

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

Applicant/Program: Miss Kentucky Scholarship Pageant

Executive Summary of Request:

District Four is allocating funding to offset the cost for the Miss Kentucky Pageant. The funding will be spent to pay for the Kentucky Center for the Arts space, which is where the pageant will take place.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<u>4</u>	<u>David Jandytk</u>	<u>4985.00</u>	<u>3/3/2016</u>
District #	Council Member Signature	Amount	Date

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

Approved by:

_____ Date _____
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Miss Kentucky Scholarship Pageant

Program Name and Request Amount: \$4985

	Yes/No/NA
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"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
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: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
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"/> N/A
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"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes
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: <i>Kearney</i>	Date: 3/7/2016



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: <u>Miss Kentucky Scholarship Organization</u> <small>(as listed on: http://www.sos.kv.gov/business/records)</small>			
Main Office Street & Mailing Address: <u>3284 Shoal Lake Drive, Lexington, KY 40515</u>			
Website: <u>www.misskentuckypageant.com</u>			
Applicant Contact:	<u>Ashley Miller</u>	Title:	<u>Director - Teen Program</u>
Phone:	<u>502-479-3198</u>	Email:	<u>ashleymiller19@gmail.com</u>
Financial Contact:	<u>Paula Elder</u>	Title:	<u>Treasurer</u>
Phone:	<u>859-800-7550</u>	Email:	<u>pelder1@me.com</u>
Organization's Representative who attended NDF Training: <u>Ashley Miller</u>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	<u>KY Center for the Arts 501 W. Main Street</u>		
Council District(s):	<u>4</u>	Zip Code(s):	<u>40202</u>
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <u>Miss Kentucky's Outstanding Teen Scholarship Program</u>			
Total Request: (\$)	<u>4985.00</u>	Total Metro Award (this program) in previous year: (\$)	<u>0</u>
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"/> List of Board of Directors (include term & term limits) <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 <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <u>n/a</u> <input type="checkbox"/> Annual audit (if required by organization) <u>n/a</u> <input type="checkbox"/> Faith Based Organization Certification Form, if required <u>n/a</u> <input type="checkbox"/> Staff including the 3 highest paid staff <u>n/a</u>	
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:	<u>/</u>	Amount: (\$)	<u>/</u>
Source:	<u>/</u>	Amount: (\$)	<u>/</u>
Source:	<u>/</u>	Amount: (\$)	<u>/</u>
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Founded in 2005, the Miss America's Outstanding Teen, Inc. has become one of the top scholarship providers for teen girls in the United States! In just a few short years, the organization has made available almost \$5,000,000 in cash and in-kind scholarships. The organization promotes scholastic achievement, creative accomplishment, healthy living and community involvement for teens across the Commonwealth and teens across the nation. Miss America's Outstanding Teen and its state affiliates like Miss Kentucky's Outstanding Teen, provides a forum for raising awareness and affecting change for an important social cause, the Official National Platform, Children's Miracle Network Hospitals. Local, state, and national competitors are making a difference in lives of children through volunteering in their communities and fundraising at MAOTeen4Kids.org. The Miss Kentucky's Outstanding Teen Scholarship organization is about empowering young women, through pageantry, to develop the leadership skills, confidence and network to achieve the biggest goals in life. This Organization is more than a crown...it is changing Kentucky, one young woman at a time!

KM



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

This funding will assist in the following programming: Miss Kentucky's Outstanding Teen Scholarship Pageant Weekend. The event will be held in Louisville, KY for the first time in over a decade. This event is the culmination of all the things the young ladies will learn at the MKYOT orientation on Sunday, April 17th from 12pm-5pm in Louisville, KY. At this event, contestants from across the state who have won local preliminaries or who have elected to attend as an "at-large" delegate will come together for an afternoon. During the orientation, the young ladies will receive all competition information but will also participate in workshops presented by industry leaders and professionals on building and expanding their community service opportunities, skin care, body language, poise, hair care, and communication skills. During this time, they will have the opportunity to grow and develop as young women and future leaders of the Commonwealth. During the pageant weekend, June 23-25, the contestants have the opportunity to put all of their hard work and training on display as they compete for thousands of dollars in scholarships and the opportunity to represent Kentucky at the Miss America's Outstanding Teen Pageant in Orlando, Florida in August 2016.

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

The funding will be utilized for the actual pageant weekend. For the scholarship competition weekend, the funds will be used to cover the cost of the Kentucky Center for the Arts facility. The ability to offset these costs will greatly improve the amount of scholarships the young women of Kentucky will be able to compete for in June.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

These events are not fundraisers. It is programming designed to grow and develop the leadership skills of teens across Kentucky.

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:

Effective October 24, 2013, reimbursements should not be made 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.

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.

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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:

As stated above, the Miss America's Outstanding Teen, Inc. has become one of the top scholarship providers for teen girls in the United States! In just a few short years, the organization has made available almost \$5,000,000 in cash and in-kind scholarships. The organization promotes scholastic achievement, creative accomplishment, healthy living and community involvement for teens across the Commonwealth and teens across the nation. In all, this program develops young girls into community leaders who are confident, well spoken, and know how to use a position of influence to help others. This program develops the minds of tomorrow's leaders. Additionally, each winner receives a minimum of \$1000 scholarship toward the college or university of her choice. She and other competitors will also take home cash scholarships and in-kind awards to schools across the Commonwealth. Many girls compete in this program to help fund their college education! When the young women are ready to collect their scholarship monies, they simply send in a letter of request with their college or university term bill and a check is submitted directly to the school.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

