

NDF059725 OLNC06

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

Applicant/Program: The Old Louisville Neighborhood Council, Inc./Old Louisville Live
Applicant Requested Amount: \$3000
Appropriation Request Amount: \$3,000

Executive Summary of Request

Requesting \$3,000 to cover a portion of the fee for headliner of Old Louisville Live concert on May 16, 2025.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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

6

District #

Primary Sponsor Signature

\$3000

Amount

3/26/2025

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.

Councilman Lyninger is a member of the South Fourth Street Neighborhood Association, which is a constituent member of the OLNC, but has no other relationship with the organization.

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

Applicant/Program:

The old Louisville Neighborhood Council, Inc./Old Louisville Live

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: The Old Louisville Neighborhood Council, Inc./Old Louisville Live

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 The Old Louisville Neighborhood Council, Inc.

Program Name and Request Amount Old Louisville Live-\$3,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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="text" value="No"/>
<div style="display: flex; justify-content: space-between;"> Prepared by: Nicholas Conder Date: 3/26/2025 </div>	

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) Old Louisville Neighborhood Council, <i>hc.</i>			
Main Office Street & Mailing Address: 1340 S 4th St Louisville, KY 40208			
Website: oldlouisville.org			
Applicant Contact:	Shawn Fields Williams	Title:	Executive Director
Phone:	(502) 338-2893	Email:	shawn.williams@oldlouisville.org
Financial Contact:	Cynthia Smith	Title:	Treasurer
Phone:	(502) 780-7631	Email:	cynfullsmith@gmail.com
Organization's Representative who attended NDF Training: Shawn Fields Williams			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1340 S 4th St Louisville, KY 40208		
Council District(s):	District 6	Zip Code(s):	40208, 40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Old Louisville LIVE			
Total Request: (\$)	\$ 3,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 4,000.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	NDF Holiday Home Tour	Amount: (\$)	\$ 1,000.00
Source:	NDF Neighborhood Sign	Amount: (\$)	\$ 850.00
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			

fieldswilliams@att.net

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Old Louisville Neighborhood Council

Vision Statement

Historic Old Louisville seeks to be a vibrant and diverse community that welcomes all who call this place home or visit us to enjoy our rich architectural and arts heritage.

Mission Statement

To advocate, promote, and protect Old Louisville' s historic architecture and streetscapes within a diverse neighborhood of residents and businesses while advancing artistic and cultural events to build community.

Goals

To be the official voice of Old Louisville, serving as a strong advocate for a safe, clean, healthy community where all can flourish.

To preserve and protect one of the nation' s oldest historic preservation districts of Victorian mansions, as well as its distinctive 19th and early 20th century homes and landscapes.

To encourage heritage tourism for enrichment and educational purposes.

To promote artistic and educational events within this culturally diverse neighborhood, thereby building community and fostering cooperation.

To promote neighborhood revitalization and business development.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Luanne Maguire President	12/31/2025
Janice Theriot Vice President	12/31/2025
LaBravia Jenkins Secretary	12/31/2025
Cynthia Smith, Treasurer	12/31/2025
Rick Serpa Belgravia Court Assn	12/31/2025
Jed Johnson Central Park West Assn	12/31/2025
Joan O' Brien Williams Garvin Gate Neigh. Assn	12/31/2025
Derrick Pedolizky Limerick Louisville Assn	12/31/2025
Lira Johnson Overbacker Court Assn	12/31/2025
Cindee Quake Rapp St. James Court Assn	12/31/2025
Andrew Gillette Second Street Assn	12/31/2025
Jim Brooks South Fourth Street Assn	12/31/2025
Laura Dills Third Street Neigh. Assn	12/31/2025
Chuck Anderson The 1300 Assn	12/31/2025
David Henry Toonerville Trolley Assn	12/31/2025
Robert Young Treyton Oaks Assn	12/31/2025
	12/31/2025

Describe the Board term limit policy:

The Old Louisville Neighborhood Council Board are the Representatives of the 12 neighborhood associations and the elected executive committee. Board members are chosen by their neighborhood associations and serve a two-year term. The executive committee is elected by the Board of Directors and serve a two-year term. Current the OLNC Board of Directors are serving from January 1, 2024-December 31, 2025.

