

0-242-23

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

**Applicant/Program:** OneWest Corporation/Winter Wonderland  
**Applicant Requested Amount:** 40,000  
**Appropriation Request Amount:** 7,000

**Executive Summary of Request**  
These funds will be used to assist with the cost of the Winter Wonderland event in December 2023. The funds will be used to purchase and install lights and the rental and set-up of generators.

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.

5 District #      *Donna Purvis* Primary Sponsor Signature      7000.00 Amount      10/18/2023 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.  
Councilwoman Donna L. Purvis currently serves a member on the Board of Directors for OneWest Corporation.

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

*or*

**Applicant/Program:**

OneWest Corporation/Winter Wonderland

**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:**

OneWest Corporation/Winter Wonderland

**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** OneWest Corporation

**Program Name and Request Amount** Winter Wonderland \$40,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes <input type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes <input type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	Yes <input type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes <input type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes <input type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	Yes <input type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	Yes <input type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes <input type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A <input type="checkbox"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	Yes <input type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	Yes <input type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A <input type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	N/A <input type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input type="checkbox"/>
Is the IRS Form 990 included?	Yes <input type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A <input type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A <input type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No <input type="checkbox"/>

Prepared by: Carmen W. Washington

Date: 10/18/2023

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> OneWest Corporation</i>			
<b>Main Office Street &amp; Mailing Address:</b> 2028 W. Broadway Suite 104 Louisville, KY 40203			
<b>Website:</b> <a href="https://onewest.org/">https://onewest.org/</a>			
<b>Applicant Contact:</b>	Evon Smith	<b>Title:</b>	CEO
<b>Phone:</b>	(502) 907-5147	<b>Email:</b>	Esmith@onewest.org
<b>Financial Contact:</b>	Cassidy Thomas	<b>Title:</b>	Finance Specialist
<b>Phone:</b>	(502) 907-5147	<b>Email:</b>	Cthomas@onewest.org
<b>Organization’s Representative who attended NDF Training:</b> Emanuel Arnold			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Shawnee Park		
<b>Council District(s):</b>	5	<b>Zip Code(s):</b>	40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Winter Wonderland			
<b>Total Request: (\$)</b>	\$ 40,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 10,000.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	External Agency Fund	<b>Amount: (\$)</b>	\$ 25,000.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### Describe Agency's Vision, Mission and Services:

Mission statement: OneWest is a non-profit corporation that is establishing new pathways to private and public capital, in an effort to generate sustainable economic development and neighborhood revitalization in west Louisville, in partnership with community residents.

OneWest was formed in 2014 by a diverse group of professionals in Leadership Louisville's Bingham Fellows program. They believed that the clearest path to economic renaissance in west Louisville is an influx of private, philanthropic, and public capital. It is abundantly clear that Louisville's continued growth and vitality rests primarily on intentional and focused inclusion of west Louisville. That concept has already worked for large-scale neighborhood revitalizations in Cincinnati and Nashville. Locally, Nulu and the Three Points District of Germantown, Schnitzelberg, and Shelby Park are examples of similar revitalization. OneWest is intently focused on restoring the visual legacy of the West End and revitalizing the community's landscape in a way that honors the area's history. As a community-first and community-focused nonprofit organization we are working with the community through intentional engagement and outreach to build a better Louisville. Our vision is to build an inclusive and vibrant West End for all of Louisville to live, shop, work, dine, and play, requires OneWest to act as an ecosystem facilitator from creation of development opportunities to provision of workforce. We are focused on local commercial development that fuels the economic development cycle for all of Louisville, and ultimately, for all of Kentucky.



OneWest Board of Directors

**Board Member** **Expiration Date**

• Brian Phillips	June 2025
• Dreema Jackson	June 2025
• Howard Holloman	June 2025
• Marilyn Harris (Mayor Appointee)	Annual
• Jeffrey L. Gardner	June 2025
• Jessica Jackson	June 2025
• John T. McCarthy III	June 2025
• Judy Schroeder	June 2024
• Khalila Sharasika	June 2025
• Kimberly Halbauer	June 2025
• Louis R. Straub, II	June 2024
• Maureen Brekka	June 2025
• Nicole Yates	June 2025
• Nikki Lanier	June 2025
• Paul Costel	June 2024
• David Snardon	June 2024
• Sharita Bransford	June 2024
• Steve Poe	June 2024
• Donna Purvis (Metro Council Appointee)	Annual
• Keisha Deonarine	June 2024
• Douglas Craddock Jr.	June 2024
• Robert Springfield	June 2024
• Tom Murro	June 2024
• Myra Rock	June 2024
• Brenda Burney	June 2024
• Rick Smith Sr.	June 2024
• Diane Whitlock	June 2024
• Karen Bowie	June 2024
• Wanda Ramsey	June 2025

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 program will be dedicated to the neighborhoods that make up the west end but it will also be open to residents from around the city.

The Winter Wonderland celebration will transform West Louisville's Shawnee Park into a magical drive-thru festival featuring over 200,000 lights, musical performances, festive tunes, holiday displays, and more. Our goal is to bring a sense of hope to our local community through gathering neighbors together around a joy filled event. This event will take place December 15th, 16th, & 17th of 2023.

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

The funding will be spent for direct services for the installation of lights and production. ~~-\$40,000~~ **\$20,000, and installation and rental of generators - \$20,000.**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

n/a

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

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

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

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

The funding will be spent for direct services for the installation of lights and generator rental

- 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 benefits of Winter Wonderland are that this is a community service event to promote a season of peace and a commitment to " Non Violence" . OneWest, the City and partnering organizations will promote and highlight the resources available in the community to address, mental health, domestic violence, homelessness and conflict resolution. This information will be provided by local partners to go in giveaway bags and will be available at local churches and at local businesses along the West Broadway corridor. In addition, the unification of community organizations, businesses and families will continue to grow through the continuation of this event. The cross section of people from across Louisville and Southern Indiana was represented last year through a cross section of approx. 7,500 cars and expectations for this year are 15,000 cars. This makes the event extremely beneficial to sponsoring businesses and agencies. Sponsors have a chance to have teams of volunteers on site as well as signage that represents their support of the community and the event. This event is attended by a significant amount of families from West Louisville and the feedback represented last year on social media suggests the community found it to be thrilling and greatly appreciated.

