## NEIGHBORHOOD DEVELOPMENT FUND <br> Not-for-Profit Transmittal and Approval Form

Applicant/Program: Paristown Pointer Neighborhood Assoc. INC/Smoketrun Applicant Requested Amount: $\$ 1,400 \$ 1,200$ neighbor hood Appropriation Request Amount: $\$ 1,200$

Executive Summary of Request
Funds used to
 vendor to Monitor traffic patterns near new event space.

| Is this program/project a fundraiser? | $\square$ Yes |
| :--- | :--- |
| Is this applicant a faith based organization? | $\square$ Ye |
| Does this application include funding for sub-grantee(s)? | $\square$ Yes |

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 amounts). 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.


## Primary Sponsor Disclosure

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

## Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount:

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| LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION | Association |
| :---: | :---: |
| Legal Name of Applicant Organization Paristown Pointe Neighbor hood inc. |  |
| Program Name and Request Amount smoketown neighborhood | Stabilization |
| \$1,200 | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | $\ldots$ |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | $\ldots$ |
| Is the proposed public purpose of the program viable and well-documented? | $\ldots$ |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | $\ldots$ |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | $\ldots$ |
| Has prior Metro Funds committed/granted been disclosed? | ...Y |
| Is the application properly signed and dated by authorized signatory? | $\ldots$ |
| Is proof of Tax Exempt status of 501 ( ) 3, 4, 6, 19, $1120-\mathrm{H}$ included? | $\ldots$ |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | .NA |
| Is the entity in good standing with: |  |
| - Kentucky Secretary of State? |  |
| - Louisville Metro Revenue Commission? | ..4 |
| - Louisville Metro Government? |  |
| - Internal Revenue Service? <br> - Louisville Metro Human Relations Commission? |  |
| Is the current Fiscal Year Budget included? | Y |
| Is the entity's board member list (with term length/term limits) included? | - |
| Is recommended funding less than $33 \%$ of total agency operating budget? | .NA |
| Does the application budget reflect only the revenue and expenses of the project/program? | Y |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | $\ldots$ |
| Is the most recent annual audit (if required by organization) included? | $N A$ |
| Is a copy of Signed Lease (if rent costs are requested) included? | $\cdots \mathrm{NA}$ |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | WMA |
| Are the Articles of Incorporation of the Agency included? | , |
| Is the RRS Form W-9 included? | $\ldots$ |
| Is the IRS Form 990 included? | $\ldots$... Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included? | $\ldots \mathrm{MA}$ |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | $\cdots$ |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charfy Review Standards? | -0000 |
| Prepared by <br> manna hn tor $\qquad$ |  |
| $0 / 13 \mid 0$ |  |
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## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 1 - APPLICANT INFORMATION



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## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 3 - AGENCY DETALIS

Describe Agency's Vision, Mission and Services:
From the articles of incorporation: "To make our community a splendid place to live and work; by community beautification and maintenance, as well as, serving the needs of the residents, business owners, and employees." This project will provide visual evidence of traffic patterns to inform the Urban Government Center advisory group regarding vehicular traffic planning needs as the group negotiates a suitable community benefits agreement with Upper Paristown Preservation Trust.

## LO! ISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member | Term End Date |
| :--- | :---: |
| Cliff Hayden | $02 / 28 / 2024$ |
| Shannon Musselman | $02 / 28 / 2023$ |
| Frank Ford | $02 / 28 / 2025$ |
| Raymond Howard | $02 / 28 / 2025$ |
| Sim Brewer | $02 / 28 / 2025$ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Describe the Board term limit policy:
3 year term limit with mandatory rotation off of board for at least a year before eligibitity for reelection.

| Three Highest Paid Staff Names |  |
| :--- | :--- |
| No staff. |  |
|  |  |
|  |  |

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## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 5 - PROGRAM/PROIECT MARRATIVE

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.):

As a Metro advisory group negotiates a community benefits agreement with Metro's chosen developer regarding the former urban government center property, it has become apparent that the parties must devise a coherent traffic management strategy. There is already some traffic pressure around events at Paristown Hall, and the development proposed for the UGC property will increase both population density and traffic considerably. Paristown Pointe Neighborhood Association has solicited some drone flights to provide aerial views of neighborhood traffic at various times. All solicitations and flights and the expenditure of $\$ 1,200.00$ occurred during Metro's current fiscal year, beginning July 01, 2022. The funding requested in this application will reimburse Paristown Pointe Neighborhood Association the full cost of the drone flight during events in progress in order to provide video coverage of current traffic patterns at the area's busiest times. This coverage, supplemented by ground-level still photos of the same traffic patterns, is helping the two entities establish a current baseline from which traffic projections may be postulated.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
All funding $(\$ 1,200.00)$ will reimburse the full cost to Paristown Pointe Neighborhood Association of drone flights and related assessment activities. There are no subgrantees whose use of the payment would be reportable to Metro. The amount requested is well below any federal agency's de minimis threshold and would not require legal advertisement or a sealed bid process.

