. James Court Association	12/31/2021
Virginia Ehrlich, Second Street Neighborhood Association	12/31/2021
Bruce Cohen, Seventh Street Edge Neighborhood Association	12/31/2021
Jim Brooks, South Fourth Street Association	12/31/2021
Dana Drwila, Third Street Association	12/31/2021
Bill Medley, The 1300 Association	12/31/2021
Kirk Stewart, Toonerville Trolley Neighborhood Association	12/31/2021
Irene Spicer, Treyton Oak Towers Neighborhood Association	12/31/2021

Describe the Board term limit policy:

The Old Louisville Neighborhood Council Board of Directors are the Representatives of the 14 neighborhood associations and the elected executive committee. Board members are chosen by their neighborhood associations and then serve a two-year term. The executive committee is elected by the Board of Directors and serve a two-year term. Currently, the Board of Directors are serving from January 1, 2020 -December 31, 2021.

Three Highest Paid Staff Names	Annual Salary
Shawn Fields Williams, Executive Director	\$ 3,000.00

Continuation of Board of Directors

Krist Thorodopolous, West St. Catherine Neighborhood Association 12/31/2021

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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.): Historic Old Louisville Walking Tours and Old Louisville Event Marketing. In 2021 the Old Louisville Neighborhood Council intends to resume its guided Historic Old Louisville Walking Tours in the Spring. Also, the OLNC is planning to resume its Old Louisville Mansions Tour, Old Lou Brew Craft Beer Festival and the Holiday Home Tour as soon as it is safely feasible. Marketing materials are needed to help promote the resumption of the guided walking tours in Old Louisville, as well as the home tour events and the beer festival later in the summer. Rack cards are printed and distributed through the Louisville Visitor Center downtown, at area hotels and attractions, as well as local businesses, community partners and at the Historic Old Louisville Visitors Center in Central Park. B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Metro Funds will be spent on marketing materials.

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.

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 Historic Old Louisville Walking Tours are offered as guided daily tours out of the Historic Old Louisville Visitors Center in Central Park. The Visitors Center serves as a community center for the Old Louisville neighborhoods and the gateway for visitors to our historic preservation district.

The Old Louisville Neighborhood Council tracks the visitors to the Historic Old Louisville Visitors Center during its days of operation. Since 2015, when the number of visitors were tracked, the Visitors Center has seen a roughly 60% increase each year. Then in 2020, due to the Covid-19 pandemic, the Center had to close. Tours were held on a limited basis in the summer, but the number of attendees and revenue from the guided tours plummeted.

With the resumption of the Historic Old Louisville Walking Tours in the spring of 2021, we hope to see a steady increase in sales. Volunteers and a new staff person will be trained in giving the tours. Tour sales will be tracked with Square Merchant Services. Also, the Historic Old Louisville Walking Tours will participate again this year with the Cultural Pass, as it did in 2019. In 2020 we offered a successful virtual tour. We tracked our participants through the Google doc that the Fund for the Arts uses, and exceeded our goal.

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.

Generally, the OLNC is always expanding its community partnerships. The Council spearheaded the Old Louisville Arts Council with area arts organizations to collaborate and cross promote events. The OLAC includes: OLNC; Kentucky Shakespeare; U of L; Kentucky College of Art and Design; St James Court Art Show; Garvin Gate Blues Festival; The Conrad Caldwell House Museum; The Filson Historical Society; Louisville Free Public Library.

We also work on a regular basis with area businesses, such as: Louisville Memorial Auditorium; Amici's Cafe; The Old Louisville Tavern; Burger Boy; Toonerville Deli; Old Louisville Brewery; Mawood-Mercier Remax Realtors; etc..

In this program specifically, we work with the University of Louisville Visitor Services to promote the tours. We work closely with Louisville Tourism to promote Old Louisville as a heritage tourism destination for individual and group tours. We work with area attractions and hotels to provide information on the historic district. For several years, we have worked closely with the Conrad Caldwell House Museum offering a combination tour of the museum and a guided walking tour of Old Louisville.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits		\$ 11,880.00	\$ 11,880.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies		\$ 750.00	\$ 750.00
D: Telephone		\$ 1,600.00	\$ 1,600.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts		\$ 1,000.00	\$ 1,000.00
H: Program Materials	\$ 1,000.00		\$ 1,000.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment		\$ 850.00	\$ 850.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 1,000.00	\$ 16,080.00	\$ 17,080.00
⁶ s of Program Radget	5.85%	94.15%	100%

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

Other State, Federal or Local Government		
	\$ 0.00	
United Way	\$ 0.00	
Private Contributions (do not include individual donor names)	15,730	
Fees Collected from Program Participants	\$ 350.00	
Other (please specify) Tour ticket sales/event ticket sales (estimated)	\$ 79:00000	
Total Permitto (or Column 7 Expresses 🤭	STERRICE MODERN	

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

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

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

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
	Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$ 0.00	
* DONOR INFORMATION REFERS TO WHO MADE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER PERSON PER WEEK		
Agency Fiscal Year Start Date: 01/01/2021		
Does your Agency anticipate a significant increase budget projected for next fiscal year? NO	e or decrease in your budget YES 🖸	from the current fiscal year to the
f YES, please explain:		
n 2021, the Old Louisville Neighborhood Coun candemic economy in 2020. The resumption of necrease the budget from the current fiscal year	f tour and event revenue, as	s can be allowed safely, should
		8
		a contration where the contract of the space of the state

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

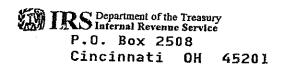
- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- 2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- 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.
- Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using
 their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal
 gain.

