

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

**Applicant/Program:** Coleridge Taylor PTA, INC.  
**Applicant Requested Amount:** 1000  
**Appropriation Request Amount:** 1000

**Executive Summary of Request**  
District Four is allocating funding for the Coleridge Taylor Montessori Fall Festival. This event is was held on October 15th at the Coleridge Taylor Elementary School. The funding will go to offset expenses for the festival including: inflatable game rental, straw bails cotton candy machine and pumpkins for decorating, inc.

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.

4                      David Dandy / KK                      1000                      11/11/17  
District #                      Primary Sponsor Signature                      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.  
N/A

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

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Coleridge Taylor PTA, Inc. /Fall Festival

**Program Name and Request Amount**1000

	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"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	Yes <input type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	N/A <input type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A <input type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	N/A <input type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input type="checkbox"/>
Is the IRS Form 990 included?	Yes <input type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A <input type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A <input type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A <input type="checkbox"/>

Prepared by: keidra king

Date: 11/11/17

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Coleridge Taylor PTA INC. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1115 W. Chestnut Street Louisville, KY 40203			
<b>Website:</b>			
<b>Applicant Contact:</b>	Kelley Harris	<b>Title:</b>	PTA President
<b>Phone:</b>	314-488-8447	<b>Email:</b>	CTMPTAPresident@gmail.com
<b>Financial Contact:</b>	Tanesha Booker	<b>Title:</b>	Treasurer
<b>Phone:</b>		<b>Email:</b>	CTMPTATreasurer@gmail.com
<b>Organization's Representative who attended NDF Training:</b> Kelley Harris			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Coleridge Taylor Montessori Elementary School		
<b>Council District(s):</b>	4	<b>Zip Code(s):</b>	40203, 40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Coleridge Taylor Fall Festival			
<b>Total Request: (\$)</b>	1,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	0.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
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		
<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>	N/A	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The Coleridge Taylor Montessori PTA's Mission: PTA's mission is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

Services: Whether buying school supplies our encouraging parent involvement at school, we work in partnership with a wide array of individuals and organizations to broaden and enhance our ability to serve and advocate for all children and families at Coleridge Taylor Montessori Elementary. Our Organization is made up of all volunteers.

Handwritten initials in black ink, appearing to be 'VAT' or similar, written over a horizontal line.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT NARRATIVE**

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

The Coleridge Taylor Montessori Fall Festival will be held on Saturday, October 15, 2016. This is an annual fundraising opportunity for the Coleridge Taylor Montessori PTA. The event is open to the entire community and encourages parents and students to get involved with the activities and programs at the school.

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

The finding will be used to offset the expenses for the Festival including: inflatable game rental, straw bails, cotton candy machine, pumpkins for decorating, etc.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The event is not planned as solely a fundraiser as the purpose of the event is to create a stronger sense of community by encouraging families in the community to celebrate the fall festival together. The event is designed to be an inclusive event that offers free activities and some ticketed activities with every student receiving three free tickets. If the event should produce revenue in excess of expenses the funding will be used to further the mission of the Coleridge Taylor Montessori PTA, including spring activities, school supplies, teacher grants, family dinners, beautification projects and more.

**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:**

We will measure success in terms of 1) Volunteer Participation, 2) the number of people attending the event, and 3) the number of tickets sold to attendees.

**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.**

Papa Johns will be donating \$125 for the event.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance</b> (See Detailed List on Page 8)			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals</b> (See Detailed List on Page 8)	\$1,000	\$1,140	
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses</b> (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$1,000	\$1,040	2,140
<b>% of Program Budget</b>	%	%	<b>100%</b>

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


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

\*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
Rental of Inflatable Games for Participants	500		500
Purchase of a Cotton Candy Machine	350		350
Food		400	400
Straw Bails		120	120
Oriental Trading Expenses (Decorations)	66	204	270
Pumpkins for Decorating	84		
Misc. Supplies		400	400
<b>Total</b>	1,000	1,124	2,124