**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.**

Existing and collaborative relationships that OneWest has with other community organizations includes housing organizations like, HPI, New Directions, LMHA, Rebound and others. Business collaboratives are LCCC, WEBA (West End Business Association), LIBA (Louisville Independent Business Alliance), GLI, State of Kentucky and many others. Local churches will also participate in volunteering.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 40,000.00	\$ 36,000.00	\$ 76,000.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>		\$ 10,000.00	\$ 10,000.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 40,000.00	\$ 46,000.00	\$ 86,000.00
% of Program Budget	46.51%	53.49%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 46,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 46,000.00

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

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Divine 9 Greek Organization - Volunteering the event, candy donations	\$ 19,440.00	36 people @ 9 hours for 3 days @ \$20/hr
Neighborhood Associations	\$ 2,160.00	4 people @ 9 hours for 3 days @ \$20/hr
Contractors	\$ 8,500.00	17 people @ 5 hours for 2 days @ \$50/hr
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	\$ 30,100.00	

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

Agency Fiscal Year Start Date: 01/01/2023

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.

*\* Council Woman DONNA PURVIS (District 5) currently serves on the Board.*

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	Evon Smith	<b>Date:</b>	10/12/2023
<b>Legal Signatory: (please print):</b>	<i>Evon Smith</i>	<b>Title:</b>	CEO
<b>Phone:</b>	(502) 600-0267	<b>Extension:</b>	
		<b>Email:</b>	Esmith@onewest.org



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: OneWest Corporation

Grantee Representative Name: Emanuel Arnold

*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? True or **False**
2. Name the three budget categories that require a detail list.  
Client Assistant, Community Events & Festivals and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. **True** or False
4. Which four questions should your financial support documentation answer at all times?  
Who, What, When and 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** or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. **True** or False.

Emanuel Arnold  
Grantee Representative Signature

10/2/2023  
Date

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

DEPARTMENT OF THE TREASURY

Date:

APR 29 2015

ONE WEST CORPORATION  
1250 RIVER RD  
LOUISVILLE, KY 40206

Employer Identification Number:  
47-3080680  
DLN:  
17053092329035  
Contact Person: GARY MUTHERT ID# 31518  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
January 13, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

Letter 947

ONE WEST CORPORATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tamara Reynolds".

Director, Exempt Organizations

## 2023 Proposed Budget

### Fixtures

Lights	\$	2,800.00
Holiday Displays	\$	1,000.00
Light Arches	\$	1,000.00
Generator	\$	10,000.00
<i>Fuel</i>	\$	5,000.00
Tent Structure	\$	2,000.00
	\$	<u>21,800.00</u>

### Marketing

Consultants	\$1,000.00
Signs	\$305.00
Printing	\$200.00
Photography	\$500.00
Videography	\$500.00
Social Media	\$500.00
Radio Advertisement	\$1,500.00
	<u>\$4,505.00</u>

### Venue Rental

\$1,400.00

### Coordination

Project Manager	\$10,000.00
Volunteer Coordinator	\$10,000.00
	<u>\$20,000.00</u>

### Professional Services

Electrician	\$1,800.00
Portable Restroom	\$900.00
Entertainment	\$5,000.00
<i>Handbells</i>	\$250.00
<i>Audio/Sound</i>	\$2,500.00
Emergency Services	\$1,000.00
First Aid Services	\$750.00
Security	\$3,500.00
<i>Traffic Control</i>	\$1,200.00
Bucket/Lift Trucks	\$20,000.00
	<u>\$36,900.00</u>

### Fees/Permits

Parking	\$100.00
Operating Permit	\$750.00
Insurance	\$500.00
	<u>\$1,350.00</u>

### Misc.

Hand Warmers	\$150.00
Costumes	\$200.00
Meals	\$500.00
	<u>\$850.00</u>

\$ 86,805.00

Per Budget (2023) . . . . .

**OneWest Corp**  
**STATEMENT OF FINANCIAL POSITION**  
September 30, 2023

**Assets**

Current Assets

Cash and Cash Equivalents	
PNC checking - OneWest	\$ 1,403,782.63
PNC checking - OW Broadway Holdings	679,518.70
PNC checking - OW Holdings LLC	97,501.37
Total Cash and Cash Equivalents	<u>2,180,802.70</u>

Accounts Receivable, Net	21.38
--------------------------	-------

Other Current Assets

Other Current Assets	
Prepaid expenses	12,756.07
Total Other Current Assets	<u>12,756.07</u>

Intercompany Receivable	
Due from OW Holdings	85,567.51
AR OW Holdings LLC	24,981.00
AR OW Broadway Holdings LLC	3,369,216.75
Total Intercompany Receivable	<u>3,479,765.26</u>

Total Current Assets	5,673,345.41
----------------------	--------------

Long-term Assets

Property & Equipment	
Buildings	3,376,583.98
Improvements-1801 W Broadway	28,193.00
Improvements-504-508 S 18th Street	18,835.00
Improvements-1815 W Broadway	32,314.19
Improvements-1821 W Broadway	403,770.48
Improvements-1731 Broadway	34,922.00
Improvements-Royal Theatre	62,341.68
Improvements-18th Street Row Houses	950,023.10
Improvements-526 S 18th Street	81,372.50
Total Property & Equipment	<u>4,988,355.93</u>

Deposits and Prepayments

Deposits	1,380.20
Total Deposits and Prepayments	<u>1,380.20</u>
Tax bill lottery	22,074.00

<b>Total Assets</b>	<b><u>\$ 10,685,155.54</u></b>
---------------------	--------------------------------

These financial statements have not been audited, reviewed or compiled and therefore, no assurance is provided on them. Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

**OneWest Corp**  
**STATEMENT OF FINANCIAL POSITION**  
September 30, 2023

**Liabilities and Net Assets**

Liabilities

Accounts Payable \$ 6,225.74

Other Short-term Liabilities

Credit card payable 4,421.26  
Rent Received in Advance 1,000.00

Intercompany Payable

Due to OneWest 3,394,197.75  
Due to OW Broadway 85,567.51  
Total Intercompany Payable 3,479,765.26

Short Term Debts

Note payable LCA Bank ST 5,649.22  
N/P Hope of Kentucky current portion 19,748.82  
Total Short Term Debts 25,398.04

Total Other Short-term Liabilities 3,510,584.56

Long Term Liabilities

Long Term Debts

N/P Hope of Kentucky/Royal Theatre 602,786.51  
Less current portion (25,398.04)  
N/P Hope of Kentucky/504-508 S 18th St 115,000.00  
Note payable-LCA Bank Corporation 8,235.55

