

NDF072226BNA08

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

Applicant/Program: Belknap Neighborhood Association, Inc./ Installation of an outdoor AED and AED Tower
Applicant Requested Amount: \$2120
Appropriation Request Amount: \$2120

Executive Summary of Request
Appropriation of \$2120 from D8 NDF funds to the Belknap Neighborhood Association, Inc. for electrical services to be provided by their subgrantee Wagner Electric for the electrical work needed to make the public AED and AED tower functional and rechargeable. The AED and Tower will be the first publicly accessible outdoor AED in the county providing access to a life saving defibrillator in case of a cardiac emergency, Installation is planned for July-August 2026. BNA will pay the electrical bills and maintain the equipment,

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.

8 District # Ben Reno-Weber Primary Sponsor Signature \$2120 Amount 06/19/2026 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.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:
Belknap Neighborhood Association , Inc./Installation of an Outdoor AED and AED tower

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 _____ \$ _____
- District 4 _____ \$ _____
- District 5 _____ \$ _____
- District 6 _____ \$ _____
- District 7 _____ \$ _____
- District 8 _____ \$ _____
- District 9 _____ \$ _____
- District 10 _____ \$ _____
- District 11 _____ \$ _____
- District 12 _____ \$ _____
- District 13 _____ \$ _____
- District 14 _____ \$ _____
- District 15 _____ \$ _____

Applicant/Program:
Belknap Neighborhood Association , Inc./Installation of an Outdoor AED and AED tower

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 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION	
Legal Name of Applicant Organization Belknap Neighborhood Association , Inc.	
Program Name and Request Amount Installation of an Outdoor AED and AED tower	
	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"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> N/A Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> No
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"/> No
Prepared by: Betsy Foster	
Date: 06/19/2026	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) Belknap Neighborhood Association, Inc.			
Main Office Street & Mailing Address: 2616 Bardstown Rd. Louisville, KY 40205			
Website: https://belknapneighbors.com/			
Applicant Contact:	Ginger Wallace	Title:	President
Phone:	(850) 217-6837	Email:	belknappresident@gmail.com
Financial Contact:	Kevin Smith	Title:	Treasurer
Phone:	(502) 744-8461	Email:	belknaptreasurer@gmail.com
Organization's Representative who attended NDF Training: Ginger Wallace			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Belknap Neighborhood - Douglass Loop		
Council District(s):	8	Zip Code(s):	40205
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Installation of an outdoor Automated External Defibrillator (AED)			
Total Request: (\$)	\$ 2,120.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input 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 checked="" 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 type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed)		<input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Belknap Neighborhood Association (BNA) works very hard to make sure our neighborhood is a healthy, safe, and thriving place to live.

The BNA works to provide our neighbors with affordable mature tree planting to improve soil and air quality, fight the urban heat island, and combat global warming. The BNA Volunteers plant and maintain native pollinator plants in The Douglass Loop and other neighborhood common areas, bringing more indigenous plants that support our local birds and pollinator insects and providing a beautifully maintained landscape.

The BNA produces the Belknap Fall Festival every second weekend in October. It is the largest Fall Festival staged in the Louisville Highlands with attendance averaging about 15,000 people. The Fall Festival creates a platform for local artists, musicians, food truck vendors, nonprofit organizations and businesses to engage in the community. Proceeds from the festival go to support neighborhood improvements and beautification.

The BNA also has a Good Neighbor Program, where we provide for the health and safety of our neighbors. For example, the BNA worked to evict an entertainment venue that had opened in the neighborhood but refused to respect the well-being of the surrounding neighbors. By partnering with LMPD, the BNA successfully provided evidence and attorney fees for an eviction judgment. This is where are latest project fits in, to install the first outdoor Automated External Defibrillator (AED) in Louisville.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Wallace, Ginger (President)	12/31/2026
Butler, Timmie (VP)	12/31/2026
Smith, Kevin (Treasurer)	12/31/2026
Hayes, Lauren (Secretary)	12/31/2026
Bates, Andrew	12/31/2026
Carter, Lindsay	12/31/2026
Dedich, Laura	12/31/2026
Rubin, Alan	12/31/2026
Sprawls, Rosie	12/31/2026
Van Meter, Mary Beth	12/31/2026
Woodson, Tiffany	12/31/2026

Describe the Board term limit policy:
 Elections are held annually. Terms are for one year. Any board member after one year may run for an officer position.