Three Highest Paid Staff Names	Annual Salary
Shawn Fields Williams	\$ 24,000.00
Jasmine Torres	\$ 16,800.00

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 Old Louisville LIVE is a free concert aimed at fostering arts access and building a greater sense of place and community. The Spring 2025 concert will feature The Crashers.

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

The requested funds of \$3000 will be used to help pay for the performance fee of The Crashers band which is \$10,000 in total. The balance of the performance fee will be covered by donations the Filson Historical Society, Rumpke Waste and Recycling and Atomic Transport and other private donations and neighborhood associations' donations.

There are also costs for marketing, security, and printing that will be covered by the donors listed above.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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

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

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

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

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

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

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 goal of the Old Louisville Neighborhood Council in producing the Old Louisville LIVE free concerts is to create a more vibrant community by providing artistic and cultural events for the area residents. We are trying to reach out to people from all walks of life, fostering the arts across generations, incomes, and ethnicities.

During the performance, we ask the attendees to answer a short survey form. A table is set up under the pergola and staffed to ask attendees to give feedback on the performance and what they would like to see in the future, i.e. music genre, specific bands. Volunteers will count the number of attendees to capture one of the measurable outcomes. The Crashers typically draw about 2000 people to the C. Douglas Ramey Amphitheater in Central Park.

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

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

We also work closely with Louisville Memorial Auditorium, Simmons College, Spalding University; local realtors, area restaurants, Bed and Breakfast Inns; and independent breweries.

In Old Louisville LIVE specifically, we work with Louisville Metro Parks, the UofL School of Music, Olmsted Parks Conservancy, Kentucky Shakespeare. Metro Parks works with us to ensure a successful event by providing help with amphitheater scheduling, restrooms, clean up and promotion. Kentucky Shakespeare coordinates scheduling of the stage and amphitheater to allow the concerts in the spring before their 10-week festival of plays begins.

The Old Louisville neighborhood associations and area businesses provide financial contributions to help pay for the performance fees and ancillary expenses. Area universities help promote the concerts to their student populations. Local retirement homes also promote the concerts to their residents.

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)	\$ 3,000.00	\$ 7,650.00	\$ 10,650.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 3,000.00	\$ 7,650.00	\$ 10,650.00
% of Program Budget	28.17%	71.83%	100%

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

Other State, Federal or Local Government	\$ 0.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 7,650.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$ 7,650.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Performance Fee- The Crashers Band	\$ 3,000.00	\$ 7,000.00	\$ 10,000.00
Facebook Ads - Marketing	\$ 0.00	\$ 200.00	\$ 200.00
Cambium Markeitng - Publicity	\$ 0.00	\$ 150.00	\$ 150.00
Security	\$ 0.00	\$ 200.00	\$ 200.00
Printing	\$ 0.00	\$ 100.00	\$ 100.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 3,000.00	\$ 7,650.00	\$ 10,650.00

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).

Date of In-Kind Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

* 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: ~~02/24/2025~~ 1/1/2025

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.

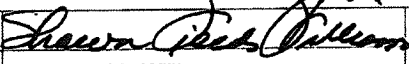
Standard Certifications

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:	02/24/2025
Legal Signatory: (please print):	Shawn Fields Williams	Title:	Executive Director
Phone:	Extension:	Email:	fieldswilliams@att.net



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

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

00021940
BODC: TE

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



030796

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

Dear Taxpayer:

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

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

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

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

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

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

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

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

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

2025 OLNC Budget							
Income	OLNC Operations	Holiday Home Tour	Old Lou Brew	Community Garden	Old Louisville Live	PIC	Tours
- Corporate Contribution		\$5,000	\$3,000		\$6,000		\$14,000
- Individual Contribution		\$0			\$3,200		\$3,200
- NA Contribution		\$5,500			\$4,500		\$10,000
- Grant Income					\$1,000	\$9,120	\$10,120
- Membership Dues/Participation	\$300						\$2,750
- Ticket Sales		\$40,000					\$71,633
- STAR Sponsors		\$1,700	\$10,000				\$1,700
- Garden Plot Revenue				\$605			\$605
- Certificate of Deposit	\$1,000						\$1,000
Total Income	\$1,300	\$52,200	\$15,450	\$605	\$16,500	\$9,120	\$21,633
Expense							
- Executive Director	\$24,000						\$24,000
- Event Mgt Asst/Tour Guide	\$16,800						\$16,800
- Admin Asst/Tour Guide	\$10,200						\$10,200
- Accountant/Bookkeeping	\$740						\$740
- Utilities	\$1,565			\$567			\$2,132
- Office and Job Supplies	\$500						\$500
- Insurance	\$4,300						\$4,300
- Cleaning & Maintenance	\$300						\$300
- Marketing/Printing	\$300	\$3,115	\$4,500		\$1,000		\$8,915
- Technology	\$400		\$1,500		\$12,500		\$1,900
- Performance Fees			\$2,500				\$15,000
- Permit Fees		\$200					\$200
- Tools & Equipment		\$550				\$250	\$800
- Central Park Improvement						\$500	\$500
- Tree Plantings						\$9,120	\$9,120
- Contract Services		\$3,000			\$375		\$3,375
- Bank/Square Fees							\$0
- Community Grant (CD)	\$1,000				\$500		\$1,000
- Other Expenses	\$1,200	\$1,750	\$8,500	\$667	\$14,375		\$3,575
Total Expenses	\$61,305	\$8,615	\$8,500	\$667	\$21,125	\$9,870	\$103,357
Total Net Income	-\$60,005	\$43,585	\$6,950	\$38	\$2,125	\$750	\$11,651

The Old Louisville Neighborhood Council

Profit and Loss by Class

January - December 2024

	COMMUNITY GARDEN	HOLIDAY HOME TOUR	OLD LOU BREW	OLD LOUISVILLE LIVE	OLNC OPERATIONS	PIC	WALKING TOURS	TOTAL
Income								
Donations				507.45		180.00	200.00	\$887.45
Garden Plot Revenue	600.00							\$600.00
Grant Income		2,000.00		8,000.00	2,976.00	13,680.00		\$26,656.00
Individual Contribution						200.00		\$200.00
Interest on Accounts					0.84			\$0.84
Membership Dues					300.00			\$300.00
Participation Fee			3,067.00					\$3,067.00
Refunds Received			680.00					\$1,791.46
Sales			90.00			1,111.46		\$398.35
Sponsorship			10,710.00	5,000.00				\$32,412.65
Star Supporters			1,421.62					\$1,421.62
Ticket Sales			68,154.39	8,657.80			24,336.80	\$101,148.99
Uncategorized Income			700.00	500.00				\$1,200.00
Total Income	\$600.00	\$83,756.01	\$17,224.80	\$25,518.45	\$4,388.30	\$14,060.00	\$24,536.80	\$170,084.36
GROSS PROFIT	\$600.00	\$83,756.01	\$17,224.80	\$25,518.45	\$4,388.30	\$14,060.00	\$24,536.80	\$170,084.36
Expenses								
Accountant					740.00			\$740.00
Admin Assistant Payroll					16,800.00			\$16,800.00
Advertising & Marketing		6,550.72	4,311.92	787.98	645.11		152.10	\$12,447.83
Bank Charges & Fees					54.83			\$54.83
Cash Withdrawal		700.00	500.00		70.00			\$1,270.00
Cleaning Fee					100.00			\$100.00
Executive Director Payroll					36,000.00			\$36,000.00
Insurance					4,330.69			\$4,330.69
Job Supplies		28.45	69.35		692.53	448.06		\$1,238.39
Legal & Professional Services					125.00			\$125.00
Meals & Entertainment		300.00		148.48				\$448.48
Office Supplies					329.96			\$329.96
Other Business Expenses					552.73			\$552.73
Partnership Fees					1,070.00			\$1,070.00
Performance Fees			2,500.00	12,500.00				\$15,000.00
Postage					41.12			\$41.12
Printing		1,787.09	289.00	165.06	421.50		244.72	\$2,662.65
Refunds		90.00						\$334.72
Reimbursable Expenses					875.00	56.24		\$931.24