# 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:
$\checkmark$ 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.
(7) 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):
$\checkmark$ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
$\checkmark$ 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.

According to Form NDF083122PPNP06 (transmittal/approval form), the original application was approved on $07 / 18 / 2022$. All drone flights were completed between 08/26/2022 and 09/21/2022, and an invoice is in hand. PPNA missed a deadline, either contractual or reporting, and was advised to submit this updated application. The invoice and bank statement are enclosed along with the supporting documentation.

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## Emergency legislation request:

This application is being re-submitted because the organization missed the original deadline to sign the agreement latter. We are resubmitting so that the organization can get reimbursement for paying vendor.


## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPIMENT 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:

Short-term: Visual data regarding current traffic pattern baseline collected and compiled into narrative description. Intermediate: Traffic management proposal submitted to Paristown Pointe Neighborhood Association, Paristown Preservation Trust, and Urban Government Center Advisory Committee for deliberation. Long-term: Traffic management plan incorporated into community benefits agreement and subsequently implemented

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

The entire community benefit agreement process involves neighbornood associations from Paristown and all adjacent communities (Germantown, Original Highlands, Shelby Park, Smoketown), the proposed developer (Paristown Preservation Trust), and Metro government (advisory group). The neighborhood-based entities and the advisory group (drawn from those entities) represent the interests of the affected neighborhoods. PPT represents the interests of the proposed, future residents of its proposed development. Develop Louisville employees and the applicable Metro Council member may serve as intermediaries and advisors to either side. White the negotiation process is technically adversarial, we are striving to establish common ground and make it as cooperative as possible.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 6-PROGRAM/PROIECT BUDGET SUMMARY

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


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

| Other State, Federal or Local Government |  |
| :--- | :--- |
| United Way |  |
| Private Contributions (do not include individual donor names) |  |
| Fees Collected from Program Participants |  |
| Other (please specify) |  |
|  | $\$ 0.00$ |

"Total of Column 1 MUST match "Total Request on Page 1, Section 2"
**Must equal or exceed total in column 2.

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## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| Detail for Client Assistance, Community Events \& Festivals or Other Expenses shown on Page 7 | $\begin{gathered} \text { Column } \\ 1 \end{gathered}$ | $\begin{gathered} \text { Column } \\ 2 \end{gathered}$ | $\begin{gathered} \text { Column } \\ (1+2)=3 \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| (circle one and use multiple sheets if necessary) | Proposed Metro Funds | Non. <br> Metro <br> Funds | Total Funds $D$ |
| Professional servile contract: Environ ments Lle | \$1,200 |  | \$ $\$ 1.200$ |
|  |  |  | \$ 0.00 |
|  |  |  | \$ 0.00 |
|  |  |  | \$0.00 |
|  |  |  | \$ 0.00 |
|  |  |  | \$ 0.00 |
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|  |  |  | \$ 0.00 |
|  |  |  | \$0.00 |
|  |  |  | \$0.00 |
|  |  |  | \$0.00 |
|  | $\$ 1,200$ |  | \$ 0.00 |
| Total | \$1,200 | \$0.00 | \$1,200 |

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## 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).

| Danor"/Type of Cantribution | Value of Contrlbution | Method of Valuation |
| :--- | :--- | :--- |
| Still, ground-level traffic pattern <br> photographs | $\$ 500.00$ | Provider's donated time <br> and expertise |
|  |  |  |
|  |  | Provider's donated time <br> and expertise |
| Total Value of in-Kind <br> (to match Program Budget Line ftem. <br> Volunteer Contribution \&other In Kind) | $\$ 500.00$ |  |

" DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LUSTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LNE 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 $\square$ YES

If YES, please explain:

## LOUISVILLE METRO COUNCI NEIGHBORHOOD DEVELOPMENT FUNO APPUCATION

## SECTHON 7-CERTHCANONS \& ASSURANCES





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Slienature of Legal Sipnatory:

Legal Signitory (please print):
Mrone: (502) $377-0201$


Oute:
Tite
Emat:

INTERNAL REVENUE SERVICE
P. O. BOX 2508

DEPARTMENT OF THE TREASURY
CINCINNATI, OH 45201
OCT 242002
Date:
PARISTOWN POINTE NEIGHBORHOOD
ASSOCIATION INC
C/O LISA KILKELLY
LEGAL AID SOCIETY
425 W MUHAMMAD ALI BLVD
LOUISVILLE, KY 40202-0000
Employer Identification N
61-1327090
DLN:
17053282002012
Contact Person:
DALE T SCHABER
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

ID\# 31175
ontact Telephone Number:

Dear Applicant:
Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501 (a) of the Internal Revenue Code as an organization described in section 501 (c) (3).