Applicant's Initials 

**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
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* 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:**

**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.

<b>Signature of Legal Signatory:</b> 	<b>Date:</b> 9/15/2016	
<b>Legal Signatory: (please print):</b> Kelley Harris	<b>Title:</b> PTA President	
<b>Phone:</b> 314-488-8447	<b>Extension:</b>	<b>Email:</b> CTMPTAPresident@gmail.com




**Department of the Treasury**  
**Internal Revenue Service**  
**Cincinnati, OH 45999**

In reply refer to: 0245179269  
Oct 14, 2016 LTR 147C



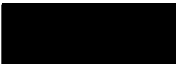
**PTA KENTUCKY CONGRESS**  
**SAMUEL COLERIDGE TAYLOR ELEM PTA**  
**% COLERIDGE TAYLOR MONTESSORI PTA**  
**1115 W CHESTNUT ST**  
**LOUISVILLE KY 40203-2046 153**

Taxpayer Identification Number: 

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of October 14th, 2016.

Your Employer Identification Number (EIN) is  Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

David Stargardt  
1002887991  
Customer Service Representative

Internal Revenue Service

Department of the Treasury

District  
Director

P.O. Box 2508  
Cincinnati, OH 45201

JAN 15 1992

PTA Kentucky Congress  
PO Box 654  
Frankfort, KY 40602-0654

Person to Contact:  
Gordon Schnur

Telephone Number:  
(513) 684-3957

Refer Reply to:  
EP/EO

Date:

Federal Identification Number:  
[REDACTED]

Dear Sir or Madam:

We have received your request for a copy of your tax exempt letter.

Our records show that we issued a determination letter in October, 1988 which recognized your organization as exempt from Federal income tax under section 501(c)(3) the Internal Revenue Code.

Based on the information supplied, we recognize your named subordinates on the list you submitted as exempt from Federal income tax under 501(c)(3) of the Code.

Additionally, we have classified the organizations you operate, supervise, or control, and which are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(2) of the Code.

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

You and your subordinates are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

RECEIVED JAN 21 1992

Kentucky Congress Of Parents & Teachers

You and your exempt subordinates are not required to file Federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;
2. A list showing the names, mailing addresses (including Postal ZIP Codes), actual addresses if different, and employer identification numbers of subordinates that since your previous report:
  - a. Changed names or addresses;
  - b. Were deleted from your roster; or
  - c. Were added to your roster.
3. For subordinates to be added, attach:
  - a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
  - b. A statement that each has given you written authorization to add its name to the roster;
  - c. A list of those to which the Service previously issued exemption rulings or determination letters;
  - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);

Kentucky Congress Of Parents & Teachers

- e. The street address of subordinates where the mailing address is a P. O. Box; and
  - f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587 for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
4. If applicable, a statement that your group exemption roster did not change since your previous report.

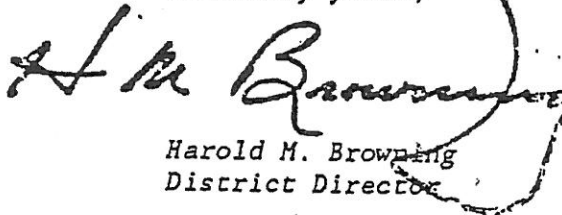
The above information should be sent to the following address:

Internal Revenue Service Center  
Cincinnati, OH 45999

ATTN: Entity Control Unit

The service center that processes your returns will send you a Group Exemption Number. You are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

Sincerely yours,

  
Harold M. Browning  
District Director



----- Forwarded message -----

From: <epostcard@urban.org>

Date: Thu, Nov 12, 2015 at 7:48 PM Subject:

Form 990-N E-filing Receipt - IRS Status:

Accepted To: sarah@youngpickett.com

Organization: PTA KENTUCKY CONGRESS

EIN: [REDACTED]

Submission Type: Form 990-N Year: 2014 Submission ID: 7800582015316ew16627

e-File Postmark: 11/12/2015 7:42:08 PM

Accepted Date: 11/12/2015

The IRS has accepted the e-Postcard described above.