Total Long Term Debts 700,624.02

Total Long Term Liabilities 700,624.02

Total Liabilities 4,217,434.32

Net Assets

Net Assets

Net assets 6,167,943.99  
Net assets with restrictions 8,234.00  
Total Net Assets 6,176,177.99

Change In Net Assets

Total Net Assets 6,467,721.22

**Total Liabilities and Net Assets** \$ 10,685,155.54

These financial statements have not been audited, reviewed or compiled and therefore, no assurance is provided on them.  
Selected information – substantially all disclosures and the statement of cash flows required by generally accepted accounting principles are not included.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	12,144.	0.	12,144.	12,144.
NOL CARRYOVER AVAILABLE THIS YEAR			12,144.	12,144.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		665,872.
BEGINNING SECOND MONTH		664,210.
BEGINNING THIRD MONTH		662,541.
BEGINNING FOURTH MONTH		660,560.
BEGINNING FIFTH MONTH		658,873.
BEGINNING SIXTH MONTH		657,078.
BEGINNING SEVENTH MONTH		655,375.
BEGINNING EIGHTH MONTH		653,563.
BEGINNING NINTH MONTH		651,843.
BEGINNING TENTH MONTH		650,115.
BEGINNING ELEVENTH MONTH		648,280.
BEGINNING TWELFTH MONTH		646,535.
TOTAL OF ALL MONTHS		7,874,845.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		656,237.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

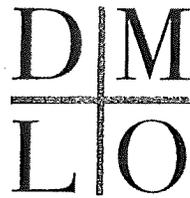


FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
BANK CHARGES		13.		
INTEREST		36,594.		
MISCELLANEOUS		174.		
LEGAL		456.		
MANAGEMENT		7,228.		
REPAIRS AND MAINTENANCE		16,363.		
PROPERTY TAXES		15,596.		
PROFESSIONAL FEES		4,562.		
PROJECT MANAGEMENT		14,979.		
CONSTRUCTION MANAGEMENT FEES		16,294.		
PERSONNEL MANAGEMENT FEE		116,335.		
INSURANCE - LIABILITY		9,737.		
UTILITIES		7,176.		
- SUBTOTAL -	1	245,507.	1.00	245,507.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				245,507.



deming malone  
livesay + ostroff

November 15, 2022

Onewest Corporation  
2028 W. Broadway 104  
Louisville, KY 40203

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

---

301 E. Elm Street  
New Albany, Indiana 47150  
T: 812.945.5236  
F: 812.949.4095

9300 Shelbyville Road  
Suite 1100  
Louisville, Kentucky 40222  
T: 502.426.9660  
F: 502.425.0883

131 E. Chestnut Street  
Corydon, Indiana 47112  
T: 812.738.3516  
F: 812.738.3519

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>ONEWEST CORPORATION</b>	Taxpayer identification number (TIN)  <b>47-3080680</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2028 W. BROADWAY, 104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40203</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**EVON SMITH**

- The books are in the care of ▶ **2028 W BROADWAY, STE 104 - LOUISVILLE, KY 40203**

Telephone No. ▶ **502-907-5147** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>ONEWEST CORPORATION</b>	Taxpayer identification number (TIN)  <b>47-3080680</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2028 W. BROADWAY, 104</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40203</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**EVON SMITH**

- The books are in the care of ▶ **2028 W BROADWAY, STE 104 - LOUISVILLE, KY 40203**

Telephone No. ▶ **502-907-5147**

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

Under 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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>ONEWEST CORPORATION</b>	<b>D</b> Employer identification number <b>47-3080680</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>502-907-5147</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2028 W. BROADWAY 104</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40203</b>	<b>G</b> Gross receipts \$ <b>2,151,196.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>EVON SMITH</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <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	If "No," attach a list. See instructions
	<b>J</b> Website: <b>ONEWEST.ORG</b>	<b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>KY</b>

Part I Summary			
	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>A COMMUNITY DEVELOPMENT CORPORATION DEVELOPING AND SUPPORTING PROJECTS IN (SEE SCHEDULE O)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>65</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>119,354.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
			<b>Prior Year</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,711,989.</b>	<b>2,028,159.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>113,712.</b>	<b>123,037.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,825,701.</b>	<b>2,151,196.</b>
			<b>0.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>379,578.</b>	<b>488,081.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>159,340.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>511,595.</b>	<b>784,248.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>891,173.</b>	<b>1,272,329.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>934,528.</b>	<b>878,867.</b>	
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>5,480,706.</b>	<b>6,312,243.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>894,418.</b>	<b>847,088.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,586,288.</b>	<b>5,465,155.</b>	

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>EVON SMITH, PRESIDENT</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTINE N KOENIG</b>	Preparer's signature <b>CHRISTINE N KOENIG</b>
	Firm's name ▶ <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>	Date <b>11/15/22</b>
	Firm's address ▶ <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01022180</b>
		Firm's EIN ▶ <b>61-1064249</b>
		Phone no. (502) <b>426-9660</b>

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: ONEWEST IS A NON-PROFIT CORPORATION THAT IS ESTABLISHING NEW PATHWAYS TO PRIVATE AND PUBLIC CAPITAL IN AN EFFORT TO GENERATE SUSTAINABLE ECONOMIC DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION IN WEST LOUISVILLE IN PARTNERSHIP WITH COMMUNITY RESIDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 684,043. including grants of \$ ) (Revenue \$ 3,683. ) THE ORGANIZATION AIMS TO STIMULATE ECONOMIC DEVELOPMENT AND COMMUNITY REVITALIZATION IN WEST LOUISVLE, WITH A PRIMARY FOCUS ON THE BUILT ENVIRONMENT. BY FOCUSING ON LAND USE, INFRASTRUCTURE NEEDS, URBAN DESIGNS, AND AN OVERALL IMPROVED "SENSE OF PLACE," ONEWEST'S GOAL IS TO BRING A SHARED PROSPERITY BACK TO WEST LOUISVILLE, WHICH IN TURN LIFTS THE ENTIRE LOUISVILLE COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 684,043.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2021) table with columns for question number, description, and Yes/No responses. Includes sections for employees, federal returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included on line 1a, above, who are independent (25); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records EVON SMITH - 502-907-5147 2028 W BROADWAY, STE 104, LOUISVILLE, KY 40203