N/A



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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 <i>all volunteer</i>	—	—	—
B: Rent/Utilities <i>KY Center for Arts</i>	4985	630	5615 ⁰⁰
C: Office Supplies	—	—	—
D: Telephone	—	—	—
E: In-town Travel	—	—	—
F: Client Assistance (Attach Detailed List)	—	—	—
G: Professional Service Contracts	—	—	—
H: Program Materials – <i>Program Books</i>	—	550	550
I: Community Events & Festivals (Attach Detail List)	—	—	—
J: Small Equipment <i>crowns/sash</i>	—	150 ⁰⁰	150 ⁰⁰
K: Capital Equipment <i>n/a</i>	—	—	—
L: Other Expenses (Attach Detail List) <i>Scholarships</i>	—	6,600	6,600
*TOTAL PROGRAM/PROJECT FUNDS	4985	7930	12,915
% of Program Budget	39 %	61 %	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)	7930 ⁰⁰
Fees Collected from Program Participants	—
Other (please specify)	—
Total Revenue for Columns 2 Expenses **	7930 ⁰⁰

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

**Must equal or exceed total in column 2.

Handwritten 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).

currently soliciting in-kind university scholarships for participation

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date:

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

If YES, please explain:

Applicant's Initials *shu*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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 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.
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 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.

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. *n/a*

SECTION 7 – 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:	<i>[Handwritten Signature]</i>	Date:	2/3/2016
Legal Signatory: (please print):	Ashley D. Miller	Title:	Executive Director
Phone:	502-419-3498	Extension:	4 —
Email:	ashleydmiller79@gmail.com		

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

DEPARTMENT OF THE TREASURY

Date:

APR 16 1992

MISS KENTUCKY SCHOLARSHIP
PAGEANT INC
C/O TAMMY D FARLEY
400 OLD E VINE STE 202
LEXINGTON, KY 40507

Emp[REDACTED]ication Number:

Contact Person:
KIM NGUYEN

Contact Telephone Number:
(513) 684-3578

*Internal Revenue Code
Section 501(c)(4)

Accounting Period Ending:
September 30

Form 990 Required:
Yes

Addendum Applies:
No

Dear Applicants:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 per-

Letter 948(DO/CG)

MISS KENTUCKY SCHOLARSHIP

cent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

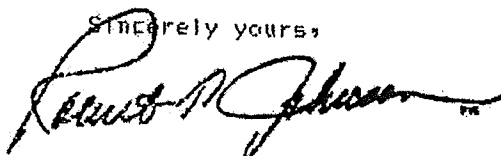
Donors may not deduct contributions to you because you are not an organization described in section 170(c) of the Code. Under section 6113, any fundraising solicitation you make must include an express statement (in a conspicuous and easily recognizable format) that contributions or gifts to you are not deductible as charitable contributions for Federal income tax purposes. This provision does not apply, however, if your annual gross receipts are normally \$100,000 or less, or if your solicitations are made to no more than ten persons during a calendar year. The law provides penalties for failure to comply with this requirement, unless failure is due to reasonable cause.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Robert T. Johnson
District Director

MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.

General Information

Organization Number 0281700
Name MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
Organization Date 1/16/1991
Last Annual Report 4/2/2015
Principal Office 3284 SHOAL LAKE DR.
 LEXINGTON, KY 40515
Registered Agent J.D. JOHNSON, ESQ.
 FAMILY BANK BLDG., STE 208
 236 MAIN ST.
 P.O. BOX 1546
 PAINTSVILLE, KY 41240

Current Officers

President JAMIE BREEDING
Secretary LISA GREEN-RATLIFF
Treasurer PAULA ELDER
Director JIM MORTON
Director KIM CANTER
Director JIMMY MAWYER

> There are no term limits

Individuals / Entities listed at time of formation

Director NANCY DUNAWAY
Director ANN H HIGGINS
Director LISA HIGGINS
Incorporator GRETCHEN KING

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.

<u>Annual Report</u>	4/2/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/7/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/7/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/27/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/23/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/16/2010	1 page	<u>tiff</u>	<u>PDF</u>

<u>Annual Report</u>	1/13/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/17/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/31/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/1/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/3/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/28/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/9/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	12/18/2001	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/1/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/19/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/30/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	7/22/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Letters</u>	10/26/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/3/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/2/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	11/20/1991	5 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	6/17/1991	7 pages	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	6/17/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	1/16/1991	7 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