The Old Louisville Neighborhood Council

Profit and Loss by Class January - December 2024

	COMMUNITY GARDEN	HOLIDAY HOME TOUR	OLD LOU BREW	OLD LOUISVILLE LIVE	OLNC OPERATIONS	PIC	WALKING TOURS	TOTAL
Repairs & Maintenance	208.00							\$208.00
Security				200.00				\$600.00
Software					150.00			\$150.00
Sound & Lighting Services				1,500.00				\$1,637.80
Square Fees							9.34	\$9.34
Taxes & Licenses					1,100.15			\$1,100.15
Tour Guide Payroll					6,800.00			\$6,800.00
Trees						11,160.67		\$11,160.67
Uncategorized Expense					2,362.07			\$2,362.07
Utilities	335.02				1,759.10			\$2,094.12
Volunteer Meals		95.28		103.98	21.20			\$355.44
Website Maintenance & Software					555.44			\$555.44
Total Expenses	\$543.02	\$9,551.54	\$9,474.25	\$14,274.30	\$75,596.43	\$11,664.97	\$406.16	\$121,510.67
NET OPERATING INCOME	\$56.98	\$74,204.47	\$7,750.55	\$11,244.15	\$ -71,208.13	\$2,395.03	\$24,130.64	\$48,573.69
Other Expenses								
Other Miscellaneous Expense					600.00			\$600.00
Total Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$600.00
NET OTHER INCOME	\$0.00	\$0.00	\$0.00	\$0.00	\$ -600.00	\$0.00	\$0.00	\$ -600.00
NET INCOME	\$56.98	\$74,204.47	\$7,750.55	\$11,244.15	\$ -71,808.13	\$2,395.03	\$24,130.64	\$47,973.69

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

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.

OMB No. 1545-0047

2023**Open to Public
Inspection****A** For the 2023 calendar year, or tax year beginning , 2023, and ending ,

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 OLD LOUISVILLE NEIGHBORHOOD COUNCIL 1340 SOUTH FOURTH ST - IN CENTRAL P LOUISVILLE, KY 40208	D Employer identification number 31-1106357
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): _____		E Telephone number (502) 635-5244
I Website: OLDOLOUISVILLE.ORG		F Group Exemption Number
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
K Form of organization: <input 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. \$ 130,449.		

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	42,584.
	2	Program service revenue including government fees and contracts	2	87,562.
	3	Membership dues and assessments	3	300.
	4	Investment income	4	3.
	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:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	130,449.	
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	860.
	14	Occupancy, rent, utilities, and maintenance	14	1,940.
	15	Printing, publications, postage, and shipping	15	2,530.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	109,653.
17	Total expenses. Add lines 10 through 16	17	114,983.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	15,466.
	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	298,868.
	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	314,334.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

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	207,728.	22 224,750.
23	Land and buildings	91,160.	23 89,604.
24	Other assets (describe in Schedule O)..... SEE SCHEDULE O	65.	24 65.
25	Total assets	298,953.	25 314,419.
26	Total liabilities (describe in Schedule O)..... SEE SCHEDULE O	85.	26 85.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	298,868.	27 314,334.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☒ X

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	SEE SCHEDULE O		
	(Grants \$) If this amount includes foreign grants, check here	28a	114,983.
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	114,983.

