

0-091-26


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

Applicant/Program: Poorcastle Festival, Inc.//Poorcastle Festival 2026
Applicant Requested Amount: \$19,088.25
Appropriation Request Amount: ~~\$2,000~~ \$6,000


Executive Summary of Request
Funding to Poorcastle Festival Inc. for stage rental, production costs, event insurance, and security for the Poorcastle Festival, a music festival which takes at Jubilee Field from May 15-17, 2026.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

6 District #  Primary Sponsor Signature \$ 2,000 Amount 04/3/2026 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
No relationship.

Approved by:  Date: 5/6/2026
Appropriations Committee Chairman Date
Final Appropriations Amount: \$6,000

dy

Applicant/Program:
Poorcastle Festival, Inc. // Poorcastle Festival 2026

Additional Disclosure and Signatures

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ <u>1,000</u>
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ <u>500</u>
District 9	_____	\$ <u>250</u>
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ <u>250</u>
District 14	_____	\$ _____
District 15	_____	\$ <u>1,500</u>

Applicant/Program:

Poorcastle Festival, Inc.//Poorcastle Festival 2026

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ 500

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Poorcastle Festival, Inc.	
Program Name and Request Amount \$19,088.25 for Poorcastle Festival 2026	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: Nick Conder	Date: 04/03/2026

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Poorcastle Festival, Inc.			
Main Office Street & Mailing Address: 4466 41st St. #1, San Diego, CA 92116			
Website: www.poorcastle.com			
Applicant Contact:	Shaina Wagner	Title:	Pres., Director of Operations
Phone:	(214) 883-0862	Email:	info@poorcastle.com
Financial Contact:	Shaina Wagner	Title:	Pres., Director of Operations
Phone:	(214) 883-0862	Email:	info@poorcastle.com
Organization’s Representative who attended NDF Training: Shaina Wagner			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Jubilee Field, 529 E Burnett Ave., Louisville, KY 40217		
Council District(s):	6	Zip Code(s):	40217
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Poorcastle Festival 2026			
Total Request: (\$)	\$19,088.25	Total Metro Award (this program) in previous year: (\$)	\$8,700.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No Have been in contact, waiting for reponse.			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Poorcastle Festival is a non-profit music festival fundraiser benefiting three organizations: Louisville Leopard Percussionists, Out Loud Louisville, and AMPED. The mission of the festival is to provide a platform for Louisville-based musicians, while partnering with local vendors, artists, and small businesses.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Poorcastle Festival will take place at Jubilee Field May 15-17, 2026. Load in will begin 10 am May 14 and load out beginning at 10 am May 18. Gates will open each day at 1 pm and close 11 pm. Poorcastle Festival is a nonprofit music festival that offers the community a festival experience at an accessible cost. The festival brings together many facets of the Louisville community, from 36 all-local musicians and bands, artists, small businesses, food, and more. Proceeds benefit three youth music programs, AMPED, Louisville Leopard Percussionists, and Out Loud Louisville.

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

Funding will be directly applied to stage and production, event insurance, and security.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Proceeds made through ticket purchases after expenses will be distributed between Louisville Leopard Percussionists, AMPED, and Out Loud Louisville.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The donation to Louisville Leopards Percussionists goes toward scholarships, special guests, new equipment, and extraordinary musical experiences.

AMPED uses funds toward their Russel Technology Business Incubator, Family Learning and Technology Workforce Training program, and Music Academy.