We have further determined that you are not a private foundation within the meaning of section 509 (a) of the Code, because you are an organization described in sections 509 (a) (1) and 170 (b) (1) (A) (vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $\$ 100$ or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA)

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509 (a) (l) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware

## PARISTOWN POINTE NEIGHBORHOOD

of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509 (a) (1) organization.

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $\$ 25,000$. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $\$ 25,000$ or less, and sign the return.

If a return is required, it must be filed by the 15 th day of the fifth month after the end of your annual accounting period. A penalty of $\$ 20$ a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $\$ 10,000$ or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $\$ 1,000,000$ in any year, the penalty is $\$ 100$ per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $\$ 1,000,000$ shall not exceed $\$ 50,000$. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free
number shown above.

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## PARISTOWN POINTE NEIGHBORHOOD

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

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

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


## TRUIST H1

759-01-01-00 55101 OC $00130 \quad 50004$
PARISTOWN POINTE NEIGHBORHOOD ASSOCIATIO
807 GOULLON CT
LOUISVILLE KY 40204-2009

## Your account statement for 01/31/2023

Contact us
6 Truist.com
(844) 4TRUIST or (844) 487-8478

- TRUIST COMMUNITY CHECKING 0005188134825

Account summary

| Your previous balance as of $12 / 30 / 2022$ | \$1,970.12 |
| :---: | :---: |
| Checks | -599.96 |
| Other withdrawals, debits and service charges | -158.89 |
| Deposits, credits and interest | + 1,158,89 |
| Your new balance as of 01/31/2023 | $=\$ 2,370.16$ |
| Checks |  |
| DATE CHECK \# | AMOUNT(S) |
| 01/17 1077 | 599.96 |
| Total checks | $=\$ 599.96$ |

Other withdrawals, debits and service charges
DATE DESCRIPTION
01/19 INTERNET PAYMENTECHECK PAYPAL ZOOMVIDEOCO
Total other withdrawals, debits and service charges
Deposits, credits and interest
OATE DESCRIPTION
OTHO DEPOSIT
AMOUNT(S)
0T/25 TRANSFER PAYPAL 5788 PARISTOWN POINTE NEIGH
Total deposits, credits and interest
$1,000.00$
758.89
$=\$ 1,158.89$