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

[illegible]

Part V 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. ☐ **SEE SCH O**

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	X
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)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	X
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.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
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?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved.	38b	0.
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	0.
b Gross receipts, included on line 9, for public use of club facilities.	39b	0.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0.; section 4912: 0.; section 4955: 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c 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.		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed: NONE		

42a The organization's books are in care of: **SHAWN WILLIAMS** Telephone no. **(502) 338-2893**
 Located at: **1340 SOUTH FOURTH ST -- IN CENTRAL** ZIP + 4 **40208**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
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. ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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.	45b	X

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.

	Yes	No
46		X

Part VI 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.

	Yes	No
47		X

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

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

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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		Date	
	SHAWN WILLIAMS		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MATTHEW J THOMPSON, CPA	MATTHEW J THOMPSON, CPA		P01567837
	Firm's name	NOBLE CPAS & ADVISORS PLLC		Firm's EIN
	Firm's address	331 TOWNEPARK CIRCLE, SUITE 101 LOUISVILLE, KY 40243		99-0695336 Phone no. (502) 425-3030

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

BAA

Form 990-EZ (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number

31-1106357

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,594.	37,307.	49,506.	131,941.	42,884.	348,232.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	86,594.	37,307.	49,506.	131,941.	42,884.	348,232.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						348,232.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	86,594.	37,307.	49,506.	131,941.	42,884.	348,232.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			3.	3.	3.	9.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						348,241.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00 %
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐b **33-1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

	Yes	No
11a		
11b		
11c		

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
1		
2		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

BAA

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

BAA

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number

31-1106357

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	11,178.
BANK CHARGES.....		4.
CLEANING.....		300.
CONTRACT LABOR.....		54,758.
DEPRECIATION.....		1,556.
INSURANCE.....		4,230.
MEALS.....		1,857.
MISCELLANEOUS.....		2,935.
OFFICE EXPENSES.....		2,141.
PARTNERSHIP FEES.....		1,145.
PERFORMANCE FEES.....		10,650.
REFUNDS.....		112.
RENT.....		608.
REPAIR & MAINTENANCE.....		846.
SECURITY.....		300.
SOUND AND LIGHTING SERVICES.....		1,500.
SUPPLIES.....		4,519.
TAXES AND LICENSES.....		100.
TREE PLANTING.....		10,559.
WEBSITE & SOFTWARE.....		355.
TOTAL	\$	109,653.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES.....	\$ 65.	\$ 65.
TOTAL	\$ 65.	\$ 65.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
TAXES PAYABLE.....	\$ 85.	\$ 85.
TOTAL	\$ 85.	\$ 85.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ADVOCATE, PROMOTE, AND PROTECT OLD LOUISVILLE'S HISTORIC ARCHITECTURE AND
STREETSCAPES WITHIN A DIVERSE NEIGHBORHOOD OF RESIDENTS AND BUSINESSES WHILE
ADVANCING ARTISTIC AND CULTURAL EVENTS TO BUILD COMMUNITY.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

VARIOUS NEIGHBORHOOD EVENTS TO ENHANCE QUALITY OF LIFE AND SHOWCASE THE
NEIGHBORHOOD'S UNIQUE HISTORY AND ARCHITECTURE, OPERATION OF THE OLD LOUISVILLE
INFORMATION CENTER, GENERAL SUPPORT OF NEIGHBORHOOD ORGANIZATIONS AND EVENTS, AND

Name of the organization

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

Employer identification number

31-1106357

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CENTRAL PARK IMPROVEMENT, COMMUNITY GARDEN, AND NEIGHBORHOOD MAINTENANCE.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO



Old Louisville Neighborhood Council

The Old Louisville Neighborhood Council, Inc.