Standard Certifications

- 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.
- 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 - CERTIFICATI	ONS & ASSURA	NCES	
accurate to	o the best of my knowledge. I in. If falsification is shown afte urther certify that I am legally	ormation in this application (incluing am aware my organization will not funding has been approved, any authorized to sign this application	ot be eligible for fu y aligications alread	inding if investiga ly received and ex organization and	ition at any time shows kpended are subject to be
Signatur	e of Legal Signatory:	Shawn Fields William	lever all	Pate.	02/05/2021
Legal Signatory: (please print): Sha		Shawn Fields Williams	W -	Title:	Executive Director
Phone:	(502) 338-2893	Extension:	Email:	shawn.williams@oldlouisville.org	



In reply refer to: 0248153327 Jan. 27, 2015 LTR 4168C 0 31-1106357 000000 00

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THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC 1340 S 4TH ST IN CENTRAL PARK LOUISVILLE KY 40208

030796

Employer Identification Number: 31-1106357
Person to Contact: Ms. Espelage
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 15, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248153327 Jan. 27, 2015 LTR 4168C 0 31-1106357 000000 00 00021941

THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC 1340 S 4TH ST IN CENTRAL PARK LOUISVILLE KY 40208

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

Sincerely yours,

Dois P. Kenaright

Doris Kenwright, Operation Mgr. Accounts Management Operations 1

OUNC 2021 Budget	OLNC Operations	OLNC Operations Moliday Home Tour	Old Lou Brew	Manskons Tour	Mansions Tour Community Garden Old Louisville Live	Old Louisville Live	SE .	Tours	Total
Corporate Contribution		\$1,625	\$875	\$500		\$2,500			\$5,500
Indiviudal Contribution									8
NA Contribution	\$1,250	\$2,375	\$750	\$1,000		\$6,350	\$2,500		\$14,225
Grant Income									S
Membership Dues	\$300								\$300
Ticket Sales		\$28,000	\$7,700	\$15,000				\$10,000	\$60,700
STAR Sponsors		\$1,500							\$1,500
Garden Piot Revenue					\$625				\$29\$
Otherincome	\$100		\$1,800	\$1,500		\$3,000		\$1,000	\$5,400
lotal income	\$1,650	\$33,500	\$11,125	\$18,000	\$625	\$9,850	\$2,500	\$11,000	\$88,250
ense									
Executive Director	\$28,258								\$28,258
ED Commissions		\$406	\$219	\$125		\$625			\$1,375
Admin Assistant	\$8,490							\$4,572	\$13,062
Accountant/Bookkeeping	\$750								\$750
· Utilities	\$1,560				\$500				\$2,060
Office Supplies	\$825	\$100					\$704		\$1,629
Insurance	\$6,313			\$425					\$6,738
Cleaning & Maintenance							\$25\$		\$25\$
Marketing/Printing		\$4,095	\$2,920	\$4,359		\$1,500		\$620	\$13,494
Technology	\$400		\$400						\$800
Performance Fees			\$1,250			\$7,500			\$8,750
Permit Fees		\$140				\$200			\$640
Tools & Equipment		\$550				\$150			\$700
- Central Park Improvement							\$4,035		\$4,035
Tree Plantings									\$
- Contract Services		\$1,000	5640			\$1,250			\$2,890
· Bank/Square Fees		\$1,000	\$200	\$1,000					\$2,200
- Profit Share				\$5,926					\$5,926
Other Expenses	\$1,200	\$440		\$240	\$\$	\$750	\$858	\$125	\$3,663
Total Expenses	\$47,797	\$7,731	\$5,629	\$12,075	\$550	\$12,275	\$6,122	\$5,317	\$97,495
otal Net Income	-546 147	425 769	362.75	45 476	27.5	369 635	-63 633	45,683	- 49 245

25 14 8 35%	\$35,000
Admin Assistant Hours Admin Assistant Pay Assistant Months % Tours	ED Salary ED Months ED Commissions Lasal

d commissions Changes Compared to 2020 Budget

9 Months of ED pay, added payroll taxes, reduced	8 months of admin assistant
•	ø
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- Haked coporate and Mc contributions
 Haked coporate and Mc contributions
 Reduced OLL concessions income
 Significantly reduce CLL performance fees
 Cut Manxions Tour sales by \$118,
 Significant to HIT Used sales
 Small cut to HIT Used sales
 Small cut to HIT Used sales
 Haven't received PLC budget for 2021, same as last year other than tree plantings

2020 Full Year P&L

OLNC 2020 Actuals	OLNC Operations	OLNC Operations Holiday Home Tour	Old Lou Brew	Mansions Tour	Community Garden Old Louisville Live	Old Louisville Live	PIC	Tours	Total
mome Contribution			61 500	\$200		62,000			¢3.700
- Indivindal Contribution	\$667		\$10	2027		\$5.089	\$400		\$6.166
- NA Contribution	\$9,750	\$500		\$1,000		\$4,700	\$750		\$16,700
- Grant Income	\$5,141					\$2,500		\$3,000	\$10,641
- Membership Dues	\$375								\$375
- Ticket Sales		\$120	\$10	\$3,116				\$4,779	\$8,025
- STAR Spans ors		\$100							\$100
- Garden Plot Revenue					\$650				\$650
- Other Income	\$3								\$3
Total Income	\$15,937	\$720	\$1,520	\$4,316	\$650	\$14,289	\$1,150	611,7\$	\$46,361
Expense									
- Executive Director	\$23,087								\$23,087
- Admin Assistant	\$20,208								\$20,208
- Accountant/Bookkeeping	\$1,474								\$1,474
- Utilities	\$1,424				\$288				\$1,712
- Office Supplies	\$1,991			\$11			\$1,219	\$54	\$3,274
- Insurance	\$3,074								\$3,074
- Cleaning & Maintenance	\$1,080				\$178				\$1,258
- Marketing/Printing	\$624	\$2,545		\$1,128					\$4,297
- Technology	\$1,916								\$1,916
- Performance Fees						\$7,600			\$7,600
- Tools & Equipment							\$199		5199
- Tree Plantings							\$15,146		\$15,146
- Bank/Square Fees						\$\$			\$\$
- Profit Share								\$236	\$236
- Other Expenses	\$227	\$119	\$20	\$2,888		\$10	\$35	\$953	\$4,251
Total Expenses	\$55,104	\$2,664	\$20	\$4,026	\$466	\$7,618	\$16,599	\$1,243	\$87,740
Total Net Income	-\$39,167	-\$1,944	\$1,500	\$290	\$184	\$6,671	-\$15,449	\$6,536	-\$41,380

Comparison to 2019

OLNC 2020 vs 2019 Comparison

- Significant reduction in both
 income and expenses due to
 cancellation of events and inability
 to offer tours
- Operations income up primarily due to \$4.5k PPP Loan
- PIC income down due to \$25k grant in 2019, about half spent in each year

