

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

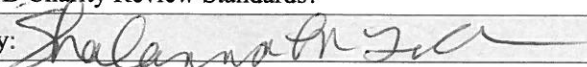
Legal Name of Applicant Organization Phillis Wheatley Elem PTA

Program Name and Request Amount Fall Festival \$500

Yes/No/NA

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA

Prepared by:



Date: 10-12-2018

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SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: PTA Kentucky Congress DBA-PHillis Wheatly Elementary PTA <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1107 South 17th Street, Louisville, KY 40210			
Website: N/A			
Applicant Contact:	Carol Smith	Title:	PTA President
Phone:	502-767-4781	Email:	gradycarol67@hotmail.com
Financial Contact:	Carnette Blakey	Title:	PTA Treasurer
Phone:	502-876-2383	Email:	blakeyc5@gmail.com
Organization's Representative who attended NDF Training: Carol Smith - Powerpoint Presentation sent by email.			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Phillis Wheatley Elementary		
Council District(s):	6th District	Zip Code(s):	40210
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: PHillis Wheatly Fall Festival			
Total Request: (\$)	500.00	Total Metro Award (this program) in previous year: (\$)	0.00
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:			
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			

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SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

We are a part of National Parent Teacher Association (PTA). PTA's mission is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children. We do this at the local level at Phillis Wheatley Elementary School. The PTA there is working to grow community support and parent involvement. We are a service to the families there in advocacy, involvement, and student support services.

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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.):

This is a one day event - scheduled for November 9th.

Planning however has already started and will go until the day of event.

This is a family fall festival designed to encourage families to come to the school and interact with other families and administration in a fun night. We invite all our students (322), teachers/staff (72), families, and other community members and schools around us to come. Our school is a Title 1 school and we want to encourage parents to become more involved.

The festival will include food, drinks, prizes for games, and entertainment. The entertainment we are looking at are clowns, mascots, circus acts, and music fun. The school's dance team will be performing.

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

The funds will be used to purchase food, drinks, and prizes for the games. We want to keep the prices low so that this is an affordable event for families. The tickets are .25 each for the games and the food prices are all under \$2.00. All the entertainment will be free along with incentives for those who volunteer for the event.

Tentative Budget

Food/Drinks - \$300.00

Prizes - \$200.00



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

This is more of a community event. Any money made off this event will be put back into the school for programs for the students and staff.

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.

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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:

Phillis Wheatley parent involvement in the school and the community is very low. The PTA was restarted at the beginning of the school last year with the hopes that more parent involvement would help the school and community grow closer and see marked differences in the children. This parent involvement would also help the children see more engagement in studies. Research shows that families engaged in their child's school do better in school and are more confident.

Last year fall festival, our first event, we had about 100 families attend. We hope to double or quadruple that this year. Parent involvement is a key to growing the school's sense of community and culture. This may also help test scores - but is not the goal of this event. We want our parent to see how welcoming our school is to their involvement in their child's education.

We will track attendance and do a survey after the event. We will also promote PTA and advocacy issues that affect their children.

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



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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	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (See Detailed List on Page 8)	500	300	800
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (See Detailed List on Page 8)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	\$500	\$300	\$ 800
	62.50 %	37.50 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants <i>Fundraising</i>	300.00
Other (please specify)	
TOTAL Revenue for Column 2 Expenses	300.00

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

**Must equal or exceed total in column 2.

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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
Food <i>At Meijers or Sams Club</i>	300.00	100.00	400.00
Prizes <i>Dollar Tree, Big Lots, and Horner Novelty</i>	200.00	200.00	400.00
Total	<i>\$500</i>	<i>\$300</i>	\$800.00

Applicant's Initials *CS*

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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
Volunteers (18 needed)	\$652.50	Minium wage X 5 hours of work
Donations from Staff/Parents for Cake Walk	\$150.00	Small Cake (5.00)
Donations from Staff/Parents for 2 Liters	\$120.00	2 Litters (2.00)
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$922.50	

*** 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: July 1st

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:

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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.

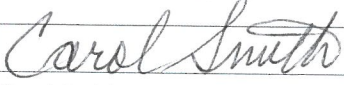
Standard Certifications

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:		Date:	10.4.18
Legal Signatory: (please print):	Carol Smith	Title:	President
Phone:	502-767-4781	Extension:	
Email:	gradycarol67@hotmail.com		



everychild.one voice.[®]

Cherie Dimar, President

148 Consumer Lane, Frankfort, KY 40601

502-226-6607 fax 502-226-6610

July, 2018
Wheatley El
1107 S 17th Street
Louisville, KY 40210

National ID: [REDACTED] 1

EIN: [REDACTED]

Bylaws: April, 2023

This is to inform you that your PTA has met all of the requirements for tax exemption under the Kentucky Congress of Parents and Teachers' 501(c)(3) group exemption [REDACTED] for the 2016-2017 fiscal year.

This information has been sent to the Internal Revenue Service. Please keep one copy of this notification with your PTA files and one copy in the school office as your proof that you are a legitimate tax exempt organization. To receive the letter and certificate to prove your state tax exemption, please contact Kentucky PTA.

As a 501(c)(3) organization, your PTA is exempt from paying income taxes. Individuals and businesses may make donations to your PTA and may deduct the donations from their income taxes as a charitable donation deduction.

Your PTA must file a 990N if your income is less than \$50,000, a 990 EZ if your gross receipts were less than \$200,000 and total assets are less than \$500,000, or a 990 if your income is over \$200,000 and total assets were \$500,000. You must also complete Schedules A and B if you file a 990EZ or 990. The 990N is an e-mail filing that is done on File 990.org. The filings must be made before November 15th. IRS forms must be secured from the IRS. If your PTA is sent any form by the IRS, complete the required sections, sign it, and return it. Never ignore a letter from the IRS.

