

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

**Applicant/Program:** Emily Wright Fund / Memorial for Officer Nick Rodman  
**Applicant Requested Amount:** \$13,444  
**Appropriation Request Amount:** \$10,000

**Executive Summary of Request**

*purchase and install a permanent memorial to honor fallen officer NICK Rodman in front of the 1<sup>st</sup> District police station at 416 N. 2<sup>nd</sup> St.*

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.

5 District #      *Cheri B. Hamilton* Primary Sponsor Signature      \$10,000 Amount      Oct 19, 2018 Date

**Primary Sponsor Disclosure**

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

**Approved by:**


\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**  
Emily Wright Fund / Memorial for Officer Nick Rodman

### 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		\$ 500. <sup>00</sup>
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Emily Wright Fund / Memorial for Officer Nick Rodman

**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> Emily Wright Fund	
<b>Program Name and Request Amount</b> Memorial for Officer Nick Rodman	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: <b>Chase Sanders</b> <span style="float: right;">Date: Oct 19, 2018</span>	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Emily Wright Fund <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> C/O 606 North 39th Street			
<b>Website:</b> <a href="http://portlandorchardproject.weebly.com/">http://portlandorchardproject.weebly.com/</a> one of aka's none for Emily Wright Fund specific			
<b>Applicant Contact:</b>	Leesa Jolly	<b>Title:</b>	board member
<b>Phone:</b>	502-407-2251	<b>Email:</b>	leesajolly@hotmail.com
<b>Financial Contact:</b>	Leesa Jolly	<b>Title:</b>	board member
<b>Phone:</b>	502-407-2251	<b>Email:</b>	leesajolly@hotmail.com
<b>Organization's Representative who attended NDF Training:</b> Leesa Jolly			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	C/O 606 North 39th Street		
<b>Council District(s):</b>	5- Hamilton	<b>Zip Code(s):</b>	40212
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Memorial for Officer Nick Rodman			
<b>Total Request: (\$)</b>	13,444.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	N/A	<b>Amount: (\$)</b>	0
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The Emily Wright Fund primarily serves the Russell, Portland, and Shawnee communities. Our main objective is to better the lives of children and families through education, programming and outreach. Our funds have been used to send children living in this neighborhood to private and special education schools such as Portland Christian, DePau School, Presentation and wherever else that will benefit the child's learning. We sponsor children at Shawnee High School (The Academy) in education activities, physicals, fees, insurance, sports and anything else that a child there needs to be successful. We partner with Portland Promise Center each year on the Trunk or Treat and buy the youth converse tennis shoes and hoodies that they can wear to school for Christmas. These are just a couple of the ways we try to help families in the neighborhood.

The current project that we are asking for funding assistance is a partnership with the First District Police Auxiliary (formerly 6th District) to honor fallen Officer Nick Rodman who served the First District Police Division. On 3/29/17 Officer Rodman was killed in the line of duty. Officer Rodman was a trusted police officer that was kind, caring and served the community with honor.

The Emily Wright Fund, 1st District Police Auxiliary and the Portland Neighborhood would like to place a permanent memorial in front of the 1st District Police Station to remember the sacrifice Officer Rodman and his family made for the safety of this community. While we can never repay him or his family, we would like to make sure his legacy is remembered.

The 1st District Police Auxiliary will select the monument to be placed. They have gotten several estimates and the one that the board of the auxiliary feels most appropriate will cost an estimated \$18,000 to be made and placed.

13,444

*EM*  
*mje*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF</b>
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Board Member	Term End Date
There are no paid staff or board members Attached is a list of executive board members that are all volunteer.	

**Describe the Board term limit policy:**  
 The executive board term limit is 4 years.

Three Highest Paid Staff Names	Annual Salary
N/A	0

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Attached are estimates of memorial for Officer Nick Rodman. The goal date for purchase and installation would ideally be on the 3rd anniversary of his death 3/29/19.

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

The entire amount of the grant will be given to the 1st District Police Auxillary and they will assume responsibility with our oversight to purchase and install the memorial. If any metro funds are left over they will be returned promptly to Metro Council.





**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.

No funds will be spent until this grant is awarded.

- 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.

N/A

**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:**

Officer Rodman's death brought the community closer to the police officer's in the first district where it had been strained for some time. We would like to keep this relationship, and build upon it. A memorial will be a constant reminder of the sacrifices that our community officers make for our safety.

**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.**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	0	0	0
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	0
<b>G: Professional Service Contracts</b>	0	0	0
<b>H: Program Materials</b>	0	0	0
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	0	0	0
<b>J: Machinery &amp; Equipment</b>	0	0	0
<b>K: Capital Project</b>	13,444	0	13,444
<b>L: Other Expenses (See Detailed List on Page 8)</b>	0	0	0
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	13,444	0	13,444
<b>% of Program Budget</b>	100 %	0 %	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	0
Other (please specify)	0
<b>Total Revenue for Column 2 Expenses **</b>	0

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>Total</b>			

Applicant's Initials 

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
event organization	\$1700	100 hrs @ \$17 in kind
volunteers for ceremony	\$1360	20 people 4 hr ea., \$17 in kind
<b>Total Value of In-Kind</b> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$3060	

**\* 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: 07/01/2018 thru 06/30/2019

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:

# 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Emily Wright Fund</b>	
2 Business name/disregarded entity name, if different from above	
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. <input checked="" 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) ▶ <u>  C  </u> <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 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 type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>  1  </u>  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. <b>606 North 39th Street</b>	Requester's name and address (optional) <b>Michael T. Jolly</b>
6 City, state, and ZIP code <b>Louisville, KY 40212</b>	
7 List account number(s) here (optional)	

Print or type.  
See Specific Instructions on page 3.

## 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.

<b>Social security number</b>										
<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> </tr> </table>										
<b>or</b>										
<b>Employer identification number</b>										
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**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>10/17/18</u>
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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)

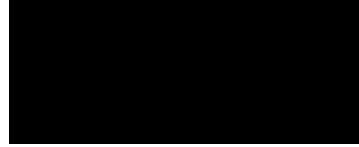
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*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.*

These are all the papers I have on  
the articles of Incorporation. Do  
I need to order something more from  
the S.O.S.?