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Income			
OLNC Operations	\$15,937	\$9,083	\$6,854
Holiday Home Tour	\$720	\$44,480	-\$43,760
Old Lou Brew	\$1,520	\$16,771	-\$15,251
Mansions Tour	\$4,316	\$19,186	-\$14,869
Community Garden	\$650	\$650	\$0
Old Louisville Live	\$14,289	\$33,498	-\$19,209
PIC	\$1,150	\$27,765	-\$26,615
Tours	\$7,779	\$23,141	-\$15,362
Total	\$46,361	\$174,573	-\$128,213
Expense			
OLNC Operations	\$55,104	\$89,445	-\$34,341
Holiday Home Tour	\$2,664	\$6,384	-\$3,720
Old Lou Brew	\$20	\$6,107	-\$6,088
Mansions Tour	\$4,026	\$4,776	-\$750
Community Garden	\$466	\$536	-\$70
Old Louisville Live	\$7,618	\$29,139	-\$21,521
PIC	\$16,599	\$13,913	\$2,686
Tours	\$1,243	\$3,976	-\$2,733
Total	\$87,740	\$154,277	-\$66,537
Net Income			
OLNC Operations	-\$39,167	-\$80,362	\$41,195
Holiday Home Tour	-\$1,944	\$38,096	-\$40,040
Old Lou Brew	\$1,500	\$10,664	-\$9,164
Mansions Tour	\$290	\$14,410	-\$14,119
Community Garden	\$184	\$114	\$70
Old Louisville Live	\$6,671	\$4,358	\$2,313
PIC	-\$15,449	\$13,852	-\$29,300
Tours	\$6,536	\$19,165	-\$12,629
Total	-\$41,380	\$20,296	-\$61,676

October 2020 P&L

		October 2020 P&I)20 P&L		
Category	Revenue	Expenses	Net	YTD Net	Budget (FY)
Operations	\$	\$2,063	-\$2,063	-\$38,909	£6£'59\$-
Old Louisville Live	\$	\$0	\$	\$6,671	\$595
Tours	\$58	\$	\$28	\$6,536	\$20,157
Property Improvement Committee	\$	\$\$	-\$5	-\$14,804	-\$1,622
Community Garden	\$	\$	\$	\$313	\$75
Mansion Tour	\$	\$0	\$	\$290	\$12,706
Old Lou Brew	\$\$	\$	\$	\$1,500	\$9,863
Holiday Home Tour	\$	\$	\$	-\$1,944	\$31,943
Total	\$28	\$2,068	-\$2,010	-\$40,347	\$8,323

Final Staff Pay

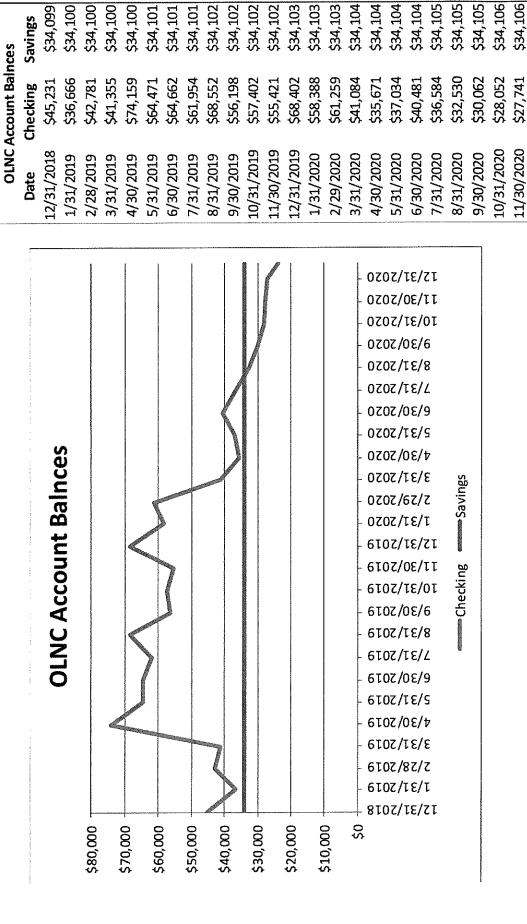
November 2020 P&L

		November 2020 P&	- 2020 P&I		
Category	Revenue	Expenses	Net	YTD Net	Budget (FY)
Operations		\$131	-\$130	-\$39,040	-\$65,393
Old Louisville Live	\$	\$	\$	\$6,671	\$595
Tours	\$	\$0	\$	\$6,536	\$20,157
Property Improvement Committee	\$	\$180	-\$180	-\$14,984	-\$1,622
Community Garden	\$	\$	\$0	\$313	\$75
Mansion Tour	\$	\$	\$	\$290	\$12,706
Old Lou Brew	\$	\$	\$	\$1,500	\$9,863
Holiday Home Tour	\$	\$	\$	-\$1,944	\$31,943
Total	\$0	\$311	-\$311	-\$40,658	\$8,323

December 2020 P&L

Walliamskingskjölder jammen med en steret for det en steret for de		December 2020 P&I	120 P&I		
Category	Revenue		Net	YTD Net	Budget (FY)
Operations	\$0	\$128	-\$128	-\$39,167	-\$65,393
Old Louisville Live	\$	\$	\$	\$6,671	\$595
Tours	\$	\$	\$0	\$6,536	\$20,157
Property Improvement Committee	\$	\$464	-\$464	-\$15,449	-\$1,622
Community Garden	\$	\$129	-\$129	\$184	\$75
Mansion Tour	\$	\$	\$0	\$290	\$12,706
Old Lou Brew	\$	\$	\$	\$1,500	\$9,863
Holiday Home Tour	\$	\$	\$0	1	\$31,943
Total	\$0	\$722	-\$722	-\$41,380	

Checking & Savings Accounts



OLNC - January 2021 Treasurer's Report

534,106

\$27,019

12/31/2020

1/21/2021

Form 990-E7

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Form 990-EZ (2019)

