

NDF042022PRPAA12

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

**Applicant/Program:** PRP Alumni Association Inc./Alumni Scholarships  
**Applicant Requested Amount:** 2000  
**Appropriation Request Amount:** 2000

**Executive Summary of Request**  
The PRP Alumni Association provides college financial assistance for Pleasure Ridge Park High School Students based on need and academic and extracurricular performance. This funding will go toward the scholarship awards for current PRP seniors.

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.

12                      *Pat Blackwell*                      2000                      3/28/2022  
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.  
  
Council Member Blackwell is an honorary PRP Alumna.

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

**Applicant/Program:**

PRP Alumni Association Inc./Alumni Scholarships

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

PRP Alumni Association Inc./Alumni Scholarships

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b> PRP Alumni Association Inc.	
<b>Program Name and Request Amount</b> PRP Alumni Scholarships \$2000	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="N/A"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="N/A"/>
Prepared by: <b>Heather Blazis</b>	Date: <b>03/25/2022</b>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> PRP Alumni Association Inc.			
Main Office Street & Mailing Address: PO Box 58051 Louisville KY 40208			
Website: prpalumni.org			
Applicant Contact:	Vince Jarboe	Title:	Treasurer
Phone:	502 380-3600	Email:	vince.jarboe.jr@prp.org
Financial Contact:	11	Title:	@statefarm.com
Phone:	11	Email:	11
Organization's Representative who attended NDF Training: Vince Jarboe			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Pleasure Ridge Park High School		
Council District(s):	12	Zip Code(s):	40258
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: PRP Hall of Fame Scholarships			
Total Request: (\$)	2000.00	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 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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <i>on file</i> <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
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: (\$)	0
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:

The PRP Alumni Association is dedicated to providing scholarships for PRP High School seniors. We also hold a fund raising event called the Hall of Fame dinner. We honor past PRP alumni and associated people who have distinguished themselves by being positive examples for our youth. We also provide opportunities to connect alumni with current students for mentoring, tutoring and other support.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Board Member	Term End Date
Michael Britton - President	
Scott Dilens - Vice President	
Vincent Jarboe - Treasurer	
Andrea Deroven - member	N/A
Loris Spence - member	
Linda Elrick - member	
Mary Ann Pieper - member	

**Describe the Board term limit policy:**

We have all done this work as volunteers for 20 years

All unpaid

Three Highest Paid Staff Names	Annual Salary
	0

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.):

Our target project are the Senior Students of PRR High School. We raise the money in the first two quarters of the year and award scholarship in late summer. Our hope is to educate + help as many students as possible, so they can be productive members of society.

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

Scholarship funds will go to college tuition.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

- 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:**

College expenses are going up every year, well past the rate of inflation. We target students who may not be able to afford to go to college and encourage them to fulfill their dreams. We know that over 95% of our recipients over 20 years have graduated from university.

**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.**

N/A

**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			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)		5000	<del>\$ 0.00</del> \$5,000
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	2000	10,000	<del>\$ 0.00</del> \$12,000
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<del>\$ 0.00</del> 21k	<del>\$ 0.00</del> 15k	<del>\$ 0.00</del> \$17,000
% of Program Budget	<del>0.00%</del> 15	<del>0.00%</del> 85	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)	15000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 0.00 15000

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

\*\*Must equal or exceed total in column 2.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i></p>	\$ 0.00	

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

Agency Fiscal Year Start Date: January 1st 2022

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**

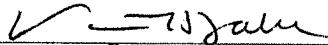
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

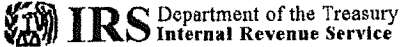
**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

☐ Councilman Blackwell is an honorary PRP Almuna.

### 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>	3/22/22
<b>Legal Signatory: (please print):</b>	Vince Jarboe	<b>Title:</b>	Treasurer
<b>Phone:</b>	502 380 3800	<b>Extension:</b>	
<b>Email:</b>	vince@jarboeagency.com		



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248132325  
Oct. 14, 2014 LTR 4168C 0  
32-0087730 000000 00

00017109  
BODC: TE

PRP ALUMNI ASSOCIATION INC  
% MICHAEL GRITTON  
PO BOX 58051  
LOUISVILLE KY 40268



054133

Employer Identification Number: 32-0087730  
Person to Contact: Mr. Perry  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 02, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

## PRP Alumni Association 2022 Budget

Income: Targeted \$17000

Expenses: Targeted \$5000

Proceeds of \$12,000 to Scholarships



## PRP Alumni Association 2022 Financial Statement

March 22, 2022 Bank Balance \$9595.12

This quarter expenses: \$4100

This quarter income: \$5500

No other income or expenses for first quarter 2022.