No further changes  
more recently.

Thank you,  
Luis Jolly



COMMONWEALTH OF KENTUCKY  
TREY GRAYSON  
SECRETARY OF STATE



0641205.09      twison  
Trey Grayson      NAO/1  
Secretary of State  
Received and Filed  
06/21/2006 9:58:56 AM  
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION  
Nonprofit Corporation

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

Article I: The name of the corporation is Emily Wright Fund Inc.

Article II: The purpose for which the corporation is organized is education. (Alternative to public Ed.)

Article III: The street address of the corporation's initial registered office in Kentucky is  
606 North 39<sup>th</sup> Street Louisville Ky 40212

and the name of the initial registered agent at that office is Michael Thomas Jolly

Article IV: The mailing address of the corporation's principal office is  
606 North 39<sup>th</sup> Street Louisville Ky 40212

Article V: The number of directors constituting the initial board of directors is \_\_\_\_\_. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Michael Thomas Jolly</u>	<u>606 North 39<sup>th</sup> St.</u>	<u>hou</u>	<u>Ky</u>	<u>40212</u>
<u>Larry W Stross</u>	<u>2503 Montgomery St.</u>	<u>hou</u>	<u>Ky</u>	<u>40212</u>
<u>Susan J Bagshaw</u>	<u>6706 Rutledge Rd</u>	<u>hou</u>	<u>Ky</u>	<u>40258</u>

Article VI: The name and mailing address of each incorporator is

<u>Michael Thomas Jolly</u>	<u>606 North 39<sup>th</sup> St</u>	<u>hou</u>	<u>Ky</u>	<u>40212</u>
<u>Susan J Bagshaw</u>	<u>6706 Rutledge Rd</u>	<u>hou</u>	<u>Ky</u>	<u>40258</u>

Executed by the Incorporator(s) on \_\_\_\_\_

Michael T. Jolly  
Susan J Bagshaw

Michael T. Jolly  
Type or print name of registered agent

\_\_\_\_\_  
consent to serve as the registered agent on behalf of the corporation.  
Michael T. Jolly  
Michael T. Jolly, Chairman  
Type or Print Name & Title

This form does not comply with the 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.  
SOS NAO1 (3/2005) (See attached sheet for instructions)





PO Box 11865  
Louisville KY 40251-0865  
502-778-3358

To: **Trey Grayson, Secretary of State  
Commonwealth of Kentucky**

**0641205.09** MMcCulloh  
NAOA

Trey Grayson  
Secretary of State  
Received and Filed  
11/09/2006 11:59:50 AM  
Fee Receipt: \$8.00

From: **Susan Bagshaw, Secretary  
Executive Board Member**

Date: **November 3, 2006**

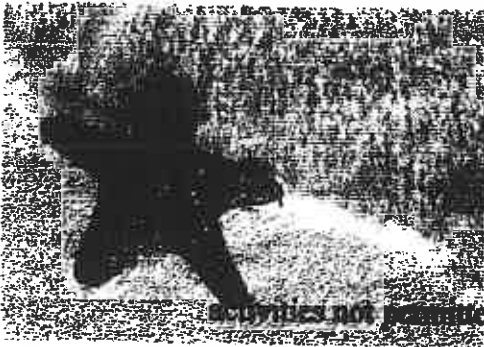
RE: **Articles of Incorporation Amendments**

To Whom It May Concern:

Please record the following amendments to our Articles of Incorporation filed with the Secretary of State.

- I. **The Emily Wright Fund, Inc. is organized exclusively for educational purposes only. The making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.**
- II. **No part of the net earnings of the Emily Wright Fund, Inc. shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons,, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propagandas, or otherwise attempting to influence legislations, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other**

Email: [emilywrightfund@bellsouth.net](mailto:emilywrightfund@bellsouth.net)  
"It made a difference to that one"



EMILY WRIGHT FUND, INC

PO Box 11865  
Louisville KY 40251-0865  
502-728-3358

activities not permitted to be carried on (a) by an organization exempt from  
income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding  
section of any future federal tax code, or (b) by an organization, contributions to  
which are deductible under section 170 (c) (2) of the Internal Revenue Code, or  
corresponding section of any future federal tax code.

III. Upon the dissolution of the organization, assets shall be distributed for one or more  
exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue  
Code, or corresponding section of any future federal tax code, or shall be distributed  
to the federal government, or to a state or local government, for a public purpose. Any  
such assets not disposed of shall be disposed of by the Court of Common Pleas of the  
county in which the principal office of the organization is then located, exclusively  
for such purposes or to such organization or organizations, as said Court shall  
determine, which are organized and operated exclusively for such purposes.

**EFFECTIVE DATE OF AMENDMENT**

The Board meeting held November 6<sup>th</sup>, 2006 discussed the letter received by the Internal  
Revenue Service Director. The Board voted for the documented amendments to the Articles of  
Incorporation. The Board voted unanimous for the amendment to be effective November 9<sup>th</sup>,  
2006.

**SIGNATURES**

*Michael T. Jolly*  
\_\_\_\_\_  
CHAIRMAN OF THE BOARD

*Michael T. Jolly*

*[Signature]*  
\_\_\_\_\_  
SECRETARY OF THE BOARD

*Susan Bagshaw*  
\_\_\_\_\_

Enclosed: letter from IRS

SB/sjb

Multi-page document. Select page: 12

PO Box 11865  
Louisville KY 40251-0865  
502-778-3358**To:** Trey Grayson, Secretary of State  
Commonwealth of Kentucky**0641205.09** M/McCulloch  
NAOATrey Grayson  
Secretary of State  
Received and Filed  
11/09/2006 11:59:50 AM  
Fee Receipt: \$8.00**From:** Susan Bagshaw, Secretary  
Executive Board Member**Date:** November 3, 2006**RE:** Articles of Incorporation Amendments**To Whom It May Concern:**

Please record the following amendments to our Articles of Incorporation filed with the Secretary of State.