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2019 calendar	year, or tax year beginning January 1 , 2019, and	l ending	Dec	ember 31	, 20 19
В	Check If a	pplicable:	C Name of organization 2		D Empl	oyer identific	ation number
	Address o	change C	DLD LOUISVILLE NEIGHBORHOOD COUNCIL			31-110	6357
	Name cha	- <u>1</u>	Number and street (or P.O. box if mall is not delivered to street address)	om/suite	E Telep	hone number	
	initial retu Final retur	im m/terminated	340 SOUTH FOURTH ST - IN CENTRAL PARK			502-635	-5244
_	Amended	To the state of th	City or town, state or province, country, and ZIP or foreign postal code		F Grou	up Exemptio	n
	Applicatio	on pending	OUISVILLE, KY 40208		Nun	nber 🕨 🔯	
G /	Account	ting Method:	Cash	н	Check I	▶ ☑ if the o	organization is not
-	Vebsite		UISVILLE.ORG	— ;		to attach S	-
J T	ax-exen	npt status (checi	k only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or [527	(Form 9	90, 990-EZ,	or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other				
L A	dd line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mon	e, or if total	assets		
			00,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	
-	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances	(see the	instruc	ctions for l	⊃art I) 🖺
			he organization used Schedule O to respond to any question in t				🗆
	1		s, gifts, grants, and similar amounts received			1	86,594
	2		vice revenue including government fees and contracts			2	87,654
	3		dues and assessments			3	325
	4	Investment i				4	3
	5a		nt from sale of assets other than inventory 5a				
	b		r other basis and sales expenses	·····			
	6 6	Gain or (loss Gaming and) from sale of assets other than inventory (subtract line 5b from line fundraising events:	5a)		5c	
<u>o</u>	а		me from gaming (attach Schedule G if greater than				
ž	_		1.72	. 13			
Revenue			ne from fundraising events (not including \$ of co sing events reported on line 1) (attach Schedule G if the	ntribution	s		
Œ			gross income and contributions exceeds \$15,000) 6b				
	c		expenses from gaming and fundraising events 6c	·			
	i		or (loss) from gaming and fundraising events (add lines 6a and 6t	and eub	tract		
	_	line 6c) .	or (1000) from garing and fortunating events (add filles of and of	J and suc	Juaci		
	7a	,	of inventory, less returns and allowances			6d	
	ь	Less: cost of					
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O)		• •	8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	174 576
	10	Grants and s	similar amounts paid (list in Schedule O)	<u> </u>		10	174,576
	11		to or for members			11	
es i	12		er compensation, and employee benefits 🔯		• •	12	21 704
Expense	13		fees and other payments to independent contractors		•	13	21,784 44,171
bei	14		rent, utilities, and maintenance			14	
ŭ	15		lications, postage, and shipping			15	3,915
	16	Other expens	ses (describe in Schedule O) 🖾		• •	16	84,406
	17		ses. Add lines 10 through 16			17	154,277
(r)	18	Excess or (de	eficit) for the year (subtract line 17 from line 9)			18	20,299
ě	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (mi	ust agree	with		20,299
Ass		end-of-year	figure reported on prior year's return)			19	171,515
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		L	20	-7,935
Z	21		r fund balances at end of year. Combine lines 18 through 20			21	183.879

	WAS SHIP COME	Fill Balance Sheets (see the instr	i uctivi iş i	or raiting					
		Check if the organization used S	Schedule	O to respond to a	ny question in this I	Part II		🗆	
				· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year	
	22	Cash, savings, and investments				76,196	22	102,505	
	23	Land and buildings			` ` `	40,000	$\overline{}$		
	24	Other assets (describe in Schedule O)				57,331	-	40,000	
	25				-	· · · · · · · · · · · · · · · · · · ·		54,970	
	26	Total liabilities (describe in Schedule (173,527		199,836	
		•	-		Service Service	2,012		13,596	
रंख	27	Net assets or fund balances (line 27 o				171,515	27	183,879	
	Par					•		F	
		Check if the organization used \$			ny question in this l	Part III 🗹	/Poo	Expenses julred for section	
	What	t is the organization's primary exempt pur	rpose?	See Schedule O				c)(3) and 501(c)(4)	
	Desc	cribe the organization's program service neasured by expenses. In a clear and c	accomplis	shments for each o	f its three largest pr	ogram services,		nizations; optional for	
	perso	ons benefited, and other relevant informat	tion for ea	ch program title.		, the hander of			
EÀ	28	VARIOUS NEIGHBORHOOD EVENTS TO EI							
		NEIGHBORHOODS UNIQUE HISTORY AND							
	Printers.	HOLIDAY HOME TOUR, OLD LOU BREW, N						_	
					ints, check here .	🔊 🗌	28a	50,383	Ý
	29	OPERATION OF THE OLD LOUISVILLE INF	ORMATIO	N CENTER AND GEN	ERAL SUPPORT OF				
		NEIGHBORHOODL ORGANIZATIONS AND	EVENTS						
		(Grants \$ 334) If this	s amount	includes foreign gra	ints, check here .	> 🗆	29a	62,514	
	30	CENTRAL PARK IMPROVEMENT, COMMUN	NITY GARE	DEN, AND NEIGHBOI	RHOOD MAINTENANC	E.			

		ﻪ ﭘﻪ ﭘﻪ ﭘﯘ ﻧﯩﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨﺪﯨ		*********************					
		(Grants \$ 25,000) If this	s amount	includes foreign ora	ints, check here .		30a	14,449	
	31	Other program services (describe in Scho					-	14,447	
					ints, check here .		31a		
	32	Total program service expenses (add I	lines 28a t	hrough 31a)	and, check here .		32		
- 1				in ough oray			32	127,347	
		I let of Officers Directors Tructors	a and Kay						
'	Par			Employees (list eacl	one even if not comp	ensated-see the in		tions for Part IV)	
		List of Officers, Directors, Trustees Check if the organization used S		Employees (list eacl	n one even if not comp ny question in this f	ensated—see the ir		tions for Part IV)	
		Check if the organization used 5		Employees (list each O to respond to all (b) Average	n one even if not comp ny question in this i (c) Reportable	pensated—see the in Part IV		tions for Part IV)	
				Employees (list each O to respond to a (b) Average hours per week	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	 ee (e)	tions for Part IV)	
		Check if the organization used 5		Employees (list each O to respond to all (b) Average	n one even if not comp ny question in this i (c) Reportable of compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employe	 ee (e)	etions for Part IV)	
	Par	Check if the organization used 5		Employees (list each O to respond to a (b) Average hours per week	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	 ee (e)	etions for Part IV)	
	Par	Check if the organization used 5 (a) Name and title RICK PEDOLZKY		Employees (list each O to respond to a (b) Average hours per week	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	 ee (e)	etions for Part IV)	
	Pari DERF	Check if the organization used 5 (a) Name and title RICK PEDOLZKY		Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	(e) o	Estimated amount of ther compensation	
	DERF CHAI JENA	Check if the organization used 5 (a) Name and title RICK PEDOLZKY R		Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) o	Estimated amount of ther compensation	
3	DERF CHAI JENA VICE	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE		Employees (list each O to respond to all (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) o	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR		Employees (list each O to respond to all (b) Average hours per week devoted to position	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) o	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR JAEL MEADOR ASURER		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR JAEL MEADOR ASURER		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	
	DERF CHAI JENA VICE MICH TREA CHUC	Check if the organization used S (a) Name and title RICK PEDOLZKY R A BLYTHE CHAIR IAEL MEADOR ASURER CK ANDERSON		Employees (list each O to respond to all (b) Average hours per week devoted to position 0	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	(e) 0	Estimated amount of ther compensation	