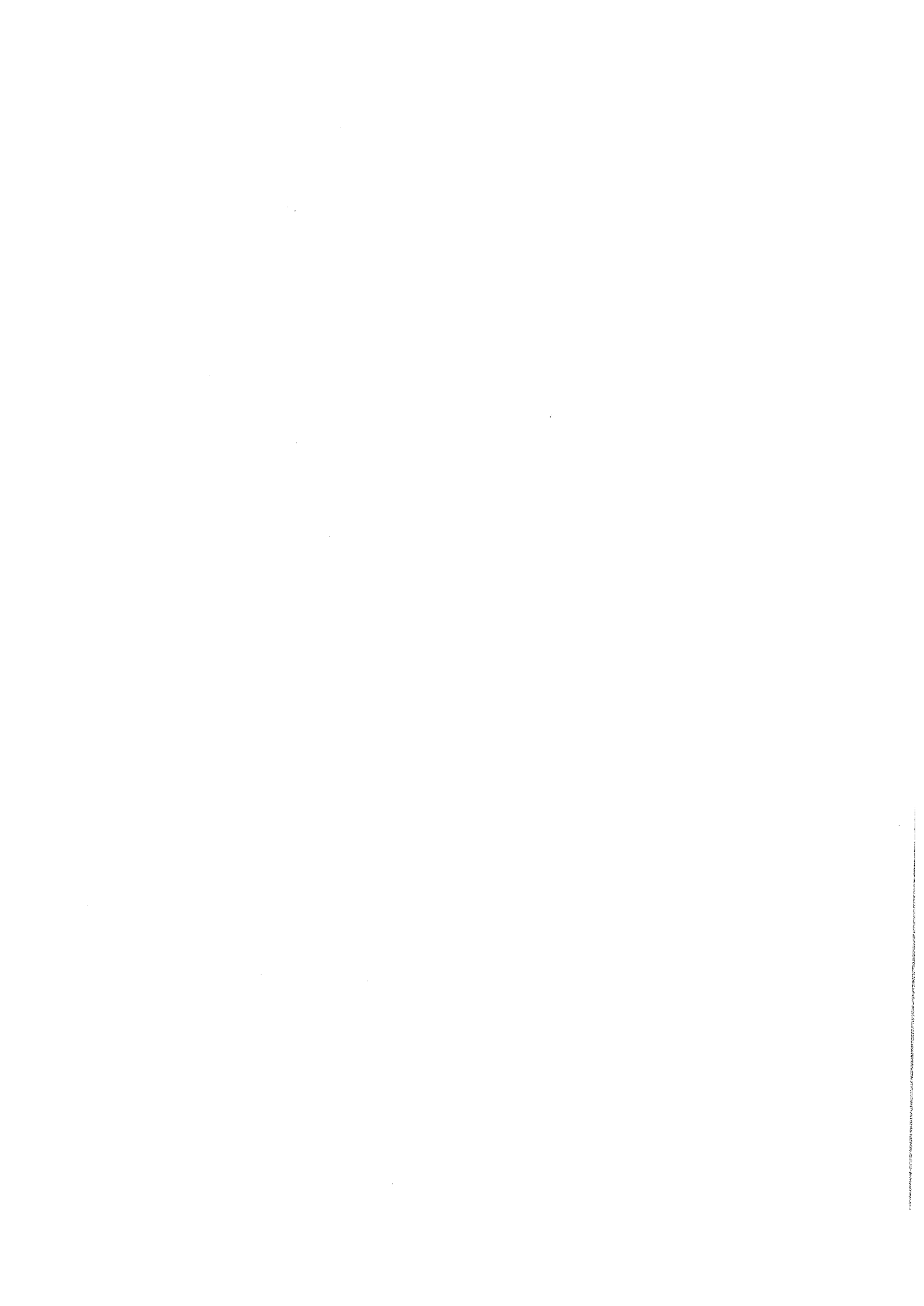
Filing	File Date	Effective Date	Org. Referenced
Annual report	4/2/2015 9:12:12 AM	4/2/2015	
Annual report	3/7/2014 11:03:43 AM	3/7/2014	
Annual report	2/7/2013 4:47:05 PM	2/7/2013	
Annual report	1/27/2012 11:06:11 AM	1/27/2012	
Annual report	2/23/2011 12:54:50 PM	2/23/2011	
Annual report	3/16/2010 8:24:59 AM	3/16/2010	
Annual report	1/13/2009 1:36:01 PM	1/13/2009	
Annual report	1/17/2008 10:07:38 AM	1/17/2008	
Annual report	1/31/2007 11:30:28 AM	1/31/2007	

Annual report	3/1/2006 8:55:37 AM	3/1/2006	
Principal office change	12/18/2001 11:33:59 AM	12/18/2001	
Reinstatement	12/18/2001 11:32:56 AM	12/18/2001	
Admin Dis. A. report not in	11/1/2001	11/1/2001	
Registered agent address change	7/22/1998	7/22/1998	
Principal office change	10/30/1995	10/30/1995	
Amendment - Change purpose	11/20/1991	11/20/1991	
Amendment previous name	6/17/1991	6/17/1991	<u>MISS KENTUCKY PAGEANT, INC.</u>

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	2/28/2005	1 page
Annual Report	4/7/2004	1 page
Annual Report	4/28/2003	1 page
Annual Report	4/9/2002	1 page
Reinstatement	12/18/2001	2 pages
Administrative Dissolution	11/1/2001	1 page
Annual Report	7/1/2001	1 page
Annual Report	6/19/2000	1 page
Annual Report	6/10/1999	1 page
Annual Report	7/30/1998	1 page
Statement of Change	7/22/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Statement of Change	6/3/1994	1 page
Annual Report	4/2/1993	1 page
Annual Report	7/1/1992	1 page
Amendment	11/20/1991	5 pages
Statement of Change	6/17/1991	1 page
Amendment	6/17/1991	6 pages
Articles of Incorporation	1/16/1991	7 pages



281700

RECEIVED & FILED

8.00

Jan 16 1 14 PM '91

BREWER ENPLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY *[Signature]*

624303

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION
OF THE
MISS KENTUCKY PAGEANT, INC.

ARTICLE I

Registered Office, Corporate Name and Registered Agent

1. The name of this organization, not for profit, shall be the Miss Kentucky Pageant, Inc. The name of this organization is subject to the Miss America Pageant franchise and is owned by the Miss America Pageant which has all rights and proprietorship in and to the names and service marks "Miss Kentucky Pageant" and "Miss America Pageant".

2. The registered office of this corporation is:

140 Vanderbilt Drive
Lexington, Kentucky 40517

The mailing address for said organization is:

Post Office Box 24550
Lexington, Kentucky 40524

3. The registered agent for service of process is:

Gretchen King
140 Vanderbilt Drive
Lexington, Kentucky 40517

ARTICLE II

The purpose for which this organization is organized is to promote and produce annually the Miss Kentucky Pageant for the selection of Miss Kentucky to compete in the National finals of the Miss America Pageant, and to select other winners of educational scholarships, and to work for, promote and improve community betterment and welfare. To select and grant franchises to others within the State of Kentucky for the purpose of selecting candidates to participate in the Miss Kentucky Pageant.

ARTICLE III

Membership

Section 1. Membership in this organization shall be open to all persons who meet the requisite qualifications of membership in this organization, as provided in the By-Laws of this organization and who are elected to membership as provided in the By-Laws of this organization.