Please contact Kentucky PTA 502-226-6607 or kentuckyppta@bellsouth.net or your district president if you need anything or have questions.

Thank you for everything your PTA does for the children and youth of Kentucky.

Sincerely,

Cherie Dimar

Cherie Dimar

BUDGET- July 1st, 2018 to June 30th, 2019

<u>INCOME</u>	ACTUAL	BUDGET	VARIANCE
1 Fundraiser	\$0.00	\$750.00	(\$750.00)
2 Membership	\$0.00	\$1,000.00	(\$1,000.00)
3 Pictures	\$0.00	\$400.00	(\$400.00)
4 Concessions/Admissions	\$0.00	\$600.00	(\$600.00)
5	\$0.00		\$0.00
2018-2019 INCOME	\$0.00	\$2,750.00	(\$2,750.00)
2017-2018 BANK BALANCE FORWARD	\$0.00	\$1,142.42	(\$1,142.42)
TOTAL FUNDS AVAILABLE	\$0.00	\$3,892.42	(\$3,892.42)
<u>EXPENSES</u>	ACTUAL	BUDGET	VARIANCE
1 Bonding Insurance	\$0.00	\$337.00	(\$337.00)
2 Chairpersons & Officers	\$0.00	\$0.00	\$0.00
3 Conferences/Meeting/Trainings	\$0.00	\$110.00	(\$110.00)
4 Contingency Fund	\$0.00	\$500.00	(\$500.00)
5 Phillis Wheatley Day	\$0.00	\$60.00	(\$60.00)
6 Membership DUES (National/State & District)	\$0.00	\$740.00	(\$740.00)
7 Membership Incentives	\$0.00	\$260.00	(\$260.00)
8 Office Supplies	\$0.00	\$20.00	(\$20.00)
9 Programs (Kentucky Kids Day, Red Ribbon Week, Reflections, Dance, and Fall Festival and Field Day)	\$0.00	\$1,115.42	(\$1,115.42)
10 Start-Up 2019-2020	\$0.00	\$250.00	(\$250.00)
11 Teacher/Staff Appreciation	\$0.00	\$200.00	(\$200.00)
12 Ways & Means	\$0.00	\$300.00	(\$300.00)
13	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00
TOTAL EXPENSES	\$0.00	\$3,892.42	(\$3,892.42)
NET FUNDS AVAILABLE	\$0.00	\$3,892.42	(\$3,892.42)
NET FUNDS EXPENDED	\$0.00	\$3,892.42	(\$3,892.42)
NET FUNDS REMAINING	\$0.00	\$0.00	\$0.00

Treasurer's Signature: Barbara Wheatley Date: 9-8-2018

Date Approved by PTA Board: 9-8-2018

Date Adopted by Association: 9-9-2018 @ open house

BUDGET- July 1st, 2018 to June 30th, 2019

INCOME	ACTUAL	BUDGET	VARIANCE
1 Fundraiser	\$0.00	\$750.00	(\$750.00)
2 Membership	\$330.00	\$1,000.00	(\$670.00)
3 Pictures	\$0.00	\$400.00	(\$400.00)
4 Concessions/Admissions	\$0.00	\$600.00	(\$600.00)
5	\$0.00		\$0.00
2018-2019 INCOME	\$330.00	\$2,750.00	(\$2,420.00)
2017-2018 BANK BALANCE FORWARD	\$0.00	\$1,142.42	(\$1,142.42)
TOTAL FUNDS AVAILABLE	\$330.00	\$3,892.42	(\$3,562.42)
EXPENSES	ACTUAL	BUDGET	VARIANCE
1 Bonding Insurance	\$337.00	\$337.00	\$0.00
2 Chairpersons & Officers	\$0.00	\$0.00	\$0.00
3 Conferences/Meeting/Trainings	\$0.00	\$110.00	(\$110.00)
4 Contingency Fund	\$10.00	\$500.00	(\$490.00)
5 Phillis Wheatley Day	\$0.00	\$60.00	(\$60.00)
6 Membership DUES (National/State & District)	\$284.90	\$740.00	(\$455.10)
7 Membership Incentives	\$0.00	\$260.00	(\$260.00)
8 Office Supplies	\$0.00	\$20.00	(\$20.00)
9 Programs (Kentucky Kids Day, Red Ribbon Week, Reflections, Dance, and Fall Festival and Field Day)	\$245.00	\$1,115.42	(\$870.42)
10 Start-Up 2019-2020	\$0.00	\$250.00	(\$250.00)
11 Teacher/Staff Appreciation	\$0.00	\$200.00	(\$200.00)
12 Ways & Means	\$0.00	\$300.00	(\$300.00)
13	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00
TOTAL EXPENSES	\$876.90	\$3,892.42	(\$3,015.52)
NET FUNDS AVAILABLE	\$330.00	\$3,892.42	(\$3,562.42)
NET FUNDS EXPENDED	\$876.90	\$3,892.42	(\$3,015.52)
NET FUNDS REMAINING	-\$546.90	\$0.00	(\$546.90)

Treasurer's Signature: Barbara Blakely Date: 9-28-2018
 Date Approved by PTA Board: Current Statement for Phillis Wheatley PTA
 Date Adopted by Association: 9-28-2018



HELP ⓘ

MENU ☰

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Ptakentuckycongress

EIN [REDACTED] ille, KY, United States

Form 990-N (e-Postcard) ⓘ

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 2017 Form 990-N (e-Postcard)