Please save this receipt for your records.

Thank you for filing. -----

e-Postcard technical support Phone: 866-255-0654 (toll free) email: ePostcard@urban.org -----

PTA KENTUCKY CONGRESS % Coleridge Taylor Montessori PTA 1115 W Chestnut St Louisville, KY 40203

# CTM PTA Fall Festival Budget

<b>Item</b>	<b>Cost</b>
Inflatable Games Rental	\$500.00
Food	\$400.00
Decorations	\$115
Game Prizes	\$155
Bales of Straw	\$120.00
Cotton Candy Machine	\$350.00
Miscellaneous Supplies	\$400.00
Pumpkins	\$84.00
<b>Total</b>	<b>\$2,124.00</b>

Multi-page document. Select page: 1 2 3 4

ARTICLES OF INCORPORATION OF THE KENTUCKY 0504255.09

Coleridge Taylor PTA

KNOW ALL MEN BY THESE PRESENTS:

John Y. Brown III  
Secretary of State  
Received and Filed  
10/24/2000 01:00 PM  
Fee Receipt \$8.00  
Ft.aine - NAOI

That the undersigned, Rebecca Heim  
President, Debi Bailey, Vice President  
Robin Riddle, Vice President, and their

Associates and Successors, do hereby associate themselves together as a body Corporate under the name and for the purpose herein stated, to-wit:

ARTICLE I

The name of the incorporation shall be the \_\_\_\_\_

Coleridge Taylor PTA Inc.

ARTICLE II

The principal office of the incorporation shall be located in the City of Louisville, Jefferson County, Kentucky.

1115 W. Chestnut Street  
Louisville, Ky 40203

ARTICLE III

The purpose of the incorporation is to promote the welfare of children and youth in the home, school, church and community; to raise the standards of home life; to secure adequate laws for the care and protection of children and youth; to bring into closer relationship the home and the school that parents and teachers may co-operate intelligently in the training of the child, and to develop between educators and the general public such united efforts as will secure for every child the highest advantages in physical,

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mental, social and spiritual education. The corporation shall be non-commercial, non-sectarian and non-partisan.

ARTICLE IV  
CAPITAL STOCK

The corporation shall have no capital stock and is not organized or formed for pecuniary profit.

ARTICLE V

All persons now members of the Coleridge Taylor PTA are hereby admitted to membership and all membership representations and voting shall be in compliance with the Bylaws of the Coleridge Taylor PTA as now organized and in existence, subject, however, to such amendments as will be hereafter made in accordance with such Bylaws.

ARTICLE VI

The affairs of the corporation shall be conducted by the present officers (herein mentioned) and by the Board of Directors of the now existing unincorporated body and by their successors in office.

The officers shall be elected as provided by the Bylaws of the Coleridge Taylor PTA at the annual meeting held at the time and place designated by the Board of Directors. There shall be a minimum of four officers/directors of this corporation. Three officers/directors are here listed:

Rebecca Heim President 708 Dorsey Way Louisville, Ky 40223  
Name PTA Position Complete Address

Debi Bailey Vice President 21020 Droyton Dr. Louisville, Ky 40265  
Name PTA Position Complete Address

John Riddle Vice President 5812 Bonfire Dr. Louisville, Ky 40207  
Name PTA Position Complete Address

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3

ARTICLE VII

The corporation shall commence upon the filing of these Articles and shall continue until dissolved as provided in this Article.

In the event that the Coleridge Taylor PTA is dissolved after the payment of all just debts any and all remaining assets will be sent to the Kentucky Congress of Parents and Teachers, which has qualified as an educational organization exempt from Federal income taxation under Section 501 (c)(3) of the Internal Revenue Code. This can also be found in the Bylaws of this corporation.