Three Highest Paid Staff Names	Annual Salary
N/A	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

The Belknap Neighborhood Association will install Louisville's first outdoor Automated External Defibrillator (AED) at the Douglass Loop. Sudden cardiac arrest is a leading cause of death, with more than 350,000 cases occurring each year in the United States. Approximately 90% of those who experience cardiac arrest outside of a hospital do not survive. However, immediate action saves lives. Survival chances decrease by about 10% for every minute that CPR and defibrillation are delayed. Immediate CPR can double or even triple a person's chance of survival, and if a defibrillator is used within the first minute of collapse, survival rates can approach 90%. Having accessible AEDs in the neighborhood allows residents to respond quickly in those critical first minutes before emergency responders arrive. This rapid response can mean the difference between life and death and can significantly reduce the risk of long-term disability. Installing AEDs demonstrates a strong commitment to community safety, preparedness, and the well-being of all residents and visitors. Thousand of people live, work, or pass through within three minutes of Douglass Loop every year. This primarily includes the residents and businesses in the Belknap and Highland-Douglass Neighborhoods. Additionally, it will support the annual foot traffic associated with multiple events, which include but are not limited to the Douglass Loop farmer's market, Cyclouvia and the Belknap Fall festival.

The project window is July 1 - Aug 31, 2026. We hope to do a ribbon cutting at the 2026 Belknap Fall festival, Oct 9-10.

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

Wagner Electric will provide labor, equipment, and material for the following scope:

Install (1) customer provided AED tower in the landscape island located next to Club Pilates.

Provide 120-volt / 20-amp circuit to feed power.

Dig and pour concrete for the AED tower pad.

Terminate power to the tower.

We include all local permitting and inspection costs.

Belknap Neighborhood Association will pay the monthly bill to power the AED.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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:

This outdoor Automated External Defibrillators (AED) is being placed in a location to provide maximum benefit to anyone visiting or living around the Douglass Loop. The AED will significantly increase survival rates from sudden cardiac arrest in this high-traffic area by providing immediate, accessible, and user-friendly life-saving technology. The AED will be housed in a secure, climate-controlled cabinet and will offer 24/7 availability for rescuers while encouraging a proactive community safety culture.

This AED cabinet features robust anti-theft and anti-tampering features, including loud audible alarms, flashing LED lights, and smart technology that will send instant email/text alerts to BNA members when opened. The cabinet will also take a picture of anyone who opens the cabinet.

The Belknap Neighborhood Association will ensure the AED is maintained. We will also report any time the AED is used to hopefully save a life.

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.

The Belknap Neighborhood Association will work with Highland-Douglass Neighborhood Association to educate the public on the location of the AED, as well as the benefits of having it located in the Douglass Loop. We will also sponsor education classes on how to use the device for anyone who would like to attend.

If this grant is awarded, the AED cabinet will include the metro/city logo to ensure the community knows the city partnered with us for this project.

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			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project	\$ 2,120.00	\$ 5,380.00	\$ 7,500.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 2,120.00	\$ 5,380.00	\$ 7,500.00
% of Program Budget	28.27%	71.73%	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)	
Total Revenue for Columns 2 Expenses **	\$ 0.00

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

**Must equal or exceed total in column 2.

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Belknap Neighborhood Association - volunteers to maintain the AED		
Donation of AED and AED cabinet	\$ 5,380.00	
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 5,380.00	

*** 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: 01/01/2026

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.

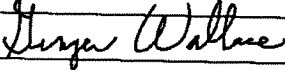
Standard Certifications

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.