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVON SMITH PRESIDENT & CEO	40.00	X		X				161,522.	0.	13,657.
(2) DREEMA JACKSON DIRECTOR	1.00	X						16,000.	0.	0.
(3) AMY CURRY SECRETARY, DIRECTOR	1.00	X		X				0.	0.	0.
(4) BRIAN PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(5) CHRISTINA SHADLE DIRECTOR	1.00	X						0.	0.	0.
(6) DEVONE HOLT DIRECTOR	1.00	X						0.	0.	0.
(7) HOWARD HOLLOMAN VICE CHAIR, DIRECTOR	5.00	X		X				0.	0.	0.
(8) JEFF BRINGARDNER DIRECTOR	1.00	X						0.	0.	0.
(9) JEFFREY L. GARDNER DIRECTOR	1.00	X						0.	0.	0.
(10) JESSICA JACKSON DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN T. MCCARTHY, III DIRECTOR	1.00	X						0.	0.	0.
(12) JUDY SCHROEDER DIRECTOR	1.00	X						0.	0.	0.
(13) KATINA WHITLOCK DIRECTOR	1.00	X						0.	0.	0.
(14) KEISHA DORSEY DIRECTOR	1.00	X						0.	0.	0.
(15) KHALILA SHARASIKA DIRECTOR	1.00	X						0.	0.	0.
(16) LAURA DOUGLAS DIRECTOR	1.00	X						0.	0.	0.
(17) LOUIS R. STRAUB, II DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA HAMPTON DIRECTOR	1.00	X						0.	0.	0.
(19) MAUREEN BREKKA DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL ASH DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL W. GOUGH DIRECTOR	1.00	X						0.	0.	0.
(22) MIKE MOUNTJOY DIRECTOR	1.00	X						0.	0.	0.
(23) NIKKI LANIER CHAIR	5.00	X		X				0.	0.	0.
(24) PAUL COSTEL DIRECTOR	1.00	X						0.	0.	0.
(25) REV. DAVID L. SNARDON DIRECTOR	1.00	X						0.	0.	0.
(26) SHARITA BRANSFORD DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								177,522.	0.	13,657.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								177,522.	0.	13,657.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BAILEY CONSTRUCTION & GENERAL CONTRACTING L 1300 W MUHAMMAD ALI BLVD, LOUISVILLE, KY 40	CONSTRUCTION	259,291.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	68,731.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,959,428.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			2,028,159.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)				
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6 a	(i) Real		(ii) Personal			
		6a	119,354.				
		6b	0.				
	6c	119,354.					
	d			Net rental income or (loss)	119,354.	119,354.	
	7 a	(i) Securities		(ii) Other			
		7a					
		7b					
	7c						
	d			Net gain or (loss)			
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a		
8b		Less: direct expenses		8b			
c			Net income or (loss) from fundraising events				
9 a		Gross income from gaming activities. See Part IV, line 19		9a			
9b		Less: direct expenses		9b			
c			Net income or (loss) from gaming activities				
10 a		Gross sales of inventory, less returns and allowances		10a			
10b		Less: cost of goods sold		10b			
c			Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a		OTHER INCOME	Business Code 900009	3,683.	3,683.	
	b						
	c						
	d	All other revenue					
	e			Total. Add lines 11a-11d	3,683.		
12			Total revenue. See instructions	2,151,196.	3,683.	119,354.	
						0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	177,522.	112,913.	48,457.	16,152.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	230,261.	18,492.	164,066.	47,703.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,604.	3,421.	2,415.	768.
9 Other employee benefits	16,760.	7,606.	6,990.	2,164.
10 Payroll taxes	56,934.	16,612.	31,130.	9,192.
11 Fees for services (nonemployees):				
a Management	8,317.		8,317.	
b Legal	525.		525.	
c Accounting	22,586.		22,586.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	238,691.	94,711.	62,115.	81,865.
12 Advertising and promotion	39,761.	35,631.	4,130.	
13 Office expenses	21,769.		21,202.	567.
14 Information technology				
15 Royalties				
16 Occupancy	33,078.		33,078.	
17 Travel	4,645.	1,858.	1,858.	929.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,870.	44,870.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,550.	81,550.		
23 Insurance	13,691.		13,691.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PLAN ROOM</b>	128,259.	128,259.		
b <b>WEST END OPPORTUNITY PA</b>	29,859.	29,859.		
c <b>WEST END WONDERLAND</b>	25,107.	25,107.		
d <b>COMMUNITY OUTREACH</b>	24,790.	24,790.		
e All other expenses	66,750.	58,364.	8,386.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,272,329.	684,043.	428,946.	159,340.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,827,489.	1	2,373,380.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	113.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	300,000.	7	300,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	5,899.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,800,336.		
	b	Less: accumulated depreciation	10b 189,446.	10c	3,610,890.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,074.	15	22,074.
16	<b>Total assets. Add lines 1 through 15 (must equal line 33)</b>	<b>5,480,706.</b>	<b>16</b>	<b>6,312,243.</b>	
Liabilities	17	Accounts payable and accrued expenses	13,446.	17	49,599.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	780,872.	23	777,883.
	24	Unsecured notes and loans payable to unrelated third parties	100,100.	24	19,606.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>894,418.</b>	<b>26</b>	<b>847,088.</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,807,308.	27	4,465,155.
	28	Net assets with donor restrictions	778,980.	28	1,000,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	<b>4,586,288.</b>	<b>32</b>	<b>5,465,155.</b>	
33	<b>Total liabilities and net assets/fund balances</b>	<b>5,480,706.</b>	<b>33</b>	<b>6,312,243.</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,151,196.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,272,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	878,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,586,288.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,465,155.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	179,934.	1696379.	2860019.	1711989.	2028159.	8476480.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	179,934.	1696379.	2860019.	1711989.	2028159.	8476480.
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) .....						2909604.
6 Public support. Subtract line 5 from line 4.						5566876.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	179,934.	1696379.	2860019.	1711989.	2028159.	8476480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			132,901.	113,712.	119,354.	365,967.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 Total support. Add lines 7 through 10 .....						8842447.
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,683.
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 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	62.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	71.76 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 3 columns: Line number, Percentage, and % symbol. Rows include: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)); 16 Public support percentage from 2020 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Percentage, and % symbol. Rows include: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)); 18 Investment income percentage from 2020 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including status, control, and 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?
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.

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

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.
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.

Table with 3 columns: Question, Yes, No. Rows 1, 2.

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).

Table with 3 columns: Question, Yes, No. Row 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?
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.

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

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.
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.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part V**

**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.)

Lined area for supplemental information.

