

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

Applicant/Program: Start the Heart Foundation
Applicant Requested Amount: 6,000
Appropriation Request Amount: 6,000

Executive Summary of Request
Start the Heart teaches Hands-Only CPR classes at schools, community centers, churches, health fairs, and businesses year round. They teach these classes across Jefferson County and try to target medically underserved areas of Louisville. The funding will be used to purchase 100 new CPR dummies, an AED trainer and new instructor pumps.

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.

 Marilyn Park
District # 18 Primary Sponsor Signature

\$ ~~6,000~~ ^{2,500} 6-8-17
Amount 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.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Start the Heart Foundation/ Hands-Only CPR

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	<u><i>Jessica EA</i></u>	\$ <u>200.00</u>
District 2	<u><i>Barbara Skantler</i></u>	\$ <u>250.00</u>
District 3	<u></u>	\$ <u></u>
District 4	<u><i>Barbara Stephens Smith</i></u>	\$ <u>100 -</u>
District 5	<u></u>	\$ <u></u>
District 6	<u></u>	\$ <u></u>
District 7	<u><i>[Signature]</i></u>	\$ <u>200.00</u>
District 8	<u></u>	\$ <u></u>
District 9	<u><i>Bill Hollard</i></u>	\$ <u>250.00</u>
District 10	<u><i>Eam P. Marshall</i></u>	\$ <u>250.00</u>
District 11	<u></u>	\$ <u></u>
District 12	<u><i>Ril Bblwell</i></u>	\$ <u>250</u>
District 13	<u><i>Vicki Aubrey Welch</i></u>	\$ <u>#250.00</u>
District 14	<u><i>Chadi Kaveler</i></u>	\$ <u>\$ 300.00</u>
District 15	<u><i>Thaunnie Butler</i></u>	\$ <u>250 -</u>

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Start the Heart Foundation

Program Name and Request Amount Hands-Only CPR

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

Prepared by: 

Date: 6-7-17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Start the Heart Foundation <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 7611 Wolfpen Ridge Court, Prospect, KY 40059			
Website: www.Starttheheartfoundation.org			
Applicant Contact:	Sally Dillon	Title:	Executive Director
Phone:	502-228-3280	Email:	sdillon@twc.com
Financial Contact:	Sally Dillon	Title:	Executive Director
Phone:	502-228-3280	Email:	sdillon@twc.com
Organization's Representative who attended NDF Training: Sally Dillon (2015)			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 7611 Wolfpen Ridge Court, Prospect, KY 40059			
Council District(s): All		Zip Code(s): all	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Hands-Only CPR			
Total Request: (\$) 6,000		Total Metro Award (this program) in previous year: (\$) 0	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our mission is to improve survival after cardiac arrest through community training and education. In Louisville, the survival rate for cardiac arrest is only 10%. In cities with robust CPR education, survival after cardiac arrest approaches 50%.

Start the Heart increases access to CPR education and training by offering free hands-only CPR classes to the community. Over the last 3 years our college volunteers have taught hands-only CPR to over 20,000 people.

Kentucky requires (since 2016) all high school students to take hands-only CPR before they graduate. Our program meets the state guidelines for the class content and we have taught most of the high school students in Jefferson County.

In the summer we focus on teaching in community centers, churches and businesses.

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.):

We teach our hands-only CPR classes all year long , June 1 2017 to May 31, 2018. During the summer we teach at community centers, churches, health fairs and businesses and during the school year we teach in the schools. We teach all over Jefferson County and try to target the medically under served areas of Louisville.

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

The funding will be spent on purchasing blow up Mini Anne Dummies, an AED trainer and pumps. Our blow up Mini Annes are used because they are light and can be transported easily. This enables us to easily transport 30 dummies to each class. Each student has an adequate amount of time to practice in one class period which results in better retention of the compression technique. The AED trainer allows us show students how to use an AED. The pumps are used to blow up the dummies.