- I. The Emily Wright Fund, Inc. is organized exclusively for educational purposes only. The making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- II. No part of the net earnings of the Emily Wright Fund, Inc. shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons,, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propagandas, or otherwise attempting to influence legislations, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other

Email [emilywrightfund@bellsouth.net](mailto:emilywrightfund@bellsouth.net)  
"It made a difference to that one"

Multi-page document. Select page: 12

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0641205  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
10/3/2018 12:46:13 PM  
Fee receipt: \$15.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

Annual Report  
Online Filing

ARP

Company: EMILY WRIGHT FUND, INC.  
Company ID: 0641205  
State of origin: Kentucky  
Formation date: 6/21/2006 12:00:00 AM  
Date filed: 10/3/2018 12:46:13 PM  
Fee: \$15.00

**Principal Office**

606 NORTH 39TH STREET  
LOUISVILLE, KY 40212

**Registered Agent Name/Address**

MICHAEL THOMAS JOLLY  
606 NORTH 39TH STREET  
LOUISVILLE, KY 40212

**Current Officers**

Secretary Susan Jean Bagshaw 6706 Rutledge Road Louisville KY 40258

**Directors**

Director Michael Thomas Jolly 606 North 39th Street Louisville KY 40212  
Director Susan Jean Bagshaw 6706 Rutledge Road Louisville KY 40258  
Director Andrew Dewitt Watkins c/o Portland Promise Center, 1831 Baird St, 40203

County: Jefferson  
Business size: Small  
Business type: Other

**Signatures**

Signature Michael T. Jolly  
Title Executive Officer

Next page is from SOS showing we are  
active & in good standing. Do there  
a different form that you need?

Thank you,  
Lessa Jolly



**EMILY WRIGHT FUND, INC.****General Information**

<b>Organization Number</b>	0641205
<b>Name</b>	EMILY WRIGHT FUND, 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>	6/21/2006
<b>Organization Date</b>	6/21/2006
<b>Last Annual Report</b>	10/3/2018
<b>Principal Office</b>	606 NORTH 39TH STREET LOUISVILLE, KY 40212
<b>Registered Agent</b>	MICHAEL THOMAS JOLLY 606 NORTH 39TH STREET LOUISVILLE, KY 40212

**Current Officers**

<b>Secretary</b>	<a href="#">Susan Jean Bagshaw</a>
<b>Director</b>	<a href="#">Michael Thomas Jolly</a>
<b>Director</b>	<a href="#">Susan Jean Bagshaw</a>
<b>Director</b>	<a href="#">Andrew Dewitt Watkins</a>

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

<b>Director</b>	<a href="#">MICHAEL THOMAS JOLLY</a>
<b>Director</b>	<a href="#">SUSAN J BAGSHAW</a>
<b>Director</b>	<a href="#">LARRY W STOESS</a>
<b>Incorporator</b>	<a href="#">MICHAEL THOMAS JOLLY</a>
<b>Incorporator</b>	<a href="#">SUSAN J BAGSHAW</a>

**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.

<a href="#">Annual Report</a>	10/3/2018	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/26/2017	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/28/2016	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/22/2015	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/20/2014	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	2/25/2013	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/26/2012	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/9/2011	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/1/2010	1 page	<a href="#">PDF</a>

<a href="#">Annual Report</a>	8/11/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/15/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/9/2007	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	11/9/2006	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	6/21/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	10/3/2018 12:46:13 PM	10/3/2018 12:46:13 PM	
Annual report	4/26/2017 8:17:12 AM	4/26/2017 8:17:12 AM	
Annual report	3/28/2016 11:37:03 AM	3/28/2016 11:37:03 AM	
Annual report	4/22/2015 11:32:10 AM	4/22/2015 11:32:10 AM	
Annual report	6/20/2014 4:49:49 PM	6/20/2014 4:49:49 PM	
Annual report	2/25/2013 4:29:40 PM	2/25/2013 4:29:40 PM	
Annual report	6/26/2012 3:09:28 PM	6/26/2012 3:09:28 PM	
Annual report	4/9/2011 4:10:15 PM	4/9/2011 4:10:15 PM	
Annual report	6/1/2010 6:19:41 PM	6/1/2010 6:19:41 PM	
Annual report	8/11/2009 6:51:06 PM	8/11/2009 6:51:06 PM	
Annual report	6/15/2008 5:07:37 PM	6/15/2008 5:07:37 PM	
Annual report	5/9/2007 9:40:22 PM	5/9/2007 9:40:22 PM	
Amendment - Miscellaneous amendments	11/9/2006 11:59:50 AM	11/9/2006	
Add	6/21/2006 9:58:56 AM	6/21/2006	

## Microfilmed Images

Organization ID # 0641205  
State of origin KY  
Filing fee \$15.00

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

### Amended 2018 Annual Report

ARA

**Exact organization name and principal office address**

EMILY WRIGHT FUND, INC.  
606 NORTH 39TH STREET  
LOUISVILLE KY 40212

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or forms can be downloaded from our website.

**Registered Agent and Registered Office Address**

MICHAEL THOMAS JOLLY  
606 NORTH 39TH STREET  
LOUISVILLE, KY 40212

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Secretary SUSAN JEAN BAGSHAW

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

MICHAEL THOMAS JOLLY  
SUSAN JEAN BAGSHAW  
ANDREW DEWITT WATKINS

*Please indicate the county in which your business operates:*

County: Jefferson

**If any information below has changed, please place an "X" in the appropriate boxes.**

**Please indicate which of the following best describes your business:**

- Agriculture       Mining       Services       Construction
- Wholesale Trade       Retail Trade       Manufacturing       Finance, Insurance, Real Estate
- Public Administration       Transportation, Communications, Electric, Gas, Sanitary Services
- Other

**X** \_\_\_\_\_  
Signature of officer or chairman of the board (Required)      Title (Required)      Date (Required)





**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE SECRETARY OF STATE  
ALISON LUNDERGAN GRIMES**

October 17, 2018

**EMILY WRIGHT FUND, INC.  
606 NORTH 39TH STREET  
LOUISVILLE KY 40212**

Dear Business Owner or Registered Agent,

Thank you for your continued commitment to Kentucky. By choosing to operate a business here, you are helping to literally build and grow our Commonwealth.