Signature of Legal Signatory:		Date:	05/11/2026
Legal Signatory: (please print):	Ginger Wallace	Title:	President
Phone:	(850) 217-6837	Extension:	
Email:	belknappresident@gmail.com		

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

DEPARTMENT OF THE TREASURY

Date:

JUL 08 2014

BELKNAP NEIGHBORHOOD ASSOCIATION
INC
PO BOX 5308
LOUISVILLE, KY 40255-5308

Employer Identification Number:
61-1253296
DLN:
17053024340024
Contact Person: CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Form 990 Required:
Yes
Effective Date of Exemption:
March 29, 1993
Contribution Deductibility:
No
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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

Sincerely,



Director, Exempt Organizations

Belknap Neighborhood Association Annual Report 2025

Starting Balance	\$24,676.73		
Program	Revenue	Expenses	Net
Beautification	2,410.00	(290.76)	2,119.24
	2,410.00	(290.76)	2,119.24
	0.00	0.00	0.00
	0.00	0.00	0.00
Donations	0.00	0.00	0.00
<i>Mural</i>	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
Festival	39,715.25	(31,108.12)	8,607.13
<i>Art (prizes)</i>	0.00	(50.00)	(50.00)
<i>Booths</i>	5,083.00	(179.51)	4,903.49
<i>Concessions</i>	23,044.00	(8,819.30)	14,224.70
<i>Family Area</i>	1,500.00	(1,549.89)	(49.89)
<i>Food Trucks/Booths</i>	2,497.00	(37.24)	2,459.76
<i>Insurance</i>	0.00	(1,922.60)	(1,922.60)
<i>Marketing</i>	0.00	(678.54)	(678.54)
<i>Music</i>	0.00	(7,054.00)	(7,054.00)
<i>Non Profit Booths</i>	290.00	(11.21)	278.79
<i>Other</i>	0.00	(3,826.50)	(3,826.50)
<i>Permits</i>	0.00	(3,396.50)	(3,396.50)
<i>Security</i>	0.00	(3,551.60)	(3,551.60)
<i>Sponsors</i>	7,301.25	(31.23)	7,270.02
Gaming	0.00	0.00	0.00
<i>Raffle Tickets</i>	0.00	0.00	0.00
<i>Raffle Expenses</i>	0.00	0.00	0.00
<i>Promotion</i>	0.00	0.00	0.00
Membership	870.87	0.00	870.87
	870.87	0.00	870.87
	0.00	0.00	0.00
	0.00	0.00	0.00
Other	0.00	(3.58)	(3.58)
<i>Alcohol STAR Training</i>	0.00	0.00	0.00
<i>Interest earned on account</i>	0.00	0.00	0.00
	0.00	(3.58)	(3.58)
Promotional Items	0.00	0.00	0.00
<i>Volutorms</i>	0.00	0.00	0.00
<i>MPG Media Banner</i>	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
Tree Program	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
	0.00	0.00	0.00
Unknown	2.22	(164.69)	(162.47)
	2.22	(134.56)	(134.56)
	0.00	(30.13)	(27.91)
	0.00	0.00	0.00
Technology	3.20	(319.96)	(316.76)
<i>Online Payment Svcs: Paypal, Square</i>	0.00	0.00	0.00
<i>Website (Anthill, Squarespace, Jotform)</i>	0.00	(234.00)	(234.00)
<i>Other: Zettle card readers</i>	3.20	(85.96)	(82.76)
Admin Costs	0.00	(1,525.00)	(1,525.00)
<i>Sales Taxes</i>	0.00	0.00	0.00
<i>Sec of State</i>	0.00	0.00	0.00
<i>Accountant: Timothy Darst</i>	0.00	(600.00)	(600.00)
<i>Gaming License</i>	0.00	0.00	0.00
<i>Supplies</i>	0.00	0.00	0.00
<i>Park Community Statements</i>	0.00	(175.00)	(175.00)
<i>Storage Unit</i>	0.00	(750.00)	(750.00)
Transfers	24,687.08	(24,687.08)	0.00
Total	43,001.54	(33,412.11)	9,589.43
Ending Balance	34,266.16		

