

Applicant/Program:

Highlands Community Ministries/ Senior Lunch Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

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

Applicant/Program:

Highlands Community Ministries/ Senior Lunch Program

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**

Legal Name of Applicant Organization Highlands Community Ministries

Program Name and Request Amount Senior Lunch Program/ \$10,000

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

Prepared by: **Jasmine Weatherby**

Date: Aug 3, 2020

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|---|---|---|------------------------------------|
| Legal Name of Applicant Organization: Highlands Community Ministries Inc <i>(as listed on: http://www.sos.ky.gov/business/records)</i> | | | |
| Main Office Street & Mailing Address: 1228 East Breckinridge Street | | | |
| Website: hcmlouisville.org | | | |
| Applicant Contact: | Troy Burden | Title: | Executive Director |
| Phone: | 502-451-3695 | Email: | tburden@hcmlouisville.org |
| Financial Contact: | Troy Burden/Strothman and Co | Title: | Executive Director/Accounting firm |
| Phone: | 502-451-3695 | Email: | tburden@hcmlouisville.org |
| Organization's Representative who attended NDF Training: Mary Lynne Masterson | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | 1228 East Breckinridge street; Louisville, Kentucky 40204 | | |
| Council District(s): | 8 | Zip Code(s): | 40204 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: HCM Healthy Lunch Program for adults and disabled | | | |
| Total Request: (\$) | 10000 | Total Metro Award (this program) in previous year: (\$) | 10000 |
| Purpose of Request (check all that apply): | | | |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense | | Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if applicable | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | Louisville Metro Senoir Nutrition | Amount: (\$) | 19000 |
| Source: | Louisville Metro EAF | Amount: (\$) | 20000 |
| Source: | Louisville Metro IFAP | Amount: (\$) | 42500 |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Mission of Highlands Community Ministries Inc. (HCM) is to build community through programs and activities that promote human and spiritual growth.

HCM meets its mission by providing services through the following programs: Childcare (3 locations); Meals on Wheels; Two Senior Centers (Woodbourne House, 2024 Woodford Plce; Highlands Community Campus Building, 1228 East Breckinridge Street); Senior Outreach Program (case management and wellness programs and activities for seniors age 50 plus; Youth Recreation (HYR); Individual family and Assistance Program (emergency assistance; Dare to Care Food Pantry; practical education classes; distribution of back to school supplies to students; Thanksgiving and Christmas baskets; gift cards and gifts); Highlands Community Campus (hosts special events throughout the year); Highlands Court Apartments (HUD section 8 low income housing for seniors and disabled individuals).



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.):

HCM lunch program will begin week of September 7, 2020 through June 30, 2021. Joanne Robinson, Kitchen Supervisor, will order groceries and supplies to plan and prepare prepack healthy meals for curb side pickup for 20 individuals once a week. Each prepacked meal will have healthy, nutritious and fresh ingredients with instructions enclosed for individuals to prepare and eat.

Reservations will be required.

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

HCM is requesting: 10000

The following is a breakdown of how the funding will be spent:

HCM Healthy Lunch Program

Income:

NDF \$10000

Expenses:

Prepacked lunches- 6700 (840 lunches (food and supplies for prepacking)x 7.98

Kitchen Supervisor-3300 (7.5 hours a week x 44 x 10)

Total NDF -10000



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

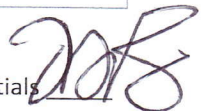
N/A

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

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

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

HCM will provide nutritious and healthy prepacked meals that would include 1/3 of the USDA requirements for adult and adults with disabilities. Individuals will benefit from healthy, nutritious, and fresh ingredients all prepacked with easy to follow instructions for preparation. Menus will be planned one month in advance.

HCM will require up to 20 individuals to sign up one week before pickup day. Delivery will be curbside pickup.

Sign in sheets and surveys will be used to track and measure benefits to those being served

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.