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

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

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

Howard Rosenberg, Chairman

Jason Scott, Vice Chairman

Leah Wiseman, Secretary

Eric Cowley, Treasurer

Phone: (502) 635-5244

Address: The Old Louisville Neighborhood Council, Inc.
1340 S. 4th Street in Central Park
Louisville, KY 40208-2350

Email: olnc@bellsouth.net

Website: www.oldlouisville.org

1340 SOUTH FOURTH STREET • IN CENTRAL PARK • LOUISVILLE, KENTUCKY 40208
TELEPHONE 502-635-5244 • E-MAIL - INFO@OLDLOUISVILLE.ORG • OLDLOUISVILLE.ORG

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DIS

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

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

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

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


Howard Rosenberg
President

Date: July 29, 2014

61191874.1

Document No.: DN2014104423
Lodged By: WYATT TARRANT COMBS
Recorded On: 08/28/2014 09:56:11
Total Fees: 11.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLOW-JEFF CO KY
Deputy Clerk: EVERAY

END OF DOCUMENT

000730 0457

0075161.09

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AMD

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



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 584-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Old Louisville Neighborhood Council, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article IV (4): Upon dissolution of the Council, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Council, dispose of all the assets of the Council exclusively for the purpose of the Council in such manner, or to such organization or organizations established and operated exclusively for charitable purposes as shall at the time qualify under Sec. 501(c)(3) of the Internal Revenue Code of 1986, as amended, as the Board of Directors shall determine.

3. The date of adoption of each amendment was July 22, 2014

4. Check either a, b or c (whichever is applicable):

- a. ☒ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. ☐ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. ☐ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

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

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

Signature of Officer or Chairman of the Board

Howard Rosenberg

Printed Name

President

Title

July 22, 2014

Date

(01/12)

Document No.: DN2014104422
Lodged By: WYATT TARRANT COMBS
Recorded On: 08/20/2014 09:55:39
Total Fees: 11.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLOW-JEFF CO KY
Deputy Clerk: EVENAY

END OF DOCUMENT

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

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The Old Louisville Information Center, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article I: The name of the corporation shall be: The Old Louisville Neighborhood Council, Inc.

3. The date of adoption of each amendment was July 22, 2014

4. Check either a, b or c (whichever is applicable):

- a. ☒ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. ☐ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. ☐ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is August 1, 2014
(Delayed effective date and/or time)

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

Howard Rosenberg

President

July 22, 2014

Signature of Officer or Chairman of the Board

Printed Name

Title

Date

(01/12)

Document No.: DN2014104424
Lodged By: WYATT TARRANT COMBS
Recorded On: 08/20/2014 09:56:27
Total Fees: 11.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLOW-JEFF CO KY
Deputy Clerk: EVENAY

END OF DOCUMENT

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JUN 2 1983

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SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

BREMER, EMMETT, CIGNA
BY DS D.C. ARTICLES OF INCORPORATION
OF

MAY 16 1983

THE OLD LOUISVILLE INFORMATION CENTER, INC.

James J. Hill
SECRETARY OF STATE

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

ARTICLE I

The name of the Corporation shall be:

THE OLD LOUISVILLE INFORMATION CENTER, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

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

The name and address of the registered agent for service of process is:

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

ARTICLE IV

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

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

The purposes of the Corporation shall be more specifically stated as follows:

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

2) To engage in educational and charitable activity designed to lessen neighborhood tensions and to encourage and promote community cooperation and pride.

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

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

ARTICLE V

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

ARTICLE VI

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

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

b) Notwithstanding, any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR

Richard L. Janes

MAILING ADDRESS

1409 So. Brook Street
Louisville, Kentucky 40208

ARTICLE VIII

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

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

Carolyn Beall
1216 So. Floyd Street
Louisville, Kentucky 40203

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

ARTICLE IX

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

ARTICLE X

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

ARTICLE XI

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

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

ARTICLE XII

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


IN TESTIMONY WHEREOF, witness the signatures of the Incorporator of this Corporation on this 2 day of May, 1983.