54

	Pari	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
		instructions for Part V.) Offeck in the organization used Scriedule O to respond to any question in thi	s Pari			-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No 🗸	•
23	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	- 🔯
	35a		35a			•
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	35b		v	
	36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V	
	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	36 37b		V	
	38a h	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		v	E
	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				
	b 40a	Gross receipts, included on line 9, for public use of club facilities	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	2
	¢	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				Lauri
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	
	41	List the states with which a copy of this return is filed ▶ NONE		<u>\</u>		
	42a	The organization's books are in care of ► MICHAEL MEADOR Telephone no. ►	02-63	5-5244		
		Located at ▶ LOUISVILLE, KY 7IP ± 4 ▶	402	.08		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No ✓	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
		. At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<u>~</u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· -		· 🗆	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	NO V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
	d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		<u>v</u>	
	1E-		44d		<u>~</u>	
		Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a		<u>v</u>	

Form 99	90-EZ (2	2019)						F	age 4
46	Did t	the organization engage, directly or in	ndirectly, in political complete Schedule C	campaign activities	on behalf	of or in opposi	ition //6	Yes	
Part		Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only s must answer que	estions 47–49b an	d 52, an	d complete th	ne tables f	or lin	2
47	Did t	the organization engage in lobbying ? If "Yes," complete Schedule C, Par				ect during the	ı	Yes	
48 49a b 50	Did to	he organization make any transfers to es," was the related organization a se uplete this table for the organization's	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest compen	i)? If "Yes," complet tritable related orga on?	e Schedu nization? other than	officers, direct	. 48 . 49a . 49b ors. trustee	es, an	V V d kev
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation	contribu	lealth benefits, itions to employee lans, and deferred	(e) Estimate	d amou	int of
	•								
f 51	Com \$100	plete this table for the organization's	s five highest compe nization. If there is no	ensated independer one, enter "None."	····			-	than
~~=====									
			The property of the organization of the organization of the organization smust answer questions 47–49b and 52, and complete the tables for lines against the state of the property of the organization specifically and the state of the property of the organization of t						
d <u>.</u> 52	Did 1	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) org	anization				lo
Jnder pe rue, con	enalties rect, an	of perjury, I declare that I have examined this re	eturn, including accompany	ing schedules and state	ments and t	o the hest of my kn			
Sign Here	2	Signature of officer MICHAEL MEADOR, TREASURER Type or print name and title				Date			
Paid Prepa		Print/Type preparer's name	Preparer's signature	[7	Date	Check Self-employ			
Use C		Firm's name ▶				Firm's ElN ▶	1		

| Firm's address ► | May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number OLD LOUISVILLE NEIGHBORHOOD COUNCIL 31-1106357 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (fi) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

P	Support Schedule for Organia	rationa Da					Page
	Support Schedule for Organiz (Complete only if you checked to Part III. If the organization fails to	the box on lin	nped in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	rī)
	Part III. If the organization fails to	o qualify und	er the tests I	isted bolow :	ne organizatio	on failed to qu	alify under
Se			0, 410 10013 1	stad Delow, I	Jiease compi	ete Part III.)	
Ca	lendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(0) 0010	/n
1	The state of the s			10/2017	(4) 2010	(e) 2019	(f) Total
	membership fees received. (Do not include any "unusual grants.")]				
2		62,752	64,10°	59,923	67,752	86,594	427,71
	organization's benefit and either paid						
	to or expended on its behalf						
3	THE TAILOR OF SCHOOL OF IZCHINES						
	fumished by a governmental unit to the						
	organization without charge]	
4		62,752	64,101	59,923	67,752	24 504	
5	The portion of total contributions by			37,723	07,752	86,594	427,71
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4	24.17					
Sec	tion B. Total Support	<u>-</u> [,					427,71 (
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(1) 00 10	
7	Amounts from line 4	62,752	64,101	59,923	(u) 2018 67,752	(e) 2019	(f) Total
8	Gross income from interest, dividends,			37,723	07,752	86,594	427,716
	payments received on securities loans, rents, royalties, and income from			-			
	similar sources .				-	-	
9	Net income from unrelated business					1	
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						·····
	loss from the sale of capital assets		1				
44	(Explain in Part VI.)		ŀ				
11 12	Total support. Add lines 7 through 10						
13	Gross receipts from related activities, etc. (see instruction	s)			12	427,716
•	First five years. If the Form 990 is for the organization, check this box and stop here	organization's	first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
ecti	on C. Computation of Public Support	Doronto	· · · · ·		· · · ·	· · · · ·	· · ▶ □
4	Public support percentage for 2019 (line 6,	rercentage	last to the state				
5						14	100 %
6a						15	100 %
	box and stop here. The organization qualifit 331/3% support test—2018. If the organization	es as a publich	y supported o	rganization	ine 14 is 33 //	3% or more, ch	eck this
b							
-							
7a							
	10% or more, and if the organization meet Part VI how the organization meets the "fac	s the "facts-an	ıd-circumstan	ces" test, chec	k this box and	stop here. F	rie 14 is (plain in
	Part VI how the organization meets the "factorganization".	- to third on only	Statices (65)	. The organizat	tion qualifies a	s a publicly sur	poorted
b							
	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization	3. If the organiz	zation did not	check a box of	on line 13, 16a	, 16b, or 17a, a	and line
	Explain in Part VI how the organization mee	ets the "factor of	racis-ariu-circ	umstances" te	est, check this	s box and stop	o here.
	supported organization Private foundation. If the organization did n			inces lest. The	e organization	qualifies as a	oublicly
	instructions	<u> </u>	· · ·		· · · · · · ·	" DOY SUG 266	h
							- -