HCM has collaborative relationships with the following:

Subcontract with Louisville Metro Senior Nutrition Program Title III C

KIPDA Title III B and Title III D Supportive Services

Association of the Community Ministries to secure emergency financial assistance for clients from the Louisville Water Company and Louisville Gas and Electric Company

Louisville Metro Government

Dare To Care

20 member congregations in zips 40204 and 40205 to provide HCM board of directors as well as financial support

Highlands Court Apartments

New Directions Housing

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

| Program/Project Expenses | Column 1 | Column 2 | Column (1+2)=3 |
|--|-------------------------|------------------------|-------------------|
| | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | |
| B: Rent/Utilities | | | |
| C: Office Supplies | | | |
| D: Telephone | | | |
| E: In-town Travel | | | |
| F: Client Assistance (See Detailed List on Page 8) | 6700 | | 6700 |
| G: Professional Service Contracts | | | |
| H: Program Materials | | | |
| I: Community Events & Festivals (See Detailed List on Page 8) | | | |
| J: Machinery & Equipment | | | |
| K: Capital Project | | | |
| L: Other Expenses (See Detailed List on Page 8) | 3300 | | 3300 |
| *TOTAL PROGRAM/PROJECT FUNDS | 10,000 | | 10,000 |
| % of Program Budget | 100 % | % | 100% |

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

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

**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 |
| Joanne Robinson, Kitchen Supervisor, order food; supplies; prepare and prepack food; clean and sanitize the kitchen | 3300 | | 3300 |
| Food to prepare meal; supplies for prepacking the meals | 6700 | | 6700 |
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| Total | 10,000 3300 | | 10,000 3300 |

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 |
|---|-----------------------|---------------------|
| HCM central office will provide space at the | 15930 | Remax Realtor |
| HCC building for the lunch program | | |
| | | |
| | | |
| <i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | 15930 | |

* 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: October 1, 2020

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

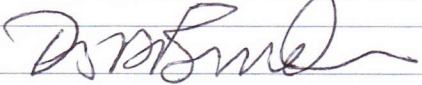
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

| | | | |
|---|--|-------------------|--------------------|
| Signature of Legal Signatory: |  | Date: | 07/23/2020 |
| Legal Signatory: (please print): | Troy Burden | Title: | Executive Director |
| Phone: | 502-451-3695 | Extension: | 202 |
| Email: | tburden@hcmloouisville.org | | |

Address any reply to:

Department of the Treasury

Phone 684-2826 (513)

District Director

Internal Revenue Service

Date:

APR 21 1971

In reply refer to:

CIN:EO:71:282:442:22:VB



▷ Highland Community Ministries, Inc.
2006 Douglas Boulevard
Louisville, Kentucky 40205

Purpose(s): Charitable & Educational
Accounting Period Ending: December 31

Gentlemen:

Based on information supplied, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code as it is shown that you are organized and will be operated exclusively for the purpose(s) listed above.

This determination assumes your operations will be as stated in your exemption application. Any changes in operations from those described, or in your character or purposes, must be reported immediately to our office for consideration of their effect upon your exempt status. You must also report any change in your name or address.

In this letter we are not determining whether you are a private foundation as defined in new section 509(a) of the Code. When regulations are developed to implement the provisions of section 509 of the Code, we will let you know how to establish your foundation status if you believe you are not a private foundation.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

For years beginning on and after January 1, 1970, you may be required to file an information return, Form 990. Please refer to the instructions accompanying the Form 990 for that particular year to determine whether you are required to file. If filing is required, you must file the Form 990 by the 15th day of the fifth month after the close of your annual accounting period as shown above. Failure to file the Form 990 by this date may subject you to a penalty of \$10.00 for each day during which such failure continues, up to a maximum of \$5,000.00.

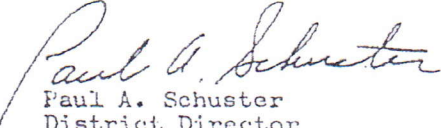
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

You are not liable for Federal unemployment taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes as provided under sections 2055, 2106, and 2522 of the Code.

This is a determination letter.