Schedule B

(Form 990)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ONEWEST CORPORATION

Employer identification number

47-3080680

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

**ONEWEST CORPORATION**

**47-3080680**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**ONEWEST CORPORATION**

**47-3080680**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 68,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ONEWEST CORPORATION</b>	Employer identification number <b>47-3080680</b>
--	---

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

**ONEWEST CORPORATION**

47-3080680

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**ONEWEST CORPORATION**

Employer identification number

**47-3080680**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,800,336.	189,446.	3,610,890.
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3,610,890.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and other liabilities numbered 1 through 9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and total columns (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and total columns (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**ONEWEST CORPORATION**

Employer identification number  
**47-3080680**

**Part I Questions Regarding Compensation**

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	<b>X</b>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	<b>5a</b>	<b>X</b>
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	<b>X</b>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	<b>6a</b>	<b>X</b>
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	<b>X</b>
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021





SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

ONEWEST CORPORATION

Employer identification number

47-3080680

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE URBAN NEIGHBORHOODS LOCATED IN THE WESTERN PORTION OF LOUISVILLE,  
KENTUCKY ("WEST LOUISVILLE"). THESE NEIGHBORHOODS INCLUDE THE  
ALGONQUIN, CALIFORNIA, CHICKASAW, PARK DU VALLE, PARK HILL, PARKLAND,  
PORTLAND, RUSSELL AND SHAWNEE NEIGHBORHOODS OF WEST LOUISVILLE.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT REVIEWS THE 990 PRIOR TO FILING AND THE RETURN IS PROVIDED TO  
THE FINANCE COMMITTEE AND BOARD FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER SIGNS A WRITTEN CONFLICT ON INTEREST POLICY WHEN THEY  
JOIN THE BOARD. MANAGEMENT MAINTAINS AN AWARENESS OF DISCLOSED CONFLICTS  
AND ADDRESSES CONFLICTS WITH THE BOARD AS NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15A:

A REVIEW COMMITTEE IS ESTABLISHED BY THE BOARD. THE COMMITTEE PERFORMS AN  
ANNUAL EVALUATION AND REVIEWS THE COMPENSATION PACKAGE FOR THE CURRENT  
YEAR. THIS INFORMATION IS PRESENTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

12,000.

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

Schedule O (Form 990) 2021

Name of the organization

ONEWEST CORPORATION

Employer identification number

47-3080680

MANAGEMENT AND GENERAL EXPENSES	53,865.
FUNDRAISING EXPENSES	81,865.
TOTAL EXPENSES	147,730.

OTHER:

PROGRAM SERVICE EXPENSES	3,600.
MANAGEMENT AND GENERAL EXPENSES	8,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,850.

PROJECT MANAGEMENT:

PROGRAM SERVICE EXPENSES	17,236.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,236.

CONSTRUCTION MANAGEMENT:

PROGRAM SERVICE EXPENSES	61,875.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,875.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 238,691.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**ONEWEST CORPORATION**

Employer identification number  
**47-3080680**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OW HOLDINGS LLC - 81-0899934 2028 W BROADWAY, STE 104 LOUISVILLE, KY 40203	REAL ESTATE INVESTMENTS	KENTUCKY	3,683.	87,525.	ONEWEST CORPORATION
OW BROADWAY HOLDINGS LLC - 82-4655551 2028 W BROADWAY, STE 104 LOUISVILLE, KY 40203	REAL ESTATE HOLDINGS	KENTUCKY	119,354.	4,390,423.	ONEWEST CORPORATION

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  
 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
 ▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ONEWEST CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2028 W. BROADWAY, 104</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LOUISVILLE, KY 40203</b></p> <p><b>C</b> Book value of all assets at end of year ..... <b>6,312,243.</b></p>	<p><b>D</b> Employer identification number <b>47-3080680</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		<p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>	
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/></p>		<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>	
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation. ▶</p>		<p><b>L</b> The books are in care of ▶ <b>EVON SMITH</b> Telephone number ▶ <b>502-907-5147</b></p>	

Part I Total Unrelated Business Taxable Income			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1		0.
2 Reserved .....	2		
3 Add lines 1 and 2 .....	3		
4 Charitable contributions (see instructions for limitation rules) .....	4		0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5		
6 Deduction for net operating loss. See instructions .....	6		
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7		
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8		1,000.
9 Trusts. Section 199A deduction. See instructions .....	9		
10 Total deductions. Add lines 8 and 9 .....	10		1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11		0.

Part II Tax Computation			
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1		0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2		
3 Proxy tax. See instructions .....	3		
4 Other tax amounts. See instructions .....	4		
5 Alternative minimum tax (trusts only) .....	5		
6 Tax on noncompliant facility income. See instructions .....	6		
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7		0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	<b>Total credits.</b> Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	<b>Total payments.</b> Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No						
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X						
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$								
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.								
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.								
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>900002</td> <td>\$ 12,144.</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	900002	\$ 12,144.		\$		
Business Activity Code	Available post-2017 NOL carryover								
900002	\$ 12,144.								
	\$								
6a	Did the organization change its method of accounting? (see instructions)		X						
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V								

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	CHRISTINE N KOENIG	11/15/22			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	CHRISTINE N KOENIG	11/15/22		P01022180
	Firm's address	DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187	Firm's EIN	61-1064249	Phone no. (502) 426-9660

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: ONEWEST CORPORATION; B Employer identification number: 47-3080680; C Unrelated business activity code: 900002; D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED DEBT-FINANCED INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 18 rows for deductions: Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Less depreciation claimed; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business income before net operating loss deduction; Deduction for net operating loss; Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span>	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  1801 W. BROADWAY, LOUISVILLE, KY 40203

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	119,354.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 4</b> .....	79,790.			
b Other deductions (attach statement) <b>STMT 5</b> .....	245,507.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	325,297.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 2</b> .....	656,237.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 3</b> .....	3,195,866.			
6 Divide line 4 by line 5 .....	20.53%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....	24,503.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>	24,503.			
9 Allocable deductions. Multiply line 3c by line 6	66,783.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>	66,783.			
11 Total dividends-received deductions included in line 10 <span style="float: right;">▶</span>	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7



0900486.09

amcray  
ADD

Allison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
1/13/2015 3:48 PM  
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION  
OF  
ONEWEST CORPORATION**

**A Kentucky Non-Stock, Non-Profit Corporation**

**Article 1**

The name of the corporation is OneWest Corporation (the "Corporation").