Printed on the reverse side of this letter is your amended annual report. You may return this document or save time and file online at [sos.ky.gov](http://sos.ky.gov).

Last year, more businesses than ever filed online - nearly 160,000 - representing nearly 78 percent of the total businesses registered with our office.

As your Secretary of State, cutting the red tape and streamlining business' interactions with state government has been one of my top priorities, and we continue to make strides in that effort. During my time in office, my office has been proud to help more than 200,000 businesses get started and do business in the Commonwealth. Each of them have helped to bring vibrancy and diversity to Kentucky's economy.

Thank you for your dedication and investment in Kentucky!

Sincerely,

A handwritten signature in blue ink that reads "Alison Lundergan Grimes".

**Alison Lundergan Grimes  
Secretary of State**



**LOUISVILLE METRO**

**POLICE AUXILIARY**

**FIRST DIVISION**

**A POLICE-COMMUNITY PARTNERSHIP**

**2017**

**President \* Jerry Brinson**

**Vice-President \* Pat Miller**

**Treasurer \* Erma Moody**

**Secretary \* Gail Stettenbenz**

**Dear Neighbors, Businesses and Community Leaders:**

**We are in the process of collecting money to erect a monument to all our fallen Officers of our 1<sup>st</sup> Division. It will be placed close to the flag pole in front of the Sub-Station at 416 N. 29<sup>th</sup> St., 40212. It is so sad that it has taken something like what happened to Officer Nick Rodman to make us think that we don't want any of our fallen Officer to ever be forgotten. We know that his name will be added to the one uptown, but that wasn't his neighborhood. Please help us to make sure our officers are remembered close to their work home.**

**If you would like additional information or would like someone to come and collect a donation please contact Jerry Brinson at 502-772-2925. He will be glad to answer any questions you might have. Checks can be made out to the "1<sup>st</sup> Division Police Auxiliary", and mailed to the sub-station -Police Auxiliary 1<sup>st</sup> Division, 416 N. 29<sup>th</sup> Street, Louisville, KY 40212.**

**Please keep Officer Nick Rodman and his family in your thoughts and prayers. Keep all of our Officers in your prayers.**

**416 North 29<sup>th</sup> Street, Louisville, KY 40212**



MULDOON MEMORIAL CO.

sketch by  
Cullen M. Broom



# Muldoon Memorials

808 E. Broadway  
Louisville, Kentucky 40204  
584-1129

## HEROES FALLEN HERO'S MEMORIAL

The following prices include the cutting, shaping, finishing, carving, lettering, the bronze eagle and the attaching of the bronze eagle, delivery and installation of the memorial on the selected site. The memorial is being offered in two sizes.

### SIZE A. 60 INCHES TALL

Rock of Ages Midnight Black Granite.....	<del>\$13,111.00</del>
Goldenrule Twilight Black Granite.....	\$12,055.00
Stone Eternal Twilight Black Granite.....	\$10,756.00

### SIZE B. 48 INCHES TALL

Rock of Ages Midnight Black Granite.....	\$10,783.00
Goldenrule Twilight Black Granite.....	\$9,757.00
Stone Eternal Twilight Black Granite.....	\$8,796.00

**Note\*\* The bronze eagle will add about 30 to 32 inches to the overall height. If you decide not to include the bronze eagle you can deduct \$1,070.00 from the memorial cost. A concrete foundation needs to be installed to support the memorial. You can have the foundation installed or if you want our man to do the installation you will add \$250.00 to the cost.**

**Delivery and installation time will take somewhere around 90 days.**

NARP

0641205

Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed

10/3/2018 12:46:13 PM

Fee receipt: \$15.00

# Commonwealth of Kentucky

## Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

### Annual Report Online Filing

ARP

**Company:** EMILY WRIGHT FUND, INC.  
**Company ID:** 0641205  
**State of origin:** Kentucky  
**Formation date:** 6/21/2006 12:00:00 AM  
**Date filed:** 10/3/2018 12:46:13 PM  
**Fee:** \$15.00

#### Principal Office

606 NORTH 39TH STREET  
LOUISVILLE, KY 40212

#### Registered Agent Name/Address

MICHAEL THOMAS JOLLY  
606 NORTH 39TH STREET  
LOUISVILLE, KY 40212

#### Current Officers

**Secretary** Susan Jean Bagshaw 6706 Rutledge Road Louisville KY 40258

#### Directors

**Director** Michael Thomas Jolly 606 North 39th Street Louisville KY 40212  
**Director** Susan Jean Bagshaw 6706 Rutledge Road Louisville KY 40258  
**Director** Andrew Dewitt Watkins c/o Portland Promise Center, 1831 Baird St, 40203

**County:** Jefferson  
**Business size:** Small  
**Business type:** Other

#### Signatures

**Signature** Michael T. Jolly  
**Title** Executive Officer

COMMONWEALTH OF KENTUCKY  
TREY GRAYSON  
SECRETARY OF STATE



0641205.09

twilson  
NAOI

Trey Grayson  
Secretary of State  
Received and Filed  
08/21/2006 9:58:56 AM  
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION  
Nonprofit Corporation

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

Article I: The name of the corporation is Emily Wright Fund Inc.

Article II: The purpose for which the corporation is organized is education. (Alternative to public Ed.)