Belknap Neighborhood Association Treasurer's Report May 2026

Starting Balance Program	Transactions		Fiscal Year Balance	
	Revenue	Expenses	Month Start	Ending YTD
Beautification	0.00	0.00	(130.00)	(130.00)
<i>Loop (Jasper)</i>	0.00	0.00	(130.00)	(130.00)
	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Donations	0.00	0.00	0.00	0.00
<i>Mural</i>	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Festival	1,381.00	(43.14)	555.22	1,893.08
<i>Art (prizes)</i>	0.00	0.00	0.00	0.00
<i>Booths (Lacy Thomas)</i>	660.00	(21.43)	637.38	1,275.95
<i>Concessions (Keg 1 Refund, Beer House (Corn)</i>	0.00	0.00	0.00	0.00
<i>Family Area (Cohen)</i>	0.00	0.00	0.00	0.00
<i>Food Trucks/Booths (Chiropractor Solutions, Hotwork)</i>	696.00	(20.70)	0.00	675.30
<i>Insurance</i>	0.00	0.00	0.00	0.00
<i>Marketing (Ian Cox - Reimb)</i>	0.00	0.00	0.00	0.00
<i>Music (kaelin, Gibbs, Niehoff, Van Meter truck, Underwood, Leopards)</i>	0.00	0.00	0.00	0.00
<i>Non Profit Booths</i>	25.00	(1.01)	38.27	62.26
<i>Other (LGE)</i>	0.00	0.00	(120.43)	(120.43)
<i>Permits</i>	0.00	0.00	0.00	0.00
<i>Security (DRH)</i>	0.00	0.00	0.00	0.00
<i>Sponsors</i>	0.00	0.00	0.00	0.00
Gaming	0.00	0.00	0.00	0.00
<i>Raffle Tickets</i>	0.00	0.00	0.00	0.00
<i>Raffle Expenses</i>	0.00	0.00	0.00	0.00
<i>Promotion</i>	0.00	0.00	0.00	0.00
Membership	40.00	0.00	20.00	60.00
<i>From Spring Event</i>	40.00	0.00	20.00	60.00
	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
<i>Alcohol STAR Training</i>	0.00	0.00	0.00	0.00
<i>Interest earned on account</i>	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Promotional Items	0.00	0.00	(1,697.68)	(1,697.68)
<i>Volulorms</i>	0.00	0.00	(1,365.28)	(1,365.28)
<i>MPG Media Banner</i>	0.00	0.00	0.00	0.00
	0.00	0.00	(332.40)	(332.40)
	0.00	0.00	0.00	0.00
Tree Program	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
Unknown	0.00	0.00	19.53	19.53
	0.00	0.00	0.00	0.00
	0.00	0.00	19.53	19.53
	0.00	0.00	0.00	0.00
Technology	0.00	(39.00)	(627.46)	(666.46)
<i>Online Payment Svcs: Paypal, Square</i>	0.00	0.00	(478.59)	(478.59)
<i>Website (Anihill, Squarespace, Jotform)</i>	0.00	(39.00)	(156.00)	(195.00)
<i>Other: Zettle card readers</i>	0.00	0.00	7.13	7.13
Admin Costs	0.00	(121.00)	(646.36)	(767.36)
<i>Sales Taxes</i>	0.00	0.00	0.00	0.00
<i>Sec of State</i>	0.00	(8.00)	(15.00)	(23.00)
<i>Accountant: Timothy Darst</i>	0.00	0.00	(143.36)	(143.36)
<i>Gaming License</i>	0.00	0.00	0.00	0.00
<i>Supplies</i>	0.00	0.00	0.00	0.00
<i>Park Community Statements</i>	0.00	0.00	0.00	0.00
<i>Storage Unit</i>	0.00	(113.00)	(488.00)	(601.00)
Transfers	376.44	(376.44)	0.00	0.00
Total	1,421.00	(203.14)	(2,506.75)	(1,288.89)
Ending Balance	33,143.12			
Current Balance 5/13/2026	0.00			

Other Treasurer Issues for Board Meeting

as of 5/13/2026

Foster, Betsy

From: Belknap President <belknappresident@gmail.com>
Sent: Monday, June 22, 2026 3:17 PM
To: Foster, Betsy
Subject: Re: Belknap NA NDF application - updated information
Attachments: BNA_W9_2026v1.pdf; May_2026_Treasurer_Report.pdf

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Hello, Betsy. If you sent an email, I did not receive it. I think you said you need this by 5:00. Plus, I have to be at an event at 4:30 so here is what I think I owe you. I've attached our latest treasurer's report and our updated W-9.

Also, we are in the process of changing our fiscal year dates from July 1 - Jun 30 to Jan 1 - Dec 31. Our accountant is working on a six month 990 (Jul 1 - Dec 31, 2025) but it has not been completed yet. Our last filed 990 is for fiscal year Jul 1, 2024 - 30 Jun, 2025.

Please let me know if I missed anything. Thank you!