PPNA Profitloss statement: 01/01/2017-02/15/2022

| Date | Item | Category | Income | Expense | Balance |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 01/01/2017 | Beginning balance |  |  |  | \$2,195.88 |
| 08/18/2017 | KYSOS annual report | F\&A |  | \$15.00 |  |
| 12/31/2017 | No income reported during year | Program income | \$0.00 |  |  |
| 12/31/2017 | Ending balance |  |  |  | \$2,180.88 |
| 12/31/2017 | Net profit/(loss) |  |  |  | (\$15.00) |
| 01/01/2018 | Beginning balance |  |  |  | \$2,180.88 |
| 01/10/2018 | Reimbursement: Pablo, Cindy | Program expense |  | \$62.96 |  |
| 05/31/2018 | KYSOS annual report | F\&A |  | \$15.00 |  |
| 12/31/2018 | No income reported during year | Program income | \$0.00 |  |  |
| 12/31/2018 | Ending balance |  |  |  | \$2,102.92 |
| 12/31/2018 | Net profit/(loss) |  |  |  | (\$77.96) |
| 01/01/2019 | Beginning balance |  |  |  | \$2,102.92 |
| 04/17/2019 | KYSOS annual report | F\&A |  | \$15.00 |  |
| 06/19/2019 | Louisville Magazine | Program expense |  | \$282.00 |  |
| 06/25/2019 | Reimbursement: Pablo, Cindy | Program expense |  | \$80.92 |  |
| 08/18/2019 | Attorney fee: Porter, Steve | Program expense |  | \$100.00 |  |
| 12/31/2019 | No income reported during year | Program income |  |  |  |
| 12/31/2019 | Ending balance |  |  |  | \$1,625.00 |
| 12/31/2019 | Net profit(loss) |  |  |  | (\$477.92) |
| 01/01/2020 | Beginning balance |  |  |  | \$1,625.00 |
| 01/14/2020 | Reimbursement: Pablo, Cindy | Program expense |  | \$39.15 |  |
| 06/15/2020 | KYSOS officer change | F\&A |  | \$10.00 |  |
| 06/16/2020 | KYSOS address change | F\&A |  | \$10.00 |  |
| 06/15/2020 | KYSOS annual report | F\&A |  | \$15.00 |  |
| 08/24/2020 | Kroger rewards | Program income | \$44.79 |  |  |
| 12/21/2020 | PPNA member donations | Program income | \$370.00 |  |  |
| 12/31/2020 | Ending balance |  |  |  | \$1,965.64 |
| 12/31/2020 | Net profit(loss) |  |  |  | \$340.64 |
| 01/01/2021 | Beginning balance |  |  |  | \$1,965.64 |
| 01/19/2021 | PayPal annual fee | Program expense |  | \$158.89 |  |
| 03/09/2021 | Deposit: Kroger rewards | Program income | \$20.75 |  |  |
| 03/24/2021 | Deposit: Member donations | Program income | \$84.00 |  |  |
| 04/07/2022 | KYSOS annual report | F\&A |  | \$15.00 |  |
| 04/07/2021 | KY rewards + Network for Good | Program income | \$69.31 |  |  |
| 07/08/2021 | Fleur de Flea: Mahorney, John | Program expense |  | \$23.00 |  |
| 10/15/2021 | Deposit: Kroger rewards | Program income | \$48.49 |  |  |
| 12/31/2021 | Ending balance |  |  |  | \$1,991.30 |
| 12/31/2021 | Net profit/(loss) |  |  |  | \$25.66 |

Two pairs of offsetting payments/deposits, both recorded in check register, are not detailed above.

| $01 / 01 / 2022$ | Beginning balance |  | $\$ 1,991.30$ |  |
| :--- | ---: | ---: | ---: | ---: |
| $01 / 18 / 2022$ | PayPal annual fee |  | $\$ 138.89$ |  |
| $02 / 15 / 2022$ | Reimbursement: Musselman, Shannon | F\&A | $\$ 26.43$ |  |
| $02 / 15 / 2022$ | Reimbursement: Musselman, Shannon | Program expense |  | $\$ 115.11$ |
| $02 / 15 / 2022$ | Deposit: Member donations | Program income | $\$ 25.00$ |  |
| $02 / 16 / 2022$ | Ending balance |  |  | $\$ 1,735.87$ |
| $02 / 16 / 2022$ | Net profit(loss) |  |  |  |

Final check register entries are dated 02/15/2022. First Musselman reimbursement pertains to board election expenses. Most recent bank statement ending balance is $\$ 1,991.30$ on $12 / 31 / 2021$. This amount matches the 2021 ending and 2022 beginning balances recorded above.

Numerical summary: 01/01/2017-02/16/2022

| $01 / 01 / 2017$ | Beginning balance |  | $\$ 2,195.88$ |  |
| ---: | ---: | ---: | ---: | ---: |
| $2017-2022$ | Income: Total income, all years | $\$ 662.34$ |  |  |
| $2017-2022$ | Expenses: Total expense, all years |  | $\$ 1,122.35$ |  |
| $02 / 16 / 2022$ | Ending balance |  |  | $\$ 1,735.87$ |
| $02 / 16 / 2022$ | Five-year net profiv(loss) |  |  | $(\$ 460.01)$ |

Functional summary: 01/01/2017-02/16/2022

| $01 / 01 / 2017$ | Beginning balance |  | $\$ 2,195.88$ |  |
| :--- | ---: | ---: | ---: | ---: |
| $2017-2022$ | Total income, all years | $\$ 662.34$ |  |  |
| $2017-2022$ | F\&A expenses, all years |  | $\$ 121.43$ |  |
| $2017-2022$ | Program expenses, all years | Ending balance | $\$ 1,000.92$ |  |
| $02 / 16 / 2022$ | Five-year net profit(loss) |  | $\$ 1,735.87$ |  |
| $0216 / 2022$ |  |  |  | $(\$ 460.01)$ |

Five-year overhead rate is $10.82 \%$ of total expense $(\$ 121.43 / \$ 1,122.35)$.

May 3, 2021
Mr. Josh Pickrell
1025 Lampton St.
Louisville, KY 40204
Dear Josh:
As we discussed by email and after confirming with you the necessary information, I filed the IRS Form $990-\mathrm{N}$ on behalf of the Paristown Pointe Neighborhood Association ("PPNA") for its 2020 tax year on April 20, 2021.