Tax Period:

2017 (07/01/2017 - 06/30/2018)

EIN:

Legal Name (Doing Business as):

Pta Kentucky Congress

Mailing Address:

1107S17THST
LOUISVILLE, KY 402100000
United States

Principal Officer's Name and Address:

Carnette Blakey

1107 S 17th Street
Louisville, KY 40210
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:

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

Tax Period:
2016 (07/01/2016 - 06/30/2017)

EIN:
[REDACTED]

Legal Name (Doing Business as):
Ptakentuckycongress

Mailing Address:
1107S17THST
LOUISVILLE, KY 402102432
United States

Principal Officer's Name and Address:
CarnetteBlakey

1621WestOak
Louisville, KY 40210
United States

Gross receipts not greater than:
\$50,000

Organization has terminated:
No

Website URL:

> **Tax Year 2015 Form 990-N (e-Postcard)**

> **Tax Year 2012 Form 990-N (e-Postcard)**

> **Tax Year 2011 Form 990-N (e-Postcard)**

> **Tax Year 2010 Form 990-N (e-Postcard)**

> **Tax Year 2009 Form 990-N (e-Postcard)**

> **Tax Year 2008 Form 990-N (e-Postcard)**

> **Tax Year 2007 Form 990-N (e-Postcard)**

Page Last Reviewed or Updated: 6-Jul-2018

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Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Office of Appeals	中文	Treasury Inspector General for Tax Administration
Help	Accessibility	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Civil Rights	Report Phishing	Русский	
Tax Stats, Facts & Figures	Freedom of Information Act	Tax Fraud & Abuse	Tiếng Việt	

No Fear Act

Privacy Policy

Bylaws Approval Form

Due Date: See the last page of the "official" copy of your PTA's/PTSA's bylaws. If you can't find a copy of your bylaws, contact the Kentucky PTA office at 502-226-6607 or kentuckypta@bellsouth.net.

The Kentucky PTA Bylaws require each local PTA/PTSA and district PTA to adopt bylaws to govern their branch of the Kentucky PTA, a branch of the National PTA. All bylaws must be approved by Kentucky PTA as specified in the Kentucky PTA Bylaws.

Information on local bylaws may be obtained by contacting your district president.

If sending via USPS, send this form with:

- A. 1 copy of the Bylaws Approval Form
- B. 1 copy of the completed bylaws with two signatures on last page and date.
- C. 1 copy of the minutes of the general membership meeting which states:
 - 1) 30 days' prior notice of the meeting to approve bylaws was given to the general membership body
 - 2) A quorum was present at the meeting (this number is stated in your current bylaws)
 - 3) That a motion was made and approved by the general membership body

To: Kentucky PTA, 148 Consumer Lane, Frankfort, KY 40601

or

send one copy of the bylaws approval form, bylaws, and minutes electronically to kentuckypta@bellsouth.net or kypta.oservices@gmail.com.

Following approval by the Kentucky PTA, copies of your bylaws will be distributed to:

- 1. President of your PTA/PTSA, dated with a stamp of approval on the last page;
- 2. Kentucky PTA office; and
- 3. District president.

PTA/PTSA Name Phillis Wheatley Elementary PTA
County Jefferson PTA District No. 15th
President's Name Carol Smith
Home [REDACTED]
City Louisville State KY Zip 40211
Phone Number Home (502) [REDACTED] Cell ([REDACTED])
E-mail [REDACTED]

Please check the appropriate box:

New PTA/PTSA

Bylaws Renewal

Bylaws Amendments

- 54 f. Upon the dissolution of this association, after paying or adequately providing for the debts
55 and obligations of the association, the remaining assets shall be distributed to one or more
56 non-profit funds, foundations or associations which have established their tax exempt status
57 under Section 501(c)(3) of the Internal Revenue Code and whose purposes are in accord with
58 National PTA.
59 g. The association or members in their official capacities shall not - directly or indirectly -
60 participate or intervene (in any way, including the publishing or distributing of statements) in
61 any political campaign on behalf of, or in opposition to, any candidate for public office; or
62 devote more than an insubstantial part of its activities to attempting to influence legislation by
63 propaganda or otherwise.
64
65

66 #ARTICLE IV: CONSTITUENT ASSOCIATIONS

67 (Local PTAs/PTSAs, District PTAs and State PTAs)

68 **Section 1.** The Purposes and basic policies of National PTA shall in every case also be the purposes and basic
69 policies of each constituent association.
70

71
72 **Section 2.** Local PTAs/PTSAs shall be organized and chartered under the authority of Kentucky PTA. Kentucky
73 PTA shall issue to each local PTA/PTSA in its area an appropriate charter evidencing the good
74 standing of the local PTA/PTSA.
75

76 **Section 3.** A local unit in good standing is one which:

- 77 a. Adheres to the purposes and basic policies of the PTA;
78 b. Remits the national and state portion of the dues to the Kentucky PTA office as required;
79 c. Remits the district portion of the dues as required;
80 d. Reviews the treasurer's books and submits the PTA/PTSA Financial Review Form to the
81 Kentucky PTA office by July 15th;
82 e. Submit a copy of the filed IRS Federal 990ez or 990n form to the Kentucky PTA office by
83 November 15th;
84 f. Has bylaws approved by the Kentucky PTA every five (5) years;
85 g. Has an IRS Employer Identification Number (EIN) on file in the Kentucky PTA office; and
86 h. Maintains a minimum of ten (10) members.
87

88 **Section 4.** Each association in good standing as shown on the records in the Kentucky PTA office as of 30 days
89 before the Convention/Leadership, shall be entitled to be represented at the annual
90 Convention/Leadership of the Kentucky PTA by its president, or alternate; and one (1) additional
91 accredited delegate for every twenty-five (25) members, or a major fraction thereof.
92

93 **Section 5.** Each local PTA shall adopt such bylaws for the government of the association as may be approved by
94 Kentucky PTA. Such bylaws shall not be in conflict with the bylaws of National PTA or the bylaws of
95 Kentucky PTA.
96

97 **Section 6.** Bylaws of each constituent association shall include an article on amendments.
98

99 **Section 7.** Bylaws of each constituent association shall include a provision establishing a quorum.
100

101 **Section 8.** Local PTAs'/PTSAs' bylaws shall be reviewed and approved by Kentucky PTA every five (5) years.