ARTICLE VIII

The private property of the members or of the Board of Directors shall not be subject to the payment of corporate debts.



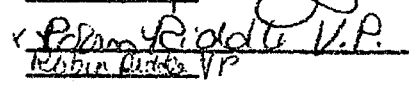
ARTICLE IX

The registered agent for the Coleridge Taylor PTA shall be the Kentucky Congress of Parents and Teachers, Inc., 148 Consumer Lane, Frankfort, Franklin County, Kentucky, 40601, Judi Conrad (Judi Conrad) President. This is the state organization of this association.

Multi-page document. Select page: 1 2 3 4

Multi-page document. Select page: 1 2 3 4

IN TESTIMONY THERE OF, witness the hands this 4th  
day of October, 2000.

  
\_\_\_\_\_  
President  
  
\_\_\_\_\_  
Debi Bailey VP  
  
\_\_\_\_\_  
Robin Riddle V.P.

Multi-page document. Select page: 1 2 3 4

# Required 2015-2016 Financial Review Form

**Submit Financial Review Form to Principal of your School**

Per "Kentucky Department of Education Accounting Procedures Redbook" Regulations each PTA/PTSA must submit an annual financial report to Principal of your School by **July 15**

**Mail Financial Review Form to Kentucky PTA, 148 Consumer Lane, Frankfort, KY 40601**

Kentucky PTA and local unit bylaws require all PTAs and PTSAs to file a Financial Review Form with Kentucky PTA by **July 15** each year to remain a "unit in good standing."

## Financial Review Report Form for the Local PTA/PTSA

Name of PTA/PTSA Samuel Coleridge Taylor PTA PTA District 15 County Jefferson  
EIN 61-1147473 This financial review is for the 2015-2016 fiscal PTA/PTSA year.

(For most PTAs/PTSAs this will be July 1, 2015 through June 30, 2016. Check your bylaws if unsure.)

- 1. Beginning Balance (as of last date covered by last financial review) \$ 9,857.70
- 2. Receipts (total receipts from the beginning to the end of the period covered by this financial review) 11,338.82
- 3. Total Cash Available (add number 1 and number 2) 16,176.52
- 4. Disbursements (total disbursements from the beginning to the end of the period covered by this financial review) 9,034.18
- 5. Ending Balance (subtract number 4 from number 3) 7,142.37
- 6. Bank Statement Balance (for last month covered by this financial review) 7,156.77
- 7. Checks Outstanding #1389 \$185.00 Miller Transportation  
#1387 \$75 Justin DeLorenzo  
Total Checks Outstanding \$ \$260
- 8. Deposits Outstanding \_\_\_\_\_  
Total Deposits Outstanding \$ \_\_\_\_\_
- 9. Bank Account Balance (Subtract number 7 from number 6, Add number 8) \$ 6,896.77

Date of financial review: 6/10/16

We have examined the books of Samuel Coleridge Taylor PTA/PTSA for the

financial year 2015-2016 and find them to be: (Please choose one)

Correct     Substantially Correct     Incomplete     Incorrect

Substantially correct with the following adjustments: line #5 and line #16 are off \$1440

Comments: \_\_\_\_\_

Review Committee: Consists of 3 people who do not have check signing authority (Optional: professional auditor)




Signatures: Financial Review Committee Chair (or professional auditor) Sarah Statten  
2. (member) Tracy Beardsley 3. (member) Marni McCallister

**This Financial Review information should be presented to the PTA/PTSA at its first general meeting after the completion the financial review.**

**Remember to mail this report to Kentucky PTA and keep copies for your records.**

**ALL PTAs/PTSAs MUST FILE FORM 990, 990EZ, OR 990N WITH IRS BY 11/15/2016**  
See Part IV Financial Matters for more detail on the Financial Review Form

Meet the CTM PTA Board!

