

0-059-24

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

**Applicant/Program:** Poorcastle Festival <sup>Inc.</sup> ~~2024~~ Poorcastle Festival 2024  
**Applicant Requested Amount:** \$7750 ~~\$24,070~~  
**Appropriation Request Amount:** \$7700

**Executive Summary of Request**

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. The festival and fundraiser will take place May 17-19, 2024 at Breslin Park.

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

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

9  
District #

Andrew Owen  
Primary Sponsor Signature

\$3000  
Amount

2.15.2024  
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.  
 NA

**Approved by:**

\_\_\_\_\_  
 Appropriations Committee Chairman

\_\_\_\_\_  
 Date

Final Appropriations Amount: \_\_\_\_\_

*82*

Applicant/Program: Poorcastle Festival, Inc./  
 Poorcastle Festival 2024

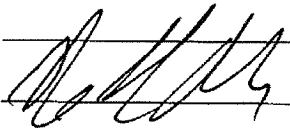
### Additional Disclosure and Signatures

#### 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.

NA

#### Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8		\$ 500
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	<u>Rick Blackwell</u>	\$ 500
District 13	<u>Dan Scum</u>	\$ 500
District 14	<u>Cindi Fowler</u>	\$ 500
District 15	<u>J. Chappell</u>	\$ 1000

Applicant/Program: Poorcastle Festival, Inc.  
 Poorcastle Festival 2024

### 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.

NA

District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	<u>Betsy Ruler</u>	\$ <u>1200</u>
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	<u>Madonna Flood</u>	\$ <u>500</u>
District 25	_____	\$ _____
District 26	_____	\$ _____

<b>LOUISVILLE METRO COUNCIL</b> <b>NEIGHBORHOOD DEVELOPMENT FUND APPLICATION</b>	
<b>Legal Name of Applicant Organization</b> Poorcastle Festival, Inc	
<b>Program Name and Request Amount</b> Poorcastle Festival 2024   \$7750	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" 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"> <li>▸ Kentucky Secretary of State?</li> <li>▸ Louisville Metro Revenue Commission?</li> <li>▸ Louisville Metro Government?</li> <li>▸ Internal Revenue Service?</li> <li>▸ Louisville Metro Human Relations Commission?</li> </ul>	<input checked="" type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form W-9 Included?	<input checked="" type="checkbox"/> Yes
Is the IRS Form 990 included?	<input checked="" 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: <b>Regina Garr</b> <span style="float: right;">Date: 2.15.2024</span>	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> Poorcastle Festival, Inc.			
<b>Main Office Street &amp; Mailing Address:</b> 610 Barret Ave., Louisville, KY 40204			
<b>Website:</b> www.poorcastle.com			
<b>Applicant Contact:</b>	Shaina Wagner	<b>Title:</b>	President
<b>Phone:</b>	2148830862	<b>Email:</b>	info@poorcastle.com
<b>Financial Contact:</b>	Shaina Wagner	<b>Title:</b>	President
<b>Phone:</b>	2148830862	<b>Email:</b>	info@poorcastle.com
<b>Organization's Representative who attended NDF Training:</b> Shaina Wagner			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	1388 Lexington Rd., Louisville, KY 40206		
<b>Council District(s):</b>	9	<b>Zip Code(s):</b>	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Poorcastle Festival 2024			
<b>Total Request: (\$)</b>	24,070	<b>Total Metro Award (this program) in previous year: (\$)</b>	7750
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<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	
<b>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.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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:**

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 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Shaina Wagner	NA
Larry Bays	NA
Kelly Newton	NA
James Pietsch	NA

**Describe the Board term limit policy:**

There is currently no Board term limit policy in place.

Three Highest Paid Staff Names	Annual Salary
NA	NA

## 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 Breslin Park May 17-19, 2024. Load in will begin 10 am May 16 and load out beginning at 10 am May 20. Gates will open each day at 1 pm and close 11 pm.