- 102 a. Bylaws must be submitted with a copy of the minutes reflecting that 30 days' prior notice
103 was given,
104 b. A quorum was present and,
105 c. The bylaws were approved by the membership body.
106

160 **Section 18.** In the event of the dissolution or withdrawal of the charter of this PTA/PTSA for any reason, its
161 assets shall be distributed for one (1) or more of the exempt purposes specified in Section 501(c)(3) of
162 the Internal Revenue Code of 1954 as from time to time amended. Upon request of notice of
163 dissolution or withdrawal of charter, notice by mail shall be sent by the Kentucky PTA office to the
164 PTA/PTSA that the Internal Revenue has been notified that the PTA/PTSA is no longer a tax-exempt
165 constituent association of Kentucky PTA.
166

167 **Section 19.** This PTA shall collect dues from its members and shall remit a portion of such dues to the Kentucky
168 PTA as provided in Article V hereof.
169

170 **Section 20.** Only members of a local PTA/PTSA who have paid dues for the current membership year may
171 participate in the business of that association.
172

173 **Section 21.** The association or members in their official capacities shall not endorse a commercial entity or
174 engage in activities not related to promoting the purposes of the association.
175

176 **Section 22.** Kentucky PTA or any of its divisions may cooperate with other associations and agencies concerned
177 with child welfare, but PTA/PTSA representatives shall make no commitments that bind the group
178 they represent.
179
180

181 **ARTICLE V: MEMBERSHIP AND DUES**

182

183 **#Section 1.** Every individual who is a member of a local PTA/PTSA organized by Kentucky PTA is also a
184 member of National PTA and of the Kentucky PTA by which such local PTA/PTSA is organized and,
185 as such, is entitled to all the benefits of such membership.
186

187 **#Section 2.** Membership in PTA/PTSA shall be made available without discrimination.
188

189 **#Section 3.** Each local PTA/PTSA shall conduct an annual enrollment of members, but shall admit individuals to
190 membership at any time.
191

192 **#Section 4.** Each member of a local PTA/PTSA shall pay such annual dues as determined by the local
193 PTA/PTSA. The amount of such dues shall include the portion payable to Kentucky PTA, the portion
194 payable to National PTA and the portion payable to the District PTA.
195

196 **#Section 5.** The National portion of each member's dues shall be two dollars and twenty-five cents (\$2.25) per
197 annum.
198

199 **#Section 6.** The Kentucky PTA portion of each member's dues shall be one dollar and twenty-five cents (\$1.25)
200 per annum.
201

202 **#Section 7.** Each member of this PTA/PTSA shall pay annual dues of \$ 5.00 to the PTA/PTSA. The
203 amount of such dues shall include the portion payable to the Kentucky PTA, the portion payable to the
204 National PTA and the portion payable to the District PTA.
205

206 **#Section 8.** The District portion of the dues paid by each member of a local PTA/PTSA shall be sent to the
207 District as required. If there is no District leadership, dues shall be sent to the Kentucky PTA office.
208

209 **#Section 9.** Only members of a local PTA/PTSA who have paid dues for the current membership year may
210 participate in the business of that association.
211

212 **#Section 10.** Only members of a local PTA/PTSA of the Kentucky PTA shall be eligible to hold office in the
213 Kentucky PTA or any of its divisions.

268 **Section 4. Vacancies:**

- 269 a. A vacancy occurring in any office shall be filled for the unexpired term by a person elected
270 by a majority vote of the PTA/PTSA Board, 10 days' notice of such election having
271 been given.
272 b. In case a vacancy occurs in the office of the president, the first (1st) vice president shall serve
273 notice of the election.
274 c. If any member of the PTA/PTSA Board is absent for more than two regularly scheduled
275 meetings without a reasonable excuse, their office/chairmanship may be declared vacant by a
276 majority vote of the PTA/PTSA Board and the vacancy shall be filled in accordance with
277 Article VI, Section 4.a and 4.b.
278

279 **ARTICLE VII: DUTIES OF OFFICERS**

280 **Section 1.** The president shall:

- 281 a. Preside at all meetings of the PTA/PTSA.
282 b. Perform such other duties as may be prescribed in these bylaws or assigned to him/her, or the
283 PTA/PTSA;
284 c. Be a member ex-officio of all committees, except the nominating committee; and
285 d. Coordinate the work of the officers and committees of the association in order that the
286 Purposes may be promoted.
287 e. Appoint the committee, before the last general meeting of the PTA/PTSA, to review the
288 financial records.
289

290 **Section 2.** The vice president(s) shall:

- 291 a. Act as aides to the president;
292 b. Perform the duties of the president, in their designated order, in the absence or inability of
293 that officer to serve; and
294 c. Perform such other duties as may be prescribed to him/her.
295

296 **Section 3.** The secretary shall:

