

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

**Applicant/Program:** Children Have Options in Choosing Experiences C.H.O.I.C.E.  
**Applicant Requested Amount:** \$20,836  
**Appropriation Request Amount:** \$7,000

**Executive Summary of Request**  
The C.H.O.I.C.E. Dare to Dream Sports Leadership and Mentoring school-based program is for males at Fern Creek High School and one male mentee group at Watterson Elementary. The program will consist of one class per week for 28 weeks, during school hours and at the participant's home school. The program addresses 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents.

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.

22 District #       Primary Sponsor Signature      \$7,000 Amount      Aug 29, 2017 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.  
N/A

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

**Applicant/Program:**

Children Have Options in Choosing Experiences (C.H.O.I.C.E.)

**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:

### 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 Don Johnson \$ 6,000

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** C.H.O.I.C.E., Inc. (Children Have Options in Choosing Experiences)

**Program Name and Request Amount** Dare to Dream Sports Leadership and Mentoring Program \$20,836

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

Prepared by: Leslie Curneal, District 22 Legislative Assistant      Date: Aug 29, 2017



# CHOICE, Inc.

Children Have Options In Choosing Experiences

Intervention  
Alcohol/Drug Program

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • E-mail: [choiceinc@bellsouth.net](mailto:choiceinc@bellsouth.net)

August 8, 2017

Councilman Robin Engel  
22nd District  
Louisville Metro Council  
601 W. Jefferson Street  
Louisville, Kentucky 40202

RE: Neighborhood Development Fund (NFD) Application  
District 22

“Dare to Dream” Sports Leadership and Mentoring Program  
Fern Creek High School (mentors) and Watterson Elementary School (mentees)

Dear Councilman Engel:

Enclosed is a 2017-2018 Louisville Metro Council completed application for the Neighborhood Development Fund.

We are thankful for your support of the C.H.O.I.C.E. “Dare to Dream” Sports Leadership and Mentoring Program at Fern Creek High School and Watterson Elementary over the years. The youth, adolescents, their families, and schools are very appreciative of your ongoing commitment to this community.

Once again, we are requesting your support for the 2017-2018 school year for the mentoring program.

If you have any questions, please call or email.

Sincerely,

Liz Stas-Shannon  
Executive Director

Enclosure: Grant Application 2017-2018

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Inc. <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
<b>Main Office Street &amp; Mailing Address:</b> 3715 Bardstown Road Suite 303 Louisville, Kentucky 40218			
<b>Website:</b> <a href="http://www.choicelouisville.org">http://www.choicelouisville.org</a>			
<b>Applicant Contact:</b>	Liz Sias-Shannon	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 456-5137	<b>Email:</b>	choiceinc@bellsouth.net
<b>Financial Contact:</b>	Liz Sias-Shannon	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 456-5137	<b>Email:</b>	choiceinc@bellsouth.net
<b>Organization's Representative who attended NDF Training:</b> Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b> Jefferson County Public Schools			
<b>Council District(s):</b> 22		<b>Zip Code(s):</b> 40215, 40212	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> "Dare to Dream" Sports Leadership Mentoring Program and Educational Self Help Group			
<b>Total Request: (\$)</b> 20,836. <sup>00</sup>		<b>Total Metro Award (this program) in previous year: (\$)</b>	
<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) Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) 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>	District 21 & 5	<b>Amount: (\$)</b>	9,000
<b>Source:</b>	District 22	<b>Amount: (\$)</b>	7,000
<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			

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision:

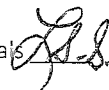
Children Have Options In Choosing Experiences (C.H.O.I.C.E.) Incorporated founded in 1987. C.H.O.I.C.E. Inc. is a comprehensive, community-based prevention and early intervention program designed to guide "high risk"/"at-risk" youth and adolescents into making more positive life choices. C.H.O.I.C.E. believes that the incidence of substance abuse, violence, and negative behaviors will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges. In order to achieve this goal, students need to have current information and education about drug abuse and dependency and its effect on interpersonal skills.

Mission:

C.H.O.I.C.E., Inc.'s purpose is to provide the needed services that will allow youths and adolescents to reach their maximum potential via a positive, healthy drug-free lifestyle.

Services:

The C.H.O.I.C.E. program is directed towards Jefferson County Public School students grades 3rd through 12 from mixed social-economic and ethnic backgrounds. C.H.O.I.C.E. offers a 28 week research-based curriculum that focus on positive youth development, leadership skills, and civic engagement through group counseling and mentoring services. The "Dare to Dream" program is two-tiered prevention education program that aims to bolstering resiliency factors within the young person in order for them to thrive as an adult. CHOICE provides a safe place for children to express their emotions and learn skills to have positive interpersonal relationship across settings (home, school, and community). In addition, the program assist youth with coping with unhealthy situations in a positive way. We focus on teaching youth and adolescents skills that will be required of them in the 21st Century, including critical thinking, effective communication, problem-solving, collaboration and teamwork. The program assists young people in joining together to enhance their ability to make positive choices; increase their sense of self-regard; decrease the incidence of ATOD (alcohol, tobacco and other drugs) abuse; and other unhealthy risk behaviors(bullying, sexual inappropriateness & criminal activity).




**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Gloria Moorman, Chairperson, Retiree, Louisville Public Health and Wellness	December, 2021
Jacqueline Cooper, Secretary/Treasury, Adjunct Professor, Webster University	December, 2021
Leigh Anne Parker, Financial Advisor, Edward Jones	December, 2022
Beverly Edward, Executive Director, Episcopal Church Home	December, 2021
Kobi Kearney, Program Director, iHeartMedia Louisville	December, 2023
Jackie Pennington, Retired, Credit Union Administrator	December 2023
Carla Robinson, Fund Developing Chair, Associate Dir. of Admission, Spencerian College	December, 2023
Matthew Brown, Assistant Program Director/Radio Personality, iHeartMedia Louisville	December, 2023
Antomia Farrell, Cooperative Extension HR Specialist, U.K. College of Agricultural	December, 2023
Ray Brown, President/CEO, RAE POPELKA Consulting	December, 2023
Michael Richardson, Vice President of Chain Bridge Bank, McLean, Virginia	Open
William Yesowitch, Retiree, Barber Banaszynski & Associates PSC, Board Chair Emeritus,	Open

**Describe the Board term limit policy:**  
 By-Laws: Each director shall be elected to serve for a term of 5 years and until their successor is elect and qualified or until earlier death, resignation or removal.