Article III: The street address of the corporation's initial registered office in Kentucky is  
606 North 39<sup>th</sup> Street Louisville Ky 40212

and the name of the initial registered agent at that office is Michael Thomas Jolly

Article IV: The mailing address of the corporation's principal office is  
606 North 39<sup>th</sup> Street Louisville Ky 40212

Article V: The number of directors constituting the initial board of directors is \_\_\_\_\_. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Michael Thomas Jolly</u>	<u>606 North 39<sup>th</sup> St.</u>	<u>Lou</u>	<u>Ky</u>	<u>40212</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Larry W Stoess</u>	<u>2503 Montgomery St.</u>	<u>Lou</u>	<u>Ky</u>	<u>40212</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Susan J Bagshaw</u>	<u>6706 Rutledge Rd</u>	<u>Lou</u>	<u>Ky</u>	<u>40258</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article VI: The name and mailing address of each incorporator is

<u>Michael Thomas Jolly</u>	<u>606 North 39<sup>th</sup> St</u>	<u>Lou</u>	<u>Ky</u>	<u>40212</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Susan J Bagshaw</u>	<u>6706 Rutledge Rd</u>	<u>Lou</u>	<u>Ky</u>	<u>40258</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Executed by the Incorporator(s) on \_\_\_\_\_

Michael T. Jolly  
Date  
Signature of Incorporator

Susan J Bagshaw  
Signature of Incorporator

Michael T. Jolly  
Type or print name of registered agent

consent to serve as the registered agent on behalf of the corporation.

Michael T. Jolly  
Signature of Registered Agent  
Michael T. Jolly Chairman  
Type or Print Name & Title

This form does not comply with the 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

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

DEPARTMENT OF THE TREASURY

Date:

EMILY WRIGHT FUND INC  
C/O MICHAEL T JOLLY  
606 N 39TH ST  
LOUISVILLE, KY 40212

Employer Identification Number:

17053250041016

Contact Person:

THOMAS C KOESTER

ID# 31116

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

DECEMBER 31

Public Charity Status:

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

Form 990 Required:

YES

Effective Date of Exemption:

JUNE 21, 2006

Contribution Deductibility:

YES

Advance Ruling Ending Date:

DECEMBER 31, 2010

Dear Applicant:

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

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address; the purpose of the award; the manner of selection; and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

EMILY WRIGHT FUND INC

Sincerely,

A handwritten signature in cursive script, appearing to read "Lois G. Lerner".

Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)  
Statute Extension



Results: 1-78 of 78 rows.

Account History Summary [ ]

Membership #: ██████████ Account #: 24

Posted	/Card#	Operator/ Drawer	Description	Total Amount	Proc Group	Holds Available	Balance
04/02/2018 14:06:47		368/VAULT368	DEPOSIT CK+ \$100.00	\$100.00	100.00/00	\$1,886.18	\$1,886.18
03/28/2018 12:58:33		6009/6009	TRANSFER To:Membership# ██████████ Account#23 Internet Access 03/28/2018 12:59 472564. annies pizza shawnee softbal	-\$65.47	0.00/00	\$1,786.18	\$1,786.18
03/23/2018 00:00:00		0/	SHARE DRAFT Chk # 173 \$25.00 PD	-\$25.00	7912	0.00/00	\$1,851.65
03/19/2018* 22:59:55		6009/	TRANSFER To:Membership# ██████████ Account#23 Internet Access 03/18/2018 23:00 404087. by-laws for gaming license	-\$49.99	0.00/00	\$1,876.65	\$1,876.65
03/19/2018* 22:59:24		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 03/18/2018 23:00 404083. reimburse academy sports sha	-\$144.06	0.00/00	\$1,926.64	\$1,926.64
03/13/2018 13:00:07		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 03/13/2018 13:00 361400. cleats for shawnee softball	-\$100.00	0.00/00	\$2,070.70	\$2,070.70
02/21/2018 00:00:00		0/	SHARE DRAFT Chk # 166 \$50.00 PD	-\$50.00	7912	0.00/00	\$2,170.70
02/02/2018 13:35:46		654/CASH654	DEPOSIT	\$150.80	150.80/00	\$2,220.70	\$2,220.70
01/19/2018 00:00:00		0/	SHARE DRAFT Chk#165 -\$100.00	-\$100.00	7912	0.00/00	\$2,069.90
01/17/2018 00:00:00		0/	SHARE DRAFT Chk # 164 \$400.00 PD	-\$400.00	7912	0.00/00	\$2,169.90
01/17/2018* 20:34:47		6009/	TRANSFER To:Membership# ██████████ Account#23 Internet Access 01/16/2018 20:37 966886. reimburse hotel lou for fami	-\$105.00	0.00/00	\$2,569.90	\$2,569.90
12/28/2017 13:30:21		902/	DEPOSIT CK+ \$1,200.00	\$1,200.00	1,200.00/00	\$2,674.90	\$2,674.90
12/09/2017 11:52:24		933/	DEPOSIT CA+ \$460.00 CK+ \$180.00	\$640.00	180.00/00	\$1,474.90	\$1,474.90
12/07/2017 00:00:00		0/	SHARE DRAFT Chk # 163 \$1,172.00 PD	-\$1,172.00	7912	0.00/00	\$834.90
12/04/2017* 00:11:01		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 12/04/2017 00:13 695386. kohls reimburs shawnee kids	-\$234.00	0.00/00	\$2,006.90	\$2,006.90
12/04/2017* 00:10:25		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 12/04/2017 00:12 695384. walmart reimburs shawnee kids	-\$99.32	0.00/00	\$2,240.90	\$2,240.90
11/17/2017 00:00:00		0/	SHARE DRAFT Chk # 162 \$300.00 PD	-\$300.00	7912	0.00/00	\$2,340.22
11/16/2017 11:20:50		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 11/16/2017 11:22 580522. eastbay shoes for ppc kids	-\$2,162.89	0.00/00	\$2,640.22	\$2,640.22
11/07/2017 13:55:54		654/	DEPOSIT CK+ \$50.00	\$50.00	50.00/00	\$4,803.11	\$4,803.11
10/26/2017 13:48:04		648/	DEPOSIT CK+ \$400.00	\$400.00	400.00/00	\$4,753.11	\$4,753.11
10/23/2017 00:00:00		0/	SHARE DRAFT Chk # 161 \$318.36 PD	-\$318.36	7912	0.00/00	\$4,353.11
10/13/2017 16:34:36		6009/	TRANSFER To:Membership ██████████ Account#23 Internet Access 10/13/2017 16:35 370426. volleyball gifts flowers plz	-\$130.00	0.00/00	\$4,671.47	\$4,671.47