- 297 a. Record the minutes of all meetings of the PTA/PTSA,
298 b. Have a current copy of the bylaws;
299 c. Maintain a membership list; and
300 d. Perform such other duties as may be prescribed to him/her.
301

302 **#Section 4.** The treasurer shall:

- 303 a. Have responsibility for all of the funds of the association;
304 b. Keep a full and accurate account of receipts and expenditures;
305 c. Make disbursements as authorized by the president, or the PTA/PTSA Board, in accordance
306 with the budget adopted by the PTA/PTSA;
307 d. Have checks or vouchers signed by two (2) persons, the treasurer and one (1) other
308 authorized person;
309 e. Present a financial statement at every PTA/PTSA meeting, and at other times when
310 requested;
311 f. Make a full report at the meeting at which new officers officially assume their duties; and
312 g. Be responsible for the maintenance of such books of account and records as conform to the
313 requirements of Article IV, Section 15 of these bylaws.
314 h. The treasurer's accounts shall be reviewed annually by a committee of not less than three (3)
315 members, who, satisfied that the treasurer's annual report is correct, shall sign a statement of
316 that fact at the end of the report.
317 i. The Financial Review Form must be submitted to the Kentucky PTA office and the school's
318 principal by July 15th.
319 j. Must file with the IRS 990 or 990n (e-postcard) and send to the Kentucky PTA office a copy
320 of this filing by November 15th of each year.
321

375 **Section 4.** A person shall not be eligible to serve more than 2 (number) consecutive terms in the same
376 chairmanship.
377

378 **Section 5.** The chairman of each standing committee shall present a plan of work to the PTA/PTSA Board for
379 approval. No committee work shall be undertaken without the consent of the PTA/PTSA Board.
380

381 **Section 6.** The power to form special committees and appoint their members rests with the association and the
382 PTA/PTSA Board.
383

384 **Section 7.** The president shall be a member ex-officio of all committees, except the nominating committee.
385

386 **ARTICLE XI: GENERAL MEMBERSHIP MEETINGS**

387 **Section 1.**

388 #a. At least 3 (number a minimum of 3) general membership meetings of this association shall be
389 held during the school year. The election of officers must be at a general membership meeting in
390 accordance to the bylaws.
391

392 b. Dates of these meetings shall be determined by the PTA/PTSA Board.

393 c. Seven (7) days' notice shall be given of a change of date.
394

395 **Section 2.** Special meetings of the PTA/PTSA may be called by the president or by a majority of the PTA/PTSA
396 Board seven (7) days' notice having been given.
397

398 **Section 3.** The election meeting shall be held in April/May (month).
399

400 **#Section 4.** Each local PTA/PTSA must maintain a minimum of ten (10) members to remain a PTA/PTSA in
401 good standing.
402

403 **#Section 5.** Bylaws of each constituent association shall include a provision establishing a quorum.
404

405 **Section 6.** 10 (Number) members (a minimum of 10 or more) shall constitute a quorum for the transaction
406 of business in any general membership meeting of this PTA/PTSA.
407

408 **ARTICLE XII: DISTRICT MEMBERSHIP**

409 **Section 1.** The PTA/PTSA shall be represented in meetings of the 15 District PTA of the Kentucky PTA,
410 by the president of the PTA/PTSA or his/her alternate, and by the number of delegates or their alternates as
411 provided in the district bylaws.
412

413 **Section 2.** This PTA/PTSA shall pay annual dues of \$ 0.20 per member to the district treasurer, as provided in
414 the district bylaws. If there is no District Leadership, dues shall be sent to the Kentucky PTA office.
415
416

417 **#ARTICLE XIII: FISCALYEAR**

418 **Section 1.** The fiscal year of this association shall begin July 1 and end June 30.
419
420

421 **#ARTICLE XIV: PARLIAMENTARY AUTHORITY**

422 **Section 1.** The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the
423 association in all cases in which they are applicable and in which they are not in conflict with these bylaws and
424 those of the Kentucky PTA and the National PTA.
425
426

For office use only:

Approved by:	<u>Adena K. Keesee</u>
Date approved:	<u>2-23-18</u>
Renewal date:	<u>4-1-2023</u>

SIGNATURES

Carol Smith President
Carla Fox Secretary
 DATE: OCT. 19, 2017

NOTE: Bylaws must be submitted with a copy of the minutes reflecting that 30 days' prior notice was given, a quorum was present, and that the bylaws were approved by the membership body.

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Bylaws Approval Form	1
Article I - Name	2
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Articles and sections with a pound (#) sign must be included in each PTA's/PTSA's bylaws.



Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Kentucky Congress of Parents and Teachers	
2 Business name/disregarded entity name, if different from above PHillis Wheatley Elementary PTA	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: 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 not 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 checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit corporation exempt under IRS Code Section 501c(3)	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.) See instructions. 1107 South 17th Street	Requester's name and address (optional) Louisville Metro Council Neighborhood Development
6 City, state, and ZIP code Louisville, KY 40210	
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 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.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												

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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Carol Smith</i>	Date ▶ <i>10.4.18</i>
------------------	---	-----------------------

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.