Three Highest Paid Staff Names	Annual Salary
Liz Sias-Shannon (proposed salary)	47,000
Group Facilitator (proposed salary)	25,000
Dawn K. Shannon (proposed salary)	12,480

Applicant's Initials 



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.):

C.H.O.I.C.E. Inc. is requesting funding for one: "Dare to Dream" Sports Leadership and Mentoring school based program for males at Fern Creek High School and one male mentee group at Watterson Elementary being served indirectly. The C.H.O.I.C.E. "Dare to Dream" Sports Leadership and Mentoring Program was developed in 2002 at Iroquois High School. The program is comprised of female athletes. The program will be conducted in 2017-2018 school year, one class period per week, during school hours at the participants' home school. The mentoring process is both one-on one and group oriented. This 28 week program address the 14 components of prevention and promotes comprehensive risk-avoidance messages for youth and adolescents. Mentors and mentees visit each other's school during their mentoring experiences to participate in various skills building activities such as social and emotional growth, communication skills improvement, decision-making, academic success, critical thinking. The 40219 zip code is among Louisville's 11 most distressed ZIP codes according to Greater Louisville Project's Focus on Poverty. Young people experiencing of multidimensional poverty struggle with articulating their hopes, dreams, and possibilities for their lives. Lack of education and feeling of worthlessness can create barriers for those young people as they transition into adulthood. These barriers place limitations one's ability to engage and/or be involved in Louisville's progress as a city (GLP,2017). Similar as GLP's report, C.H.O.I.C.E. has observed and collected data that support that working with children of poverty and children, it is important to provide programs and services that are community-based and culturally competent.(Sroul & Friedman, 1986). the All programs are set to begin August 28, 2017 and ends June 1, 2018. (See Attachment)

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

Funding will be used for program expenses and direct services provided to the target population; Facilitator(s) fee, program materials, transportation, administrative cost, office supplies, telephone, machinery equipment, Advanced Mentoring Training and 29th Annual C.H.O.I.C.E. Conference Graduation.

**Children Have Options In Choosing Experiences**  
**“Dare to Dream” Sports Leadership & Mentoring Program**  
**NDF – District 22**  
**Attachment -Section 5**

**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.):**

Per Kentucky Department of Education 2015-2016 school report card, schools currently being served by C.H.O.I.C.E. have over 50% of the student enrollment who receive free/reduced lunch; Fern Creek (64.7%) and Watterson (71.5%). A majority (96%) of program participants are from low-moderate income homes.

The “Dare to Dream” program utilizes cross-age peer mentoring as an intervention, it is structured based of the C.H.O.I.C.E. High Risk Prevention Intervention Model. The format of all C.H.O.I.C.E. groups has evolved from a model developed by C.H.O.I.C.E. staff to address the specific needs of young people (C.H.O.I.C.E. Inc., 2017). The C.H.O.I.C.E. model and subsequent training manual, The C.H.O.I.C.E. High Risk Prevention Intervention Manual (2002), provides the foundation for the program offered, “Dare to Dream” (C.H.O.I.C.E., Inc., 2017) The C.H.O.I.C.E. model is derived from several theories including Neuman System Model, the Health Belief Model, Ecological Model of Human Development and Hirschi’s Social Deviancy Model. The C.H.O.I.C.E. model “direct(s) attention to the interrelationship of the individual with family, peers, community and school” (Bemker & Sias-Shannon, 2002, p. 4). C.H.O.I.C.E.s “Dare to Dream” Sports Leadership program is not only unique because of rarity of the program structure but its longevity. The program longevity speaks to the fidelity and loyalty school officials have in the program. The group will focus on assisting young men in bolstering resilience skills, dispelling fears associated with transition to middle school, and

Per 2016-2017 C.H.O.I.C.E. group evaluation, 95% of all "Dare to Dream" participants reported wanting the program to be in the school they attend next year. 100% of 5th grade male mentees requested C.H.O.I.C.E. follow them into middle school. Early intervention can decrease the likelihood of adult substance abuse. The largest increase in ATOD knowledge was among male mentee attending Watterson Elem with 90% reporting an increase in their awareness of what ATOD and effect on individual's life. On Likert-scale 1 to 5 (Strongly Agree to Strongly Disagree), measuring the mentors' ability to communicate feelings and help others who need assistance. 72 % of Male mentors "Strongly agree" they possessed the ability to communicate their feeling. Overwhelmingly all Mentors, male and female, "Strongly agree" individual violence can lead to community violence. Showing evidence there an understanding between personal action and its ripple effects. The average days of suspension among program participants was < 2 days with 94.3% School Attendance per JCPS Cascade records. Among all Mentors an average of < 9 days missed this school year. Among all Mentees, an average < 3 days missed. Over 25% of the Mentors are graduating seniors. All Graduating Senior with the exception of one have committed to post-education at 2-year or 4 year university; two on full scholarship. Also note, 86.3% of C.H.O.I.C.E. participants are on free/reduced lunch this school year.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not Applicable

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The program offers dual benefits in self-esteem and academic achievement for mentees and mentors. In addition, the program bolsters resiliency which leads to a reduction in risk factors such as: school failure, violence, and substance abuse. The overall goal of this program is decrease behaviors that negatively impact education, family, and community membership while bolstering resiliency skills necessary for positive progression to adulthood.

The following are program goals and methods of measurement:

1. Assist youth in the reduction of substance abuse problems that develop into chemical dependency through prevention and comprehensive risk-avoidance messages education to live a positive healthy drug-free lifestyle by increasing knowledge base of the risk factors that lead to alcohol, tobacco, and other drug use (ATOD).

1a. All participants are given a pre and posttest to measure their understanding on the dangers and risk factors of ATOD. Please note demographics will be tracked in post-test to be considered as part the analysis. The test is constructed to be valid and reliable to control for variables in the pre-test.

2. Encourage youth toward the freedom of developing new behavior and making positive choices for a purposeful and meaningful life through increasing effective communication and positive behavior by bolstering resiliency skills

2a. C.H.O.I.C.E. behavior checklist is disseminated to participants' teachers/counselors to gather data on their progress of developing new and positive behavior.

CONTINUED ON ATTACHEMENT

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.