10/06/2017 10:29:09	330/	DEPOSIT CA+ \$60.00 CK+ \$434.29	\$494.29		434.29/00	\$4,801.47	\$4,801.47
09/16/2017 11:01:53	953/	DEPOSIT CK+ \$1,150.00	\$1,150.00		1,150.00/00	\$4,307.18	\$4,307.18
09/13/2017 00:00:00	0/	SHARE DRAFT Chk # 159 \$200.00 PD	-\$200.00	7912	0.00/00		\$3,157.18
08/21/2017 00:00:00	0/	SHARE DRAFT Chk # 158 \$500.00 PD	-\$500.00	7912	0.00/00		\$3,357.18
08/09/2017 11:41:04	6009/	TRANSFER To:Membership# [REDACTED] Account#2 Internet Access 08/09/2017 11:41 972301. reimbursement for ink carts	-\$60.00		0.00/00	\$3,857.18	\$3,857.18
07/28/2017 14:07:56	370/	DEPOSIT CK+ \$3,116.92	\$3,116.92		3,116.92/00	\$3,917.18	\$3,917.18
07/21/2017 00:00:00	0/	SHARE DRAFT Chk # 157 \$150.00 PD	-\$150.00	7912	0.00/00		\$800.26
07/19/2017 16:12:26	112/	ADJUST CHECK HOLD DAYS	\$0.00		845.00/00	\$950.26	\$950.26
07/19/2017 16:12:26	112/	DEPOSIT	\$845.00		0.00/00	\$950.26	\$950.26
07/19/2017 13:02:58	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/19/2017 13:07 861925. kroger wired to banks austen	-\$58.19		0.00/00	\$105.26	\$105.26
07/11/2017* 00:07:22	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/11/2017 00:11 827820.	-\$50.00		0.00/00	\$163.45	\$163.45
07/08/2017 12:31:02	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/08/2017 12:35 819576.	-\$150.00		0.00/00	\$213.45	\$213.45
07/07/2017 13:26:29	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/07/2017 13:30 816131. ice soda nascar volunteers	-\$44.31		0.00/00	\$363.45	\$363.45
07/07/2017 13:25:54	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/07/2017 13:29 816127. mcdonalds volunteers	-\$12.37		0.00/00	\$407.76	\$407.76
07/07/2017 13:25:27	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/07/2017 13:29 816123. gas nascar fundraiser	-\$10.00		0.00/00	\$420.13	\$420.13
07/06/2017 15:52:54	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/06/2017 15:56 811817. gas nascar fundraiser	-\$20.02		0.00/00	\$430.13	\$430.13
07/06/2017 15:51:54	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/06/2017 15:55 811808. mcdonalds volunteers	-\$16.69		0.00/00	\$450.15	\$450.15
07/06/2017 15:49:14	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/06/2017 15:53 811787. resuraunt depot gloves for n	-\$31.16		0.00/00	\$466.84	\$466.84
07/06/2017 15:38:20	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 07/06/2017 15:42 811727. walmart for nascar fundraise	-\$73.91		0.00/00	\$498.00	\$498.00
06/30/2017 15:26:26	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 06/30/2017 15:30 787647. spec event ins	-\$254.50		0.00/00	\$571.91	\$571.91
06/28/2017 00:00:00	0/	SHARE DRAFT Chk # 156 \$100.00 PD	-\$100.00	7912	0.00/00		\$826.41
05/31/2017	0/	SHARE DRAFT	-\$94.25	7912	0.00/00		\$926.41

00:00:00		Chk # 155 \$94.25 PD						
05/25/2017 12:32:15	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 05/25/2017 12:35 639053. annies pizza conway softball	-\$44.06		0.00/00	\$1,020.66	\$1,020.66	
05/12/2017 00:00:00	0/	SHARE DRAFT Chk # 154 \$1,700.00 PD	-\$1,700.00	7912	0.00/00		\$1,064.72	
05/10/2017 14:29:12	643/	DEPOSIT CK+ \$100.00	\$100.00		100.00/00	\$2,764.72	\$2,764.72	
05/01/2017 12:59:57	933/	DEPOSIT CK+ \$1,500.00	\$1,500.00		1,500.00/00	\$2,664.72	\$2,664.72	
04/26/2017 00:00:00	0/	SHARE DRAFT Chk # 152 \$100.00 PD	-\$100.00	7912	0.00/00		\$1,164.72	
04/26/2017 08:23:08	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 04/26/2017 08:25 520885. Sec of State filing fee	-\$15.00		0.00/00	\$1,264.72	\$1,264.72	
03/05/2017 18:57:06	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 03/05/2017 18:59 313412. annies for conway softball	-\$71.41		0.00/00	\$1,279.72	\$1,279.72	
01/09/2017 00:00:00	0/	SHARE DRAFT	-\$120.00	7912	0.00/00		\$1,351.13	
12/15/2016 15:58:02	6009/	TRANSFER From: Membership# [REDACTED] Account#23 Internet Access 12/15/2016 15:58 15829.	\$400.00		0.00/00	\$1,471.13	\$1,471.13	
12/15/2016 08:26:09	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 12/15/2016 08:26 13291.	-\$400.00		0.00/00	\$1,071.13	\$1,071.13	
12/14/2016 09:19:49	648/	DEPOSIT CK+ \$1,000.00	\$1,000.00		1,000.00/00	\$1,471.13	\$1,471.13	
12/12/2016 00:00:00	0/	SHARE DRAFT	-\$619.00	7912	0.00/00		\$471.13	
12/02/2016 00:00:00	0/	SHARE DRAFT	-\$2,673.02	7912	0.00/00		\$1,090.13	
10/25/2016 00:00:00	0/	SHARE DRAFT	-\$650.00	7912	0.00/00		\$3,763.15	
10/21/2016 13:33:51	6009/	TRANSFER From: Membership# [REDACTED] Account#2 Internet Access 10/21/2016 13:33 819060.	\$200.00		0.00/00	\$4,413.15	\$4,413.15	
10/20/2016 00:00:00	0/	SHARE DRAFT	-\$222.27	7912	0.00/00		\$4,213.15	
09/28/2016 13:30:42	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 09/28/2016 13:30 734556. paypal deposit in wrong acct	-\$33.93		0.00/00	\$4,435.42	\$4,435.42	
09/18/2016 11:54:32	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 09/18/2016 11:53 701038. mcds for shawnee vball reimb	-\$14.70		0.00/00	\$4,469.35	\$4,469.35	
09/16/2016 12:38:41	2117/	DEPOSIT CK+ \$900.00	\$900.00		900.00/00	\$4,484.05	\$4,484.05	
09/14/2016 00:00:00	0/	SHARE DRAFT	-\$300.00	7912	0.00/00		\$3,584.05	
09/09/2016* 00:00:00	6050/	ELECTRONIC DEPOSIT PAYPAL TRANSFER 160909	\$33.93	9000	0.00/00		\$3,884.05	
09/02/2016 18:40:15	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 09/02/2016 18:39 649749.	-\$38.50		0.00/00	\$3,850.12	\$3,850.12	
08/23/2016 00:00:00	0/	SHARE DRAFT	-\$800.00	7912	0.00/00		\$3,888.62	
08/10/2016 00:00:00	0/	SHARE DRAFT	-\$2,000.00	7912	0.00/00		\$4,688.62	
08/08/2016 12:52:43	6009/	TRANSFER To:Membership# [REDACTED] Account#23 Internet Access 08/08/2016 12:54	-\$62.56		0.00/00	\$6,688.62	\$6,688.62	