Very truly yours,


Paul A. Schuster
District Director

Highland Community Ministries

Senior Outreach Program

| | <u>DESCRIPTION</u> | 2020 |
|---------|--|--------------|
| | <u>Revenues</u> | 25795 |
| 40000 | Congregations | 1500 |
| 41000 | Individual and Group | |
| 45900 | Transportation (Kroger, MidCity Mall, etc) | |
| 45910 | Day Trips Stans trips | 2960 |
| 45100 | Mobile Meals IIIC (donations to IIIC meals prog.) | 3000 |
| 45000 | Private Pay Home (meal deliveries, 2 people currently) | |
| 45300 | Title III-B Senior Center | 34000 |
| 45400 | Title III-B Program Income (donations to activities) | 1800 |
| 45600 | Title III-D Health Promotion | 2000 |
| 45200 | Title III-C reimbursement | 19000 |
| 45700 | NDF | 10000 |
| 52050 | Louisville Metro EAF | |
| 45800 | Highlands Court Contract | 30000 |
| 45850 | Highlands Court Nonprofit Contract | 35000 |
| various | Allocated from Central Office (fundraising \$\$s) | 18077 |
| | Total Revenues | 183132 |
| | <u>Expenses</u> | |
| 60000 | Wages operational | 80000 |
| 60200 | wages III-B | 18754 |
| 60400 | wages EAF | 4800 |
| 60300 | wages III-D | 247 |
| 60900 | FICA | 8000 |
| 62000 | Medical Insurance | 22543 |
| 62100 | Life Insurance | 200 |
| | Insurance: | |
| 63000 | commercial package | |
| 63200 | D & O | |
| 63400 | workers comp. | |
| 64500 | Telephone | 1800 |
| 64400 | Rent | 4,800 |
| 65100 | Janitorial Supplies | 500 |
| 64000 | Office Supplies | 3000 |
| 64100 | Postage | 700 |
| 64950 | Criminal Record checks | 200 |
| 67000 | Food & Food Supplies | 4,500 |
| 69010 | Newsletter | |
| 69050 | Postage for newsletter | |
| 79100 | Equipment | 1,000 |
| 69990 | Vehicle Maintanance | 1,200 |
| 64900 | Staff Development | 500 |

Highlands Community Ministries
Senior Outreach Program Budget vs. Actuals: FY 2019-2020
October 1, 2019 - June 30, 2020

| | 04 Senior Outreach Program | |
|---------------------------------------|-----------------------------------|-----------------------|
| | Year To Date | Budget To Date |
| Revenue | | |
| 40000 Congregations Donations | 19,775.40 | 22,500.00 |
| 41000 Individuals & Groups Donations | 3,607.04 | 2,324.97 |
| 44500 Program Reimbursements | - | 150.03 |
| 45100 Mobile Meals III-C (donations) | 2,010.00 | 2,250.00 |
| 45200 Title III-C Reimbursement | 17,148.97 | 14,249.97 |
| 45300 Title III-B Senior Center (kipd | 41,712.31 | 25,499.97 |
| 45400 Title III-B Prog Inc (donations | 757.00 | 1,500.03 |
| 45600 Title III-D Health Promotion | - | 1,685.25 |
| 45700 NDF | - | 7,499.97 |
| 45800 Highlands Court Contract | 24,000.00 | 26,250.03 |
| 45850 Highland Court Nonprof Contract | - | 22,500.00 |
| 45900 Transportation Fees | 165.00 | 450.00 |
| 45910 Day Trips Fees | 1,441.00 | 1,500.03 |
| 49500 HCM Community Classes/Events | 4,520.00 | 6,000.03 |
| 49990 Miscellaneous Income | - | 220.50 |
| 52050 Metro Lville EAF Grant - Sr Out | - | 3,600.00 |
| 52201 Metro Lou NDF Grant - Cen Off | 10,000.00 | - |
| Total Revenue | \$ 125,136.72 | \$ 138,180.78 |
| Gross Profit | \$ 125,136.72 | \$ 138,180.78 |