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

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

5ecu	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 C	Add lines 7a and 7b						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
104	payments received on securities loans, rents, royalties, and income from similar sources .						
b	payments received on securities loans, rents,						
	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	•	-			ear as a section	
b C 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here.	re rt Percentag	e				<u></u>
b C 11 12 13	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	re rt Percentag	e				· · > [
b c 11 12 13 14 Section	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here.	rt Percentag 8, column (f), c	e livided by line				<u></u>
b c 11 12 13 14 Section 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rt Percentag 8, column (f), c hedule A, Part come Perce	e livided by line III, line 15 . ntage	13, column (f))		15 16	· · > [
b c 11 12 13 14 Section 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rt Percentag 8, column (f), c hedule A, Part come Perce (line 10c, colur	e livided by line III, line 15 . ntage nn (f), divided l	13, column (f))		15 16	% % %
b c 11 12 13 14 Section 15 16 Section	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	rt Percentag 8, column (f), c hedule A, Part come Perce (line 10c, colur 8 Schedule A,	e livided by line III, line 15 . ntage nn (f), divided t Part III, line 17	13, column (f))	umn (f))	15 16 17 18	% % %
b c 11 12 13 14 Section 15 16 Section 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2019 (line Public support percentage from 2018 Scon D. Computation of Investment Interestment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019.	rt Percentag 8, column (f), c hedule A, Part come Perce (line 10c, colur 8 Schedule A, nization did not	e Ilivided by line III, line 15 ntage nn (f), divided I Part III, line 17 check the box	13, column (f)) by line 13, column (f), column (f), column (f)	umn (f))	15 16 17 18 nore than 331/39	% % % % % 6, and line
b c 11 12 13 14 Section 15 16 Section 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ere	e livided by line III, line 15 ntage nn (f), divided t Part III, line 17 check the box	13, column (f)) by line 13, column (f), column (f), column (f), column (f), column (f), a con qualifies as	umn (f))	15 16 17 18 nore than 331/39 orted organization	% % % % 6, and line
b c 11 12 13 14 Section 15 16 Section 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2019 (line Public support percentage from 2018 Scon D. Computation of Investment Interestment income percentage from 2019 Investment income percentage from 2019 Investment income percentage from 2019.	rt Percentag 8, column (f), c hedule A, Part come Perce (line 10c, colur 8 Schedule A, nization did not and stop here zation did not co	e livided by line III, line 15 ntage nn (f), divided t Part III, line 17 check the box The organizati	13, column (f)) by line 13, column (f), column (f), column (f), column (f), a con qualifies as line 14 or line	umn (f))	15 16 17 18 nore than 331/39 orted organizatios is more than 3	% % % % 6, and line on . ▶ □ 31/3%, and

Part IV **Supporting Organizations**

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

Se	ction	A.	Αll	Supporting	Organizations
----	-------	----	-----	------------	---------------

Secti	on A. All Supporting Organizations			
		90,000,000	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	Veji Veji	11/11/
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	W. S	10 B.V
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	orazioni.	3((3))
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	1000		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	1,2,1,15	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	97A)	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	10110	2.5
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1.63	MAG
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	F.	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	i fini	

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)		,	
		es haste	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	J. (1946)	1448	1 3363
	below, the governing body of a supported organization?	11a	 	<u> </u>
	A family member of a person described in (a) above?	11b	 	├─
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations		1./	l Nr.
	Did the diversions to the account which of one or many appropriated arranjections have the newer to	11 Eq.(2.7500.76)	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	10000		
	controlled the organization's activities. If the organization had more than one supported organization,	\$110000 20000	10000	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1000	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	14000000	Night.
•	Did the organization operate for the benefit of any supported organization other than the supported	10.000	(A) (B) (B)	l year
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1800
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	N.S.	498710	
	supervised, or controlled the supporting organization.	2		48.77
Secti	on C. Type II Supporting Organizations	1	L	<u> </u>
0000	On On Type in Outplotting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ALSAN	3.556	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		10000	
	or management of the supporting organization was vested in the same persons that controlled or managed	100000 110000		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		2,190,10	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		VINIA.	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	AVE TO		344
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		ACTO NASO	4000
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	8.30		8.65
L	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,	_44	· \
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in		
2	Activities Test. Answer (a) and (b) below.	1000	Yes	NO
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	100		100
	that these activities constituted substantially all of its activities.	2a		ĺ
	•	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	24		
^		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3а		
		Ja		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III supporting	organization (see

िवार	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	· · · · · · · · · · · · · · · · · · ·
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
 7	Total annual distributions. Add lines 1 through 6.	······································		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6	***************************************		
10	Line 8 amount divided by line 9 amount			
	on E-Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.		•	
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015		NO STATE OF THE SECOND	
C	From 2016			
d	From 2017	i tri ince e protein e de militaril aces que fede	Paul (State) in Depth Co. (Grant Control Contr	The control of the section of the control of the co
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$		The control of the co	
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	The state of the s		
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018		terroria - Estabellatura e e e e e e e e e e e e e e e e e e e	
е	Excess from 2019			

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047

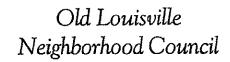
2019

Open to Public Inspection

Employer identification number

OLD LOUISVILLE NEIGHBORHOOD COUNCIL 31-1106357 Form 990-EZ, Part I, Line 16 - Other Expenses Description Amount Payroli Expenses \$20 Accountant \$7,949 Office Supplies \$4,651 Insurance \$6,431 Marketing \$18,396 Technology \$3,978 Performance Fees \$22,150 Permit Fees \$466 Tools & Equipment \$1,376 Bank/Square Fees \$2,696 Tree Plantings \$12,944 Other Expenses \$3,351 Total Other Expenses \$84,406 Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets Change in Liabilities: -\$11,584 Change from Accrual to Cash Accounting: \$3,649 Form 990-EZ, Part II, Line 24 - Other Assets Furntiture, Fixtures, and Equipment: \$54,970 Form 990-EZ, Park II, Line 26 - Liabilities Louisville Metro Tree Grant: \$13,596

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
OLD LOUISVILLE NEIGHBORHOOD COUNCIL	31-1106357
Form 990-EZ, Park III, Primary Exempt Purpose	
To advocate, promote, and protect Old Louisville's historic architecture and streetscapes within a diverse	neighborhood of residents
and businesses while advancing artistic and cultural events to build community.	
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The Old Louisville Neighborhood Council, Inc.