# REPUBLIC BANK

It's just easier here.™

RepublicBank.com Member FDIC

PRP Alumni Assoc Inc  
 PO Box 58051  
 Louisville KY 40268-0051

Account: [REDACTED]  
 Statement Date: 03/31/22

Page 1

Your Account Managed By  
 NEW CUT ROAD BANKING CTR  
 (502) 363-4644  
 SARAH DISHON  
 Sales & Service Manager

## YOUR ACCOUNTS AT A GLANCE

Checking Balance \$ 14,648.05

## ACCOUNT STATEMENT

FRAUD IS ON THE RISE, ESPECIALLY RELATED TO CHECKS BEING STOLEN FROM MAILBOXES. IF YOU WOULD LIKE ADDITIONAL INFORMATION ON SOLUTIONS TO HELP PROTECT YOUR ACCOUNT, CALL OUR TREASURY MANAGEMENT TEAM AT 866-534-2341 OR VISIT US ONLINE AT [bit.ly/rb\\_rm](http://bit.ly/rb_rm).

### MONEYMGR FREE BUSINESS

Beginning Balance on 3/01/22	\$	7,671.46		
+ Deposits and other Credits (10)	\$	11,433.43		
Interest Paid	\$	0.00	Average Daily Balance	11,305.00
- Checks and other Debits (3)	\$	4,456.84		
Service Charges	\$	0.00		
Ending Balance on 3/31/22	\$	14,648.05		

### CHECKS & OTHER DEBITS

(\* indicates break in check sequence)

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1187	3/29	3,960.60	1188	3/23	273.00	1189	3/30	223.24

### DEPOSITS & OTHER CREDITS

Date	Description	Amount
3/09	Deposit# 000000041001571	2,450.00
3/09	PAYPAL/TRANSFER PRP ALUMNI ASSOCIATION	184.25
3/11	Deposit# 000000041095081	400.00
3/16	PAYPAL/TRANSFER PRP ALUMNI ASSOCIATION	624.80
3/17	Deposit# 000000041381331	500.00
3/21	PAYPAL/TRANSFER PRP ALUMNI ASSOCIATION	136.23



[Home](#) > [Tax Exempt Organization Search](#) > Prp Alumni Association Inc

< [Back to Search Results](#)

# Prp Alumni Association Inc

EIN: 32-0087730 | Louisville, KY, United States

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## Form 990-N (e-Postcard) ⓘ

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

### > Tax Year 2020 Form 990-N (e-Postcard)

**Tax Period:**

2020 (01/01/2020 - 12/31/2020)

**EIN:**

32-0087730

**Legal Name (Doing Business as):**

Prp Alumni Association Inc

**Mailing Address:**

PO Box 58051  
Louisville, KY 40268  
United States

**Principal Officer's Name and Address:**

Vince Jarboe

5101 New Cut Rd  
Louisville, KY 40268  
United States

**Gross receipts not greater than:**

\$50,000

Multi-page document. Select page: 1 2

**0561495.09**

PBlevins  
NAOI

John Y. Brown III  
Secretary of State  
Received and Filed  
08/05/2003 1:40:26 PM  
Fee Receipt: \$3.00

**Articles of Incorporation of  
PRP ALUMNI ASSOCIATION, Inc.  
A Nonprofit Corporation**

For the purposes of forming a nonprofit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator(s) hereby submits the following Articles of Incorporation to the Secretary of State for filing:

ARTICLE I. The name of the corporation is PRP Alumni Association, Inc ("Corporation").

ARTICLE II. The Corporation is organized exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution and winding up of Corporation, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation organized and operated exclusively for the purposes specified in Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may be hereafter amended, and which has established its tax-exempt status under that section.

ARTICLE III. The name of the initial registered agent of the Corporation is Debra K. Stamper and the street address of the Corporation's initial registered office is 1938 Roanoke Ave., Louisville, Kentucky, 40205.

ARTICLE IV. The mailing address of the principal office of the Corporation is 2115 Boulevard Napoleon, Louisville, Kentucky 40205.

ARTICLE V. The number of directors constituting the initial board of directors is four (4). The names and addresses of the persons who are to serve as the initial board of directors are as follows:

Michael Gritton	2115 Blvd. Napoleon	Louisville, KY 40205
Kristi L. Speer	2611 Dryton Drive	Louisville, KY 40205
Vince Jarboe	4409 Mt. Vernon Road	Louisville, KY 40220
Debra K. Stamper	1938 Roanoke Ave.	Louisville, KY 40205

ARTICLE VI. The name and address of the incorporator is as follows:

Debra K. Stamper	1938 Roanoke Avenue	Louisville, Kentucky 40205
------------------	---------------------	----------------------------

Multi-page document. Select page: 1 2

Multi-page document. Select page: 1 2

Executed by the incorporator on this 3rd day of June 2003.

Debra K. Stamper

I, Debra K. Stamper, consent to serve as the registered agent on behalf of the corporation.