Ginger

Ginger Wallace
President
Belknap NA
Cell: 850-217-6837

From: Belknap President <belknappresident@gmail.com>
Date: Sunday, June 7, 2026 at 12:14 PM
To: Foster, Betsy <betsy.foster@louisvilleky.gov>
Subject: Belknap NA signed NDF application

Here you go.

Ginger Wallace
President
Belknap NA
Cell: 850-217-6837

From: Belknap President <belknappresident@gmail.com>
Date: Monday, June 1, 2026 at 5:54 PM
To: Foster, Betsy <Betsy.Foster@louisvilleky.gov>
Cc: Mary Beth Van Meter <mbvanmeter@gmail.com>; Karen Sheets-Mobley <karenesheets@gmail.com>
Subject: Re: NDF funds for outdoor AED tower installation at the Douglass Loop

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

61-1253296

Belknap Neighborhood Associati, Inc

Net Asset / Fund Balance at Beginning of Year		<u>23,652</u>
Revenue		
Contributions	<u>2,486</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	<u>32,976</u>	
Direct expenses	<u>26,490</u>	
Net income	<u>6,486</u>	
Other income	_____	
Total revenue		<u>8,972</u>
Expenses		
Program services	_____	
Management and general	_____	
Fundraising	_____	
Total expenses		<u>7,974</u>
Excess / (deficit)		<u>998</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>24,650</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>_____</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>_____</u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>23,652</u>	<u>24,650</u>	
Liabilities	_____	_____	
Net assets	<u><u>23,652</u></u>	<u><u>24,650</u></u>	<u>998</u>

Miscellaneous Information

Amended return _____

Return / extended due date 05/15/26

Failure to file penalty _____

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

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 For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Belknap Neighborhood Associati, Inc		D Employer identification number 61-1253296
	Number and street (or P.O. box if mail is not delivered to street address) 2616 Bardstown Road		E Telephone number 502-744-8461
	Room/suite		F Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40205		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
I Website: <u>Https://www.belknapneighborhood.org</u>			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(<u>4</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 35,462			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,486
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	32,976	
c	Less: direct expenses from gaming and fundraising events	6c	26,490	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,486	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,972	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	833
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	7,141
	17	Total expenses. Add lines 10 through 16	17	7,974
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	998
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,652
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,650

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2024)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,652	22	24,650
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	23,652	25	24,650
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,652	27	24,650

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Neighborhood preservation, provide a forum for discussion neighborhood problems and solutions	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,550
29 Tree Program	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,160
30 Beautification	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,431
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	7,141

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ginger Wallace President	1.00	0	0	0
Kevin Smith Treasurer	1.00	0	0	0
Timmie Butler Vice President	1.00	0	0	0
Lauren Hayes Secretary	1.00	0	0	0
Patrick McDonald Director	1.00	0	0	0
Sherry Jasper Director	1.00	0	0	0
Alan Rubin Director	1.00	0	0	0
Tiffany Woodson Director	1.00	0	0	0
Laura Dedich Director	1.00	0	0	0
Mary Beth VanMeter Director	1.00	0	0	0
Rosie Sprawls Director	1.00	0	0	0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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
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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed: KY
42a The organization's books are in care of: Kevin Smith Telephone no. 502-744-8461
1863 Harvard Dr.
Located at Louisville KY ZIP + 4 40205
42b 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns. Row 46: Yes (empty), No (X)

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns. Row 47: Yes (empty), No (empty)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns. Row 48: Yes (empty), No (empty)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns. Row 49a: Yes (empty), No (empty)

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Ginger Wallace, Date: President

Paid Preparer Use Only: Print/Type preparer's name: Anne-Marie Hogan, CPA; Preparer's signature: Anne-Marie Hogan, CPA; Date: 12/11/25; Check if self-employed; PTIN: P01964378; Firm's name: Riedel Hogan CPA; Firm's EIN: 81-2219387; Firm's address: 111 W Washington St Ste 100 Louisville, KY 40202; Phone no.: 502-708-1118

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**SCHEDULE G
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Belknap Neighborhood Associati, Inc

Employer identification number

61-1253296

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part I Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Belknap Fest (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	32,976		32,976
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	32,976		32,976
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	225		225
	6	Rent/facility costs			
	7	Food and beverages	8,190		8,190
	8	Entertainment	7,175		7,175
	9	Other direct expenses	10,900		10,900
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				6,486