Collaboration with others builds bridges, among agencies, organizations, and community essential to meet the health, social and mental health needs of low income, ethnic minorities youth, adolescents and families.

C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support for their mission and philosophy.

We have support in partnership with Jefferson County Public Schools: the Department of Diversity, Equity and Poverty (DEP), counselors, home school coordinators, teachers, Youth Service Centers and Family Resource Center as well as LEEP (Louisville Education and Employment Partnership.) Space for groups, assistance in obtaining appropriate referrals, academic information, attendance and behavior data information, on-going conferencing and contact between the school and C.H.O.I.C.E staff are provided by each "host" school on a regular basis.

The collaboration with Peace Education Program assist with providing prevention training for the C.H.O.I.C.E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. Peace Education focus is consistent with C.H.O.I.C.E.'s philosophy.

SEE ATTACHMENT

**Children Have Options In Choosing Experiences**  
**“Dare to Dream” Sports Leadership & Mentoring Program**  
**NDF – District 22**  
**Attachment –Section 5**

**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:**

3 Improve youth’s academic performance, school connectedness, and self-esteem through prevention and early intervention activities shown through an increase in participant’s academic performance, school connectedness and self-esteem.

3a. All participants’ parents sign consent form given permission for C.H.O.I.C.E. to view student record. Grades and behavior are reviewed every six weeks and performance will be tracked. A survey is distributed to all participants to collect self-reported data and measure school connectedness and self-esteem. Data will be collected on the number of mentors who graduate and seek higher education.

**Children Have Options in Choosing Experiences**  
**“Dare to Dream” Sports Leadership & Mentoring Program**  
**NDF – District 22**  
**Attachment –Section 5**

**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 collaboration with Region 6 Kentucky Agency for Substance Abuse policy assist by providing a mini grant that enable agencies to have avenues to farther address substance abuse prevention. Focus on reducing underage alcohol use and abuse, marijuana use and prescriptions/OTC drug use by adolescents under age of 18. Kentucky ASAP provide a mini grant to C.H.O.I.C.E. for Phase I and Phase II Advanced Mentoring Training for our mentors.

A collaboration with PAL-Drug Free Community is an avenue for participants (adolescents and adults) to become involved in the positive changes they can contribute to their neighborhoods. The PAL-Drug Free Community mission is to reduce the incidence of substance abuse by young people residing in the 7th Street Corridor of

Central Louisville Through a collaborative coalition that coordinates resources through public policy, laws, revenue and strategy development. This is consistent with C.H.O.I.C.E. goals and objectives.

A collaboration with the Louisville Urban League’s Director of Youth Development and Education assist by providing training for the “Dare to Dream” Sports Leadership and Mentoring program. The Urban League Youth Development and Education department

provides school-aged youth with the pathway to becoming successful academically, personally, and socially. The goal is similar/consistent with C.H.O.I.C.E.'s mission.

A collaboration with Rotary Club of Louisville Suburban spotlight is education for our youth and their social and mental well-being. The Club also co-sponsors the C.H.O.I.C.E. Annual Conference Graduation. The commonality between the Club, the program services C.H.O.I.C.E. provides is a win-win for our young people in this community.

A collaboration with T-Mobile Huddle Up as T-Mobile employees will serve as Community Mentors to the "Dare to Dream" program this year. Employees will plan and facilitate interactive learning workshops for the Advance Mentor Training.

C.H.O.I.C.E.'s collaboration with T-Mobile intends to create a deeper connection with the community for the youth we serve. Research proves that community support assists young people in feeling better about themselves, and greatly enhances the bonding between the young person and his or her community.





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
JCPS/space, sponsors, etc.	\$4,300.00	Current Market Value
Volunteers	\$8,097.60	\$24.10 * hours reported
<i>Total Value of in-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$12,397.60	

\* 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: August 1 - July 31st

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:

Grant monies for small non-profit organizations are much more difficult to come by. All non-profit organizations are competing for the same limited dollars. In view of today's economy slow down, it is difficult than even to procure the funds necessary to meet the needs of the services C.H.O.I.C.E provides for youths, adolescents and families in the Louisville/Jefferson County Metro community. The cost of providing this much needed services to the communities, youth and adolescents has increased 25% in the past seven years.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$18,936.00	0	\$18,936.00
B: Rent/Utilities	0	0	0
C: Office Supplies	\$100.00	\$200.00	\$300.00
D: Telephone	\$250.00	\$350.00	\$600.00
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	\$150.00	\$125.00	\$275.00
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	\$225.00	\$225.00	\$450.00
K: Capital Project	0	0	0
L: Other Expenses (See Detailed List on Page 8)	\$1,175.00	\$1,775.00	\$2950.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>\$20,836.00</b>	<b>\$2,675.00</b>	<b>\$23,511.00</b>
	%	%	100%

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

Other State, Federal or Local Government	\$2,675.00
United Way	\$0
Private Contributions (do not include individual donor names)	\$0
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
	\$2,675.00

\*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

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

**Standard Assurances**

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

**Standard Certifications**

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	<i>Big Sias-Shannon</i>	<b>Date:</b>	8/8/17
<b>Legal Signatory: (please print):</b>	<i>Big Sias-Shannon</i>	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 456-5137	<b>Extension:</b>	
<b>Email:</b>	choiceinc@bellsouth.net		

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

CHILDREN HAVE OPTIONS IN CHOOSING  
EXPERIENCES INC  
SUITE 303 - 3715 BARDSTOWN ROAD  
LOUISVILLE, KY 40218

Employer Identification Number:

Case Number:

313194013

Contact Person:

BEA EITH

Contact Telephone Number:

(513) 684-3578

Our Letter Dated:

October 6, 1988

Addendum Applies:

No

received  
7/30/93

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

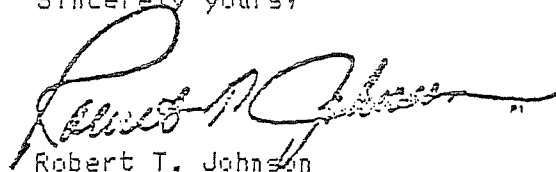
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the 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.