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 CONGRESS OF PARENTS AND TEACHERS

General Information

Organization Number	0027509
Name	KENTUCKY CONGRESS OF PARENTS AND TEACHERS
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/8/1940
Organization Date	8/8/1940
Last Annual Report	6/26/2018
Principal Office	148 CONSUMER LANE FRANKFORT, KY 40601
Registered Agent	CHERIE DIMAR 148 CONSUMER LANE FRANKFORT, KY 40601

Current Officers

President	<u>Heather Wampler Wampler</u>
Vice President	<u>Kathy Smiley</u>
Secretary	<u>Virgil Berrong</u>
Director	<u>Elizabeth Hill</u>
Director	<u>Adam Kesler</u>
Director	<u>Sharon Whitworth</u>

Individuals / Entities listed at time of formation

Director	<u>GRACE C SCHROETTER</u>
Director	<u>KATIE MAE CRAWFORD</u>
Director	<u>ALICE G MATLACK</u>
Director	<u>ALLA DEANE HUDDLE</u>
Director	<u>CORNELIA KNOX WILLEY</u>
Incorporator	<u>GRACE C SCHROETTER</u>
Incorporator	<u>KATIE MAE CRAWFORD</u>
Incorporator	<u>ALICE G MATLACK</u>
Incorporator	<u>ALLA DEANE HUDDLE</u>
Incorporator	<u>CORNELIA KNOX WILLEY</u>

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

6/26/2018

1 page

PDF

Annual Report	6/28/2017	1 page	PDF	
Certificate of Assumed Name	8/19/2016	1 page	tiff	PDF
Annual Report	6/6/2016	1 page	PDF	
Registered Agent name/address change	9/2/2015 11:25:19 AM	1 page	PDF	
Principal Office Address Change	9/2/2015 11:02:20 AM	1 page	PDF	
Annual Report Amendment	9/2/2015	1 page	PDF	
Annual Report	6/8/2015	1 page	PDF	
Annual Report	6/10/2014	1 page	PDF	
Registered Agent name/address change	4/1/2014 9:45:18 AM	1 page	PDF	
Annual Report	5/14/2013	1 page	PDF	
Annual Report	3/28/2012	1 page	PDF	
Registered Agent name/address change	7/26/2011 2:41:37 PM	1 page	PDF	
Annual Report	6/8/2011	1 page	PDF	
Name Renewal	1/28/2011 3:27:12 PM	1 page	PDF	
Annual Report	5/12/2010	1 page	PDF	
Registered Agent name/address change	11/9/2009	1 page	tiff	PDF
Annual Report Amendment	11/3/2009	1 page	PDF	
Annual Report	5/14/2009	1 page	PDF	
Annual Report	1/31/2008	1 page	tiff	PDF
Registered Agent name/address change	1/31/2008	1 page	tiff	PDF
Annual Report	1/25/2007	1 page	tiff	PDF
Certificate of Assumed Name	4/26/2006	1 page	tiff	PDF
Statement of Change	3/22/2006	1 page	tiff	PDF
Annual Report	3/22/2006	1 page	tiff	PDF
Annual Report	2/25/2005	1 page	tiff	PDF
Annual Report	4/29/2003	1 page	tiff	PDF
Annual Report	7/3/2001	1 page	tiff	PDF
Annual Report	5/12/2000	1 page	tiff	PDF
Statement of Change	4/7/2000	1 page	tiff	PDF
Annual Report	7/8/1999	1 page	tiff	PDF
Annual Report	5/8/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Statement of Change	4/30/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	4/28/1994	1 page	tiff	PDF
Statement of Change	4/28/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Statement of Change	5/20/1993	1 page	tiff	PDF
Annual Report	3/20/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF

Assumed Names

KENTUCKY PTA
KENTUCKY PTA

Active
 Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/26/2018 9:59:36 AM	6/26/2018 9:59:36 AM	
Annual report	6/28/2017 2:42:40 PM	6/28/2017 2:42:40 PM	
Added assumed name	8/19/2016 10:50:58 AM	8/19/2016	<u>KENTUCKY PTA</u>
Annual report	6/6/2016 9:29:04 AM	6/6/2016 9:29:04 AM	
Amendment to annual report	9/2/2015 11:30:04 AM	9/2/2015 11:30:04 AM	
Registered agent address change	9/2/2015 11:25:19 AM	9/2/2015 11:25:19 AM	
Principal office change	9/2/2015 11:02:20 AM	9/2/2015 11:02:20 AM	
Annual report	6/8/2015 1:59:43 PM	6/8/2015 1:59:43 PM	
Annual report	6/10/2014 1:40:25 PM	6/10/2014 1:40:25 PM	
Registered agent address change	4/1/2014 9:45:18 AM	4/1/2014 9:45:18 AM	
Annual report	5/14/2013 3:40:10 PM	5/14/2013 3:40:10 PM	
Annual report	3/28/2012 11:10:24 AM	3/28/2012 11:10:24 AM	
Registered agent address change	7/26/2011 2:41:37 PM	7/26/2011 2:41:37 PM	
Annual report	6/8/2011 3:15:23 PM	6/8/2011 3:15:23 PM	
Annual report	5/12/2010 2:22:25 PM	5/12/2010 2:22:25 PM	
Registered agent address change	11/9/2009 1:46:20 PM	11/9/2009	
Amendment to annual report	11/3/2009 2:37:20 PM	11/3/2009 2:37:20 PM	
Annual report	5/14/2009 1:25:33 PM	5/14/2009 1:25:33 PM	
Registered agent address change	1/31/2008 9:13:36 AM	1/31/2008	
Annual report	1/31/2008 9:11:15 AM	1/31/2008	
Annual report	1/25/2007 12:00:05 PM	1/25/2007	
Added assumed name	4/26/2006 10:08:46 AM	4/26/2006	<u>KENTUCKY PTA</u>
Annual report	3/22/2006	3/22/2006	