Section 2. Grounds and procedure for suspension and expulsion of any member of this organization shall be prescribed by its By-Laws.

ARTICLE IV

Term of Existence and Dissolution

Section 1. This organization shall have perpetual existence unless dissolved according to law.

Section 2. In the event of dissolution of this organization, all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to the Miss America Pageant Organization if, and only if, the Miss America Pageant Organization is at that time, qualified for exemption under Section 501(c) (3) of the Internal Revenue Code, or to the Federal Government, or to a State or Local Government, for a public purpose, and none of the assets will be distributed to any member, officer, or trustee of this organization. At the time of the incorporation there shall be nine Officers/Directors. This number may be increased or decreased from time to time by a two-thirds (2/3) majority vote by the members of the Board of Directors.

ARTICLE V

Administration and Officers

Section 1. The officers of this organization shall be Chairman of the Board, President, three (3) Vice Presidents, Secretary/Treasurer, and such additional officers as the By-Laws may provide. The Officers of this organization shall be elected by a two-thirds (2/3) majority vote of the Board of Directors, and shall serve for the terms as set forth in the By-Laws, unless sooner removed by a two-thirds (2/3) majority vote of the Board of Directors.

Section 2. The administration of the affairs of this organization shall be by a Board of Directors composed of such members as may be provided in the By-Laws.

Section 3. Election and terms of office of all officers of the organization shall be as provided in the By-Laws of this organization.

ARTICLE VI

By-Laws

The By-Laws may be adopted and thereafter altered, amended, or rescinded by a two-thirds (2/3) majority vote of the members of the Board of Directors present at any meeting of the Board of Directors of this organization, provided notice in writing of each proposed amendment, alteration, or rescission shall have been given to each member not less than three days in advance of said meeting.

ARTICLE VII

Finances

This organization may levy and assess upon its members such dues and assessments as shall be provided by the By-Laws.

ARTICLE VIII

Powers

In order to promote the purposes of this organization, it may acquire property by grant, gift, purchase, devise or bequeath, and hold and dispose of such property as the organization shall require for the benefit of the members and not for pecuniary profit. In addition, this organization may exercise all powers granted to it by Chapters 271B and 273 of the Kentucky Revised Statutes, as amended, and any and all other powers that may be granted to corporations not for profit by any subsequently enacted laws of the State of Kentucky, but limited to those powers not in conflict with the operation of this organization.

as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law). The foregoing general powers are descriptive only and are in no way to be construed to be a limitation of the rights, powers, and privileges of this organization.

ARTICLE IX

Amendments to Articles of Incorporation

Section 1. These Articles of Incorporation may be amended at a special meeting of the Directors called for that purpose, by a two-thirds (2/3) vote of those present and voting; but a quorum for such a special meeting shall be a majority of the current qualified Directors.

Section 2. Amendments may also be made at a regular meeting of the Directors upon notice given, as provided by the By-Laws, of intention to submit such amendments.

ARTICLE X

Limitations on Use of Income and Activities

No part of the net earnings of the organization 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 ARTICLE II hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in or intervene in (including the publishing or distribution of statements) of any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from Federal Income Tax under Section 501 (c) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954 (or corresponding provisions of any future United States Internal Revenue Law).

ARTICLE XI

Indebtedness

The amount of indebtedness or liability to which the organization may at any time subject itself, shall be as provided by the By-Laws of this organization, but the organization may not exceed any maximum indebtedness provided by the laws of Kentucky.

ARTICLE XII

Meetings

Section 1. The annual meeting for the election of Officers and/or Directors of the Board of Directors shall be held as may be provided in its By-Laws.

Section 2. The organization may provide in its By-Laws for the holding of additional regular meetings and any special meetings, and shall provide such notice of all such meetings.

Section 3. A majority of the Directors shall constitute a quorum for the holding of any general Director's meeting.

ARTICLE XIII

Nares, Residences and Terms of Office

President/C.E.O./Chairman of the Board	Lorna Bell Bundy 543 Lakeshore Drive Unit #131 Lexington, Kentucky 40502	Three Years
Vice President	Marcia Bell 20204 N.W. 52nd Avenue Miami, Florida 33055	Two Years
Vice President	Donna Gillstrap-Martin 1020 Darley Drive Lexington, Kentucky 40505	Two Years
Vice President	Kim Canter 3181 Wlenheim Way Lexington, Kentucky 40503	Two Years
Secretary/Treasurer	Gretchen King 140 Vanderbilt Drive Lexington, Kentucky 40517	Two Years
Director	Nancy Dunaway 1508 Deer Lake Drive Lexington, Kentucky 40515	One Year
Director	Ann H. Higgins 1512 Ft. Sumpter Court Lexington, Kentucky 40504	One Year
Director	Lisa Higgins 1512 Ft. Sumpter Court Lexington, Kentucky 40504	One Year

(5)

ARTICLE XIV

Honorary Board of Trustees and Committees

An Honorary Board of Trustees and various Committees may be established and abolished by the Board of Directors or by the By-Laws of the organization.

I/WE, the undersigned incorporators, do hereby certify that I/we are the incorporators of the Miss Kentucky Pageant, Inc. and do hereby acknowledge that the foregoing constitutes the Articles of Incorporation of the Miss Kentucky Pageant, Inc.

IN WITNESS WHEREOF, I/we have hereunto subscribed my/our name this _____ day of January, 1991.

Gretchen King, Secretary/Treasurer
Gretchen King, Secretary/Treasurer

STATE OF KENTUCKY
COUNTY OF FAYETTE

I HERELY CERTIFY that on this day, before me, as Notary Public, duly authorized in the State and County aforesaid to take acknowledgements, personally appeared GRETCHEN KING, to be known to be the person described as one of the incorporators of the Miss Kentucky Pageant, Inc. and who executed the foregoing Articles of Incorporation, and who acknowledged before me that she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 15th day of January, 1991.