Part II Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain:

**SCHEDULE O
(Form 990)**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Belknap Neighborhood Associati, Inc

Employer identification number

61-1253296

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Membership	\$ 2
STAR Training	\$ 161
Tree Program Expenses	\$ 2,160
Rewards and Paypal Fees	\$ 100
Technology	\$ 1,677
Sales Tax	\$ 55
Secretary of State	\$ 50
Storage Unit	\$ 1,505
Beautification	\$ 1,431
Total	\$ 7,141

Form 990-EZ, Part III - Primary Exempt Purpose

To preserve the neighborhood intrinsic values, as a predominantly residential area that interfaces and works effectively with surrounding businesses and also to provide a forum for discussion of neighborhood matters in order to promote the community, its activities and interest.

Federal Statements

Belknap Fest

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Booths	\$ 304
Family Area	675
Insurance	1,923
Other	2,330
Permits	2,593
Security	3,075
Total	\$ 10,900

BELKNAP NEIGHBORHOOD ASSOCIATION, INC.

313250
RECEIVED & FILED

ARTICLES OF INCORPORATION

88.00
MAR 29 11 04 AM '93

The undersigned incorporator hereby forms a nonprofit corporation under and by virtue of the laws of the commonwealth of Kentucky, and hereby adopts the following Articles of Incorporation pursuant to the Kentucky Nonprofit Corporation Act (KRS 273.161 to 273.390).
BY _____

Article 1. Name

- 1.1 The name of this organization shall be the Belknap Neighborhood Association, Inc.
- 1.2 It shall be a non-stock, non-profit, civic organization.

Article 2. Purposes

706560

- 2.1 The purposes of this association will be to preserve the neighborhoods intrinsic values, as a predominantly residential area that interfaces and works effectively with surrounding businesses and also to provide a forum for discussion of neighborhood matters in order to promote the community, its activities and interest. Furthermore, the association will strive to work with our neighborhood groups in the Highlands/Bardstown Road Area and throughout the City to address common problems and projects.

Article 3. Duration

- 3.1 Unless sooner terminated as provided by law, the association shall have perpetual existence from the time that a certificate of incorporating has been issued by the Secretary of State of Kentucky.

Article 4. Principal Office & Resident Agent

- 4.1 The principal office and place of business of the corporation shall be: 1823 Woodbourne Ave., Louisville, Jefferson County, Kentucky.
- 4.2 The name and address of its resident agent for the service of process shall be: John F. Gleason, WOODWARD, HOBSON & FULTON, 2500 First National Tower, Louisville, Kentucky 40202, (502) 585-3321.

Article 5. Membership

- 5.1 Membership in this Corporation shall consist of annual dues-paying residents and non-residents of the neighborhood who are currently paid-up members of the Belknap Neighborhood Association. Each member will be entitled to one vote on each matter submitted to the voting membership.

Article 6. Officers

- 6.1 The officers of the association will be President, Vice-President, Treasurer and Secretary who shall be elected by the membership at the annual meeting. The term of office shall be for one year or until their successor is elected and these officers will serve as members of the Board of Directors.
- 6.2 The President shall, whenever possible, preside at all membership and Board meetings. He/she can call meetings whenever it is deemed necessary or when properly requested in writing as prescribed in these by-laws.
- 6.3 It shall be the duty of the Vice-President, in the absence of the President, to perform all duties and exercise all of the powers of that office.
- 6.4 It shall be the duty of the Treasurer to be custodian of all association funds and he/she should keep a record of receipts and expenditures of the association. The Treasurer shall give financial reports at the annual and Board meeting. The Treasurer and President shall co-sign all checks.
- 6.5 It shall be the duty of the Secretary to be responsible for recording the minutes of all meetings and facilitate communication with the membership concerning the annual meeting or any special meetings.