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

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Robert T. Johnson  
District Director

**C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc.**  
**PROGRAM BUDGET SUMMARY**  
**Fiscal Year AUGUST 1, 2017 to JULY 31, 2018**  
**Federal ID# [REDACTED]**

EXPENDITURES:	AMOUNT
For Direct Services:	
Group Facilitator – I	\$ 25,000.00
Group Facilitator – II	12,500.00
Professional Seminars/CEU's	860.00
Local Mileage Allowance	2,500.00
Professional Liability Insurance	675.00
Annual Conference/Graduation	6,000.00
Prevention Literature	450.00
<b>Total Direct Service</b>	<b>47,985.00</b>
Administration Cost:	
Executive Director	\$47,000.00
Administrator	12,480.00
Office Rental	4,200.00
Telephone/Internet Service	2,976.00
Office Supplies & Postage	820.00
Agency Insurance	785.00
Equipment/Software Maintenance	800.00
Licenses & Certifications	450.00
<b>Total Administration</b>	<b>\$69,511.00</b>
 In-Kind contributions are a large portion of the overall budget and offset it by 15% (Not included in budgetary funds required)	
<b>Total Program Budget</b>	<b>\$117,496.00</b>

Return of Organization Exempt From Income Tax

2015

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning August 1, 2015, and ending July 31, 2016

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: CHOICE, Inc.
Number and street (or P.O. box, if mail is not delivered to street address): 3715 Bardstown Road
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Louisville, KY 40218

D Employer identification number

E Telephone number: 502-456-5137

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website

J Tax-exempt status (check only one) - 501(c)(3) 501(c) ( ) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

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

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

Table with 21 rows and 4 columns. Rows are categorized into Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Values include 16,070, 44,810, 91, 60,971, 27,553, 15,697, 3,640, 46,890, 14,081, 17,887, and 31,968.





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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Liz Shannon</u> Telephone no. ▶ <u>502-456-5137</u> Located at ▶ <u>3715 Bardstown Road Louisville, KY</u> ZIP + 4 ▶ <u>40218-2268</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		<input checked="" type="checkbox"/>

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

Section 501(c)(3) organizations only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

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

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

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

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

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

Sign Here: Signature of officer (Gloria Moorman, Board Chair), Date (3/15/2017)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

ORIGINAL COPY FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

MAR 17 1998

*Bruce E. ...*  
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

The undersigned, all of whom are natural persons of the age of twenty-one years or more, desiring to form a non-profit Corporation pursuant to KRS 273 et. seq., do hereby certify and adopt the following Articles of Incorporation:

ARTICLE I

NAME: The name of this Corporation shall be Children have Options In Choosing Experiences, Inc. The principal address shall be Suite 303, 3715 Bardstown Road Louisville, Kentucky 40218.

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

ADDRESS: The address of the registered office of the Corporation in the State of Kentucky shall be Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218, and the name and address of this Corporation's registered agent for service of process is William Yesowitch, Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218.

ARTICLE IV

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

William Yesowitch  
1904 Dillon Drive  
Louisville, Kentucky 40205

J. Marcus Greer  
3809 Chevy Chase Road  
Louisville, Kentucky 40218

James Wilson  
Medical Arts - Suite 1138  
1169 Eastern Parkway  
Louisville, Kentucky 40217

ARTICLE V

PURPOSES: This Corporation is organized exclusively as a Charitable Corporation as authorized by KRS 273 et. seq., including but not limited to:

- (1) Providing alternative alcohol/drug <sup>pre</sup>programs including recreational, social and educational activities for target "high-risk" youth and their families. "High-risk" youth include but are not limited to:
  - a. Youth with alcoholic/drug abusing parents.
  - b. Youth with physically or sexually abusing parents.
  - c. Youth with school problems.
  - d. Delinquent youth.
  - e. Youth suffering economic hardship.
  - f. Illiterate youth.
  - g. Youth lacking job skills.
  - h. Youth lacking social skills.
  - i. Pregnant youth.
  - j. Youth who have had abortions.
  - k. Depressed and suicidal youth.
  - l. Mentally ill youth.

ARTICLE VI

NON-PROFIT CAPITALIZATION: No part of the income of the Corporation shall inure to the benefit of any member, trustee, officer or director of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation in connection with furtherance of its purposes and no member trustee, director or officer of the Corporation or any private person shall be entitled to share in the distribution of any of the Corporate assets on dissolution of the Corporation.

ARTICLE VII

MEMBER LIABILITY: The private property of this Corporation's members, directors or officers shall not be subject to the payment of Corporate debts to any extent whatsoever. No director or officer shall be liable for relying in good faith upon the books or account or reports made to the Corporation by any of its officials, members or by independent accountant selected by the Board of Directors or by any committee so designated by the Corporation, or in relying in good faith upon any other records of the Corporation.

ARTICLE VIII

ACTIVITIES PROHIBITED: No substantial part of the activities of the Corporation shall be carrying on of propanganda, 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. 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 section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 ( or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE IX

DISSOLUTION: Upon dissolution of the Corporation, pursuant and subject to KRS 273 et. seq., the Corporation shall, after paying or making provision for the payment of debts and obligations of the Corporation, distribute the remaining assets and property (after necessary expenses thereof) to such organization as shall qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954, as named. Any assets not disposed of shall be disposed by the Circuit Court of the County in which the principal office of Corporation is located, exclusively for such purposes or to such organizations as said Court shall determine, which are organized for such purposes as qualify them as exempt organizations.

ARTICLE X

POWERS: This Corporation shall conduct its affairs, carry on its operations and exercise its powers for all lawful activities under the Kentucky Revised Statutes Chapter 273 et. seq.; and shall make and alter bylaws, have a corporate seal, elect or appoint officers or agents of the Corporation, make contracts, incur liabilities and to have and exercise all powers necessary or convenient to effect any or all of the purposes for which the Corporation is organized.

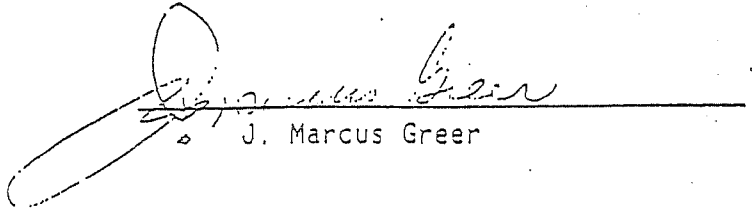
ARTICLE X

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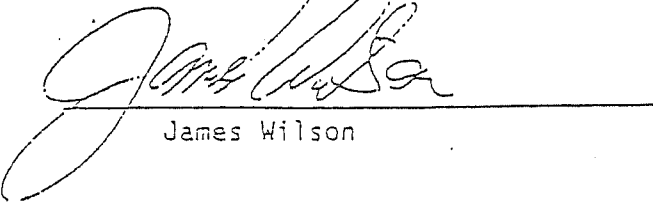
IN WITNESS WHEREOF, we hereunto subscribed our names, as incorporators hereof, this 9th day of March, 1988.