These items do wear out and need to be replaced periodically. This year we will need to purchase at least 100 dummies, 8 pumps and an AED trainer. Each dummy costs \$56.10. Pumps: \$5.00 and AED trainer \$358.00.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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:

This class empowers people in the community to act in cardiac emergency whether it occurs in their home or in public. When more people know what to do when they see someone collapse from a cardiac arrest, survival of cardiac arrest increases. They feel good knowing they can help a family member in need.

Each person that takes our class fills out a demographic sheet with their age, race, ethnicity and zip codes. This enables us to show who and where we are teaching. A zip code map of where we have taught is attached. Forty percent of the people we have taught are minorities. It will take years of continually teaching this skill before a difference is seen in the survival rates of cardiac arrest in Louisville. We have requested updated information from EMS for statistics regarding cardiac arrest in Louisville.

To date, 7 people have taken our class reported back to us that they had to use what they learned to save a person.

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

We work with JCPS to make sure we reach all the schools. Louisville EMS helps us train our volunteers in CPR education. Louisville EMS also shares stats of cardiac arrest survival in Louisville with us. Several hospitals donate to our cause. We reach out Louisville Metro Council members to ask for teaching venue recommendations that serve their constituents.

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		27300	27300
B: Rent/Utilities			
C: Office Supplies		350	350
D: Telephone			
E: In-town Travel		1000	1000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		2900	2900
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment	6,000	4050	10050
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		9900	9900
*TOTAL PROGRAM/PROJECT FUNDS	6,000	45500	51500
% of Program Budget	11 %	89 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$35,500
Fees Collected from Program Participants	
Other (please specify)	10,000 another grant
Total Revenue for Columns 2 Expenses **	45,500

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Travel Expense	0	600	600
Legal & Accounting	0	500	500
Web	0	500	500
Marketing supplies	0	500	500
Payroll Processing Fees	0	800	800
Volunteer stipends	0	7,000	7,000
Total	0	9,900	9,900

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
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

*** 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: January 1, 2017

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Sally Dillon	Date:	April 18, 2017
Legal Signatory: (please print):	Sally Dillon	Title:	Executive Director
Phone:	502-228-3280	Extension:	
		Email:	sdillon@twc.com

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

DEPARTMENT OF THE TREASURY

Date:

JUN 05 2014

START THE HEART FOUNDATION
7611 WOLF PEN RIDGE CT
PROSPECT, KY 40059

Employer Identification Number:

DLN:

17053330381033

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

November 4, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

2017 Budget

Revenue

Donations	40000
Sportswear	0
Interest Earned	2
<u>Total Revenue</u>	<u>\$40,002</u>

Cost of Goods Sold

CPR Training for Interns	75
Dummies Expense	6000
Educational Materials	975
Insurance - Workers Comp	1600
Intern Stipend	7000
Presentation Tech	650
Wipes and Maintenance	50
New training kit	3600
<u>Total Cost of Goods Sold</u>	<u>\$19,950</u>

Expenditures

Gas	1000
Legal & Accounting	500
Website	500
Marketing Supplies	500
Office Supplies	350
Payroll Expenditures	27300
Payroll Processing Fees	800
Travel Expense	600
Taxes and Licenses	
<u>Total Expenditures</u>	<u>\$ 31,550</u>

Total Cost Gds +Expendtrs **\$ 51,500**

Net Operating Revnue **-\$11,498.00**

Bank Account As of 12-16 **\$ 61,760**

Rep Bank + Net **\$ 50,262**

Start the Heart Foundation

STATEMENT OF FINANCIAL POSITION

As of April 20, 2017

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Republic Bank Checking	62,678.46
Total Bank Accounts	\$62,678.46
Total Current Assets	\$62,678.46
TOTAL ASSETS	\$62,678.46
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Dillon Family Credit	0.00
Total Credit Cards	\$0.00
Total Current Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Retained Earnings	59,168.57
Net Revenue	3,509.89
Total Equity	\$62,678.46
TOTAL LIABILITIES AND EQUITY	\$62,678.46