On July 22, 2014, the board of directors for the Old Louisville Neighborhood Council (Federal EIN #61-0933474), a 501 (c)4 tax-exempt nonprofit organization, unanimously voted to dissolve the corporation. On August 22, 2014, the Articles of Dissolution were filed with the Commonwealth of Kentucky. All assets previously controlled by the Old Louisville Neighborhood Council were transferred to the Old Louisville Information Center, a 501 (c)3 tax-exempt nonprofit organization.

On July 22, 2014, the board of directors for the Old Louisville Information Center (Federal EIN # 31-1106357) adopted an amendment of Article I, effectively changing the corporation's name to the Old Louisville Neighborhood Council, Inc. On August 22, 2014, articles of amendment were filed with the Commonwealth of Kentucky.

...

Old Louisville Neighborhood Council, INC Executive Committee as of January 2015:

Howard Rosenberg, Chairman Jason Scott, Vice Chairman Leah Wiseman, Secretary Eric Cowley, Treasurer

Phone: (502) 635-5244

Address: The Old Louisville Neighborhood Council, Inc.

1340 S. 4th Street in Central Park

Louisville, KY 40208-2350

Email: olnc@bellsouth.net

Website: www.oldlouisville.org

0075161.09

amcray DIS

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/19/2014 11:12 AM Fee Receipt: \$5.00

### ARTICLES OF DISSOLUTION . OF THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

- The name of the Corporation is The Old Louisville Neighborhood Council, Inc. 1.
- The Resolution to Dissolve and the Corporation's Plan of Distribution were adopted at a meeting of the members held on July 22, 2014 at which a quorum was present, and such resolution and plan received at least two-thirds (2/3) of the votes that members present at such meeting or represented by proxy were entitled to cast.
- All debts, obligations and liabilities of the Corporation have been paid and discharged.
- The Corporation's assets have been distributed, in accordance with the 4. Corporation's Articles of Incorporation and its Plan of Distribution, to The Old Louisville Information Center, Inc., an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.
- All of the Corporation's remaining property and assets have been transferred, conveyed or distributed in accordance with the provisions of KRS 273.161 to KRS 273.390.
  - There are no suits pending against the Corporation in any court. 6.

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

> Howard Rosenber President

Date: July 29, 2014

61191874.1

Document No.: DN2014184423 Lodged By: WYATT TARRANT COMBS Recorded On: 08/20/2014 09:56:11 Total Fees: 11.00 Transfer Tax: .00 County Clerk: BOBBIE HOLSCLAW-JEFF CO KY Deputy Clerk: EVERAY

END OF DOCUMENT

0075161.09

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/19/2014 11:12 AM Fee Receipt: \$8.00



### COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA					
Pursuant to the provisions of KI purpose, submits the following:	RS 14A and KRS Chapter 273, the undersigned applies to statements:	emend articles and, for that					
1. The name of the corporation	on record with the Office of the Secretary of State is:						
The Old Louisville Ne	ighborhood Council, Inc.						
The second secon	ame on record with the Secretary of State.) t adopted: Article IV (4): Upon dissolution of the Council t adopted:	I, the Board of Directors shall,					
after paying or making provision	on for the payment of all liabilities of the Council, dispose	of all the assets of the Council					
	of the Council in such manner, or to such organization						
	charitable purposes as shall at the time qualify under						
Revenue Code of 198	36, as amended, as the Board of Directo	rs shall determine.					
3. The date of adoption of each 4. Check either a, b or c (whicher)	amendment was July 22, 2014						
emendment received at	it(s) was (were) duly adopted by a quorum present at suci least two-thirds (2/3) of the votes which members present o cast.	t at encu weening or represented					
bThe amendmen	k(e) was (were) duly adopted by consent in wining and we	*/ *					
a The emendmen	M(s) was (were) duly adopted by the board of directors and the directors in office since there are no members or men	i such amendment(s) received bers entitled to vots.					

This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

I declars under passity of perjury under the laws of Kentucky that the forgoing is true and correct.

Howard Rosenberg
Officer or Chairmen of the Board
Printed Name

President

Tible

July 22, 2014

Dete

(01/12)

Document No.: DN2014104422 Lodged By: WYATT TARRANT COMPS Recorded On: 68/20/2014 09:55:39 Total Fees: 11.68 Transfer Tax: .09 County Clerk: BOBBIE HOLSCLAW-JEFF CO KY Deputy Clerk: EVENAY

END OF DOCUMENT

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Allson Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/19/2014 11:15 AM Fee Receipt: \$8.00



### COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40802 (602) 584-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	and an	NPA .
Pursuant to the provisions of KI purpose, submits the following :	RS 14A and KRS Chapter 273, the undersigned applieststements;	s to amend articles	and, for that
1. The name of the corporation	on record with the Office of the Secretary of State is:		
The Old Louisville Inf	ormation Center, Inc.		
(The name must be identical to the n	eme on moord with the Secretary of State.)		<del></del>
2. The text of each amendment	adopted: Article I: The name of the corporation shall be: The	Oxf Louisville Neighbor	hood Council, inc.
<del></del>			
			······································
. The date of adoption of each	emendment was July 22, 2014		
. Check either a, b or c (whichev			
. Oreck caner a, o or a (whenev	et re zbhriczorali:		
amendment received at by proxy were entitled to		ent at such meeting	or represented
b. The amendment entitled to vote with resp	i(s) was (were) duly adopted by consent in writing and act thereto.	was (were) signed	by all members
c The amendment	(s) was (were) duly adopted by the board of directors in directors in office since there are no members or n		
. This application will be effective rine deleyed effective date can	e upon filing, unless a delayed effective date and/or fil not be prior to the date the application is filed. The da	to and/or time is the (Desi	e effective date ************************************
deciare under parally of perjury	under the laws of Kentucky that the forgoing is true at	nd correct.	
1/1///	Howard Rosenberg	President	July 22, 2014
	——————————————————————————————————————	Tiestaerit	Date
guatitre of Officer or Chairman of the	)	•100	
ine)		Lodged By: WY Recorded On: Total Fees: Transfer Tax:	11.00
		Deputy Clerk:	BOBBIE HOLSCLAW-JEFF CO F EVEMAY

**END OF DOCUMENT** 

TIED MOFFICE A29567

ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY,
FRANKFORT, KENTUCKY

Can ARTICLES OF INCORPORATION

OF

THE OLD LOUISVILLE INFORMATION CENTER, INC.