Enclosed is the IRS Form $990-\mathrm{N}$ Confirmation page showing that the IRS accepted this electronic filing. I am also enclosing an Information Copy of the filing which shows all the information provided. Please keep these documents with the organization's permanent records as proof of filing. The information on the filing is required to be publicly available and will be posted in the near future on the IRS website under the Tax Exempt Organizations Search feature.

Please review the enclosed two-sided printout entitled Annual Electronic Filing Requirement for Small Exempt Organizations - Form 990-N (e-Postcard) which provides important information about the Form 990-N. This printout is also available online at www.irs.gov (type the title in the search box) with links to much more information about Form 990-N.

As a $501(\mathrm{c})(3)$ organization, PPNA is required to file a Form 990 -series return or notice with the IRS each year. There are different eligibility requirements for different forms. To be eligible to file the simple electronic Form 990-N, an organization's annual gross receipts must be normally $\$ 50,000$ or less. For organizations at least three years old, this means that the organization averaged $\$ 50,000$ or less in gross receipts for the immediately preceding three tax years ending with the tax year for which the form is being filed. (For example, to calculate eligibility for the 2020 tax year, an organization would calculate whether its gross receipts averaged $\$ 50,000$ or less over the 2018, 2019 and 2020 tax years). Organizations whose annual gross receipts are normally over $\$ 50,000$ must file one of the other versions of Form 990, which are longer and require more information. To be able to determine which particular version of Form 990 an organization is eligible to file, it is important for the organization to keep detailed financial records showing the sources and amounts of all donations and other income.

Also, Form $990-\mathrm{N}$ cannot be filed by organizations which are classified as private foundations. The IRS initially classifies each 501 (c)(3) organization as either a public charity or private

foundation. Many organizations qualify as public charities by meeting a public support test which must be maintained over time. If you have questions about public charity requirements applicable to PPNA please let me know.

If PPNA fails to file the applicable Form 990-series return or notice for three (3) consecutive years, it will automatically lose its 501 (c)(3) tax-exempt status as of the filing due date for the third year. It would then be required to re-apply for IRS recognition of its exempt status and pay a fee.

PPNA's annual filing is by due May $15^{\text {th }}$ each year. Please make a note on your calendar to file the required form with the IRS each year, before May $15^{\text {th }}$. You can file your next form (for the 2021 tax year) any time after December 31, 2021. It is important that you and the board members make arrangements to file with the IRS each year. If you or someone from the organization would like to do the Form $990-\mathrm{N}$ filing in the future, see the enclosed Annual Electronic Filing Requirement for Small Exempt Organizations - Form 990-N (e-Postcard) printout for information on how to register and electronically file the Form 990-N. If you would like me to file Form 990-N for the organization next year, please do not hesitate to contact me to see if I would be available to help at that time.

Please let me know if you have any questions about any of this information. I will be closing my file on this matter soon. Thank you for contacting me regarding PPNA's annual IRS filing requirement.

Sincerely,

Lisa Kilkelly
Staff Attorney
enclosures

## Confirmation

Home $\mid$ Security Profile $\mid$ Logout

Your Form 990-N(e-Postcard) has been submitted to the IRS

- Organization Name: PARISTOWN POINTE NEIGHBORHOOD ASSOCICATION
- EIN: 611327090
- Tax Year: 2020
- Tax Year Start Date: 01-01-2020
- Tax Year End Date: 12-31-2020
- Submission ID: 10065520211104537297
- Filing Status Date: 04-20-2021
- Filing Status: Accepted

MANAGE FORM 990-N SUBMISSIONS

## Q HELP (i) MENU 三

Home > Tax Exem t Or anization Search > Paristown Pointe Neighborhood Assocication
<Back to Search Results

## Paristown Pointe ighborhood Assocication

EIN: 61-1327090|Louisville, KY, United States

## Form 990- (e-Postcard) ©

Organizations who have filed a 990-N (e-Postcard) annual electronic natice. Most small organizations that receive less than $\$ 50,000$ fall into this category.