Start the Heart Foundation

STATEMENT OF ACTIVITY

January 1 - April 18, 2017

	TOTAL
REVENUE	
Donations	11,600.00
Total Revenue	\$11,600.00
COST OF GOODS SOLD	
CPR Training for Interns	80.00
Educational Materials	151.23
Intern Stipend	1,300.00
Presentation Technology	23.94
Total Cost of Goods Sold	\$1,555.17
GROSS PROFIT	\$10,044.83
EXPENDITURES	
Computer & Technology	317.99
Gas	150.00
Legal & Accounting Fees	330.00
Marketing Online / Website	35.00
Marketing Supplies Expense	1,306.84
Payroll Expenditures	4,166.26
Payroll Processing Fees	217.40
Taxes & Licenses	464.57
Total Expenditures	\$6,988.06
NET OPERATING REVENUE	\$3,056.77
NET REVENUE	\$3,056.77

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

A For the 2015 Calendar year, or tax year beginning 2015-01-01 and ending 2015-12-31

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

C Name of Organization: START THE HEART FOUNDATION
INC
7611 Wolf Pen Ridge Court,
Prospect, KY, US, 40059

D Employee Identification
Number 

E Website:
www.starttheheartfoundation.org

F Name of Principal Officer: William Dillon
7611 Wolf Pen Ridge Court,
Prospect, KY, US, 40059

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

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

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

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

0871257.09 BAlimonos
ADD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
11/4/2013 11:20 AM
Fee Receipt: \$8.00

**ARTICLES OF INCORPORATION
OF
THE START THE HEART FOUNDATION, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky, KRS 273.161 et seq., in accordance with the following provisions.

ARTICLE I

The name of this corporation is THE START THE HEART FOUNDATION, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The purpose of the corporation shall be to provide free CPR classes in the Louisville Metropolitan area and surrounding counties.

In order to carry out the foregoing purposes, this corporation may take and hold by bequest, devise, gift, grant, purchase, lease, or otherwise, any interest in property, real, personal, tangible or intangible, or any undivided interest therein, without limitation as to the amount of value; to sell, convey or otherwise dispose of any such property, and to invest, reinvest, or deal with the principal or the income there of in such manner as in the judgment of its Board of Directors deems best to promote the purposes of the corporation.

The corporation shall have the power to do any other act or thing incidental to or connected with the foregoing purposes or advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers, except as permitted by law. In furtherance of its corporate purposes, and not in limitation thereof, the corporation shall have all general powers conferred by the laws of the Commonwealth of Kentucky upon corporations created thereunder.

ARTICLE IV

The corporation is organized exclusively for charitable, religious, educational, or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or such corresponding section of any future federal tax code. The corporation is to be operated so as to attract substantial support directly or indirectly from interested persons and from contributions from the general public and local businesses. The corporation has not been formed for pecuniary profit or financial gain, and no part of the assets, income or profit of the

corporation is distributable to or will inure to the benefit of its directors, officers, employees and staff except reasonable compensation permitted by law. No 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. Notwithstanding any other provision of this certificate, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States revenue law, or by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, or the corresponding provisions of any future United States Internal Revenue law.

ARTICLE V

No part of the income of the corporation shall inure to the benefit of any member, director, officer of the corporation, or any private individual, except that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no members, officers of the corporation, or any private individual shall be entitled to share in the distribution of any of the activities on dissolution of the corporation.

ARTICLE VI

In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended.

ARTICLE VII

The name and mailing address of the initial registered agent of the corporation is:

Patrick T. Schmidt
401 West Main Street, Suite 1400
Louisville, KY 40202

ARTICLE VIII

A Board of Directors consisting of at least three (3) but no more than eleven (11) persons shall conduct the affairs of the corporation. Elected directors shall hold office for a term of one (1) year. A director may be removed, with or without cause, by a majority vote of the Board of Directors of THE START THE HEART FOUNDATION, INC. The initial Board of Directors also shall serve a one (1) year term. The names and addresses of the initial directors are:

William Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Sarah Dillon
7611 Wolf Pen Ridge Court
Prospect, Kentucky 40059

Timothy E. Cahill
5103 Olde Creek Way
Prospect, Kentucky 40059

Rosalind Cordini,
1500 Sylvan Wynde
Louisville, Kentucky 40205

John Mandrola
2500 Meadow Road
Louisville, Kentucky 40205

Janice Morgan
1805 S. Brook Street
Louisville, Kentucky 40209

William Precious
9908 Fringe Tree Court
Louisville, Kentucky 40241

ARTICLE IX

The mailing address of the corporation's initial principal office is as follows: 7611 Wolf Pen Ridge Court, Prospect, Kentucky 40059.