Article 7. Directors

- 7.1 The business affairs of the association shall be managed by its Board of Directors in accordance with the policies and procedures set forth by the By-Laws. The Board of Directors shall consist of no less than 10 and no more than 20 members.
- 7.2 The directors will be elected at the annual meeting of members and the term of office shall be to the next annual meeting. Directors are eligible for re-election.
- 7.3 The President will fill vacancies by appointment which must be approved by the Board of Directors.
- 7.4 Currently the following individuals are on the Board of Directors: Andrea Aschbacher, 2023 Lauderdale Rd, Louisville, KY, 40205; John J. Bethune, 1858 Yale Dr., Louisville, KY, 40205; Cathy Brown, 1861 Harvard Dr., Louisville, KY, 40205; Paul Coates, 1819 Woodbourne Ave., Louisville, KY, 40205; Marjorie Fink, 1863 Harvard Dr., Louisville, KY, 40205; Mary Jo Gleason, 1854 Yale Dr., Louisville, KY, 40205; Maggie Hardy, 1804 Harvard Dr., Louisville, KY, 40205; Marie Hoover, 1822 Woodbourne Ave., Louisville, KY, 40205; Lillian Jackson, 2237 Blvd. Napoleon, Louisville, KY, 40205; Doris Kimbro, 2242 Dundee Rd., Louisville, KY, 40205; Mary Leary, 2230 Blvd. Napoleon, Louisville, KY, 40205; Maggie Meloy, 1823 Woodbourne Ave., Louisville, KY, 40205; Greg McCarty, 1806 Harvard Dr., Louisville, KY, 40205; Tom Ording, 1800 Woodbourne Ave., Louisville, KY, 40205; Don Osborn, 1823 Woodbourne Ave., Louisville, KY, 40205; Dave Pender, 1809 Sils Ave., Louisville, KY, 40205; Terri Pender, 1809 Sils Ave., Louisville, KY, 40205; Mary Shacklette, 1900 Woodbourne Ave., Louisville, KY, 40205; Mark Schaeffer, 1890 Douglass Blvd., Louisville, KY, 40205; Mary Lou

Vaughn, 2300 Dundee Rd. #4, Louisville, KY, 40205.

Article 8. Amendments

8.1 The bylaws may be amended by a majority vote of the membership provided the proposal is submitted in writing and the membership is notified 30 days prior to voting.

Article 9. Incorporator

The name and address of the Incorporator is :

Maggie Meloy
1823 Woodbourne Ave.
Louisville, Kentucky 40205

Article 10. Limitations of Director Liability

10.1 No director shall be personally liable to the corporation for monetary damages for breach of his duties as a director except liability:

- (A) For any transaction in which the director's personal financial interest is in conflict with the financial interest of the corporation;
- (B) For acts or omissions not in good faith or which involve intentional misconduct or a known to the director to be a violation of law; or
- (C) For any transaction from which the directors derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this article to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this article shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

SIGNED AND VERIFIED by the Incorporator at Louisville, Kentucky this 27 day of March, 1993.

Margaret (Maggie) Meloy

Secretary of State
Corporation Division
P.O. Box 718
Frankfort KY

1823 Woodbourne Ave.
Louisville, KY 40205

March 19, 1993

Dear Sir:

The members of the Belknap Neighborhood Association have voted to become incorporated. Acting as the incorporator for the organization, I am sending to you in this mailing three copies of our Articles of Incorporation and a check for \$8.00. It is our understanding that you will file one copy of the Articles of Incorporation, and return the other two to us.

Sincerely,

Margaret Meloy
Margaret (Maggie) Meloy

RECEIVED
MAR 29 1993
SECRETARY OF STATE
COMMONWEALTH OF KY

MAR 22 1993

March 31st, 2026

Electrical Proposal

Attention: Karen & Ginger

Subject: AED Tower Installation Power

Dear Karen & Ginger,

Wagner Electric is pleased to provide you with our scope of work for the above-referenced project. Our scope has been prepared from information obtained from an on-site visit and general conversation. Please review our scope carefully and notify me should there be any areas of concern.

Our Scope:

- Wagner Electric will provide labor, equipment, and material for the following scope:
 - Install (1) customer provided AED tower in the landscape island located next to Club Pilates.
 - Provide 120-volt / 20-amp circuit to feed power.
 - Dig and pour concrete for the AED tower pad.
 - Terminate power to the tower.
 - We include all local permitting and inspection costs.

Total:

\$2,120.00

If there are any questions, please call.