		557479.					
08/05/2016 13:57:56	2110/	DEPOSIT CA+ \$841.00 CK+ \$1,260.00	\$2,101.00		1,260.00/00	\$6,751.18	\$6,751.18
08/02/2016 00:00:00	0/	SHARE DRAFT	-\$48.23	7912	0.00/00		\$4,650.18
08/01/2016 00:00:00	0/	SHARE DRAFT	-\$400.00	7912	0.00/00		\$4,698.41
07/25/2016 12:56:01	6009/	TRANSFER To: Membership# [REDACTED] Account#23 Internet Access 07/25/2016 12:57 506681. reimbursement of race receipt	-\$187.23		0.00/00	\$2,785.19	\$5,098.41
07/22/2016 15:55:52	330/	DEPOSIT CK+ \$2,313.22	\$2,313.22		2,313.22/5	\$2,972.42	\$5,285.64
06/09/2016 11:24:25	6009/	TRANSFER From: Membership# [REDACTED] Account#2 Internet Access 06/09/2016 11:25 348573. TWSF Awards Horton Case	\$2,800.00		0.00/00	\$2,972.42	\$2,972.42
05/31/2016 00:00:00	0/	SHARE DRAFT	-\$250.00	7912	0.00/00		\$172.42
05/25/2016 12:03:31	2107/	DEPOSIT CK+ \$250.00	\$250.00		250.00/00	\$422.42	\$422.42
03/29/2016 00:00:00	6050/	ELECTRONIC WITHDRAWAL KY.GOV KYSECOFSTA160328	-\$15.00	9000	0.00/00		\$172.42

<b>2018 Income</b>	
Fundraiser	150.80
<b>Total In</b>	<b>\$150.80</b>
<b>2018 Out</b>	
Ky State Treasurer (gaming lic.)	\$25.00
Office Exp.	\$50.00
Shawnee High School Softball	\$244.06
Sr Dues for Shawnee H.S. student	\$50.00
Banks Care Pkg	\$100.00
Liberty University (scholarship)	\$400.00
Hotel Louisville (family in hospital)	\$105.00
<b>Total</b>	<b>\$974.06</b>

Department of the Treasury  
Internal Revenue Service

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

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

B Check if available:

Terminated for Business

 Gross receipts are normally \$50,000 or lessC Name of Organization: EMILY WRIGHT FUND606 N 39th St, Louisville, KYUS, 40212

D Employee Identification

Number

E Website:

F Name of Principal Officer: Emily Wright Fund606 N 39th St, Louisville, KYUS, 40212

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

B Check if available:

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

C Name of Organization: EMILY WRIGHT FUND806 N 39th St, Louisville, KY  
US, 40212

D Employee Identification

Number

E Website:

F Name of Principal Officer: Emily Wright Fund806 N 39th St, Louisville, KY  
US, 40212

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

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### Contact Information

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[e-Postcard Profile](#)  
 [Select EIN](#)  
 [Organization Details](#)  
 **[Contact Information](#)**  
 [Confirmation](#)

#### Electronic Notice-Form 990-N (e-Postcard)

#### Organization Address and Principal Officer Information

Organization's legal name: **EMILY WRIGHT FUND**

If your organization conducts business using another name (DBA), enter other name:

\* = required field

#### Organization:

DBA Name  
Portland Orchard Project

DBA Name - continued  
Tim Ward Scholarship

#### ENTER ADDITIONAL DBA NAMES

Country\*  
US - United States

Number and Street (or PO Box)\*  
606 N 39th St

City or Town\*  
Louisville

State\*  
KY - Kentucky

Zip Code\*  
40212

Organization's website address, if applicable

#### Principal Officer:

Type of Name\*  
Person

Person Name\*  
Emily Wright Fund

Country\*  
US - United States

Number and Street (or PO Box)\*  
606 N 39th St

City or Town\*  
Louisville

State\*  
KY - Kentucky

Zip Code\*  
40212

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[SUBMIT FILING](#)





## Organization Details

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### Electronic Notice-Form 990-N (e-Postcard)

#### Organization Information

For the tax year ending  
December 31, 2017

Has your organization terminated or gone out of business?

No

Are your gross receipts normally \$58,000 or less?