William Yesowitch



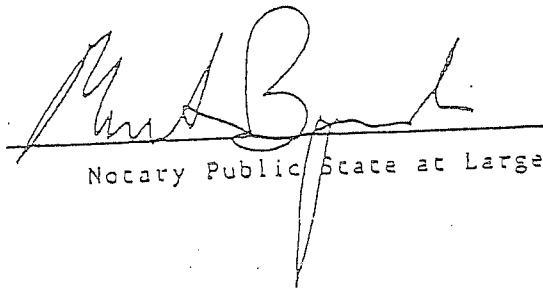
J. Marcus Greer



James Wilson

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

THE FOLLOWING PERSONS Marcus Greer James Wilson William Yesowitch  
subscribed and sworn to before me on this 9th day of March, 1988.



Notary Public State at Large

My commission expires June 22, 1990



**PRE-EVALUATION – POST EVALUATION**  
**Elementary**  
**All of your responses are confidential, and will be use anonymously**  
**C.H.O.I.C.E., Inc.**  
**(Children Have Options In Choosing Experiences, Inc.)**

Please answer the following questions accurately.  
 If you have any questions, please ask the facilitator

Age _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth            /        / Month    Day    Year	Grade _____ School _____
<b>What is your race/ethnicity?</b>  1.    Black 2.    White 3.    Hispanic 4.    Asian 5.    American Indian 6.    Other than listed: _____	<b>Who do you live with NOW?    Zip Code</b> <b>(Please check all that apply.)</b> _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother & other Adults <input type="checkbox"/> Father & other adults <input type="checkbox"/> Guardian <input type="checkbox"/> Other(s) _____

**A.** Write T for True statements and F for False statements on each line below. **DO NOT** put a question mark or maybe. If you do not know the answer, leave the space blank. Please write the T and F legibly.

1. \_\_\_\_\_ Being bored can cause a person to smoke pot, eat too much or act out.
2. \_\_\_\_\_ The best predictor that a teenager will smoke is if he or she thinks its cool to smoke.
3. \_\_\_\_\_ It is an adult's responsibility to be a positive role model for young people.
4. \_\_\_\_\_ The number of people in a person's family who smoke cigarettes, and what a teenager believes about smoking, affects a teen's choice to smoke.
5. \_\_\_\_\_ You can say NO to a person without loosing their friendship.
6. \_\_\_\_\_ Drinking alcohol a good way to stay warm.
7. \_\_\_\_\_ Arguing or fighting are good ways to deal with someone asking you to do something you don't want to do.
8. \_\_\_\_\_ If a person's parents use alcohol or other drugs it is good for that person to not tell anyone.
9. \_\_\_\_\_ I believe that smoking is a choice you make.

10. \_\_\_\_\_ What you think about yourself affects the way others see you and the choices and decisions you make.
11. \_\_\_\_\_ Being aggressive means doing whatever you want even if it hurts other people.
12. \_\_\_\_\_ I believe a person can deal with inappropriate behavior without using violence.
13. \_\_\_\_\_ A person should be judged by the content of their character and not their gender.
14. \_\_\_\_\_ Dealing with stress is a natural part of life.
15. \_\_\_\_\_ Not doing anything is still make a choice.
16. \_\_\_\_\_ Peer pressure can best be described as a friend(s) trying to persuade other friends to participate in negative acts.
17. \_\_\_\_\_ Asking yourself if it would be enjoyable, healthy and all right with your parents are good things to think about when making a decision.
18. \_\_\_\_\_ All or most of my friends smoke cigarettes.
19. \_\_\_\_\_ You can't become an alcoholic if you only drink beer?
20. \_\_\_\_\_ It is "fairly easy" or "very easy" for a young person to get cigarettes if they wanted them

B. Please circle your answer:

Reasons young people give for smoking and using alcohol and other drugs are:

- |                          |                     |
|--------------------------|---------------------|
| a) If not you are a nerd | b) Be call names    |
| c) Look cool             | d) All of the above |
- 

How many teenagers start smoking each day?

- |        |        |
|--------|--------|
| a) 100 | b) 250 |
| c) 500 |        |

Smoking cigarettes is:

- |                                        |                                                                  |
|----------------------------------------|------------------------------------------------------------------|
| a) Not common                          | b) It will limit how well one does in sports an other activities |
| c) Less money to spend on other things | d) It is not a sign of maturity                                  |
| e) All of the above                    |                                                                  |





## CHOICE GROUP EVALUATION (Elementary)

School: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnic Race: \_\_\_\_\_

Answer the following questions in the space provided.

1. How would you rate the group overall?

Very Satisfactory		Okay		Poor
1	2	3	4	5

2. What did you learn from the C.H.O.I.C.E. group that you felt was most important?

---

---

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3. On a scale of one (1) to five (5) how would you rate your group facilitators?

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

(Names of facilitators go on long lines below; rating go on short lines beside names)

\_\_\_\_\_ Mrs. Sias- Shannon

\_\_\_\_\_

4. On a scale of one (1) to five (5) how would you rate what you have gained from being in the C.H.O.I.C.E. group?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

(Turn Over)

5. On a scale of one (1) to five (5) has your participation in the group increased your awareness of what alcohol, tobacco and other drug abuse can do to an individual's life?

Decreased a lot	Decreased	Same	Increased	Increased a lot
1	2	3	4	5

6. Would you like to see this group continued at your school?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Would you like to continue to be a part of this group next year?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please give any additional comments you wish to make

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CHILDREN  
HAVE  
OPTIONS  
IN  
CHOOSING  
EXPERIENCES

PRE-EVALUATION - POST EVALUATION

Middle and High School

All of your responses are confidential, and will be use anonymously

C.H.O.I.C.E., Inc.

(Children Have Options In Choosing Experiences, Inc.)

Please answer the following questions accurately.  
If you have any questions, please ask the facilitator

Age \_\_\_\_\_ Gender:  Male  Female  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Grade \_\_\_\_\_  
School \_\_\_\_\_

What is your race/ethnicity?