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

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

My Commission Expires: 8-16-86


NOTARY PUBLIC, STATE-AT-LARGE,
KENTUCKY

This Document Prepared By:

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

**Request for Taxpayer
Identification Number and Certification**

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

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

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

Print or type. See Specific instructions on page 3.	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.) Old Louisville Neighborhood Council, 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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input 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 checked="" type="checkbox"/> Other (see instructions)	
	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 1340 S 4th Street	
	6 City, state, and ZIP code Louisville, KY 40208	
7 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.

Social security number								
			-					
or								
Employer identification number								
3	1	-	1	1	0	6	3	5 7

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 <i>Shawn Reed Williams</i>	Date <i>2/24/25</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

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

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

Purpose of Form

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

12/31/23

2023 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

OLD LOUISVILLE NEIGHBORHOOD COUNCIL

31-1106357

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AMORTIZATION										
9	PROGRAM START-UP	9/01/14		988			988	S/L	5	0
10	ADDITIONAL START-UP	1/01/15		2,568			2,568	S/L	5	0
	TOTAL AMORTIZATION			3,556		0	3,556			0
FURNITURE AND FIXTURES										
1	COPIER	5/11/12		825			825	200DB HY	5	0
2	FURNITURE & FIXTURES	9/01/14		749			699	200DB HY	7	0
3	ADDITIONAL FF&E	1/01/15		655			640	200DB HY	7	0
	TOTAL FURNITURE AND FIXTURE			2,229		0	2,164			0
IMPROVEMENTS										
4	LEGACY LEASEHOLD IMP	9/01/14		48,867			7,883	S/L MM	39	1,253
5	WINDOWS	9/08/15		9,900			1,344	S/L MM	39	254
6	LEGACY ADDITIONAL	1/01/15		1,912			292	S/L MM	39	49
	TOTAL IMPROVEMENTS			60,679		0	9,519			1,556
LAND										
7	118 EAST BURNETT	1/01/15		20,000						0
8	122 EAST BURNETT	1/01/15		20,000						0
	TOTAL LAND			40,000		0	0			0
	TOTAL DEPRECIATION			102,908		0	11,683			1,556
	GRAND TOTAL AMORTIZATION			3,556		0	3,556			0
	GRAND TOTAL DEPRECIATION			102,908		0	11,683			1,556



**Louisville Metro Government
Office of Management and Budget**

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Old Louisville Neighborhood Council, Inc.

Grantee Representative Name: Shawn Fields Williams

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

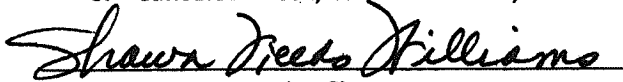
Please check:

☒

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? **False**
2. Name the three budget categories that require a detail list.
Client Assistance, Community Events, and Other Expenses.
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. **True**
4. Which four questions should your financial support documentation answer at all times?
Who, What, When, Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? **True**
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. **True**


Grantee Representative Signature

2/24/2025
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

Fax: 502-574-3219



Kentucky Secretary of State Michael G. Adams



THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.

File Amended Annual Report	Change Address or Registered Agent	
File Certificate of Assumed Name (DBA)	File Dissolution	Upload a filing
File Registered Agent Resignation		
Print & Mail	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

Organization Number	0177929
Name	THE OLD LOUISVILLE NEIGHBORHOOD COUNCIL, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Industry	Membership Organizations
Number of Employees	Small (0-19)
Primary County	Jefferson
Status	A - Active
Standing	G - Good
State	KY
File Date	5/16/1983
Organization Date	5/16/1983
Last Annual Report	1/1/2025
Principal Office	1340 S. 4TH ST.(IN CENTRAL PARK) LOUISVILLE, KY 40208
Registered Agent	LUANNE MAGUIRE 1226 S 6TH ST LOUISVILLE, KY 40203

Show Current Officers
Show Initial Officers
Show Images

Show Former Names

Show Activities

Contact Site Map

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Kentucky Unbridled Spirit