Highlands Community Ministries
Senior Outreach Program Budget vs. Actuals: FY 2019-2020
 October 1, 2019 - June 30, 2020

| | 04 Senior Outreach Program | |
|---------------------------------------|-----------------------------------|-----------------------|
| | Year To Date | Budget To Date |
| Expenditures | | |
| 60000 Wages - operational | 92,349.71 | 56,913.03 |
| 60200 Wages - III B | - | 14,065.47 |
| 60300 Wages - III D | - | 185.22 |
| 60400 Wages - EAF | - | 3,600.00 |
| 60900 FICA Exp. (employer's) | 7,041.60 | 5,719.50 |
| 62000 Health and Disability Insurance | 11,082.24 | 11,974.50 |
| 62100 Life Ins | 233.21 | 150.03 |
| 62998 Pension Exp. | 404.18 | 531.72 |
| 63000 Insurance - Commercial Package | 1,278.67 | 1,374.75 |
| 63200 Insurance - D & O | - | 15.03 |
| 63400 Insurance - Workers Comp. | 979.47 | 834.03 |
| 64000 Office Supplies | 978.62 | 225.00 |
| 64100 Postage | 222.90 | - |
| 64150 Printing & Copying | 54.19 | 825.03 |
| 64500 Telephone | 363.72 | 487.53 |
| 64700 Information Technology-Software | 576.50 | 54.72 |
| 64710 Information Technology-Hardware | 74.19 | - |
| 64910 Staff & Other Licensure Fees | 198.35 | 93.78 |
| 64920 Staff Recognition | 259.17 | - |
| 64930 Travel Reimbursement | 315.81 | 562.50 |
| 64940 Volunteer Appreciation | 4.23 | 167.22 |
| 64950 Criminal Records Checks | - | 150.03 |
| 65000 Housing | 6,600.00 | 5,400.00 |
| 65100 Janitorial Supplies | 1,428.60 | - |
| 66000 Accounting/Payroll Service | 1,963.97 | - |
| 67000 Food & Food Supplies | 425.00 | 1,500.03 |
| 68200 Community Education & Outreach | 2,204.00 | - |
| 69100 NDF Lunch Program | 5,990.26 | 7,499.97 |
| 69200 Title III-B Exp - paid by dons. | 375.00 | 749.97 |
| 69210 Title III-B Subcont - Tai Chi | 1,350.00 | 2,700.00 |
| 69220 Title III-B Subcont - Exercise | 1,530.00 | 2,700.00 |
| 69230 Title III-B Subcon - Music Ther | 275.00 | 450.00 |
| 69240 Title III-B Subcont - Artist | 1,600.00 | 2,025.00 |
| 69260 Title III-B Subcon - Wellness | 450.00 | 1,050.03 |
| 69270 Title III-B Subcon - Dance | 1,330.00 | 1,874.97 |
| 69400 Title III-D Expenses | - | 1,350.00 |
| 69500 Highlands Court Expenses | 1,425.00 | - |
| 69910 Trsf To Metro III-B Meals dons | 1,470.00 | 1,424.97 |
| 69950 Private Pay Meals | - | 2,700.00 |
| 69980 Day Trips | 1,626.50 | 1,500.03 |

Prepared with the assistance of Strothman and Company. No assurance is provided on these financial statements. Accrual Basis of Accounting.
 Statement of Cash Flows and substantially all disclosures omitted.

Highlands Community Ministries
Senior Outreach Program Budget vs. Actuals: FY 2019-2020
 October 1, 2019 - June 30, 2020

| | 04 Senior Outreach Program | |
|------------------------------------|-----------------------------------|-----------------------|
| | Year To Date | Budget To Date |
| 69990 Vehicle Maintenance | 258.05 | 675.00 |
| 70800 Kitchen & Food Bank Supplies | 704.33 | - |
| 79000 Miscellaneous Expenses | - | 524.97 |
| 99000 Management Fee | 6,263.33 | 6,909.03 |
| Total Expenditures | \$ 153,685.80 | \$ 138,963.06 |
| Net Operating Revenue | \$ (28,549.08) | \$ (782.28) |

**Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements**

**Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201**

Date: SEP 10 2010

Highlands Community Ministries Inc.
1140 Cherokee Rd
Louisville, KY 40204

Employer Identification Number:
61-0708776
Person to Contact – ID#:
John Rice – ID # 0677001
Toll Free Contact Number:
(877) 829-5500

Dear Sir or Madam:

Thank you for the information you submitted on July 21, 2010 regarding your request for exception from filing Form 990. We have made it part of your file.