ARTICLE X

The Board of Directors of THE START THE HEART FOUNDATION, INC. shall have the authority to adopt such by-laws and regulations as may be necessary for the government of the corporation and elect such officers as it deems necessary to carry out the work of said corporation. It shall have the power to fill all vacancies in its body; elect and appoint officers and agents that it may deem appropriate; and fill vacancies created by death or resignations from time to time; provide for a quorum of its membership to transact business; and, generally, such other rules and regulations for the conduct of its business as it deems appropriate.

ARTICLE XI

The corporation shall indemnify any and all persons who may serve or who have served at any time as directors or officers or who at the request of the Board of Directors of the corporation may serve or at any time have served as directors or officers of another corporation merged into this corporation and their respective heirs, administrators, successors, and assigns, against any and all expenses, including amounts paid upon judgments, counsel fees, and amounts paid in settlement (before or after suit is commenced), actually and necessarily incurred by such persons in connection with the defense or settlement of any claim, action, suit or proceeding in which they, or any of them, are made parties, or a party, or which may be asserted against them or any of them by reason of being or having been directors or officers or a director or officer of the corporation or of such other corporation except in relation to matters as to which any such

director or officer or former director or officer or person shall be adjudged in any action, suit or proceeding to be liable for his own negligence or misconduct in the performance of his duty. Provided further, this provision shall not eliminate or limit the liability of a director:

(a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation.

(b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) For any transaction from which the director derived an improper personal benefit.

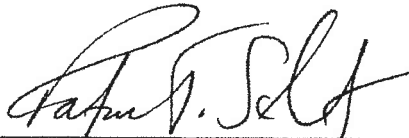
Such indemnification shall be in addition to any other rights to which those indemnified may be entitled under any law, bylaw, agreement, or action by the Board of Directors.

ARTICLE XII

The name and address of the incorporator is:

Patrick T. Schmidt
401 W. Main Street, Suite 1400
Louisville, Kentucky 40202

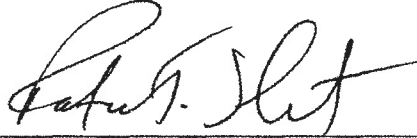
IN TESTIMONY WHEREOF, witness our signatures this the 30th day of October, 2013.



PATRICK T. SCHMIDT
INCORPORATOR

CONSENT OF INITIAL REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 273, the undersigned, as the initial registered agent identified in Article VII of the Articles of Incorporation of **THE START THE HEART FOUNDATION, INC.**, hereby consents to serve **THE START THE HEART FOUNDATION, INC.** in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Nonprofit Corporation Act.



PATRICK T. SCHMIDT

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Start the Heart Foundation		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 7611 Wolfpen Ridge Court	Requester's name and address (optional)	
	6 City, state, and ZIP code Prospect, KY 40059		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	Employer identification number																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table>											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table>								

or

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 3-16-17
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