## > Tax Year 2016 Form 990-N (e-Postcard)

## Tax Period:

2016 (01/01/2016-12/31/2016)

EIN:
61-1327090

Legal Name (Doing Business as):
Paristown Pointe Neighborhood Assocication
Gross receipts not greater than: $\$ 50,000$
Organization has terminated No

## Website URL:

> Tax Year 2015 Form 990-N (e-Postcard)
> Tax Year 2014 Form 990-N (e-Postcard)
$>$ Tax Year 2013 Form 990-N (e-Postcard)
$>$ Tax Year 2011 Form 990-N (e-Postcard)
$>$ Tax Year 2009 Form 990-N (e-Postcard)

Mailing Address:
854 Vine Street
Louisville, KY 40204
United States

Principal Officer's Name and Address: Joann Robinson

854 Vine Street Louisville, KY 40204
United States

A For the 2020 Calendar year, or tax year beginning 2020-01-01 and ending 2020-12-31

B Check if available
$\square$ Terminated for Business
(A Gross receipts are normally $\$ 50,000$ or less


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

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

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

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

Multi-page document. Select page: $12 \underline{2} \underline{2} \underline{6} 7$

$$
\alpha 153220
$$

ARTICLES OF INCORPORATION
of


PARIETOKN POINTE NEIGHBORHOOD ASSOCIATION, INC.

WE, THE UNDERSIGNED, having associated for thépurposes of forming a mon-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (IRRS), hereby certify as follows:

ARTICLE I
The name of the Corporation shall be:
Paristown Pointe Neighborhood Association, Inc.

ARTICLE II
The duration of the Corporation shall be perpetual.

ARTICLE III
The address of the registered office of the corporation is: 1033 Lampton street Louisville, Kentucky 40204

The name of the initial registered agent for service of process, located at such address is:

Dawn Klemm
The principal office of the Corporation is located at:
1033 Lampton Street
Louisville, Fentucky 40204
Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

## ARTICLE IV

The corporation is organized and shall be operated exclusively for charitable and educational purposes as described within section 501 (c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the

1 uf 6

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Multi-page document. Select page: $12 \underline{3} \underline{\underline{5}} \underline{67}$

```
Corporation and permitted for an organization exempt under said
Section 5J1(c) (3).
    The purposes of the corporation shall be more specifically
stated as follows:
To make our community a splendid place to live
and work; by community beautification and
maintenance, as well as, serving the needs of
the residents, business owners and employees.
```

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

## ARIICLE VI

In carrying cut the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the state of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later state statutel, except as follows and as otherwise stated in these Articles:
a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.
b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501 (c) (3) of the Internal Fevenue Code, or the corresponding provisions of any subsequent Federal tax laws.
2) by a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding provisions of any later federal tax laws.
c) If and so long as the corporation is a private foundation as defined in Section $509(a)$ of the Internal Revenue Code, or corresponding provisions of any later federal tax laws:

2 of 6

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Multi-page document. Select page: $123 \underline{2} \underline{2} \underline{7}$


#### Abstract

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws. 2) The corporation shall not engage in any act of selfdealing as defined in Section $4941(d)$ of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws. 3) The Corporation shall not retain any excess business holdings as defined in Section $4943(c)$ of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws. 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later tax laws. 5) The Corporation shall not make any taxable expenditures as defined in Section 4945 (d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.


## ARTICLE VII

The name and address of the incorporator is:

| INCORPORATOR | ADDRESS |
| :--- | :---: |
| Dawn Klemn | 1033 Lampton Street |
|  | Louisville, KY 40204 |

## ARTICLE VIII

The initial Board of Durectors shall consist of five (5) Directors. The names and addresses of the members of the initial Board of Directors are:

| DIRECTOR | ADDRESS |
| :--- | :--- |
| Sandra Boeschel | lo34 Lampton Street |
| Loulsville, KY 40204 |  |
| Diane Cruze | 1023 Lampton street |
|  | Louisvilie, KY 40204 |
| Dawn Klemm | lo33 Lampton Street |
|  | Louisville, KY 40204 |

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Multi-page document. Select page: $12 \underline{3} \underline{4} 5 \underline{1}$

> permitte by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

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

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

ARTICLE XIII
Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

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Multi-page document. Select page: $1 \underline{2} \underline{3} \underline{\underline{5}} 6 \underline{Z}$

state of kentucky
County of jefferson ;


My Commission Expires:


This Document Prepared By:


6 of 6

Multi-page document. Select page: $12 \underline{2} \underline{\underline{5}} 6 \underline{I}$


Multi-page document. Select page: $1 \underline{2} \underline{3} \underline{5} \underline{6} 7$

| Michael G. Adams |  | Fee receipt: $\$ 15.00$ |
| :---: | :---: | :---: |
| Secretary of State <br> P. O. Box 1150 <br> Frankfort, KY 40602-1150 <br> (502) $564-3490$ <br> nttp://ww.sos.ky.gov | Annual Report |  |


| Company: | PARISTOWN POINTE NEIGHBORHOOD ASSOCIATION, INC. |
| :--- | :--- |
| Company ID: | 0453220 |
| State of origin: | Kentucky |
| Formation date: | $3 / 5 / 1998$ 12:00:00 AM |
| Date filed: | $2 / 15 / 20224: 21: 03$ PM |
| Fee: | $\$ 15.00$ |