<b>President</b>	<b>Kelley Harris</b>
Contact	CTMPTAPresident@gmail.com
Role  	<ul style="list-style-type: none"> <li>• Manage overall objectives and strategies of PTA</li> <li>• Act as liaison between parents and principal / staff</li> <li>• Recruit all PTA Committee Chairs</li> <li>• Work with secretary to create agenda and facilitate monthly PTA board meetings</li> <li>• Manage PTA working/committee meetings</li> <li>• Create a mailings to parents as needed</li> <li>• Speak at school events to promote the PTA (eg school orientation events)</li> <li>• Participate in monthly PTA Board meetings</li> <li>• Participate in monthly PTA General meetings</li> </ul>
<b>Vice President</b>	<b>Shawnise Miller</b>
Contact	CTMPTAVicePresident@gmail.com
Role  	<ul style="list-style-type: none"> <li>• Assist President with achieving PTA goals for the academic year</li> <li>• Manage PTA board members to ensure each is supported in his or her position and objectives</li> <li>• Play a role in daily operations of the PTA</li> <li>• Help formulate groups' long-term plan</li> <li>• Assist with problem-solving as issues arise</li> <li>• Act as an ambassador for the PTA and the school</li> <li>• Participate in monthly PTA Board meetings</li> <li>• Participate in monthly PTA General meetings</li> </ul>
<b>Treasurer</b>	<b>Tanisha Booker</b>
Contact	CTMPTATreasurer@gmail.com
Role  	<ul style="list-style-type: none"> <li>• Generate the PTA budget with president and board members during summer meetings with input from school personnel</li> <li>• Prepare the annual tax return</li> <li>• Inform committees of budgeted funds</li> <li>• Pay bills and reimbursements as required</li> <li>• Oversee ongoing PTA finances, ensure adherence to approved PTA budget</li> <li>• Prepare and present budget report for each PTA meeting</li> <li>• Lead audit committee after books are closed for year</li> <li>• Keep detailed records of payments and deposits</li> <li>• Ensures bonding and insurance is paid annually</li> <li>• Participate in monthly PTA Board meetings</li> <li>• Participate in monthly PTA General meetings</li> </ul>



This is both a community event AND a fundraiser. On Friday 10/14 all students will receive three free tickets to the festival so every family and student can attend. For an extra ticket per student, bring a canned good to donate! There will also be a number of free activities throughout the day. Please join us!!!

CRAPTS  
HAY RIDES  
PRIZES  
GAMES  
FOOD  
PUMPKINS  
COOK-UPS  
TRICK-OR-TREATS

**2016**  
**THE ANNUAL Fall Festival**  
SATURDAY OCTOBER 15TH  
Ticket Sales/Food starts @ Noon  
Booths and Contests 1-5pm

Coleridge-Taylor Montessori  
PTA PRESENTS



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**COLERIDGE TAYLOR PTA INC.**


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**General Information**


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<b>Organization Number</b>	0504255
<b>Name</b>	COLERIDGE TAYLOR PTA INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	I - Inactive
<b>Standing</b>	B - Bad
<b>State</b>	KY
<b>File Date</b>	10/24/2000
<b>Organization Date</b>	10/24/2000
<b>Last Annual Report</b>	4/15/2004
<b>Principal Office</b>	1115 W. CHESTNUT STREET LOUISVILLE, KY 40203
<b>Registered Agent</b>	KENTUCKY CONGRESS OF PARENTS AND TEACHERS, INC. 148 CONSUMER LANE FRANKFORT, KY 40601

**Current Officers**


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<b>President</b>	<u>Carrie Patten</u>
<b>Secretary</b>	<u>Bradley West</u>
<b>Treasurer</b>	<u>Natalie White</u>
<b>Director</b>	<u>Dana Richey</u>
<b>Director</b>	<u>Martha Gordon</u>
<b>Director</b>	<u>Sarah Francisco</u>