In our letter dated October 10, 1986 we determined that your organization was not required to file Form 990.

Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Furthermore, since your foundation status was also not under consideration, you continue to be classified as an organization with foundation status under section 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as a tax-exempt organization. You may request a copy by calling the toll free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov/efo.

If you have any questions, please call our toll free number shown in the heading of this letter.

Thank you for your cooperation.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

SECRETARY OF STATE
RECEIVED SECRETARY OF STATE
MAY 1 1970 **RECEIVED**
APR 24 1970
ARTICLES OF INCORPORATION
Commonwealth of Kentucky
OF
Commonwealth of Kentucky
HIGHLANDS COMMUNITY MINISTRIES, INC.

KNOW ALL MEN BY THESE PRESENTS:

THAT the undersigned does hereby form a corporation in accordance with the provisions of Chapter 273 of the Kentucky Revised Statutes and adopt the following as Articles of Incorporation.

ARTICLE I

The name of the corporation shall be HIGHLANDS COMMUNITY MINISTRIES, INC.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The purpose of the corporation shall be to provide a Christian ministry to persons in the Highland area of Louisville, to enable them to gain a mature and meaningful self-image as God's creatures; and to provide program and activity that will foster human growth and development without regard to race, creed or color.

ARTICLE IV

The corporation shall be operated as a non-profit corporation, exclusively for charitable and educational purposes within the meaning of Section 501, of the Internal Revenue Code.

of 1954, as from time to time amended, and shall have and may exercise all powers given to non-profit corporations under the provisions of KRS 273, subject only to the limitation that not withstanding any other provisions of these articles, the corporation shall have only such powers as may be exercised in furtherance of its tax exempt purposes and as may be exercised by an organization for purposes similar to those of this corporation, exempt under Section 501 of the Internal Revenue Code.

ARTICLE V

The members of the corporation shall consist of those congregations, institutions and organized groups in the Highland Area which desire to affiliate with the corporation and to work cooperatively for the purposes of the corporation.

ARTICLE VI

The affairs of the corporation shall be managed by a Board of Directors. The names and post office address of the persons who shall serve as directors until their successors are duly qualified, are as follows:

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| Lowell Armstrong | 13 Denham Road Louisville, Kentucky 40205 |
| Charles L. Kimbler | 2842 Tremont Drive Louisville, Kentucky 40205 |
| Alicia Rickert | 1740 Chichester Avenue Louisville, Kentucky 40205 |
| Edgar C. Ritchie | 2914 Avon Road Louisville, Kentucky 40220 |
| Margaret Striepe | 1707 Deer Wood Avenue Louisville, Kentucky 40205 |
| Felix Sanders | 506 Briar Hill Road Louisville, Kentucky 40206 |

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. Highlands Community Ministries Inc. | |
| 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 one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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 type="checkbox"/> Other (see instructions) ▶ _____ | 5 Address (number, street, and apt. or suite no.) See instructions. 1228 East Breckinridge Street 6 City, state, and ZIP code Louisville, Ky 40204 7 List account number(s) here (optional) |
| 8 Requester's name and address (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="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | - | |
| | - | | - | | |
| or | | | | | |
| Employer identification number | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">61</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; text-align: center;">0708776</td> </tr> </table> | 61 | - | 0708776 | | |
| 61 | - | 0708776 | | | |

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 ▶ Theresa Burden | Date ▶ 7/27/2020 |
|------------------|--|---|

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.

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

Highlands Community Ministries, Inc

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:

Troy D. Burden

Date:

7/27/2020

Legal Signatory (please print):

TROY D. BURDEN

Title:

Executive Director

Phone:

502 451-3695

Extension:

202

Email:

tburden@hcmloUISVILLE.org

HIGHLANDS COMMUNITY MINISTRIES, INC.