Yes

Organization's legal name -Line 1

EMILY WRIGHT FUND

Organization's legal name -Line 2

Employer Identification Number (EIN)

[REDACTED]

[PREVIOUS](#)

[CANCEL FILING](#)

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## e-Postcard Profile

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You are logged in as: Exempt Organization | [Edit user type](#)

EIN

[ADD EIN](#)

### Currently Associated EIN(s)

EIN	Organization Name	Date Added	Delete
	SIXTH DISTRICT POLICE AUXILIARY INC	03/28/2016	
	EMILY WRIGHT FUND	03/28/2016	

««« Prev Page 1 ▼ Next »»»

[DELETE EIN](#)

[CREATE NEW FILING](#)



## Confirmation

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

- Organization Name: SIXTH DISTRICT POLICE AUXILIARY INC
- EIN: [REDACTED]
- Tax Year: 2017
- Tax Year Start Date: 01-01-2017
- Tax Year End Date: 12-31-2017
- Submission ID: 10065520182762325532
- Filing Status Date: 10-03-2018
- Filing Status: Pending

**MANAGE FORM 990-N SUBMISSIONS**



## Confirmation

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

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

- **Organization Name:** SIXTH DISTRICT POLICE AUXILIARY INC
- **EIN:** [REDACTED]
- **Tax Year:** 2017
- **Tax Year Start Date:** 01-01-2017
- **Tax Year End Date:** 12-31-2017
- **Submission ID:** 10065520162762325532
- **Filing Status Date:** 10-03-2018
- **Filing Status:** Pending

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

**MANAGE FORM 990-N SUBMISSIONS**



For the benefit of needy  
children

...making a difference

## The Starfish Story

Original Story by: Loren Easley

One day a man was walking along the beach when he noticed a boy picking something up and gently throwing it into the ocean.

Approaching the boy, he asked, "What are you doing?"

The youth replied, "Throwing starfish back into the ocean.

The surf is up and the tide is going out. If I don't throw them back, they'll die."

"Son," the man said, "don't you realize there are miles and miles of beach and hundreds of starfish?  
You can't make a difference!"

After listening politely, the boy bent down, picked up another starfish, and threw it back into the surf. Then, smiling at the man, he said, "I made a difference for that one."



The Emily Wright  
Fund

The Emily Wright Fund  
606 N. 39th St.  
Louisville, KY 40212

Phone: 502-821-7334  
502-407-2251

E-Mail: [mtjolly@yahoo.com](mailto:mtjolly@yahoo.com)

# The Emily Wright Fund



Tel: 502-821-7334



# The Emily Wright Fund... making a difference



## Portland

**Promise Center** children at youth camp

The Emily Wright Fund was incorporated as a 501c3 organization in 2006 to benefit needy children in the Portland and West End neighborhoods of Louisville, KY.

Seeing a great need in the communities where they were raised, the family and some of the many friends of Emily

Wright decided to try and make a difference in the lives of some of the children in the area. With an emphasis on providing educational opportunities for those unable to afford them the Fund was established with contributions from the original founders.

Through various fund raisers and the charitable giving of many "friends of Emily" the Fund has been able to provide private school tuition assistance to many West End children. Other beneficiaries of the Fund include the Portland Orchard Project, the Portland Little League, the Shawnee High School DECA Club and Softball team, Portland Christian School and it's softball team, the Portland Promise Center, and various families through our Christmas gift program. The fund has also provided individual tutoring for children in need.

## Who Is Emily??

Emily Wright was born in the West End of Louisville in 1940. Her father died when she was a young girl, and her mother raised her and her brother alone. Although she was a single mom in an era when that was not the norm, Emily's mother was able to not only raise her two children but also to send them to private schools.

When Emily had her own children, and also became a single mother, she always emphasized the importance of education to her children. All of her children have grown up to be successful adults. This is due, singularly, to her love and encouragement.

She was a great friend to many and was always there for her friends and family. One of her grandsons described her this way "she treated her friends like family and her family like friends."

She was absolutely not perfect, but she did her best to raise her children and grandchildren to have love for each other and to have fun in their lives.

The Emily Wright Fund was established by the children, grandchildren, and friends of Emily Wright to honor her memory and to let others know that we are proud to be "Friends of Emily." We hope to make her as proud of us as we are of her.

## How Can I Help?

The fund accepts tax deductible donations at the address below. There are also many volunteer opportunities associated with the fund and it's fund raisers. Any donation, no matter how small, will help us to make a difference" one child at a time."

## EWf Board of Directors

Michael Jolly—President

Joseph L. Wright

Susan J. Bagshaw

Aimee L. Keown

Andrew Watkins

Leesa K. Jolly

The Emily Wright Fund  
606 N. 39th St.  
Louisville, KY 40212

Phone: 502-821-7334  
502-407-2251

E-Mail: mtjolly@yahoo.com

## Emily Wright Fund Members

1. Michael Jolly (Executive Officer)  
[REDACTED]  
Louisville, KY 40212
2. Susan Bagshaw (Treasury)  
[REDACTED]  
Louisville, Ky 40258
3. Andrew Watkins (Secretary)  
C/O Portland Promise Center  
[REDACTED]  
Louisville, KY 40212
4. Kathleen Lucey  
[REDACTED]  
Louisville, KY 40216
5. Amber Shulten  
[REDACTED]  
Louisville, KY 40272
6. Joshua Jolly  
[REDACTED]  
West Point, KY 40177
7. Mary Jolly  
[REDACTED]  
Louisville, KY 40212
8. Paul Jolly  
[REDACTED]  
Louisville, KY 40212
9. Joel Gary  
[REDACTED]  
Crestwood, KY 40014
10. Rhonda Melton  
[REDACTED]  
Louisville, KY 40228
11. Rhonda Wooten  
[REDACTED]

Louisville, KY 40203

12. Steve Watkins

[REDACTED]  
Louisville, KY 40299

13. Aimee Keown

[REDACTED]  
Louisville, KY 40118

14. Joe Brand

[REDACTED]  
Louisville, KY 40218

15. Bruce Bryant

[REDACTED]  
Louisville, KY 40216

16. Steve Benson

[REDACTED]  
Mt. Washington, KY 40047

17. Scott Payton

[REDACTED]  
Taylorsville, KY 40071

18. Tracey Payton

[REDACTED]  
Taylorsville, KY 40071

19. Jessica Robertson

[REDACTED]  
West Point, KY 40177

20. Leesa Jolly

[REDACTED]  
Louisville, KY 40212

21. Sharon Benson

[REDACTED]  
Mt. Washington, KY 40047

22. Joseph Berry

[REDACTED]  
Louisville, KY 40212