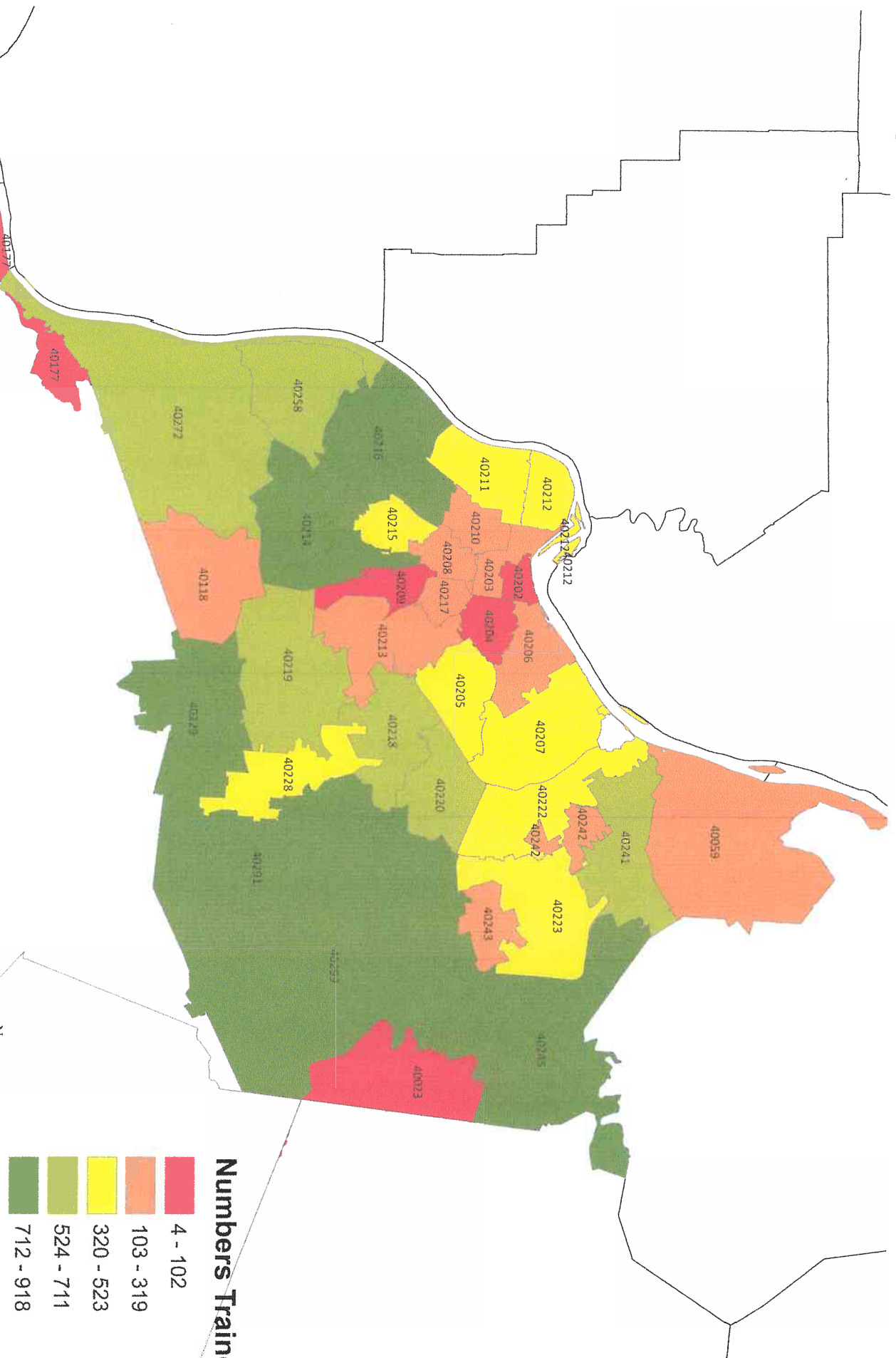
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Start the Heart Foundation - Jefferson County, KY Number of Individuals Trained in CPR Through Winter 2016



Numbers Trained

- 4 - 102
- 103 - 319
- 320 - 523
- 524 - 711
- 712 - 918





START THE HEART FOUNDATION 40 MINUTE HANDS-ONLY CPR CLASS

- Taught by trained CPR certified college students
- Review emergency response procedures
- Learn when to call 911
- View *CPR Saves Lives* video produced by the American Heart Association
- Practice hands-only CPR on dummies
- Learn how to use an Automated External Defibrillator (AED)
- View a brief *Inside Edition* story of real life situation
- Learn about a heart healthy life style
- Wallet sized participation card given to every attendee