General Information

| | |
|-----------------------------|--|
| Organization Number | 0022972 |
| Name | HIGHLANDS COMMUNITY MINISTRIES, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 5/4/1970 |
| Organization Date | 5/4/1970 |
| Last Annual Report | 4/29/2020 |
| Principal Office | 1228 E. BRECKINRIDGE ST. BOX #2 LOUISVILLE, KY 40204 |
| Registered Agent | TROY BURDEN 1228 EAST BRECKINRIDGE ST LOUISVILLE, KY 40204 |

Current Officers

| | |
|-----------------------|--------------------------------------|
| President | TOM COURSEN |
| Vice President | SUSAN STOPHER |
| Secretary | LAURI WADE |
| Treasurer | ROBERT KAHNE |
| Director | MARTY HAGEMAN |
| Director | KEVIN CHILDRESS |
| Director | MAUREEN NORRIS, PHD |
| Director | ERIC HOFFMANN |
| Director | ALICIA BLOOS |
| Director | MICHAEL ACKERMAN |
| Director | KAREN BARTH |
| Director | MICHAEL BOYD |
| Director | KAREN O'HARA |
| Director | JENNIFER PORTER |
| Director | JIM KIMMEL |
| Director | JUDY ZITTER |
| Director | DAVID GIBSON |
| Director | HAROLD BALDWIN |
| Director | ANNELUISE MONTGOMERY |
| Director | ELISABETH WALKER |
| Director | KEN CORDLE |
| Director | PATRICIA WILLIS |
| Director | KENNETH HOWELL |
| Director | TOM HERMAN |
| Director | LESLIE FOWLER |
| Director | JOHN TICHNOR |
| Director | CHERYL BRANCH |
| Director | MARY KAY FLEGE |
| Director | BEN HARRIS |
| Director | ROSIE SPRAWLS |

Director [JOAN WINKLER](#)

Individuals / Entities listed at time of formation

Director [LOWELL ARMSTRONG](#)
Director [CHAS L TIMBLER](#)
Director [ALICIA RICKERT](#)
Director [MARGARET STRIEPE](#)
Director [EDGAR C RITCHIE](#)
Incorporator [EDGAR RITCHIE](#)

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

| | | | | |
|--|-----------------------|---------|----------------------|---------------------|
| Annual Report | 4/29/2020 | 1 page | PDF | |
| Annual Report Amendment | 9/10/2019 | 1 page | PDF | |
| Annual Report | 4/25/2019 | 1 page | PDF | |
| Annual Report | 5/15/2018 | 1 page | PDF | |
| Registered Agent name/address change | 4/26/2017 10:41:19 AM | 1 page | PDF | |
| Annual Report | 4/26/2017 | 1 page | PDF | |
| Annual Report | 6/30/2016 | 1 page | PDF | |
| Annual Report | 3/9/2015 | 1 page | PDF | |
| Principal Office Address Change | 7/22/2014 6:01:24 PM | 1 page | PDF | |
| Annual Report | 3/25/2014 | 1 page | tiff | PDF |
| Annual Report | 2/21/2013 | 1 page | tiff | PDF |
| Registered Agent name/address change | 3/27/2012 3:38:23 PM | 1 page | PDF | |
| Annual Report | 2/22/2012 | 1 page | tiff | PDF |
| Annual Report | 2/9/2011 | 2 pages | tiff | PDF |
| Annual Report | 3/5/2010 | 2 pages | tiff | PDF |
| Annual Report | 1/14/2009 | 3 pages | tiff | PDF |
| Annual Report | 1/18/2008 | 2 pages | tiff | PDF |
| Annual Report | 1/12/2007 | 2 pages | tiff | PDF |
| Annual Report | 1/26/2006 | 3 pages | tiff | PDF |
| Annual Report | 2/16/2005 | 1 page | tiff | PDF |
| Annual Report | 5/2/2003 | 2 pages | tiff | PDF |
| Annual Report | 3/27/2002 | 2 pages | tiff | PDF |
| Annual Report | 4/17/2001 | 2 pages | tiff | PDF |
| Annual Report | 4/19/1999 | 2 pages | tiff | PDF |
| Annual Report | 4/24/1998 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1997 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1996 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1995 | 2 pages | tiff | PDF |
| Annual Report | 3/24/1994 | 2 pages | tiff | PDF |
| Annual Report | 3/17/1993 | 2 pages | tiff | PDF |
| Annual Report | 3/18/1992 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1991 | 1 page | tiff | PDF |
| Annual Report | 7/1/1990 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1989 | 2 pages | tiff | PDF |
| Annual Report | 7/1/1988 | 1 page | tiff | PDF |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|---------------|-----------|----------------|-----------------|
| Annual report | 4/29/2020 | 4/29/2020 | |