1. Black
2. White
3. Hispanic
4. Asian
5. American Indian
6. Other than listed: \_\_\_\_\_

Who do you live with NOW? Zip Code \_\_\_\_\_

(Please check all that apply.)

- Mother
- Father
- Stepmother
- Stepfather
- Mother & other Adults
- Father & other adults
- Guardian
- Other(s) \_\_\_\_\_

A. The questions in Section A are related to your description of your family. Using the following scale as a guide, mark the correct number beside each sentence as it relates to YOUR family. Each number can be used more than once.

Almost Never      Once in a While      Sometimes      Often      Almost Always  
1                      2                      3                      4                      5

In my family.....

\_\_\_\_\_ We help each other out when it is needed.

\_\_\_\_\_ We arrive at a compromise when there is a difference of opinion.

\_\_\_\_\_ We approve of each other's friends and associates.

\_\_\_\_\_ We enjoy doing things together.

\_\_\_\_\_ All family members act as leaders at some time.

\_\_\_\_\_ Rules change in my family.

B. Write T for true statements and F for false statements next to each of the following sentences. Do not put a question mark or maybe. If you do not know the answer, leave the space blank. Please write the T and F legibly.

- \_\_\_\_\_ 1. The amount of alcohol in a 12-ounce can of beer, a 6-ounce glass of wine and a two-ounce shot of whiskey is all the same.
- \_\_\_\_\_ 2. Dealing with stress is a natural part of life.
- \_\_\_\_\_ 3. It is **not** helpful for children of alcoholics or addicts to cover up their parent's drinking from other family members, friends, and others.
- \_\_\_\_\_ 4. You can say NO to someone without losing his or her friendship.
- \_\_\_\_\_ 5. A person can overdose on alcohol.
- \_\_\_\_\_ 6. A person's values plays a role in the choices that he or she makes.
- \_\_\_\_\_ 7. Drinking alcohol is a good way to stay warm.
- \_\_\_\_\_ 8. If one or both of a person's parents are chemically dependent, the chances are high that person will develop the disease of chemical dependency.
- \_\_\_\_\_ 9. A person from a different cultural background than yourself is not as trustworthy as someone who shares your cultural background.
- \_\_\_\_\_ 10. Drinking a bottle of cough syrup is all right since it is not a prescription drug.
- \_\_\_\_\_ 11. Getting enough sleep, eating well, **not** using alcohol and other drugs, and getting daily exercise is the prescription to a healthy life.
- \_\_\_\_\_ 12. Being aggressive means doing anything to get what you want, even if it hurts someone else.
- \_\_\_\_\_ 13. How well you like yourself plays a major role in the choices that you make.
- \_\_\_\_\_ 14. A person can deal with inappropriate behavior **without** the use of violence.
- \_\_\_\_\_ 15. It is an adult's responsibility to be a positive role model for young people.

C. PLEASE CIRCLE YOUR RESPONSE:

	Disagree	Strongly Disagree	Neutral	Agree	Strongly Agree
16. I believe not responding to a situation is still making a choice.	1	2	3	4	5
17. Boredom can lead to inappropriate behavior is still making a choice like smoking pot, over-eating, delinquent behavior, or drinking too much alcohol.	1	2	3	4	5
18. Alcoholics are weak willed people who do not have enough willpower to pull themselves together and stop drinking.	1	2	3	4	5
19. I believe a person should be judged by the way they treat you, not by the cultural background from which they come.	1	2	3	4	5
20. Individual violence can lead to community violence.	1	2	3	4	5
21. Leisure or "free time" does not need to be planned.	1	2	3	4	5
22. Views of friends are important to middle and high school students.	1	2	3	4	5
23. There are negative and/or positive consequences to every decision that you make.	1	2	3	4	5
24. I believe your opinion of yourself affects the way others see you.	1	2	3	4	5
25. You cannot become an alcoholic if you only drink beer.	1	2	3	4	5
26. A person should be judged by the content of his or her character, and not by their gender.	1	2	3	4	5



CHOICE GROUP EVALUATION  
(MIDDLE AND HIGH SCHOOL)



School: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnic Race: \_\_\_\_\_

A. Number your response to each of the following questions as would best describe your feelings when you are part of the group.

Use the chart below as a guideline.

High					Low
1	2	3	4	5	

- \_\_\_ 1. My freedom to express yourself.
- \_\_\_ 2. The extent to which my ideas and opinions are heard.
- \_\_\_ 3. The way decisions are made in group.
- \_\_\_ 4. The group's process in producing desired results.
- \_\_\_ 5. The degree of trust and openness that I fee in the group.
- \_\_\_ 6. The way we manage conflict.
- \_\_\_ 7. The extent to which I feel a part of the group.
- \_\_\_ 8. The ability find new ways to deal with conflicts.
- \_\_\_ 9. The ability to communicate feelings.
- \_\_\_ 10. My own feeling of self-worth.
- \_\_\_ 11. The ability to help others who need assistance.

CHOICE EVALUATION (CONT)



\_\_\_ 12. Quality of relationships in my family and my role in making them positive.

\_\_\_ 13. My personal attitude toward school as opposed to the beginning of the year.

B. Answer the following questions in space provided.

1. How would you rate the group overall?

Very Satisfactory                      Okay                      Poor  
1                      2                      3                      4                      5

2. How many weeks do you think a student should be in C.H.O.I.C.E. group before being rotated out?

\_\_\_ 14 weeks (one semester)                      FOR WHAT REASON? \_\_\_\_\_

\_\_\_ A year                      \_\_\_\_\_

\_\_\_ other                      \_\_\_\_\_

3. How long do you think a C.H.O.I.C.E. group meeting should last?

\_\_\_ One class-period                      FOR WHAT REASON? \_\_\_\_\_

\_\_\_ 1.5 Periods                      \_\_\_\_\_

\_\_\_ Two class periods                      \_\_\_\_\_

\_\_\_ Other                      \_\_\_\_\_

4. How often during a week should a group meet?

\_\_\_ Once per week                      FOR WHAT REASON? \_\_\_\_\_

\_\_\_ Twice per week                      \_\_\_\_\_

\_\_\_ Other                      \_\_\_\_\_

\_\_\_ Amount of time given to individual topics







10. On a scale of one (1) to five (5) how would you rate the level of the personal satisfactions/reward/help that you gained from participation in the C.H.O.I.C.E. Program?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

11. Has your drinking and/or drug use changed as a result of being in the C.H.O.I.C.E. Program?

Never used       Use Less       Stopped  
 Use More       Use the same amount

12. Have you noticed any changes in the drinking/other drug use of the students in your group?

Don't know       Stopped       Use More  
 Use Less       Usage the same

13. On a scale of one (1) to five (5) has your participation in the group increased your awareness of what chemical dependency (alcohol and other drug addiction) can do to one's life?