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


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<b>Director</b>	<u>DEBI BAILEY</u>
<b>Director</b>	<u>REBECCA HEIM</u>
<b>Director</b>	<u>ROBIN RIDDLE</u>
<b>Incorporator</b>	<u>DEBI BAILEY</u>
<b>Incorporator</b>	<u>REBECCA HEIM</u>
<b>Incorporator</b>	<u>ROBIN RIDDLE</u>

**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.

<u>Administrative Dissolution</u>	11/1/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	12/3/2003	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/29/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	10/24/2000	4 pages	<u>tiff</u>	<u>PDF</u>

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 2015-07-01 and ending 2016-06-30

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: PTA KENTUCKY CONGRESS

1115 W Chestnut St  
Louisville, KY, US, 40203

D Employee Identification

Number

E Website:

F Name of Principal Officer: Kelley Harris

7713 Tempclair Rd  
Louisville, KY, US, 40220

**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.



## Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

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

- **Organization Name:** PTA KENTUCKY CONGRESS
- **EIN:** [REDACTED]
- **Tax Year:** 2015
- **Tax Year Start Date:** 07-01-2015
- **Tax Year End Date:** 06-30-2016
- **Submission ID:** 10065520162880544386
- **Filing Status Date:** 10-14-2016
- **Filing Status:** Pending

**Note:** Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

**MANAGE FORM 990-N SUBMISSIONS**

**Coleridge-Taylor Montessori PTA Budget Proposal**

	Income	Expenses	Total	Running Balance
Current Status				\$9,011
<b>Fundraising</b>	<b>\$7,500</b>	<b>-\$3,300</b>		<b>\$4,200</b>
Back to School Bash	\$2,000	-\$800		\$1,200
Fall Festival	\$3,000	-\$1,500		\$1,500
Miscellaneous Sales	\$2,500	-\$1,000		\$1,500
<b>Prior Year Expenses</b>	<b>\$0</b>	<b>-\$2,180</b>		<b>-\$2,180</b>
Yearbook	\$0	-\$1,688		-\$1,688
Bruker Bucks	\$0	-\$116		-\$116
Beautification	\$0	-\$376		-\$376
<b>Teacher Grants (25%)</b>	<b>\$0</b>	<b>-\$2,000</b>		<b>-\$2,000</b>
<b>Hospitality</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>
Boo-hoo Breakfast	\$0	\$0		\$0
Other	\$0	\$0		\$0
<b>Programmed Community Building</b>	<b>\$0</b>	<b>-\$4,782</b>		<b>-\$4,782</b>
FRC Support	\$0	-\$1,982		-\$1,982
Watch DOGS	\$0	-\$500		-\$500
Family Dinners	\$0	-\$1,500		-\$1,500
General Meetings	\$0	-\$500		-\$500
Beautification	\$0	-\$300		-\$300
<b>Membership</b>	<b>\$1,500</b>	<b>-\$1,050</b>		<b>\$450</b>
Membership Dues	\$1,500			\$1,500
State & National PTA Dues (\$3.50)		-\$1,050		-\$1,050
<b>PTA Operations</b>	<b>\$0</b>	<b>-\$700</b>		<b>-\$700</b>
Supplies	\$0	-\$300		-\$300
Bank Charges	\$0	-\$63		-\$63
Bonding/Insurance	\$0	-\$337		-\$337



## 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. <b>S. Coleridge-Taylor PTA</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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) ▶ _____ <b>Note.</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>1115 W. Chestnut St.</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville, KY 40220</b>	
	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.

<b>Social security number</b>											

or

<b>Employer identification number</b>																			

**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.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>10/31/16</b>
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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](http://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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.



**Louisville Metro Council**

**David W. Tandy**  
District 4 Councilman

**Keidra D.C. King**  
Legislative Aide

November 14, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following Neighborhood Development Funds: Coleridge Taylor PTA Inc., Women in Circle, Inc. and an interagency exchange to Metro Parks Department.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy  
Fourth District Councilman