Out Loud Louisville puts their donation towards continuing to expand beyond a one-week summer camp to programming that is happening all year long. In addition to the flagship summer camp program (where over 50 participants attend instrument lessons, form bands, collaboratively write original songs, participate in daily music and empowerment-related workshops, perform with their band at a live showcase at the end of the week, and record their songs in a professional recording studio), they have expanded the year round offerings to include two additional free after school programs (held at La Casita Center and Maryhurst), a Ladies Rock program for adults, and a new music meets visual arts program, The GRL Hall of Fame Project, in which current and former campers develop a critical and aesthetic understanding of the contributions of women and non-binary artists in music history. At the end of the program, an art exhibition was on display at KMAC Museum with an opening reception to celebrate.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We are partnered with Change Today, Change Tomorrow, a nonprofit fighting hunger in the West end. CTCT will have a booth and encourage food donations while providing information about how the community can help.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			0
B: Rent/Utilities			0
C: Office Supplies			0
D: Telephone			0
E: In-town Travel			0
F: Client Assistance (See Detailed List on Page 8)			0
G: Professional Service Contracts			0
H: Program Materials			0
I: Community Events & Festivals (See Detailed List on Page 8)	\$19,088.25	\$15,945.00	\$35,033.25
J: Machinery & Equipment			0
K: Capital Project			0
L: Other Expenses (See Detailed List on Page 8)			0
*TOTAL PROGRAM/PROJECT FUNDS	\$19,088.25	\$15,945.00	\$35,033.25
% of Program Budget	54%	46%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) Donations and Ticket Sales	\$15,945.00
Total Revenue for Columns 2 Expenses **	\$15,945.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Stage and Production	\$14,435.00		\$14,435.00
Security	\$3,040.00		\$2,880.00
Portapotties		\$445.00	\$445.00
Photobooth		\$2,500.00	\$2,500.00
Waste Management		\$500.00	\$500.00
Insurance	\$1,613.25		\$1,613.25
Marketing, Ads		\$2,500.00	\$2,500.00
Stage Design		\$2,000.00	\$2,000.00
Printing		\$5,000.00	\$5,000.00
Equipment		\$1,500.00	\$1,500.00
Other, General		\$1,500.00	\$1,500.00
			0
			0
			0
			0
			0
Total	\$19,088.25	\$15,945.00	\$35,033.25

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
LEO Weekly	\$10,000.00	Ads and marketing plan
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$10,000.00	

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

Agency Fiscal Year Start Date: 1/1/2026

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

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

Standard Certifications

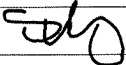
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Saturday, April 18, 2026 11:28 PM

Signature of Legal Signatory:		Date:	4/18/26
Legal Signatory: (please print):	Shaina Wagner	Title:	President
Phone:	(214) 883-0862	Extension:	
Email:	info@poorcastle.com		



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

POORCASTLE FESTIVAL INC
610 BARRET AVE
LOUISVILLE, KY 40204

Date:
05/04/2021
Employer ID number:
81-1441492
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 28, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053432009841

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Poorcastle Festival 2026 Estimated Budget

Venue Expense	2026
Stage/Production	\$14,435.00
Security	\$3,040.00
Portapotties	\$445.00
Photobooth	\$2,500.00
Waste Management	\$500.00
Insurance	\$1,613.25
	\$22,533.25

Art Direction	
Stage Design	\$2,000.00
Printing	\$5,000.00
	\$7,000.00

Other	
Equipment	\$1,500.00
Marketing/Ads	\$2,500.00
Other	\$1,500.00
	\$5,500.00

Funding Request	
Stage/Production	\$14,435.00
Security	\$3,040.00
Insurance	\$1,613.25
Total Request	\$19,088.25

TOTAL \$35,033.25

Non-Metro Expenses	
Portapotties	\$445.00
Photobooth	\$2,500.00
Waste Management	\$500.00
Stage Design	\$2,000.00
Prints	\$5,000.00
Equipment	\$1,500.00
Marketing/Ads	\$2,500.00
Other	\$1,500.00
	\$15,945.00

Poorcastle Festival Financial Statement 2025-2026		
Income	1/1/2026-4/3/2026	1/1/2026-4/3/2026
Sponsor Donations		\$0.00
Other Donations		\$0.00
Grants		\$0.00
Vendors	\$400.00	\$0.00
Ticket Sales	\$325.00	\$0.00
Total Income	\$725.00	\$0.00
Expenses	1/1/2026-4/3/2026	1/1/2026-4/3/2026
Annual Reinstatement	-\$145.00	\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Total Expenses	-\$145.00	\$0.00
Balance	\$580.00	\$0.00