Sincerely,

Mason Cherry

P.O. Box 991517
Louisville, KY 40269
502.267.8384
502.267.5979 FAX

Wagner Works

Action First Aid
 92 Commerce Park Dr. Unit #586
 Barrie ON L4N 8W8
 705-720-2978
 info@actionfirstaid.ca
 actionfirstaid.ca



ATTN TO: Mary Newman

QUOTE #1026754

BILL TO
 Sudden Cardiac Arrest Foundation
 7500 Brooktree Road
 Wexford, PA
 15090

SHIP TO
 Sudden Cardiac Arrest Foundation
 7500 Brooktree Road
 Wexford, PA
 15090

DATE:
 2025-04-14

QUOTE VALID UNTIL:
 2025-05-14

P.O. NUMBER

SALES REPRESENTATIVE
 Danielle Menard Jacob

SKU	Product / Service Description	Qty	Unit Price	Amount
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SS700VHM	<p>SaveStation 700VHM Ventilated, Heated and Monitored free-standing Tower is made from durable aluminum with a weather resistant powder coat finish.</p> <p>Includes illuminated high visibility SaveStation AED Public Access Defibrillator signage and space for corporate branding, sponsorship, or advertisements on the front and back of the Tower.</p> <p>The package features:</p> <ul style="list-style-type: none"> • An audible and visual alarm • Transparent cover for maximum AED visibility • Customizable 911 Location Decal and QR Code to link to the SaveStation CPR/AED instructional video • A ventilation and heating system that automatically activates to maintain the AEDs operational requirements in typical North American climates • A photo control camera with infrared lens automatically takes pictures when the cabinet is opened and when the AED is removed • Remote monitoring and communication of AED operational status and cabinet conditions using a LAN/ethernet or cellular data connection • Four year cellular plan with access to monitoring platform • Integrated luminosity sensor that will illuminate the cabinet in low light conditions • Outdoor electrical kit with 24V power supply, waterproof junction box, pre electrical setup & installation guide <p>Please refer to Local Jurisdiction Electrical requirements. Installation to be performed by a Certified Electrician only.</p> <p>For use with all AED brands and models.</p> <p>Custom artwork available at time of purchase only.</p> <p>Tower Dimensions: 15" W x 63" H x 9" D Cabinet Outside Dimensions: 15" W x 16.5" H x 7.5" D Weight: 45 lbs.</p>	1	\$5,200.00	\$5,200.00
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SSCDTWR	Custom Tower Decal (13" x 25" - Solid Vinyl) - Front and Back	1	\$180.00	\$180.00
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NOTES: All prices are in USD. AED Inside SaveStation: TBC. Intended location of SaveStation(s) (Address and nearest intersection) TBC. Organization name and the name and contact info of the person/people who will be taking responsibility for the AED and SaveStation: TBC. Monitoring alerts template to be completed by customer and returned. High res logo file to be provided by customer for decal.

TERMS: Due on Receipt

SUBTOTAL	\$5,380.00
SHIPPING	\$0.00
TAX (Exempt -)	\$0.00
TOTAL	\$5,380.00

(GST/HST No. 862917036)

**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.

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.)
Belknap Neighborhood Association, Inc.

2 Business name/disregarded entity name, if different from above.

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.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
 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.
 Other (see instructions) **501c4 nonprofit organization**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
(Applies to accounts maintained outside the United States.)

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.

5 Address (number, street, and apt. or suite no.). See instructions.
2616 Bardstown Rd

6 City, state, and ZIP code
Louisville, KY 40205

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

				-						
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OR

Employer identification number

6	1	-	1	2	5	3	2	9	6
---	---	---	---	---	---	---	---	---	---

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:

- 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
- 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
- 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 *Junya Wallace Ginger Wallace, President* Date *6/22/2026*

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

- 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

[Upload a Filing](#) | [File Registered Agent Resignation](#)

[Subscribe to changes made to this entity](#)

[Print & Mail - Request Certificates](#)

General Information

Organization Number: 0319258
Name: BELKNAP NEIGHBORHOOD ASSOCIATION, INC.
Profit or Non-Profit: N - Non-profit
Company Type: KCO - Kentucky Corporation
State: A - Active
Standing: G - Good
File Date: 5/29/1998
Organization Date: 3/29/1998
Last Annual Report: 4/22/2005
Principal Office: 2616 BARBISTOWN ROAD
LOUISVILLE, KY 40205
Registered Agent: GINGER WALLACE
PRESIDENT
2123 ASHWOOD DRIVE
LOUISVILLE, KY 40205

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