Increase		Same		Decrease
1	2	3	4	5

14. Would you like to see this group continued at your school? FOR WHAT REASON?

YES       NO

15. Would you like to continue in the group? FOR WHAT REASON?

YES       NO

16. Please give any additional comments you wish to make:

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**Fern Creek High School**

3915 Fern Creek Road  
Louisville, Kentucky 40291  
(502) 485-8251  
Fax: (502) 485-8032

**June 1, 2017**

**Robin J. Engel  
Twenty Second District Councilman  
Louisville Metro Council  
601 West Jefferson Street  
Louisville, KY 40202-2741**

**Dear Councilman Engel,**

**The need for positive modeling and instruction to help young men make wise choices in life is an invaluable resource. The C.H.O.I.C.E., Inc. Sports Leadership Program provides guidance and support for the "Dare to Dream" chapter of Fern Creek High School.**

**For the past twenty nine years C.H.O.I.C.E., Inc. has been a model program for our athletes. As these young men mature, learn and commit to healthy decisions, they become ready to face the challenges ahead to be the best they can be.**

**Their commitment is transparent as they also serve as mentors to their "younger brothers" at Watterson Elementary. These young men already look up to the high school students and will be challenged and learn at their side.**

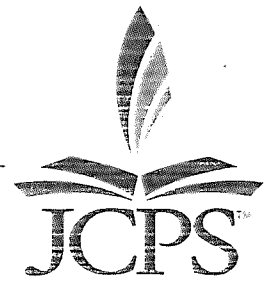
**As the Fern Creek High School faculty sponsor, I see first hand the value and success of the program. I strongly urge your continued support of this program for the 2016-2017 school years. Ms. Shannon has definitely affected the lives of each of these young men and we all expect great things from each of them.**

**Thank you for your contributions and support of the C.H.O.I.C.E. Program helping youth and adolescents with the increasing challenges from generation to generation.**

**Sincerely,**

**Barbara Grumblatt, Career Planner  
C.H.O.I.C.E., Inc. Faculty Sponsor**

**Dr. Nathan Meyer, Principal  
Fern Creek High School**



June 8, 2017

Councilman Robin Engel  
District 22  
Louisville Metro Council  
601 W. Jefferson Street  
Louisville, KY 40202

Dear Councilman Engel,

I am writing this letter in support of the C.H.O.I.C.E. program. Watterson Elementary has had the privilege of working with Liz Shannon for the past 16 plus years. We have seen the positive impact that she has had on the students she has worked with through the Watterson Brotherhood Group and the "Dare to Dream" Mentoring Program. The mentoring relationship that our students form with the participants from Fern Creek High School over the course of the school year is special to watch. Our boys look forward each month to their visit and definitely look toward their mentors for direction. The High School boys have responded by embracing their role as mentors and positive male role models.

At Watterson, our students come from all socio-economic backgrounds and it seems that each year they face increasingly more difficult situations in their young lives. As a school we are always looking for positive supports in the community that will help them as they move on into Middle School. The C.H.O.I.C.E. program is one of those valued support systems. We appreciate your past support of C.H.O.I.C.E. and ask that you continue to support the program at Watterson Elementary School during the 2017-18 school year.

Sincerely,

A handwritten signature in cursive script that reads "Pattie Harry".

Pattie Harry, Coordinator  
Helping Hearts and Hands Family Resource Center  
Watterson Elementary School  
313-4548/313-4490



**A Taste of the Community**

Provided by: TRADER JOE'S, Inc. Louisville

**Cuisine Tasting**

**Appetizer**

Trader Joe's - Jalapeno Honey Goat Cheese & Multigrain Crackers

**Entrée**

Big Lew's Catering - Caribbean Jerk Chicken Dip

Boston Joes - Shrimp Rolls & Bacon Coleslaw

Dasha Barbours Southern Bistro Chicken Wings

Fire Fresh BBQ - Pulled Pork & Marinated Chicken

Lucretha's Kitchen - Yummy Surprise

Marinations Catering - Turkey Ribs & Pasta Salad

Mark's Feed Store - Pulled Pork Mimi's Café - Turkey, Mashed Potatoes & Stuffing

*Special Thank You*

**RAE POPELKA**

C O N S U L T I N G

**Order of Program**

Welcome.....Ashley Ervin  
(Board Member)

Introduction of Emcees.....Ashley Ervin  
(Board Member)

Mistress of Ceremony.....Vicki Rogers  
(Air Personality for iHeartMEDIA)

Master of Ceremony.....Kayo Jones  
(Former Radio Personality)

History of Agency.....Jacqueline Cooper, Ed.D  
(Vice Chairperson)

Special Guest.....Lynn Albrecht  
(Owner of Albrecht Painting)

Special Guest.....Justin Churchill  
(Former Mentor - Fern Creek Hill School)

Special Guest.....Barbara Grumblat  
(JCPS)

**C.H.O.I.C.E., Inc. Video Presentation**

Invocation.....Deacon Darryl Shannon  
(Burnett Avenue Baptist Church)

**Cuisine Tasting**

Live Auction.....J.P. Lyninger  
(Auctioneer)

Live Entertainment.....Kenny Fresh  
(Spoken Word)

Closing Remarks.....Liz Sias-Shannon  
(Executive Director)



**A Taste of the Community**

Provided by: TRADER JOE'S, Inc. Louisville

**Cuisine Tasting**

**Dessert**

Cuddle Cakes - Cupcake Samples

Lakrisia Aaryn/Forever Baby - Cake & Dipped Strawberries & Treats

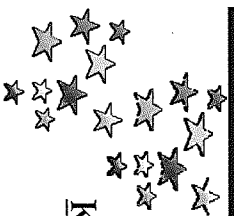
Mark's Feed Store - Buttermilk Pie

Trader Joe's - Cookie Butter Cheesecake Bites

**Snack & Beverage**

Popcorn Station - Assorted Popcorn

Trader Joe's - Sparkling Water



**Kid's Corner**

Arno Pizza & Juice

Provided in Parish Hall II

*Special Thank You*

**FundSource**



Children Have Options in Choosing Experiences  
3715 Bardstow Road, Suite 303  
Louisville, KY, 40218  
502-456-5137



## A Taste of the Community

C.H.O.I.C.E. Inc. would like to thank all of our Sponsors for helping to make our 8th Annual Awareness Event a great success! Your generous acts of kindness helps to sustain our program and strengthen our community.