	12:10:10 PM	
Registered agent address change	3/22/2006 12:09:11 PM	3/22/2006
Registered agent address change	3/1/2004 10:05:17 AM	3/1/2004
Annual report	3/1/2004 9:55:09 AM	3/1/2004
Registered agent address change	3/21/2002 3:38:02 PM	3/21/2002
Annual report	3/21/2002 3:37:47 PM	3/21/2002
Annual report	4/7/2000 2:26:53 PM	4/7/2000
Registered agent address change	4/7/2000 2:26:32 PM	4/7/2000
Registered agent address change	4/30/1997	4/30/1997
Amendment - Miscellaneous amendments	5/5/1970	5/5/1970

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	2/18/2005	1 page
Annual Report	3/31/2004	1 page
Statement of Change	3/1/2004	1 page
Annual Report	4/29/2003	1 page
Annual Report	7/1/2002	1 page
Statement of Change	3/21/2002	1 page
Annual Report	7/3/2001	1 page
Annual Report	5/12/2000	1 page
Statement of Change	4/7/2000	1 page
Annual Report	7/8/1999	1 page
Annual Report	5/8/1998	1 page
Annual Report	7/1/1997	1 page
Statement of Change	4/30/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Statement of Change	4/28/1994	1 page
Annual Report	4/28/1994	1 page
Annual Report	7/1/1993	1 page
Statement of Change	5/20/1993	1 page
Annual Report	3/20/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Annual Report	7/1/1988	1 page
Statement of Change	5/20/1985	2 pages
Statement of Change	5/14/1982	2 pages
Statement of Change	10/28/1981	2 pages

Annual Report	7/1/1981	3 pages
Statement of Change	7/26/1976	2 pages
Amendment	5/5/1970	3 pages
Statement of Change	10/30/1967	2 pages
Annual Report	7/1/1941	40 pages
Statement of Change	8/22/1940	2 pages
Articles of Incorporation	8/8/1940	6 pages

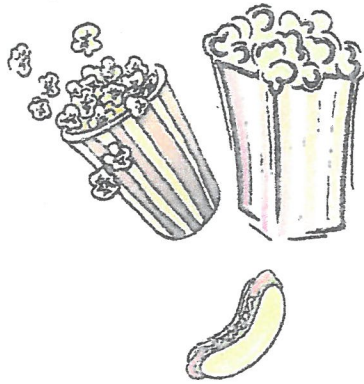
It's Wheatley Fall Festival Time

1107 So. 17th Street

November 9, 2018

6:00 – 8:00

Come Join The Fun



Please help us make this a great occasion!

Ring Toss

Bucket Bounce

Bowling

Corn Hole Toss

Line Dancing

and More....

Join in on the games, music, good food, etc.

Game tickets are: 25 cents each. Most of the games require three tickets.

FOOD:

Funnel Fries	2.00	additional toppings 50 cents	
Chili	2.00	Bottled Water	large \$1.00 Small .50
Chili Dogs	1.50	Nachos	\$2.00
Hot Dogs	1.00	Cotton Candy	\$1.00
Juice Boxes	.50		
Given By the PTA			



If you have any questions, please contact Ms. Blakey at blakeyc5@gmail.com or 485-8348

Trompeter Co.

314 E BURNETT AVE.
LOUISVILLE, KY 40208
(502) 585-5852

CUSTOMER NO.
13-4732

SOLD TO:
WHEATLEY ELEM P.T.A.
1107 S 17TH ST.
LOUISVILLE KY

SINCE 1892

40210

TAX NO.
B160

2 3 4

INVOICE	
NUMBER	DATE
01051	11/08/11

**** WILL CALL ****

1
12

receipts for
11-18
Fall Festival

ORIAL • GROCERY • CIGARS • CIGARETTES • TOBACCO • FUND RAISING • CANDY • PAPER PRODUCTS • INSTITUTIONAL • CONCESSION SUPPLIES AND EQUIPM

ITEM NO.	ITEM DESCRIPTION	GP%	RETAIL/UNIT	UNIT PRICE	EXTENDED
829051	WHEATLEY CAKE FRIES 4 INCH FROZEN	65.62%	.32	64.00	64.00

INSTITUTIONAL									
COST	64.00								
RETAIL	192.00								
PROFIT	128.00								

ExLic#KY000007IN005029

PLEASE PAY THIS AMOUNT

REPORT ALL SHORTAGES WITHIN 24 HOURS TO VERIFY CIG. COUNT

CIGARETTE COUNT	TOTAL PIECES
-----------------	--------------

*EFFECTIVE 10/10 DELIVERY FEE \$3.00

CUSTOMER COPY

... AND TOBACCO PRICING

PONTRECH PRINTING & PROMOTIONS • 502-240-0608

PAID

6

CHI

Lville/Dixie Hwy
7483 Dixie Highway
Louisville, KY 40258
(502) 271-1233
www.gfsstore.com

Wheatley PTA
2800259

Cashier: JEN

2 @ 5.00	Bensons BundtCake	10.00
	8527201	
2 @ 5.00	CAKE BNDT LEMON CR	10.00
	8042511	
2 @ 5.00	Cake Bndt Blbry Cr	10.00
	8043111	
4 @ 5.99	Butter Popcorn 1-4	23.96
	7417801	
	Foam Satin Bowl 12	6.79
	2417761	
2 @ 23.49	Ind Tortilla Chips	46.98
	8619870	
	Slcd Jalapeno Pepp	5.29
	4999431	
	TAX	0.00
****	BALANCE	113.02
	Check	113.02
	CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =		14
11/08/17 11:34am 543 3 19 45127		

Qualifying GO! Points earned: 545

SAVE TIME - ORDER ONLINE

Place your next order online
and pick it up in store.

Log in at GFSstore.com or ask
a store associate for details.