**Article 2**

2.1 (a) The Corporation is organized exclusively for charitable, scientific and educational purposes, under Section 501(c) (3) of the Internal Revenue Code of 1986, as amended ("IRC"), or corresponding section of any future tax code, and under Chapter 273 of the Kentucky Revised Statutes ("KRS Chapter 273"). The Corporation may receive gifts, contributions and grants of money or property from individuals, private organizations, public sources and any agency of local, state or federal government.

(b) The specific and primary purposes of the Corporation are:

(i) To empower and promote the welfare of the people of the neighborhoods located in western Louisville, Kentucky ("West Louisville");

(ii) To combat community deterioration, contribute to physical improvement and revitalization, provide relief to the poor and distressed, eliminate discrimination and prejudice, lessen neighborhood tensions, stabilize and generally to otherwise promote community and economic development and redevelopment in West Louisville;

(iii) To improve and revitalize the economy of West Louisville and assist in developing, attracting and retaining business, industrial, educational, cultural, civic, community and other enterprises in West Louisville and thereby developing, attracting, expanding and retaining jobs and opportunities for the people of West Louisville;

(iv) To aid, assist and further in the development of West Louisville by coordinating public and private partnerships, by soliciting and receiving gifts and donations of money and other property, by acting as a partner in the development and revitalization of West Louisville, and by any other means appropriate to this purpose; and

(v) To perform activities which give reasonable promise that a stable nurturing environment will be created in West Louisville and to perform related activities which would be helpful in growing and sustaining economic vitality in West Louisville and carrying out the purposes set forth above.

2.2 The Corporation may exercise any and all powers possessed by nonstock, nonprofit corporations formed under KRS Chapter 273, but the Corporation shall not engage in activities which are impermissible for a corporation exempt from federal income tax under IRC § 501(c)(3).

2.3 The Corporation shall have no capital stock and no power to issue certificates for shares of capital stock or to declare dividends. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors or 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 Section 2.1 above.

2.4 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 or in opposition to any candidate for public office.

2.5 Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC § 501(c)(3) or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

### **Article 3**

The address of the Corporation's initial registered office in Kentucky is 400 West Market Street, 32<sup>nd</sup> Floor, Louisville, Kentucky 40202 and the name of the initial registered agent at that office is FBT LLC.

### **Article 4**

The mailing address of the Corporation's initial principal office is c/o Leadership Louisville Center, 732 West Main Street, Louisville, KY 40202.

## Article 5

5.1 The number of directors constituting the initial board of directors is three. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Name	Address
Steve Poe	1250 River Road, Louisville, KY 40206
Woodford Porter, Jr.	1300 W. Chestnut Street, Louisville, KY 40203
Monica LaPradd	234 Amy Avenue, Louisville, KY 40212

5.2 The Corporation shall have no members.

5.3 The Board of Directors will adopt Bylaws not inconsistent with the provisions of these Articles of Incorporation or with the laws of the Commonwealth of Kentucky. Adoption of Bylaws and subsequent amendments thereof or hereof shall be effective upon the affirmative vote of a majority of the members of the Board of Directors at a meeting duly called for that purpose.

## Article 6

6.1 No current or former director, officer, employee, attorney or agent of the Corporation shall be personally liable as such on the Corporation's obligations or to the Corporation for monetary damages for breach of his duties on the Corporation's behalf except for liability for (a) any transaction in which the individual's personal financial interest is in conflict with the financial interests of the Corporation, (b) acts or omissions not in good faith or which involve intentional misconduct or are known to the individual to be a violation of law, or (c) any transaction from which the individual derives an improper personal benefit. If KRS Chapter 273 is subsequently amended to authorize corporate action further eliminating or limiting the personal liability of such individuals, then the liability of such individuals shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by KRS Chapter 273, as so amended, without the necessity for further action by the Board of Directors. Any repeal of this Article 6 shall not adversely affect any right of a current or former director, officer, employee, attorney or agent hereunder in respect of any act or omission occurring prior to the time of such repeal or modification.

6.2 Each person who is or was a director, officer, employee, attorney or agent (each, an "Indemnified Person" and collectively, the "Indemnified Persons") of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as an Indemnified Person

of another corporation, whether elected or appointed, including the heirs, executors, administrators or estate of any such Indemnified Person, shall be indemnified by the Corporation to the full amount against any liability and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such Indemnified Person in such Indemnified Person's capacity as a director, officer, employee, attorney or agent, or arising out of such Indemnified Person's status as a director, officer, employee, agent or attorney, provided, however, no such Indemnified Person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding in which such Indemnified Person shall have been adjudged liable on the basis that personal benefit was improperly received by such Indemnified Person or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such Indemnified Person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article 6 shall not affect any rights or obligations then existing. If any indemnification payment required by this Article 6 is not paid by the Corporation within 90 days after a written claim has been received by the Corporation, the Indemnified Person may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such Indemnified Person shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such Indemnified Person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under KRS Chapter 273 or under this Article 6, but it shall not be obligated to do so. The indemnification provided by this Article 6 shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of members or board of directors, or otherwise. If this Article 6 or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law.

#### **Article 7**

The name and address of the incorporator is: FBT LLC, 400 West Market Street, 32<sup>nd</sup> Floor, Louisville, Kentucky 40202.

**Article 8**

Upon the dissolution of the Corporation, any remaining net assets of the Corporation shall be conveyed to such organization(s) as shall be selected by the Board of Directors; provided, however, that any such recipient organization shall qualify as an exempt organization under IRC § 501(c)(3).

Executed by the incorporator on January 12, 2015

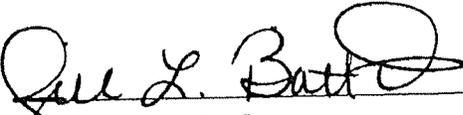
FBT LLC, as Incorporator

By: Jill L. Battcher  
Name: Jill L. Battcher  
Title: Manager

## CONSENT OF REGISTERED AGENT

The undersigned, having been named in the Articles of Incorporation as the registered agent of the Corporation, hereby consents to serve in that capacity.