### Event Sponsors

#### Sous Chef Sponsor



**Class Act**  
FEDERAL CREDIT UNION  
*It's the Straight As for your Money.*

Mr. & Mrs. Curwin Edwards,  
Louisville, KY

#### Personal Chef Sponsor

Thelma Sias,  
Milwaukee, WI

Stephen P. Adams  
SPA Holding, LLC  
Milwaukee, WI



## A Taste of the Community



C.H.O.I.C.E. Inc. would like to thank all of our Donors for helping to make our 8th Annual Awareness Event a great success!

### Donors

Arno's Pizza	Inna Miller	Mr. & Mrs. Bob
Apple Bee's	Interscope Records	Duggan
Ann Mudd,DMD	Jacqueline Pennington	Popcorn Station
Big Lew's Catering	James Edmonds' Photography	Puzzles Fun Dome
Bone Fish Grill	Jeffersonstown Tam's Florist	Ratterman & Son Funeral Home
Boston Joe's	JP Lynninger	SideBar at Whiskey Row
Burnett Avenue Baptist Church	Keith Jones	Simply Sweets, LLC
Bud Smith Photography	Lakrisia Aayn /Forever Baby	Stephen P. Adams SPA Holdings, LLC
Captain's Quarters	Liz Sias-Shannon	St. Michaels Orthodox Church
Class Act Federal Credit Union	Louisville Bars	Stoney Brook Dental
Chick-Fil-A	Lucretia's Kitchen	The Sias Farms, Inc.
Cuddle Cakes	Mailbu Jacks	Thelma Sias
Cracker Barrel	Main Event	TJ Smith Law Office
Dasha Barbour's Southern Bistro	Mark's Feed Store	Tom Drexler
Fair Field Inn & Suites	Marinations Catering	Plumbing, Air & Electric
Fantastic Sam's	Meagan Clifton	Trader Joe's
Fire Fresh BBQ	Melissa Miller	William Yesowitch
Hampton Inn & Suites	Mimi's Cafe	Wild Eggs
Heaven Hills Brands	Mr. & Mrs. Andrew Jones	Willie Baylor
Holiday World	Mr. & Mrs. Curwin Edwards	WW Cousins
iHeart MEDIA		



## A Taste of the Community

August 26, 2016  
St. Michael Orthodox Church  
3701 St. Michael Church Dr.,  
Louisville, Kentucky 40220



"BE TRUE TO WHO YOU ARE"

[www.choiceoflouisville.org](http://www.choiceoflouisville.org)

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**CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.**


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**General Information**


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<b>Organization Number</b>	0241449
<b>Name</b>	CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	3/17/1988
<b>Organization Date</b>	3/17/1988
<b>Last Annual Report</b>	5/25/2017
<b>Principal Office</b>	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218
<b>Registered Agent</b>	GLORIA MOORMAN STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218

**Current Officers**


---

<b>President</b>	<a href="#">Gloria Moorman</a>
<b>Secretary</b>	<a href="#">Jacqueline Cooper</a>
<b>Treasurer</b>	<a href="#">Jacqueline Cooper</a>
<b>Director</b>	<a href="#">Gloria Moorman</a>
<b>Director</b>	<a href="#">Ote. C. Kearney III</a>
<b>Director</b>	<a href="#">Beverly M. Edwards</a>

**Individuals / Entities listed at time of formation**


---

<b>Director</b>	<a href="#">WILLIAM YESOWITCH</a>
<b>Director</b>	<a href="#">J MARCUS GREER</a>
<b>Director</b>	<a href="#">JAMES WILSON</a>
<b>Incorporator</b>	<a href="#">WILLIAM YESOWITCH</a>
<b>Incorporator</b>	<a href="#">JAMES WILSON</a>
<b>Incorporator</b>	<a href="#">J MARCUS GREER</a>

**Images available online**


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Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	5/25/2017	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/9/2016	1 page	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	3/31/2015 6:30:03 PM	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/31/2015	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/6/2014	1 page	<a href="#">PDF</a>

<a href="#">Annual Report</a>	5/15/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/14/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/8/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/8/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/29/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/3/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/19/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/7/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/10/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/5/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/19/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/16/2001	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/7/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/6/1998	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1994	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	3/17/1988	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/25/2017 5:34:55 PM	5/25/2017 5:34:55 PM	
Annual report	3/9/2016 3:17:08 PM	3/9/2016 3:17:08 PM	
Annual report	3/31/2015 6:39:49 PM	3/31/2015 6:39:49 PM	
Registered agent address change	3/31/2015 6:30:03 PM	3/31/2015 6:30:03 PM	
Annual report	2/6/2014 4:06:58 PM	2/6/2014 4:06:58 PM	
Annual report	5/15/2013 5:00:52 PM	5/15/2013 5:00:52 PM	
Annual report	2/14/2012 4:25:52 PM	2/14/2012 4:25:52 PM	
Annual report	7/8/2011 11:51:38 AM	7/8/2011 11:51:38 AM	
Annual report	3/8/2010 3:33:48 PM	3/8/2010 3:33:48 PM	
Annual report	7/29/2009	7/29/2009	



	3:18:14 PM	3:18:14 PM
Annual report	3/3/2008 2:34:20 PM	3/3/2008
Annual report	3/19/2007 10:20:41 AM	3/19/2007
Annual report	4/7/2006 12:51:20 PM	4/7/2006

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	3/11/2007	1 page
Annual Report	8/5/2004	1 page
Annual Report	8/5/2003	1 page
Annual Report	7/19/2002	1 page
Annual Report	5/16/2001	2 pages
Annual Report	8/7/2000	1 page
Annual Report	8/4/1999	1 page
Annual Report	7/6/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	3 pages
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	3 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	3/17/1988	4 pages