THE START OF THE HEART FOUNDATION, INC

General Information

Organization Number	0871257
Name	THE START OF THE HEART FOUNDATION, INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/4/2013
Organization Date	11/4/2013
Last Annual Report	4/29/2017
Principal Office	7611 WOLF PEN RIDGE COURT PROSPECT, KY 40059
Registered Agent	PATRICK T. SCHMIDT 401 WEST MAIN STREET SUITE 1400 LOUISVILLE, KY 40202

Current Officers

President	William C Dillon
Vice President	Steve Carr
Secretary	Sarah C Dillon
Treasurer	William Precious
Director	William C Dillon
Director	Sarah C Dillon
Director	Steve Carr

Individuals / Entities listed at time of formation

Director	WILLIAM DILLON
Director	TIMOTHY E CAHILL
Director	JOHN MANDROLA
Director	WILLIAM PRECIOUS
Director	SARAH DILLON
Director	ROSALIND CORDINI
Director	IANICE MORGAN
Incorporator	PATRICK T SCHMIDT

Images available online

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.

[Annual Report](#)

4/29/2017

1 page

[PDF](#)

Annual Report	5/2/2016	1 page	PDF	
Annual Report	5/10/2015	1 page	PDF	
Annual Report	5/23/2014	1 page	PDF	
Articles of Incorporation	11/4/2013	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/29/2017 4:49:10 PM	4/29/2017 4:49:10 PM	
Annual report	5/2/2016 8:25:40 PM	5/2/2016 8:25:40 PM	
Annual report	5/10/2015 4:40:16 PM	5/10/2015 4:40:16 PM	
Annual report	5/23/2014 5:51:25 PM	5/23/2014 5:51:25 PM	
Add	11/4/2013 11:20:09 AM	11/4/2013	

Microfilmed Images



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helping save lives

[Home](#) > [Products](#) > [Resuscitation Training](#) > [CPR](#) > [Mini Anne® Plus](#) > 106-11350 - Body Complete Mini Anne Plus

Body Complete Mini Anne Plus



Item Number: 106-11350

Price: **\$ 56.10**

100
\$ 5610.00

Mini Anne Plus Body Complete (light skin), includes manikin body, chest plate, face and airway.

For use with

- [Mini Anne® Plus](#)

FREE SAME DAY SHIPPING on orders of \$99+*

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Philips HeartStart HS1 OnSite Trainer

Part #: M5085A

Our Price: \$358.00

**Call o
Same
30-Day
110% I
Autho**

Add Ons

- [Adult TRAINING Cartridge](#) [Add \$84.00]
- [Pediatric TRAINING Cartridge](#) [Add \$91.00]
- [External Manikin Adapter](#) [Add \$58.00]
- [Internal Manikin Adapter](#) [Add \$34.00]
- [Onsite TRAINER Manual](#) [Add \$11.00]

Quantity:

ADD TO CART

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[CUSTOMER REVIEWS](#)

[REFERENCE LIBRARY](#)

The HeartStart Trainer simulates how the HeartStart OnSite defibrillator will operate during a real-life sudden cardiac arrest event that provide easy-to-follow directions, and preconfigured scenarios, make training students easier. Software is consistent with And for safety, the HeartStart Trainer is sufficiently different to avoid inadvertent use in an emergency. Uses 4 "AA" batteries (r

Includes:

- o Philips OnSite Stand-Alone Trainer
- o Reusable Adult Training Electrode Pads
- o Nylon Carrying Case
- o External Manikin Adapter Strip
- o **FREE** Shipping [What's this?](#)

Alternate Part Number(s): M5085A, M5085A-ABA

Related Items



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helping save lives

Home > 106-10101 - Instructor pump

Instructor pump



Item Number: 106-10101

Price: **\$ 5.10**

~~\$ -~~ \approx \$40.00

Manual Instructor pump - Mini Anne Plus

For use with

- Mini Anne® Plus
- CPR in Schools Training Kit™