Elizabeth D. Piell
Notary Public, State of Kentucky

My Commission Expires: MY COMMISSION EXPIRES 4.5.93

(NOTARIAL SEAL)

This document has been prepared by:

C. Michael Haines
Attorney at Law
Route #4, Box 408
Owenton, Kentucky 40359

C. Michael Haines
C. Michael Haines

Org ID:
0281700



2015 Annual Report
Due June 30, 2015

State: KY Fee: \$15.00
0281700

MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.

Shaded items cannot be changed on this card.

Principal Office 3284 SHOAL LAKE DR., LEXINGTON KY 40515
Registered Agent J.D. JOHNSON, ESQ., FAMILY BANK BLDG., STE 208, 236 MAIN ST., P.O. BOX 1546,
PAINTSVILLE KY 41240

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. Addresses default to principal office unless otherwise specified.

Treasurer PAULA ELDER

Secretary LISA GREEN-RATLIFF

President JAMIE BREEDING

Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below. Addresses default to principal office unless otherwise specified.

Director JIM MORTON

Director KIM CANTER

Director JIMMY MAWYER

Avoid a penalty fee of \$100. File online at <http://app.sos.ky.gov/arp/0281700> OR sign and return the required \$15.00 filing fee no later than June 30, 2015.

I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct as of today.

X *Jamie Breeding*

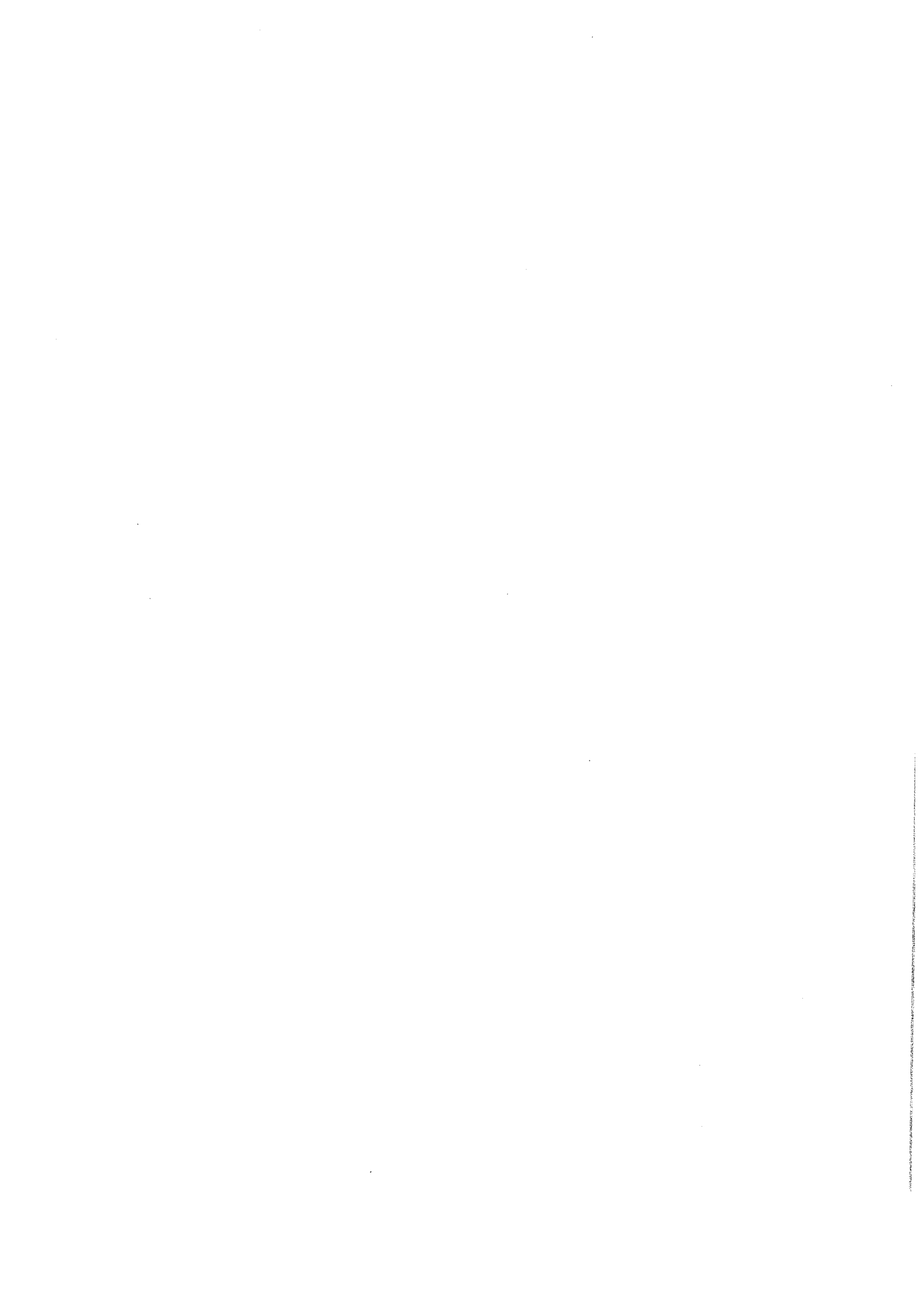
Signature of officer or chairman of the board (Required)

President

Title (Required)

2-28-15

Date (Required)



Org ID:
0281700



2014 Annual Report
Due June 30, 2014

State: KY Fee: \$15.00

0281700

MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.

Shaded items cannot be changed on this card.

Principal Office 3284 SHOAL LAKE DR., LEXINGTON KY 40515
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Secretary LISA GREEN-RATLIFF
President JAMIE BREEDING

Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below. Addresses default to principal office unless otherwise specified.