FBT LLC

By:   
Name: Bill L. Battcher  
Title: Manager

**FIRST AMENDMENT TO THE BYLAWS  
OF  
ONEWEST CORPORATION**

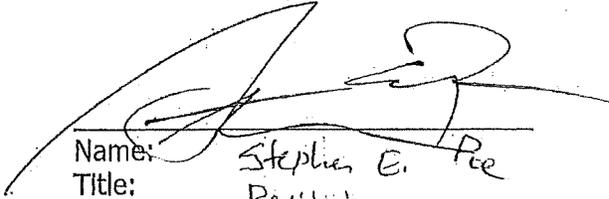
The undersigned representative of the Board of OneWest Corporation, a Kentucky non-stock, non-profit corporation (the "**Corporation**"), does hereby certify that a majority of the Board has agreed to amend the Bylaws of the Corporation (the "Bylaws") and directs the Secretary of the Corporation to file the same with the Bylaws in the minute book of the Corporation:

1. Section 3.2 is hereby amended to allow the mayor of Louisville, Kentucky and the president of the Louisville Metro Council to each appoint a director to the Board and to clarify procedures related thereto. As amended and restated hereby, Section 3.2 shall read in its entirety as follows:

**3.2 Number, Term, Election and Special Appointments.** The Board shall consist of no fewer than three and no more than thirty-one directors. Unless otherwise provided pursuant to this Section with respect to appointed directors, directors shall be elected by majority vote of the directors at a meeting at which a quorum is present. One Board director may be appointed by the Mayor of Louisville, Kentucky, considering the strategic and organizational needs of the Corporation, and shall serve at the pleasure of the Mayor. The term of this director shall begin upon the date of such appointment by notice to the Board and end upon the earlier of (a) one year following the date of such appointment, (b) the end of such Mayor's term in such office or (c) upon such director's removal or resignation in accordance with these Bylaws. One Board director may be appointed by the President of the Louisville Metro Council, considering the strategic and organizational needs of the Corporation, and shall serve on the Board at the pleasure of the President of Louisville Metro Council. The term of this director shall begin upon the date of such appointment by notice to the Board and end upon the earlier of (a) one year following the date of such appointment, (b) the end of such President's term in such office or (c) upon such director's removal or resignation in accordance with these Bylaws. All other directors of the Board shall serve for a term of two years, or until the next annual meeting of the Board following the expiration of his or her term, and the Board may adopt policies to implement staggered terms so that approximately one-third of such directors shall be elected each year. All directors, whether elected or appointed, may serve consecutive terms.

2. In all other respects, the Bylaws are hereby ratified and confirmed.

DATED this 23 day of May, 2016.

  
Name: Stephen E. Poe  
Title: President

**3.2 Number and Term.** The Board shall consist of no fewer than three and no more than thirty-one directors. Each director shall serve for a term of two years, and the Board may adopt policies to implement staggered terms so that one-third of the directors shall be elected each year.

**3.3 Qualifications.** In nominating and electing directors, the Board, or any committee acting at the pleasure of the Board for such purpose, shall take care to create and maintain a Board that represents the perspectives of the west Louisville community and the support and resources of a community-wide effort of greater Louisville. The Board shall establish policies to accomplish these objectives.

**3.4 Removal and Resignations.** Any director may be removed from the Board, with or without cause, by the affirmative vote of a majority of the directors. Any member of the Board may resign from the Board at any time by giving written notice to the Board. A resignation shall be effective when the notice is delivered unless the notice specifies a later effective date. Any director who resigns or is removed from the Board of Directors may be replaced with a new director elected by the affirmative vote of a majority of the directors.

**3.5 Annual and Regular Meetings.** An annual meeting of the Board shall be held at such time and place as the Chairman of the Board may direct upon at least ten days' prior notice in writing, given personally, by mail or email, to all of the directors of the Corporation for the purpose of electing officers and the transaction of such other business as may properly come before the meeting. The Board may provide by resolution the time and place, either within or without the Commonwealth of Kentucky, for the holding of regular meetings without other notice than such resolution.

**3.6 Special Meetings.** Special meetings of the Board may be called by, or at the request of, the Chairman.

**3.7 Participation in Meetings.** The Board may permit any or all directors to participate in an annual, regular or special meeting by, or conduct the meeting through the use of, any means of communication by which all directors participating may simultaneously hear each other during the meeting including, but not limited to, conference telephone or similar communications equipment. A director participating in a meeting by this means shall be deemed to be present in person at the meeting.

**3.8 Notice of Meeting.** Notice of the date, time and place of any special meeting shall be given at least two days prior thereto by written notice mailed, emailed or delivered personally to each director at the director's business address. Unless otherwise provided in these Bylaws or Kentucky law, the notice shall not be required to describe the purpose of the special meeting.

**3.9 Waiver of Notice.** A director may waive any notice required by the Articles or these Bylaws before or after the date and time stated in the notice. A director's attendance at or participation in a meeting shall constitute a waiver of notice of such meeting, unless the director at the beginning of the meeting, or promptly upon the director's arrival, objects to the holding of the meeting or transacting business at the meeting because the meeting is not lawfully called or convened.

**3.10 Quorum and Voting.** Unless the Articles require a greater or lesser number, a majority of the number of directors of the Corporation shall constitute a quorum of the Board; provided, however, that if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time without further notice.

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**OneWest Corporation**

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Non-profit Organization**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**2028 W. Broadway | Suite 104**

6 City, state, and ZIP code  
**Louisville, KY 40203**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
or									
Employer identification number									
4	7		3	0	8	0	6	8	0

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>4/14/23</u>
------------------	----------------------------	-----------------------

## General Instructions

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

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

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# Kentucky Secretary of State Michael G. Adams

Business Entity Search

File Annual Report

Form an LLC

Business Registration Portal

Name Availability Search

Business Forms Library

Prepaid Account Status

Current Officer Search

Founding Officer Search

Registered Agent Search

Validate Certificate of Existence/Authorization

## ONEWEST CORPORATION

File Amended Annual Report

Change Address or Registered Agent

File Certificate of Assumed Name (DBA)

File Dissolution

Upload a filing

File Registered Agent Resignation

Printable Forms

Subscribe to changes made to this entity

Certificate of Good Standing

### General Information

**Organization Number** 0900486  
**Name** ONEWEST CORPORATION  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 1/13/2015  
**Organization Date** 1/13/2015  
**Last Annual Report** 6/21/2023  
**Principal Office** 2028 W. BROADWAY  
 SUITE 104  
 LOUISVILLE, KY 40203  
**Registered Agent** FBT, LLC  
 400 W. MARKET STREET, 32ND FLOOR  
 LOUISVILLE, KY 40202

Show Current Officers

Show Initial Officers

Show Images

Show Former Names

Show Activities

Contact Site Map

Privacy Security Disclaimer Accessibility

© Commonwealth of Kentucky  
All rights reserved.