Principal Office
1025 LAMPTON STREET
LOUISVILLE, KY 40204

Registered Agent Name/Address
JOSH PICKRELL
1025 LAMPTON STREET
LOUISVILLE, KY 40204

Current Officers

| Sole Officer | Shannon Higgins | 1036 Lampton Street, Louisville, KY 40204 |
| :--- | :--- | :--- |
| Sole Officer | Debra Sweeney | 1033 Lampton Street, Louisville, KY 40204 |
| Treasurer | Josh Pickrell | 1025 Lampton Street, Louisville, KY 40204 |
| Sole Officer | Cliff Hayden | 751 Vine Street, Louisville, KY 40204 |
| Sole Officer | Stacy Grimm | 809 Swan Street, Louisville, KY 40204 |

Directors

| Director | Josh Pickrell | 1025 Lampton St, Louisville, KY 40204 |
| :--- | :--- | :--- |
| Director | Shannon Higgins | 1036 Lampton St, Louisville, KY 40204 |
| Director | Debra Sweeney | 1033 Lampton St, Louisvile, KY 40204 |
| Director | Cliff Hayden | 751 Vine Street, Louisville, KY 40204 |
| Director | Stacy Grimm | 809 Swan Street, Louisville, KY 40204 |

Signatures

| Signature | Josh Pickrell |
| :--- | :--- |
| Title | Treasurer |

Immat Bevente Survice

## Request for Taxpayer Identification Number and Certification

o to www.irs.gov/formW9 for instructions and the latest information.

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

1 Name (as shown on your income tax retum). Name is requred on this line: do mof leave this bine blank.
Paristown Pointe Neighborhood Association
2 Business namedisregarded entity name if different from above

3 Gheck appropriate box for federal tax classification of the person whose name is entered on line 1 . Check only one of the folowng seven boxes
$\square$ Individual/sole mronnetor or
C Cormoration5 Corporation
PartnershipTrustestate
$\square$ Limited fability company. Enter the tax classification $(\mathrm{C}=\mathrm{C}$ corporation, $\mathrm{S}=\mathrm{S}$ corporation, $\mathrm{P}=\mathrm{Partnership)}$
Note: Check the appropriate box in the line above tor 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 untess the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federat tax purposes. Otherwise a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classilication of its owner.
$\square$ Other (see instructions)
501(c)(3) corporation

| 4 Exemptions (codes apply only to certan entities, not individuals; see instructions on page 3): |
| :---: |
| Exempt payee code (i) any) |
| Exemption from FATCA reporting code (it any) |

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

1025 Lampton Street Requester's name and address (optional)
David James, Metro Council District 6
601 West Jefferson Street, \#101
Louisville, KY 40202
Louisville, KY 40204

## 7 List account number(s) here (optional)

## Part 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 l, later. For other entites, 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.


## Partll Certification

Under penalties of periury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, accuisition 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 centification, but you must provide your correct TIN. See the instructions for Part II, later.


## 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 atter they were published, go to wwwirs.gov/FormW9.

## Purpose of Form

An individual or entity (Form W-g 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 eamed 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 1039-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 Fom $W-9$ to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Tel 502-296-1463

| BLLLTO | SHIP TO | INSTRUCTIONS |  |
| :---: | :---: | :---: | :---: |
| Paristown Homeowners Association | Same as recipient |  |  |
| OUANTH ESECMITON |  | ENIT PRIEE | Towt |


| 1 hr | August 26, 2022 10:15 AM This is the Baseline llight with no event traffic scheduled. | 200 | 200.00 |
| :---: | :---: | :---: | :---: |
| 2 hrs | PAA Authorization permitting \#ALTCDWCYI10 | 25 | 50 |
| 1 hr | September 4, 2022 6:30 PM The Mya and Hippo Campus Concert at Old Forester's Paristown Hall | 200 | 200.00 |
| 2 hrs | FAA Authorization permiting \#ALTXI5GB660 | 25 | 50 |
| 1 hr | September 10, 2022 2:05 PM The Four Flea afternoon event in Paristown | 200 | 200.00 |
| 2 hrs | FAA Authorization permitting \#ALT6ADX7P0Z00 | 25 | 50 |
| 1 hr | September 21, 2022 6:45 PM The Snail Mail concert at Paristown Old Forester's Paristown Hall | 200 | 200.00 |
| 2 hrs | FAA Authorization permitcing \#ALTNN4LQP250 | 25 | 50 |
| 4 hrs | Video editing and processing and rendering | 50 | 200 |
|  | subtotal |  | 1200.00 |
|  | SALES TAX |  | 0.00 |
|  | TOTALDUE SY 2.1 .2023 |  | 1200.00 |