Director JIM MORTON
Director KIM CANTER
Director JIMMY MAWYER

Avoid a penalty fee of \$100. File online at <http://app.sos.ky.gov/arp/0281700> OR sign and return the required \$15.00 filing fee no later than June 30, 2014.

X Jamie Breeding
Signature of officer or chairman of the board (Required)

CEO
Title (Required)

2-27-14
Date (Required)

**MISS KENTUCKY SCHOLARSHIP PAGEANT
STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS - CASH BASIS
As of July 31, 2015**

Assets

Current Assets

CASH IN BANK-CD	\$	17,573.28
CASH IN BANK-OPERATING		28,267.96
CASH IN BANK-SCHOLARSHIP FUND		51,105.32
ACCOUNTS RECEIVABLE		<u>530.73</u>

Total Current Assets

97,477.29

Total Assets

\$ 97,477.29

Liabilities and Net Assets

Current Liabilities

ACCOUNTS PAYABLE	\$	59.40
SCHOLARSHIP-LYDIA ALLEN		500.00
SCHOLARSHIP-NATALIE JOHNSON		300.00
SCHOLARSHIP-ALYSSA ROBB		200.00
SCHOLARSHIP-CLAIRE BUTLER		5,000.00
SCHOLARSHIP-LAUREN BOHL		200.00
SCHOLARSHIP-CLARK DAVIS		15,700.00
SCHOLARSHIP -RAMSEY CARPENTER		709.54
SCHOLARSHIP-TARYN WISE		200.00
SCHOLARSHIP-SUSAN AHMADI		200.00
SCHOLARSHIP -SARAH COCANOUGH		200.00
SCHOLARSHIP -MELISSA COX		2,300.00
SCHOLARSHIP-ABIGAL STANLEY		200.00
SCHOLARSHIP-TYRA SANGKHAMYONG		200.00
SCHOLARSHIP-BROOK BILLINGS		200.00
SCHOLARSHIP-JENNA DAY		1,581.00
SCHOLARSHIP-HANNAH ESTES		2,500.00
SCHOLARSHIP-LAURA CASTLE		200.00
SCHOLARSHIP- GEORGIA GARDNER		500.00
SCHOLARSHIP-SHELBY MORGAN		500.00
SCHOLARSHIP-MORGAN POOL		500.00
SCHOLARSHIP-ERYN LANDHERR		300.00
SCHOLARSHIP-HOPE LEMASTER		700.00
SCHOLARSHIP-HALEY WHEELER		200.00
SCHOLARSHIP-ERICA MOORE		1,000.00
SCHOLARSHIP-SUSANNA WHITE		1,300.00
SCHOLARSHIP-CYNTHIA THOMAS		500.00
SCHOLARSHIP-HALEY ABBOTT		500.00
SCHOLARSHIP -DAKODA TRENARY		500.00
SCHOLARSHIP -TALIA HORN		1,000.00
SCHOLARSHIP-KYLE HORNBACK		500.00
SCHOLARSHIP-MADISON MCCOWAN		500.00
SCHOLARSHIP-WESLEY WARE		200.00
SCHOLARSHIP-LARKIN WALKER		1,000.00
A/P-CAPTIAL ONE		1,686.87
SCHOLARSHIP ESCROW - LOCAL AWARDS		<u>700.00</u>

Total Current Liabilities

42,536.81

Unrestricted Net Assets

FUND BALANCE	\$	84,326.23
CURRENT REVENUE OVER EXPENSES		<u>(29,385.75)</u>

Total Net Assets

54,940.48

No assurance is provided on these financial statements.
Substantially all disclosures and the statement of changes in net assets required by the cash basis of accounting are not included.

**MISS KENTUCKY SCHOLARSHIP PAGEANT
STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS - CASH BASIS
As of July 31, 2015**

Total Liabilities and Net Assets

\$ 97,477.29

No assurance is provided on these financial statements.
Substantially all disclosures and the statement of changes in net assets required by the cash basis of accounting are not included.

MISS KENTUCKY SCHOLARSHIP PAGEANT
Statement of Revenues and Expenses-Income Tax Basis
July 31, 2015