Kentucky Unbridled Spirit

<b>Title</b>	<b>Officer</b>
Vice Chairman	<b>Howard Holloman</b>
Chairman	<b>Nikki Lanier</b>
President	<b>Evon Smith</b>
Secretary	<b>Darnell McCoy</b>
Treasurer	<b>Howard Holloman</b>
Director	<b>Steve Poe</b>
Director	<b>Paul Costel</b>
Director	<b>Louis Straub</b>
Director	<b>Nikki Lanier</b>
Director	<b>Maureen Brekka</b>
Director	<b>Sharita Bransford</b>
Director	<b>Rev. David Sardon</b>
Director	<b>Dreema Jackson</b>
Director	<b>Diane Whitlock</b>
Director	<b>Brian Phillips</b>
Director	<b>Judy Schroeder</b>
Director	<b>Donna Purvis</b>
Director	<b>Khalila Sharasika</b>
Director	<b>Nicole Yates</b>
Director	<b>John McCarthy III</b>
Director	<b>Jeff Gardner</b>
Director	<b>Howard Holloman</b>
Director	<b>Jessica Jackson</b>
Director	<b>Keisha Deonarine</b>
Director	<b>Douglas Craddock</b>
Director	<b>Robert Springfield</b>
Director	<b>Tom Murro</b>
Director	<b>Myra Rock</b>

Director	<b>Brenda Burney</b>
Director	<b>Rick Smith</b>
Director	<b>Karen Bowie</b>
Director	<b>Marilyn Harris</b>

Show Initial Officers

Show Images

Show Former Names

Show Activities

[Contact](#)   [Site Map](#)

[Privacy](#)   [Security](#)   [Disclaimer](#)   [Accessibility](#)

© Commonwealth of Kentucky  
All rights reserved.

Kentucky Unbridled Spirit



10910 Electron Dr.  
 Louisville, KY 40299  
 502-244-5700

## Rental Quote

**Quote:** RQ29649  
**Start Date:** 12/12/2023  
**Est. End Date:** 12/19/2023  
**Delivery Date:** 12/12/2023

**Jobsite:** WINTER WONDERLAND  
**Contact:** EVON SMITH  
**Phone:** 502-600-0267  
**Email:** esmith@onewest.org  
 4501 W Broadway  
 Louisville, KY 40211

**Bill To:** Customer No. C0066250  
 ONEWEST CORPORATION  
 PO BOX 368  
 Louisville, KY 40201

**Signed By:**  
**Order By:** EVON SMITH

**Written By:** Nick Higgason  
**Sales Rep:** Nick Higgason  
**PO #:** COD

Qty	Description	Day	Week	4 Week	Totals
-----	-------------	-----	------	--------	--------

### Rental Items

One week rent with single shift rate applied.

Rates below are single shift and allow for 10/50/200 hrs per day/wk/mo. Double shift allows for 1.5 times the hrs and will be billed at 1.5 times the listed rates. Triple shift (unlimited hrs) will be billed at 2 times the listed rates.

8	30-39 KW GENERATOR 3 PHASE DSL Hours Out: 0.0 Hours Allowed: 10/50/200	\$385.00	\$830.00	\$1,770.00	\$6,640.00
16	SPIDER BOX	\$23.00	\$69.00	\$207.00	\$1,104.00
107	SPIDER CORDS	\$15.00	\$50.00	\$150.00	\$5,350.00
24	SPIDER GEAR PASS THROUGHES	\$23.00	\$69.00	\$207.00	\$1,656.00

### Miscellaneous Items

1	Environmental Charge				\$287.63
1	Loss Damage Waiver				\$2,212.50
	Delivery - Outside Haul				\$1,255.00
	Pickup - Outside Haul				\$1,255.00
				<b>Subtotal:</b>	<b>\$19,760.13</b>
				<b>Sales Tax:</b>	<b>\$1,185.61</b>
				<b>Total:</b>	<b>\$20,945.74</b>

Loss Damage Waiver is being charged due to expired or no certificate of insurance on file with Boyd Cat. Loss Damage Waiver will be waived with the receipt of a valid certificate of insurance stating, "Boyd Cat is added as an Additional Insured for general liability and as a Loss Payee for physical damage on rental/leased equipment."

DEF: \$10.00/gallon Surcharge Applied if Not Returned Full  
 Fuel: \$9.50/gallon Fuel Surcharge Applied if Not Returned Full.

**BOYD**

10910 Electron Dr.  
 Louisville, KY 40299  
 502-244-5700

## Rental Quote

Quote: **RQ29649**  
 Start Date: 12/12/2023  
 Est. End Date: 12/19/2023  
 Delivery Date: 12/12/2023

**Bill To:** Customer No. C0066250  
 ONEWEST CORPORATION  
 PO BOX 368  
 Louisville, KY 40201

Jobsite: WINTER WONDERLAND  
 Contact: EVON SMITH  
 Phone: 502-600-0267  
 Email: esmith@onewest.org  
 4501 W Broadway  
 Louisville, KY 40211

Signed By:  
 Order By: EVON SMITH

Written By: Nick Higgason  
 Sales Rep: Nick Higgason  
 PO #: COD

Qty	Description	Day	Week	4 Week	Totals
-----	-------------	-----	------	--------	--------

Excessive cleaning charges may apply.

*Rentals, sales, and services (collectively, "Transactions") shall be governed by the Company's Terms and Conditions (currently available at [www.boydcat.com/terms](http://www.boydcat.com/terms)). **THE TERMS ARE HEREBY INCORPORATED BY REFERENCE INTO THIS DOCUMENT AND THE PARTIES AGREE TO AND INTEND TO BE BOUND BY THE TERMS AS AN INTEGRAL PART OF THEIR AGREEMENT.** A hard copy of the Terms is available upon request sent to [TermsAndConditions@boydcat.com](mailto:TermsAndConditions@boydcat.com) or at any Company location. Should successor websites containing the Terms be established, the terms will be available through the Company's website at [www.boydcat.com](http://www.boydcat.com). The Company may amend the Terms **WITHOUT NOTICE** to you by posting revised Terms, and you agree to be bound by such amended Terms effective at the time of the Transaction. Except as may be expressly provided in the Terms or written agreement signed by the Company, Transactions are made **AS IS and WITH ALL FAULTS**. The Terms, among other things, require the **WAIVER AND LIMITATION OF SUBSTANTIAL LEGAL RIGHTS**. By signing below and/or entering into a Transaction, you acknowledge that you have read, understand, accept, and agree to be bound by the Terms.*

Signature

Date

Print Name