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2025

Open to Public Inspection

A For the 2025 Calendar year, or tax year beginning 2025-01-01 and ending 2025-12-31

B Check if available

 Terminated for Business Gross receipts are normally \$50,000 or lessC Name of Organization: POORCASTLE FESTIVAL610 Barret Ave, Louisville,KY, US, 40204

D Employee Identification

Number 81-1441492

E Website:

F Name of Principal Officer: Poorcastle Festival610 Barret Ave, Louisville,KY, US, 40204

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

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

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

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

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NAOI
0947769.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
3/21/2016 12:00:00 AM
Fee receipt: \$8.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Poorcastle Festival, Inc.

Article II: The street address of the company's initial registered office in Kentucky is

828 Lane Allen Rd Ste 219, Lexington, KY 40504

and the name of the initial registered agent at that address is **InCorp Services, Inc.**

Article III: The mailing address of the company's initial principal office is

1122 Ellison Ave, Louisville, KY 40204

Article IV: The name and mailing address of each incorporator is

Geneva Gomez 1000 N West St Ste 1200, Wilmington, DE 19801

Article V: The number of directors constituting the initial board of directors is 4. The name and mailing address of each director is

Shaina Wagner 1122 Ellison Ave, Louisville, KY 40204
Shaina Wagner 1122 Ellison Ave, Louisville, KY 40204
Larry Bays 1122 Ellison Ave, Louisville, KY 40204
Ronald K. Gibson 1122 Ellison Ave, Louisville, KY 40204

Article VI: The purpose of the company is: **The Corporation is organized exclusively for charitable, educational, religious, or scientific purposes within the meaning of Section 501(c)(3) of the internal Revenue Code. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or then such organization or organizations organized and then time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or then corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the corporation is then located, Court shall determine, which are organized and operated exclusively for such purposes.**

Executed by the Incorporator on Monday, March 21, 2016

Name of incorporator: **Geneva Gomez**

Signature of individual signing on behalf of Incorporator: **Geneva Gomez**

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NAOI
0947769.09
Alison Lundergan Grimes
Secretary of State
Received and Filed
3/21/2016 12:00:00 AM
Fee receipt: \$8.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

I, **InCorp Services, Inc.**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Janice Null

ESTIMATE

Louisville Sound Company
630 Providence Way
Clarksville, IN 47129

louisvillesoundco@gmail.com
+1 (812) 989-7072
www.louisvillesoundcompany.com



Bill to
Shaina Wagner
Poorcastle 2025
May 15th, 16th & 17th

Ship to
Shaina Wagner
Poorcastle

Estimate details

Estimate no.: 1135
Estimate date: 01/01/2026
Expiration date: 02/01/2026

#	Product or service	Description	Qty	Rate	Amount
1.	STAGE/PRODUCTION		1	\$0.00	\$0.00
2.	Stageline SL 100	Mobile concert stage 20'x24'	1	\$6,000.00	\$6,000.00
3.	Chauvet 1 Tri-IP LED fixture	COLORado 1 Tri-IP LED Outdoor rated Lighting fixture	8	\$40.00	\$320.00
4.	Lighting control	Chauvet controler	1	\$70.00	\$70.00
5.	Cable ramp	3' Yellow Jacket Cable ramp	30	\$10.00	\$300.00
6.	50 amp distro	AC Distribution box w/ California Connector	1	\$60.00	\$60.00
7.	Chain Hoist	20' manual chain hoist w/ fall bag	2	\$45.00	\$90.00
8.	AUDIO		1	\$0.00	\$0.00
9.	RCF HDL20A Line Array Module	Dual 10" Line Array Module	8	\$150.00	\$1,200.00
10.	RCF SUB 8006-AS	Dual 18" Active High Output Concert Subwoofer	4	\$300.00	\$1,200.00
11.	Flybar HDL20A	Flybar/Ground stack support RCF HDL20A	2	\$80.00	\$160.00
12.	Midas M32	32 ch digital Mixing Console foh / monitors	2	\$300.00	\$600.00
13.	EV ZLX 115p	Active 15" 2way Main/ stage Monitor	6	\$45.00	\$270.00