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

Funding will be applied to the approximated budget, including stage and production, portapotties, fencing, security, metro park fee, and event insurance



## 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 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
<b>A: Personnel Costs Including Benefits</b>			0
<b>B: Rent/Utilities</b>			0
<b>C: Office Supplies</b>			0
<b>D: Telephone</b>			0
<b>E: In-town Travel</b>			0
<b>F: Client Assistance (See Detailed List on Page 8)</b>			0
<b>G: Professional Service Contracts</b>			0
<b>H: Program Materials</b>			0
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$24,070.00	\$17,000.00	\$41,070
<b>J: Machinery &amp; Equipment</b>			0
<b>K: Capital Project</b>			0
<b>L: Other Expenses (See Detailed List on Page 8)</b>			0
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
% of Program Budget	59%	41%	<b>100%</b>

**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 Costs	\$17,000
Total Revenue for Columns 2 Expenses **	\$17,000

**\*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	12800		12800
Fencing	2925		2925
Portapotties	645		645
Park Fee	1700		1700
Event Insurance	1300		1300
Security	4700		4700
<b>Total</b>	24,070		24,070

## 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	10000	Ads and marketing plan
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	10000	

**\* 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:** 1/1/2024

**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.

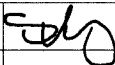
#### Standard Certifications

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.

<b>Signature of Legal Signatory:</b> 		<b>Date:</b>	3/29/24
<b>Legal Signatory: (please print):</b> Shaina Wagner		<b>Title:</b>	President
<b>Phone:</b>	2148830862	<b>Extension:</b>	
<b>Email:</b>	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](http://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*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

Venue Expense	2024
Park Fee	\$1,700.00
Stage/Production	\$12,800.00
Fencing	\$2,925.00
Security	\$4,700.00
Portapotties	\$645.00
Photobooth	\$2,500.00
Waste Management	\$500.00
Gas	\$500.00
Insurance	\$1,300.00
	\$27,570.00

Art Direction	
Artwork	\$1,000.00
Stage Design	\$2,000.00
Prints	\$5,000.00
	\$8,000.00

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

Funding Request	
Park Fee	\$1,700.00
Stage/Production	\$12,800.00
Fencing	\$2,925.00
Security	\$4,700.00
Portapotties	\$645.00
Insurance	\$1,300.00
Total Request	\$24,070.00

TOTAL \$41,070.00



Venue Expense	2019	2022
Park Fee	\$1,800.00	\$1,700.00
Stage/Production	\$9,500.00	\$12,500.00
Production Add'l	\$2,250.00	
Fees	\$0.00	
Fencing	\$3,795.00	\$5,000.00
Security	\$2,310.00	\$2,310.00
Magbooth	\$1,350.00	\$1,350.00
Power (Gen., Gas)	\$1,385.93	\$1,385.93
Portapotties	\$340.00	\$340.00
	\$22,730.93	\$22,885.93

Licensing & Fees	2019
Insurance	\$2,809.09
Liquor License	\$266.00
	\$3,075.09

Funding Request	
Park Fee	\$1,700.00
Fencing	\$5,000.00
Insurance	\$3,000.00
Lighting	\$2,000.00
Generators	\$1,500.00
Portalets	\$500.00
Waste Management	\$500.00
Total Request	\$14,200.00

2020
\$2,809.09
\$266.00
\$3,075.09

Art Direction (2019)	
Artwork	\$1,168.00
Stage Design	\$500.00
Prints	\$1,075.90
Merch	\$1,640.00
	\$4,383.90

Other (2019)	
Hardware	\$623.17
	\$623.17

TOTAL APPROX.      \$30,968.09

Income	Item	Amount
Date		

Balance \$582.25

Expense	Item	Amount
Date		

2/6/24	Website Bill	\$45.79
1/19/24	SBA Loan	\$25.00
1/16/24	Website Bill	\$21.19
1/10/24	Credit Card Payment	\$250.00
1/4/24	Website Bill	\$45.79
4/6/23	Credit Card Payment	\$1,375.00



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

February 01, 2024 through February 29, 2024

Account Number: 000841660101000000021

00084166 DRE 034 141 06124 NNNNNNNNNNN T 1 000000000 64 0000

POORCASTLE FESTIVAL, INC.  
610 BARRET AVE  
LOUISVILLE KY 40204-1142

#### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-242-7338  
Para Espanol: 1-888-622-4273  
International Calls: 1-713-262-1679  
We accept operator relay calls



#### CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$4,628.04
ATM & Debit Card Withdrawals	2	-66.88
Electronic Withdrawals	2	-275.00
Ending Balance	4	\$4,286.16

Congratulations, we waived the \$15 Monthly Service Fee for this statement period, based on your qualifying activity.