Thank you for your business

Make all check out to Joseph M. Frith


## Truist Check Image

# TRUIST $\mathrm{HH}^{-1}$ 

Truist Representative Signature:

## Certified Copy of Original

Date: $\quad 2-21-23$


Fax: 502-451-1176
Client Care: 844-487-8478
Truist.com
matthew.dickey@truist.com
NMLSR\#: 2446703

1339 Bardstown Rd Louisville, KY 40204 Language: English | English

## Account Number

Amount
Sequence Number
Date
Transaction Type
Serial Number

0005188134825
\$1,200.00
2900748033
20230202
Debit
0000001078

Truist
Account Transaction History
AIF Name PARISTOWN POINTE NEIGHBORHOOD ASSOCIATIO
02/21/2023
$\sim$

- Page 1
'

|  | 807 GOULLON CT |
| :--- | :--- |
| $\because$ | LOUISVILLE KY 40204-2009 |

Account \# 0005188134825

| Posting Date | Effective Date | Debit Credit | Tran Code |  | Description | Reference \# | Check/ <br> Serial \# | Amount | Ending Balance |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 02/01/2023 | 02/01/2023 | C | 0013 | DEPOSIT |  | 2108127505 | 0 | \$237.00 | \$2,607.16 |
| 02/02/2023 | 02/02/2023 | D | 7511 | CHECK |  | 2900748033 | 1078 | \$1,200.00 | \$1,407.16 |

Please be aware that the Ending Balance only reflects items posted. It does not Include holds or unavallable deposit funds that may reduce the avallable balance used to pay items.
© 2023 Truist, Member FDIC.

## Kentucky Secretary of State Michael G. Adams

## PARISTOWN POINTE NEIGHBORHOOD ASSOCIATION, INC.

| File Annual Report | File Certificate of Assumed Name (DBA) |  |
| :---: | :---: | :---: |
| Change Address or Registered Agent | File Dissolution |  |
| Printable Forms | Subscribe to changes made to this entity | Certificates |

## General Information

| Organization Number | 0453220 |
| :--- | :--- |
| Name | PARISTOWN POINTE NEIGHBORHOOD ASSOCIATION, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G- Good |
| State | KY |
| File Date | $3 / 5 / 1998$ |
| Organization Date | $3 / 5 / 1998$ |
| Last Annual Report | $2 / 15 / 2022$ |
| Principal Office | 1025 LAMPTON STREET |
|  | LOUISVILLE, KY 40204 |
| Registered Agent | JOSH PICKRELL |
|  | 1025 LAMPTON STREET |
|  | LOUISVILLE, KY 40204 |

## Current Officers

Sole Officer
Sole Officer
Sole Officer
Sole Officer
Treasurer
Director
Director

Shannon Higgins
Debra Sweeney
Cliff Hayden
Stacy Grimm
Josh Pickrell
Josh Pickrell
Shannon Higgins

| From: | Baker, Phillip |
| :--- | :--- |
| Sent: | Monday, February 13, 2023 1:34 PM |
| To: | Taylor, Shalanna; Harward, Sonya |
| Subject: | RE: Paristown Pointe NDF |

## Madam Clerk,

I approve.

Thank you,

From: Taylor, Shalanna [Shalanna.Taylor@louisvilleky.gov](mailto:Shalanna.Taylor@louisvilleky.gov)
Sent: Monday, February 13, 2023 1:33 PM
To: Harward, Sonya [Sonya.Harward@louisvilleky.gov](mailto:Sonya.Harward@louisvilleky.gov)
Cc: Baker, Phillip [Phillip.Baker@louisvilleky.gov](mailto:Phillip.Baker@louisvilleky.gov)
Subject: Paristown Pointe NDF

Madam Clerk,

On behalf of councilman Baker (copied), I will be signing this NDF application to be processed.

Thank you,


Shalanna Taylor
Legislative Assistant
District 6 Office
601 W. Jefferson Street Louisville, Ky 40202
|Office: 502-574-1106|
|Direct: 502-574-3910|
|Cell: 502-724-3684|
Click here to subscribe to the District 6 Newsletter