14. Whirlwind concert 40	40 Ch split snake	1	\$85.00	\$85.00
15. Production Workbox	Mics, XLR, DI's	1	\$100.00	\$100.00
16. AC Trunk	12/3 So cord, Edison Quad boxes	1	\$100.00	\$100.00
17. Mic Stand Package	K&M Festival Mic Stand Package: Standard Boom & Low Profile Stands	1	\$100.00	\$100.00
18. *STAFF*		1	\$0.00	\$0.00
19. (A1) Audio Technician	A1 System Engineer / FOH Tech	24	\$70.00	\$1,680.00
20. (A2) Audio Technician	A2 Monitor / Tech	24	\$70.00	\$1,680.00
21. (SH) Stage Hand	SH 4hrs IN- 4hrs OUT	8	\$55.00	\$440.00
22. (SH) Stage Hand	SH 4hrs IN- 4hrs OUT	8	\$55.00	\$440.00
23. (SH) Stage Hand	SH 4hrs IN- 4hrs OUT	8	\$55.00	\$440.00

Subtotal \$15,335.00

Discount -\$900.00

Total \$14,435.00

Expiry date 02/01/2026

Accepted date

Accepted by

INVOICE

Schwartz Insurance Group

2950 Breckenridge Lane 8A
 Louisville, KY 40220
 (502)451-1111

Customer	Poorcastle Festival
Acct #	34784
Date	02/25/2026
Customer Service	David 5 Cooper Michell Fust
Page	1 of 1

Poorcastle Festival
 610 Barret Ave.
 Louisville, KY 40204

Payment Information	
Invoice Summary	\$ 1,613.25
Payment Amount	
Payment for:	Invoice#799871
26-27 BINDER TBD	

Thank You

Please detach and return with payment



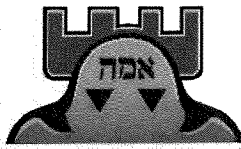
Customer: Poorcastle Festival

Invoice	Effective	Transaction	Description	Amount
799871	05/15/2026	Rewrite	Policy #26-27 BINDER TBD 05/15/2026-05/19/2026 Mount Vernon Fire Insurance Company Down Payment - Rewrite	1,613.25

Total
\$ 1,613.25

Thank You

Schwartz Insurance Group 2950 Breckenridge Lane 8A Louisville, KY 40220	(502)451-1111	Date
		02/25/2026



GOLEM SECURITY

CONCIERGE OF DEFENSE
Protect What Matters Most

SHORT-TERM SECURITY SERVICES AGREEMENT

Date: 02/26/2026

CLIENT: Poorcastle Festival at Jubilee Field

Address: 529 E Burnett Ave, Louisville, KY 40217

Phone: (214) 883-0862 Email: info@poorcastle.com

GOLEM SECURITY SERVICES, LLC | 6305 Strawberry Lane, Louisville, KY 40214

1. SERVICES & SCHEDULE

Location: Jubilee Field - 529 E Burnett Ave, Louisville, KY 40217

Dates: May 14, 2026 to May 17, 2026 (max 30 days) Hours: 8 pm (overnight) May 14, 24/7 after

Type: Event Security Patrol Other: _____

Guards: 1 (Armed Unarmed)

Duties: Continuous patrols and overnight deterrence for equipment, staging, and vendors

2. PRICING & PAYMENT

Rate: \$40 per hour per guard | Est. Total: \$3,040 (based on 76 hours)

Payment: Due within 15 days of invoice via check, ACH, or credit card (3% fee). Late payments accrue 1% monthly interest. Services may be suspended if payment is over 15 days late.