#### How to Avoid the Monthly Service Fee (MSF)

If you meet any of the following qualifying activities for this Chase Business Complete Checking<sup>SM</sup> account in a statement period, we will waive the \$15 MSF.

Here's the business activity we used to determine if you qualified for the MSF waiver:

- \$2,000 Minimum Daily Ending Balance: Your lowest daily ending balance was \$4,286.16.
- \$2,000 Chase Payment Solutions<sup>SM</sup> Activity: \$0.00 was deposited into this account.
- \$2,000 Chase Ink<sup>®</sup> Business Card Activity: \$28.09 was your total Ink activity.

You can also avoid the MSF if you:

- Maintain a linked Chase Private Client Checking<sup>SM</sup> account OR
- Meet Chase Military Banking requirements

For complete details on all requirements to avoid the MSF, please review the Additional Banking Services and Fees for Business Accounts at [chase.com/business/disclosures](https://chase.com/business/disclosures) or visit a Chase branch.

#### ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/06	Recurring Card Purchase 02/04 Wix.Com*1098896903 800-6000949 NY Card 0432	\$45.79
02/13	Recurring Card Purchase 02/13 Wix.Com 1100565841 Www.Wix.Com CA Card 0432	21.09
Total ATM & Debit Card Withdrawals		\$66.88

#### ATM & DEBIT CARD SUMMARY

Shaina Wagner Card 0432

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$66.88
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals



February 01, 2024 through February 29, 2024

Account Number: 000000371576127

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$66.88
Total Card Deposits & Credits	\$0.00

### ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/12	Orig CO Name: Chase Credit Crd Orig ID: 4760039224 Desc Date: 240209 CO Entry Descr: Autopaybussec: PPD Trace#: 000000026694039 Eed: 240212 Ind ID: Ind Name: Wagner Shaina B Trn: 0000000000000000	\$250.00
02/20	Orig CO Name: Sba Eidl Loan Orig ID: 7300000118 Desc Date: 240216 CO Entry Descr: Payment Sec: CCD Trace#: 0000000100000000 Eed: 240220 Ind ID: 0000 Ind Name: Shaina Wagner 5623268106 ACH Transaction Trn: 0000000000000000	25.00
<b>Total Electronic Withdrawals</b>		<b>\$275.00</b>

### DAILY ENDING BALANCE

DATE	AMOUNT
02/06	\$4,582.25
02/12	4,332.25
02/13	4,311.16
02/20	4,286.16

#### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

**For personal accounts only:** We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**For business accounts,** see your deposit account agreement or other applicable agreements that govern your account for details.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS:** Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

Form 990-N

## Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

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

2023

Open to Public Inspection

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

## 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 61-1441492

## E Website:

www.poorcastle.comF Name of Principal Officer: Shaina Wagner610 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**

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**

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

**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, then 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 then Circuit Court of the county in which then 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



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.

<b>1</b> 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.) <b>Poorcastle Festival, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above.	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <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 <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions)	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
<b>3b</b> 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"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>610 Barret Ave.</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Louisville, KY 40204</b>	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>	
<input type="text"/>	<input type="text"/>
or	
<b>Employer identification number</b>	
<input type="text"/>	<input type="text"/>

**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 

Date **3/21/2024**

**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](http://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

## Poorcastle Festival, Inc.

<a href="#">File Annual Report</a>	<a href="#">Change Address or Registered Agent</a>	
<a href="#">File Certificate of Assumed Name (DBA)</a>	<a href="#">File Dissolution</a>	<a href="#">Upload a filing</a>
<a href="#">File Registered Agent Resignation</a>		
<a href="#">Printable Forms</a>	<a href="#">Subscribe to changes made to this entity</a>	<a href="#">Certificate of Good Standing</a>

### General Information

<b>Organization Number</b>	0947769
<b>Name</b>	Poorcastle Festival, Inc.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>Country</b>	USA
<b>File Date</b>	3/21/2016 8:37:38 PM
<b>Organization Date</b>	3/21/2016
<b>Last Annual Report</b>	5/2/2023
<b>Principal Office</b>	610 BARRET AVE LOUISVILLE, KY 40204
<b>Registered Agent</b>	REGISTERED AGENTS INC 212 N 2ND ST STE 100

RICHMOND, KY 40475

[Show Current Officers](#)

[Show Initial Officers](#)

[Show Images](#)