MAY 1 6 1983

SECRETARY OF STATE

I, THE UNDERSIGNED, for the purpose of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273 of the Kentucky Revised Statutes, hereby certify as follows:

### ARTICLE I

The name of the Corporation shall be:
THE OLD LOUISVILLE INFORMATION CENTER, INC.

### ARTICLE II

The duration of the Corporation shall be perpetual.

### ARTICLE III

The principal place of business of the Corporation is to be located at 1340 So. Fourth Street (in Central Park), Louisville, Kentucky, 40208 and such other places in said city or elsewhere as its Board of Directors may by resolution designate.

The name and address of the registered agent for service

of process is:

Richard L. Janes 1340 So. 4th Street (in Central Park) Louisville, Kentucky 40208

### ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including

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

The purposes of the Corporation shall be more specifically

stated as follows:

1) To operate a resource center for the residents of the Old Louisville neighborhood which will provide a wide variety of educational material, information, and other services to help them meet social, health, welfare, educational and cultural needs.

2) To engage in educational and charitable activity designed to lessen neighborhood tensions and to encourage and pro-

mote community cooperation and pride.

3) To engage in educational and charitable activity designed to combat neighborhood deterioration and to promote community revitalization and development.

4) To encourage, promote, and provide activity for neighborhood youth designed to instill in them a friendly and cooperative spirit and to advance their educational and cultural development.

### ARTICLE V

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

### ARTICLE VI

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV, except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

- b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:
  - 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
  - 2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
  - 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
  - 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
  - 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

### ARTICLE VII

The names and addresses of the incorporators are:

### INCORPORATOR

MAILING ADDRESS

Richard L. Janes

1409 So. Brook Street Louisville, Kentucky 40208

### ARTICLE VIII

The names and addresses of the members of the initial Board of Directors are:

Richard L. Janes 1409 So. Brook Street Louisville, Kentucky 40208

Carolyn Beall 1216 So. Floyd Street Louisville, Kentucky 40203

Rose Greenough Nett 940 So. 6th Street Louisville, Kentucky 40203

### ARTICLE IX

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

### ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation olely because of their position as officers and members of the proporation.

### ARTICLE XI

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

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

### ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

ROBA

Before me, the undersigned authority, personally appeared RICHARD L. JANES and being first duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 2 day of _______, 1983.

My Commission Expires: 8-16-86

NOTARY PUBLIC, STATE AF-LARGE KENTUCKY

This Document Prepared By:

JEFFREY B. SEGAL ATTORNEY AT LAW LEGAL AID SOCIETY, INC. 425 W. Muhammad Ali Blvd. Louisville, Kentucky 40202 (502) 584-1254

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

### **Request for Taxpayer** Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
	Old Louisville Neighborhood Council, Inc.									
	2 Business name/disregarded entity name, if different from above									
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only following seven boxes.	y <b>one</b> of the	certair	mptions entities tions or	, not	individ				
3. Son	Individual/sole proprietor or C Corporation S Corporation Partnership LT single-member LLC	rust/estate	Exemp	t payee	code	(if any	}			
Š	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶									
Print or type, Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. DLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-mem	f the LLC is		otion fro (if any)	m FA	TCA re	portin	g		
교 왕	is disregarded from the owner should check the appropriate box for the tax classification of its owner.    ✓ Other (see instructions) ► Nonprofit 501c3		(Applies	lo account	maint	ained out:	side the	u.s.)		
ě	Other (see instructions) ► Nonprofit 501c3  5 Address (number, street, and apt. or suite no.) See instructions.  Reque	ester's name a								
e S	49.40 C 444 Canada		and admiced topically							
See	1340 S 4th Street									
	6 City, state, and ZIP code									
	Louisville, Kentucky 40208									
	7 List account number(s) here (optional)									
Pa	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social sec	urity n	umber						
back	up withholding. For individuals, this is generally your social security number (SSN). However, for a		7 [		[	$\Box$	T	T		
resid	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		-	ı	-		- [			
	es, it is your employer identification number (EIN). If you do not have a number, see How to get a	Or	[		1	LL_				
TIN,		Employer	identifi	cation r	wint	er		٦		
Note	: If the account is in more than one name, see the Instructions for line 1. Also see What Name and ber To Give the Requester for guidelines on whose number to enter.				T		T	f		
IVGIII	70 Give the requestor for galactimes an interest to their	3 1	- 1	1 0	6	3   5	5 7			
Pai	TI Certification									
	r penalties of perjury, I certify that:									
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for a num	ber to be iss	sued to	me); a	nd					
212	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
- 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 ▶	Gu	wrd	elds	Vi	ile	in	۷

### 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.



### Kentucky Secretary of State Michael G. Adams

### THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

### **General Information**

**Organization Number** 

0177929

Name

THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

ΚY

File Date

5/16/1983

**Organization Date** 

5/16/1983

Last Annual Report

1/17/2021

**Principal Office** 

1340 S. 4TH ST.(IN CENTRAL PARK)

LOUISVILLE, KY 40208

**Registered Agent** 

OLD LOUISVILLE NEIGHBORHOOD COUNCIL INC.

1340 S. 4TH. ST.

IN CENTRAL PARK LOUISVILLE, KY 40208

### **Current Officers**

Chairman

DERRICK PEDOLZKY

Vice Chairman

JENA BLYTHE

Secretary

CHUCK ANDERSON

Treasurer

MICHAEL MEADOR

Director

SHAWN FIELDS WILLIAMS

Director

**JAMES BROOKS**