	1 Month Ended July 31, 2015	Percent	10 Months Ended July 31, 2015	Percent
Revenue				
BLUEGRASS PRINCESS	\$ 0.00	0.00 %	\$ 2,400.00	1.73 %
LITTLE MISS PAGEANT	0.00	0.00	6,635.00	4.77
MISS KY TEEN PAGEANT	0.00	0.00	7,215.21	5.19
MISS KY TEEN ADS	3,825.00	11.01	16,700.00	12.01
LOCAL PRELIMINARY FEES	0.00	0.00	3,900.00	2.80
MISS KENTUCKY BOOKING FEE	0.00	0.00	2,740.00	1.97
MISS KENTUCKY GUEST APPEARANCE	0.00	0.00	8,025.00	5.77
PEOPLE'S CHOICE AWARD	0.00	0.00	10,249.01	7.37
PROGRAM ADVERTISING	0.00	0.00	26,000.00	18.69
TICKET SALES-PAGEANT	24,890.90	71.64	24,890.90	17.90
ONLINE INCOME - MISS KY	6,019.25	17.32	6,116.25	4.40
CONTESTANT REIMBURSEMENTS	0.00	0.00	5,500.00	3.95
SCHOLARSHIP DONATIONS	0.00	0.00	12,775.00	9.19
FUND RAISING REVENUE-GALA	0.00	0.00	4,304.00	3.09
INTEREST INCOME	9.23	0.03	86.10	0.06
REIMBURSEMENT-MA TICKETS	0.00	0.00	530.00	0.38
MISC INCOME	0.00	0.00	346.64	0.25
CONTESTANT ORIENTATION	0.00	0.00	670.00	0.48
Total Revenue	34,744.38	100.00	139,083.11	100.00
Expenses:				
Production Expenses:				
PROGRAM BOOK EXPENSES	6,200.00	17.84	6,200.00	4.46
AD EXPENSE	225.00	0.65	848.02	0.61
PAGEANT PRODUCTION EXPENSES	14,493.98	41.72	29,664.51	21.33
JUDGES	2,158.66	6.21	9,571.71	6.88
CONTESTANT EXPENSES	1,042.52	3.00	2,256.75	1.62
INSURANCE	0.00	0.00	638.00	0.46
CONTESTANT ORIENTATION EXPENSE	0.00	0.00	294.63	0.21
TROPHIES/AWARDS	169.60	0.49	1,521.80	1.09
STORAGE EXPENSE	0.00	0.00	2,808.00	2.02
RECEPTION EXPENSE	450.00	1.30	450.00	0.32
MISS KENTUCKY LUNCHEON	0.00	0.00	881.35	0.63
SCHOLARSHIPS AND AWARDS	21,694.70	62.44	21,694.70	15.60
2016 STATE QUEEN EXPENSES	3,344.56	9.63	3,344.56	2.40
2013 STATE QUEEN EXPENSES	0.00	0.00	220.35	0.16
2014 STATE QUEEN EXPENSES	0.00	0.00	751.39	0.54
2015 STATE QUEEN EXPENSES	909.67	2.62	2,453.67	1.76
BLUEGRASS PRINCESS EXPENSES	0.00	0.00	313.95	0.23
MISS AMERICA PAGEANT EXPENSES	40,591.40	116.83	45,357.60	32.61
TEEN PRODUCTION EXPENSE	0.00	0.00	2,420.00	1.74
MISS TEEN EXPENSES	200.00	0.58	7,279.04	5.23
LITTLE MISS EXPENSE	0.00	0.00	566.40	0.41
MISS KENTUCKY BOOKING EXPENSES	0.00	0.00	9,046.09	6.50
Total Production Expense	91,480.09	263.31	148,582.52	106.81
Profit (Loss) from Productions	(56,735.71)	(163.31)	(9,499.41)	(6.81)
Administrative Expenses:				
CASH ADVANCES	0.00	0.00	2,585.00	1.86
OFFICE EXPENSE	582.44	1.68	1,381.28	0.99
POSTAGE	75.72	0.22	764.45	0.55
TELEPHONE & CABLE	111.71	0.32	1,458.47	1.05

No assurance is provided on these financial statements.

Substantially all disclosures and the statement of changes in net assets required by the cash basis of accounting are not included.

MISS KENTUCKY SCHOLARSHIP PAGEANT
Statement of Revenues and Expenses-Income Tax Basis
July 31, 2015

	1 Month Ended July 31, 2015	Percent	10 Months Ended July 31, 2015	Percent
RENT & UTILITIES	8.94	0.03	89.40	0.06
PROFESSIONAL SERVICES	0.00	0.00	155.82	0.11
TRAVEL AND ENTERTAINMENT	35.68	0.10	940.00	0.68
AUTO EXPENSE	119.75	0.34	681.25	0.49
INSURANCE	0.00	0.00	650.00	0.47
LICENSES AND FEES	0.00	0.00	15.00	0.01
DONATIONS	200.00	0.58	2,014.40	1.45
PROMOTION-FLOWERS & GC	300.00	0.86	2,275.53	1.64
INTEREST	84.25	0.24	144.98	0.10
MISCELLANEOUS EXPENSES	<u>1,413.93</u>	<u>4.07</u>	<u>2,060.37</u>	<u>1.48</u>
Total Administrative Expenses	<u>2932.42</u>	<u>8.44</u>	<u>15215.95</u>	<u>10.94</u>
Fundraising Expenses:				
FUND RAISING EXPENSES	0.00	0.00	457.30	0.33
FUND RAISING-GALA	<u>0.00</u>	<u>0.00</u>	<u>3,692.76</u>	<u>2.66</u>
Total Fundraising Expenses	<u>0.00</u>	<u>0.00</u>	<u>4,150.06</u>	<u>2.99</u>
Total Admin and Fundraising Expenses	<u>2,932.42</u>	<u>8.44</u>	<u>19,366.01</u>	<u>13.93</u>
Net Income (Loss)	<u>\$ (59,668.13)</u>	<u>(171.75)%</u>	<u>\$ (28,865.42)</u>	<u>(20.74)%</u>

No assurance is provided on these financial statements.

Substantially all disclosures and the statement of changes in net assets required by the cash basis of accounting are not included.

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1160

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MISS KENTUCKY SCHOLARSHIP PAGEANT

D Employer identification number
XXXXXXXXXX

E Telephone number
(859) 273-4931

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.MISSKENTUCKYPAGEANT.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I), column (B) below are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **171,728.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received			16,709.																									
	2	Program service revenue including government fees and contracts			149,236.																									
	3	Membership dues and assessments																												
	4	Investment income		SEE SCHEDULE O																										
	5a	Gross amount from sale of assets other than inventory		5a																										
	b	Less: cost or other basis and sales expenses		5b																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a																										
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b		3,244.																								
c	Less: direct expenses from gaming and fundraising events		6c		3,693.																									
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d									-449.																		
7a	Gross sales of inventory, less returns and allowances		7a																											
b	Less: cost of goods sold		7b																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c																											
8	Other revenue (describe in Schedule O)			SEE SCHEDULE O																										
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)			SEE SCHEDULE O																									
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)			SEE SCHEDULE O																									
17	Total expenses. Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	133,210.	22	125,795.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	505.	24	531.
25 Total assets	133,715.	25	126,326.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	49,389.	26	38,679.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,326.	27	87,647.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SCHOLARSHIP AWARDS FOR HIGHER EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	<u>SCHOLARSHIPS WERE AWARDED TO 5 CONTESTANTS AND MISCELLANEOUS AWARDS TO 26 CONTESTANTS, AND 7 LOCAL FRANCHISES FOR EDUCATIONAL PURPOSES</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	164,714.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	164,714.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>JAMES BREEDING</u> <u>PRESIDENT</u>	20.00	0.	0.	0.
<u>PAULA ELDER</u> <u>TREASURER</u>	10.00	0.	0.	0.
<u>KIM CANTER</u> <u>VICE PRESIDENT</u>	5.00	0.	0.	0.
<u>LISA RATLIFF</u> <u>SECRETARY</u>	5.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents...
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of TAMMY DOYLE FARLEY, CPA Telephone no. (859) 977-1635 Located at 444 E. MAIN STREET, #203, LEXINGTON, KY ZIP + 4 40507
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)