Debra K. Stamper  
Debra K. Stamper

Multi-page document. Select page: 1 2

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>PRP Alumni Association Inc</b></p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input checked="" 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> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 58051</b></p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code <b>Louisville KY 40228</b></p>	
	<p>7 List account number(s) here (optional)</p>	

### Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>												
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<b>or</b>												
<b>Employer identification number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">7</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">7</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> </tr> </table>	3	2	-	0	0	8	7	7	3	0		
3	2	-	0	0	8	7	7	3	0			

### Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ <b>B/23/2022</b></p>
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### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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



# Kentucky Secretary of State Michael G. Adams

## PRP ALUMNI ASSOCIATION, INC.

[File Annual Report](#)

[File Certificate of Assumed Name \(DBA\)](#)

[File Statement of Change of Principal Office](#)

[File Statement of Change of registered Agent / Registered Address](#)

[Printable Forms](#)

[Subscribe to changes made to this entity](#)

[Certificates](#)

### General Information

<b>Organization Number</b>	0561495
<b>Name</b>	PRP ALUMNI ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/5/2003
<b>Organization Date</b>	6/5/2003
<b>Last Annual Report</b>	4/21/2021
<b>Principal Office</b>	5101 NEW CUT RD LOUISVILLE, KY 40214
<b>Registered Agent</b>	DEBRA K STAMPER 5009 LONG KNIFE RUN LOUISVILLE, KY 40207-1174

### Current Officers

<b>President</b>	MICHAEL GRITTON
<b>Vice President</b>	SCOTT DICKENS
<b>Secretary</b>	MANDY MULLINS
<b>Treasurer</b>	VINCE JARBOE
<b>Director</b>	Michael Gritton

**Director**

VINCE JARBOE

**Director**

Scott Dickens

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

<b>Director</b>	MICHAEL GRITTON
<b>Director</b>	KRISTI L SPEER
<b>Director</b>	VINCE JARBOE
<b>Director</b>	DEBRA K STAMPER
<b>Incorporator</b>	DEBRA K STAMPER

**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	4/21/2021	1 page	PDF	
Annual Report	6/16/2020	1 page	PDF	
Annual Report	5/29/2019	1 page	PDF	
Annual Report	6/12/2018	1 page	PDF	
Annual Report	6/20/2017	1 page	tiff	PDF
Annual Report	6/27/2016	1 page	tiff	PDF
Annual Report	6/25/2015	1 page	tiff	PDF
Annual Report	6/25/2014	1 page	tiff	PDF
Annual Report	6/25/2013	1 page	tiff	PDF
Annual Report	6/27/2012	1 page	tiff	PDF
Annual Report	6/15/2011	1 page	tiff	PDF
Annual Report	6/15/2010	1 page	tiff	PDF
Annual Report	4/24/2009	1 page	PDF	
Reinstatement	4/3/2008	3 pages	tiff	PDF
Principal Office Address Change	4/3/2008	1 page	tiff	PDF
Registered Agent name/address change	4/3/2008	1 page	tiff	PDF
Administrative Dissolution Return	12/7/2007	2 pages	tiff	PDF
Administrative Dissolution	12/1/2007	1 page	PDF	
Annual Report	8/31/2006	1 page	tiff	PDF
Annual Report	5/18/2005	1 page	tiff	PDF
Reinstatement	12/14/2004	3 pages	tiff	PDF
Administrative Dissolution	11/9/2004	1 page	PDF	
Articles of Incorporation	6/5/2003	2 pages	tiff	PDF

**Assumed Names****Activity History**

<b>Filing</b>	<b>File Date</b>	<b>Effective Date</b>	<b>Org. Referenced</b>
Annual report	4/21/2021 3:32:13 PM	4/21/2021 3:32:13 PM	
Annual report	6/16/2020 10:23:54 AM	6/16/2020 10:23:54 AM	
Annual report	5/29/2019 11:32:41 AM	5/29/2019 11:32:41 AM	
Annual report	6/12/2018 10:36:00 AM	6/12/2018 10:36:00 AM	



Annual report	6/20/2017 8:31:43 AM	6/20/2017
Annual report	6/27/2016 11:17:54 AM	6/27/2016
Annual report	6/25/2015 12:13:24 PM	6/25/2015
Annual report	6/25/2014 8:10:32 AM	6/25/2014
Annual report	6/25/2013 5:13:28 PM	6/25/2013
Annual report	6/27/2012 4:16:24 PM	6/27/2012
Annual report	6/15/2011 12:56:31 PM	6/15/2011
Annual report	6/15/2010 2:52:53 PM	6/15/2010
Annual report	4/24/2009 1:14:36 PM	4/24/2009 1:14:36 PM
Registered agent address change	4/3/2008 1:47:07 PM	4/3/2008
Principal office change	4/3/2008 1:46:19 PM	4/3/2008
Reinstatement	4/3/2008 1:45:37 PM	4/3/2008
Admin Dis. A. report not in	12/1/2007	12/1/2007
Admin Dis. A. report not in	12/1/2007	12/1/2007
Annual report	8/31/2006 11:14:24 AM	8/31/2006
Reinstatement	12/14/2004 3:21:02 PM	12/14/2004
Admin Dis. A. report not in	11/9/2004	11/8/2004
Add	6/5/2003 1:46:26 PM	6/5/2003

## Microfilmed Images

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

Annual Report	5/18/2005	1 page
Reinstatement	12/14/2004	3 pages
Administrative Dissolution	11/9/2004	1 page
Articles of Incorporation	6/5/2003	2 pages

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Kentucky Unbridled Spirit