| | | |
|---------------------------------|-------------|-------------|
| | 1:37:38 PM | 1:37:38 PM |
| Amendment to annual report | 9/10/2019 | 9/10/2019 |
| | 11:58:31 AM | 11:58:31 AM |
| Annual report | 4/25/2019 | 4/25/2019 |
| | 2:58:28 PM | 2:58:28 PM |
| Annual report | 5/15/2018 | 5/15/2018 |
| | 5:26:09 PM | 5:26:09 PM |
| Annual report | 4/26/2017 | 4/26/2017 |
| | 10:49:34 AM | 10:49:34 AM |
| Registered agent address change | 4/26/2017 | 4/26/2017 |
| | 10:41:19 AM | 10:41:19 AM |
| Annual report | 6/30/2016 | 6/30/2016 |
| | 12:59:17 PM | 12:59:17 PM |
| Annual report | 3/9/2015 | 3/9/2015 |
| | 1:29:22 PM | 1:29:22 PM |
| Principal office change | 7/22/2014 | 7/22/2014 |
| | 6:01:24 PM | 6:01:24 PM |
| Annual report | 3/25/2014 | 3/25/2014 |
| | 2:10:33 PM | |
| Annual report | 2/21/2013 | 2/21/2013 |
| | 9:20:00 AM | |
| Registered agent address change | 3/27/2012 | 3/27/2012 |
| | 3:38:23 PM | 3:38:23 PM |
| Annual report | 2/22/2012 | 2/22/2012 |
| | 9:38:55 AM | |
| Annual report | 2/9/2011 | 2/9/2011 |
| | 4:21:36 PM | |
| Annual report | 3/5/2010 | 3/5/2010 |
| | 1:43:41 PM | |
| Annual report | 1/14/2009 | 1/14/2009 |
| | 5:18:08 PM | |
| Annual report | 1/18/2008 | 1/18/2008 |
| | 2:20:15 PM | |
| Annual report | 1/12/2007 | 1/12/2007 |
| | 1:33:13 PM | |
| Annual report | 1/26/2006 | 1/26/2006 |
| | 11:37:36 AM | |

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 | 2/14/2005 | 1 page |
| Annual Report | 3/24/2004 | 2 pages |
| Annual Report | 5/2/2003 | 2 pages |
| Annual Report | 3/27/2002 | 2 pages |
| Annual Report | 4/17/2001 | 2 pages |
| Annual Report | 5/1/2000 | 2 pages |
| Annual Report | 4/19/1999 | 2 pages |
| Annual Report | 4/24/1998 | 2 pages |
| Annual Report | 7/1/1997 | 2 pages |
| Annual Report | 7/1/1996 | 2 pages |
| Annual Report | 7/1/1995 | 2 pages |
| Annual Report | 3/24/1994 | 2 pages |
| Annual Report | 3/17/1993 | 2 pages |
| Annual Report | 3/18/1992 | 2 pages |
| Annual Report | 7/1/1991 | 1 page |
| Annual Report | 7/1/1990 | 2 pages |

| | | |
|---------------------------|-----------|----------|
| Annual Report | 7/1/1989 | 2 pages |
| Annual Report | 7/1/1988 | 1 page |
| Statement of Change | 9/29/1982 | 2 pages |
| Annual Report | 5/24/1971 | 10 pages |
| Articles of Incorporation | 5/4/1970 | 5 pages |