Store 543 Lane 3
Transaction 19 Operator 45127

NOW HIRING
Apply online
gfs.com/careers

CALL US HOW WE'RE DOING!
YOU COULD WIN
\$1,000!

For a brief survey and to be entered for
a chance to win, visit: GFSstore.com/survey

WHEATLEY ELEM SCHOOL PTA 11-16
PTA ACCOUNT
1107 S 17TH ST
LOUISVILLE, KY 40210-2432

1006

21-10/830
206

NOV 8, 2017
Date

CHECK ARMOR
TRADE TECHNOLOGY

Pay to the Order of MEIJER MEMBERS \$ 100.00
one hundred six dollars and no/100 converted Dollars

 **PNC BANK**

PNC Bank, N.A. 050

For fall festival food

Carol Smith
Carmelle Blakey

 Photo Safe Deposit
Details on back

MP

The Meijer Team appreciates your business
11/08/17
Your checkout was provided by BRENN A

MEIJER SAVINGS
SPECIALS 23.16
SAVINGS TOTAL 23.16

SALE

GROCERY

4125010051	MEIJER BUN		
12 @ 1.00		12.00	F
2412601691	BUNNY BUNS	2.69	F
5040076404	COLONIAL		
3 @ 2.99		8.97	F
71928310571	ALUMINUM FOIL		
2 @ 2.99		5.98	T
*4125093982	SALTINES		
4 @ 2 / 3.00			
was 7.96	now	6.00	F
*4125096715	CONFECTION SUGA		
was 3.99	now	3.79	F
*4470007505	OM FRANKS		
15 @ 3.99			
was 65.85	now	59.85	F
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N
=> 1.00 off		-1.00	N

TOTAL

KY 6% Sales Tax	.36
TOTAL TAX	.36
TOTAL	84.64

PAYMENTS

GIFT/RETURN CARD	TENDER	84.64	M
XXXXXXXXXXXXXXXXXXXX1331	(S) BAL	65.36	
APPROVAL CODE 843378			

NUMBER OF ITEMS 38

For additional savings and rewards visit
mperks.com.

NOW HIRING

<https://jobs.meijer.com>



A016202CWH9N5SS

Tx:33 Op:2175598 Tm:11 St:162 10:40:36

We value your feedback.
Share your experience by emailing:
Customer.Feedback@meijer.com



9905 Dixie Highway
 Louisville, KY 40272 - #162
 (502)995-2100 meijer.com

MEIJER SAVINGS
 SPECIALS 7.86
SAVINGS TOTAL 7.86

The Meijer Team appreciates your business
 11/08/17
 Your checkout was provided by BRENNNA

**SALE
 DRUGSTORE**

76023681798 HAND SANITIZER 4.98 T
 2 @ 2.49
 76023681794 HAND SANITIZER 5.79 T

GROCERY

7609600004 SEASONING MIX 8.26 F
 14 @ .59
 70882039379 DICED TOMATOES 5.34 F
 6 @ .89
 70882065149 DISH DETERGENT 1.99 T
 7609600001 CHILI BASE 7.47 F
 3 @ 2.49
 70882029162 DISPOSABLE BOW 7.47 T
 3 @ 2.49
 70882029172 DISPOSABLE CUP 2.99 T
 4460030614 CLOROX FOAMER 3.39 T
 2570000382 FREEZER BAGS 4.69 T
 71373318541 MJR 80/20BF 3L 33.96 F
 4 @ 8.49
 *4125094162 CHILI BEANS 3.45 F
 5 @ .69
 was 4.25 now
 *4920004550 GRANULATD SUGA 1.99 F
 was 2.29 now
 *4300004600 COUNTRY TIME 7.47 F
 3 @ 2.49
 was 8.25 now
 => 1.00 off -1.00 N
 => 1.00 off -1.00 N
 *4300095117 COUNTRY TIME 7.47 F
 3 @ 2.49
 was 8.25 now
 => 1.00 off -1.00 N
 => 1.00 off -1.00 N
 => 1.00 off -1.00 N
 *70882048797 MEIJER WATER 3.39 F
 was 3.59 now

TOTAL
 KY 6% Sales Tax 1.88
 TOTAL TAX 1.88
TOTAL 106.98

PAYMENTS
 Electronic Check TENDER 106.98

NUMBER OF ITEMS 50

ELECTRONIC CHECK

When you pay by check, you authorize us to use its information to process an Electronic Funds Transfer (EFT) or a draft drawn on your account, or to process the payment as a check. If payment is returned

See back of receipt for your chance
to win \$1000

ID #: 7L2SRC1K2SZ8

Walmart

Neighborhood Market

(502) 447 - 4757
MANAGER JASON SHIELDS
5360 DIXIE HWY
LOUISVILLE KY 40216

ST# 04524 OP# 000069 TEN 05 TR# 06740
NCH SAUCE 007874223675 F 7.48 0
PICNIC PACK 001300000986 F 5.48 0
HRSY SYRUP 003400000318 F 2.28 0
HRSY SYRUP 003400000318 F 2.28 0
NCH SAUCE 007874223675 F 7.48 0
SUBTOTAL 25.00
TOTAL 25.00
SHOPPING CARD TEND 25.00
CHANGE DUE 0.00

SHOP. CARD REDEMPTION 25.00
ACCOUNT 613985214725****
APPR. CODE = 732664
REF #0136360
Beg Bal Tran Amt End Bal
25.00 25.00 0.00
11/08/17 09:05:00

ITEMS SOLD 5
TC# 9956 8527 4382 3936 866



Low Prices You Can Trust. Every Day.
11/08/17 09:05:02

Store receipts on your phone. Walmart P
ay.