Cancellation: 48 hours notice required. Less than 48 hours notice incurs 50% cancellation fee.

3. OUR RESPONSIBILITIES

We provide licensed, background-checked personnel per KY law (KRS 227A), supply all uniforms/equipment/vehicles, carry required insurance, report incidents within 24 hours, and follow KY use-of-force laws (KRS 503).

4. YOUR RESPONSIBILITIES

You provide property access and parking, pay invoices on time, notify us of security concerns or hazards, and maintain property in reasonably safe condition.

5. INSURANCE & LIABILITY

Insurance: We maintain general liability (\$1M/\$2M), workers' comp (per KY law), and auto liability (\$1M). You'll be named additionally insured upon request.

Liability: Our liability is limited to the total amount paid under this agreement. We're not liable for indirect damages like lost profits. This doesn't limit our insurance coverage.

Indemnification: We protect you from claims from our negligence or law violations. You protect us from claims from your negligence or undisclosed property hazards.

6. CONFIDENTIALITY

Both parties keep confidential information (security procedures, access codes, pricing, terms) private except as required by law or to perform services. Obligation continues 2 years after services end.

7. TERMINATION

Either party may terminate immediately for: material breach not cured within 5 days of written notice, failure to pay within 15 days of due date, or unsafe conditions that cannot be remedied. Client pays for all services rendered through termination date.

8. GENERAL TERMS

Governing Law: Kentucky law applies. Disputes resolved through: (1) informal mediation between parties within 15 days of written dispute notice; (2) if unresolved, binding arbitration in Louisville, KY under American Arbitration Association Commercial Rules. Either party may seek court intervention for emergency matters requiring immediate relief. Complete arbitration policy available upon request.

Changes: Must be in writing and signed by both parties.

Entire Agreement: Supersedes all prior discussions about these services.

Force Majeure: Neither party liable for delays due to events beyond reasonable control.

9. EMERGENCY CONTACTS

Client Contact: Shaina Wagner Phone: (214) 883-0862 |

Golem Security 24/7: David Goad, (502) 742 1911

SIGNATURES

CLIENT: Signature: _____ Date: _____

Printed Name: _____ Title: _____

GOLEM SECURITY SERVICES, LLC: Signature: B. David Goad Date: 03/02/2026
B. David Goad (Mar 2, 2026 10:03:28 EST)

Printed Name: B. David Goad Title: Founder / CEO

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above. Poorcastle Festival, Inc.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 610 Barret Ave.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code Louisville, KY 40204</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
or									
Employer identification number									
8	1	-	1	4	4	1	4	9	2

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Saturday, April 18, 2026 11:33 PM	Date 4/18/26
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

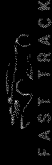
Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Kentucky Secretary of State

Michael G. Adams



- Business Entity Search
- File Annual Report
- File LLC
- Business Registration Portal
- Name Availability Search
- Business Forms Library
- Prepaid Account Status
- Current Representative Search
- Founding Representative Search
- Registered Agent Search
- Validate Certificate of Existence/Authorization

Poorcastle Festival, Inc.

- File Amended Annual report
- Change Address of Registered Agent
- File Certificate of Assumed Name (DBA)
- File Dissolution
- Upload a Filing
- File Registered Agent Resignation
- Subscribe to changes made to this entity
- Print & Mail – Request Certificates

General Information

Organization Number : 0947769
Name : Poorcastle Festival, Inc.
Profit or Non-Profit : N - Non-profit
Company Type : KCO - Kentucky Corporation
Industry : Amusement and Recreation Services
Number of Employees : Small (0-19)
Primary County : Jefferson
Status : A - Active
Standing : G - Good
State : KY
Country : USA
File Date : 3/21/2016
Organization Date : 3/21/2016
Last Annual Report : 4/2/2026
Principal Office : 610 BARRET AVE
 LOUISVILLE, KY, 40204
Registered Agent : REGISTERED AGENTS INC
 212 N 2ND ST STE 100