46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
				X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
	b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name TAMMY DOYLE FARLEY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name KRING, RAY, FARLEY & RIDDLE, PSC	Firm's EIN		Phone no. (859) 231-0541	
Firm's address 444 EAST MAIN STREET; STE 203 LEXINGTON, KY 40507				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MISS KENTUCKY SCHOLARSHIP PAGEANT

Employer identification number



FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	103.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	2,436.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP AWARDS - SCHEDULE ATTACHED

DATE OF GIFT: 07/04/15

AMOUNT GIVEN:	39,400.
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES	2,144.
TELEPHONE	2,017.
TRAVEL	940.
PAGEANT PRODUCTION	97,685.
MISS AMERICA PAGEANT EXPENSE	10,121.
BUSINESS LICENSES AND FEES	15.
ADVERTISING/PROMOTION	2,376.
MISCELLANEOUS	1,549.
AUTO EXPENSE	681.
INSURANCE	1,288.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

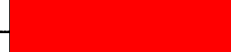
2014

Open to Public
Inspection

Name of the organization

MISS KENTUCKY SCHOLARSHIP PAGEANT

Employer identification number



INTEREST	257.
STORAGE EXPENSE	2,808.
GENERAL FUNDRAISING EXPENSES	457.
CONTRIBUTIONS TO CHILDRENS MIRACLE NETWORK	2,054.
TOTAL TO FORM 990-EZ, LINE 16	124,392.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	505.	531.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,216.	1,653.
SCHOLARSHIP ESCROW	46,173.	37,026.
TOTAL TO FORM 990-EZ, LINE 26	49,389.	38,679.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

MISS KENTUCKY SCHOLARSHIP PAGEANT
SCHOLARSHIP AWARDS
FOR THE YEAR ENDED SEPTEMBER 30, 2015

CONTESTANT		AMOUNT AWARDED
Clark Davis	Winner	15,700
Claire Butler	1st Runnerup	5,000
Hannah Estes	2nd Runnerup	2,500
Melissa Cox	3rd Runnerup	2,300
Talia Horn	4th Runnerup	1,000
Susanna White		1,300
Cynthia Thomas		1,000
Erica Moore		1,000
Larkin Walker		1,000
Georgia Gardner		800
Hope LeMaster		700
Dakoda Trenary		500
Kyle Hornback		500
Shelby Morgan		500
Morgan Pool		500
Haley Abbott		500
Madison McCowan		500
Natalie Johnson		300
Eryn Landherr		300
Wesley Ware		200
Lydia Allen		500
Alyssa Robb		200
Lauren Bohl		200
Brook Billings		200
Haley Wheeler		200
Taryn Wise		200
Susan Ahmadi		200
Abigail Stanley		200
Tyra Sanghamyong		200
Sarah Cocanougher		200
Laura Castle		200
Local Pageant Awards		800
		39,400
		39,400
Total Scholarships Awarded		39,400

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Miss Kentucky Scholarship Pageant		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501c4		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 3284 Shoal Lake Drive		Requester's name and address (optional)
	6 City, state, and ZIP code Lexington, KY 40515		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>							<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>						

or

Employer identification number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/09/2016
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(ii)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ²
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ²
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

KENTUCKY CENTER PD3

Production Cost Estimate

Event Name: Miss Kentucky Teen
Dates and Times: June 24 & 25, 2016
Contact Name: Lauren Wallace
Location: Bomhard
Config/Seats: Both Lifts Up
Work #:
Cell #:

PLAN:

June 24th - Crew call at 5pm for rehearsal, doors at 7:30p, event begins at 8pm, two hour event, strike and clear by 11pm.

June 25th - Crew call at 9am, doors at 10:30p, first event at 11am, clear theatre by 2pm, two meal breaks, crew recalled at 6pm, doors at 7:30p, second event begins at 8pm, two hour event, strike and clear by 11p.

Client will provide playback music
 Client will use Cyc for Colored backround.

LABOR:

6/24- 3x6x\$26.00=\$468.00	
6/25- 3x8x\$26.00=\$624.00	\$468.00
3x4x\$39.00=\$468.00	\$624.00
	\$468.00

TOTAL LABOR \$: \$1,560.00

EQUIPMENT:

4-Monitors x2days	\$50.00	\$200.00
2-Wireless Microphones x2days	\$150.00	\$300.00
1-Lectern x2days	\$60.00	\$120.00
12-Additional Lights (Fresnels) x2days	\$144.00	\$288.00
20-Additional Lights (laniros) x2days	\$200.00	\$400.00
1-7' Grand Piano x2days	\$175.00	\$350.00
3-Wired Microphones x2days	\$30.00	\$60.00
	sub total	\$1,718.00
minus production equipment waiver		-\$687.20
		\$1,030.80
1-Roll Gaff Tape	\$20.00	\$20.00
12- Sheets Color Gel	\$10.00	\$120.00

TOTAL EQUIPMENT & SUPPLIES \$: 1,170.80

REIMBURSABLES:

1-Grand Piano Tuning (Gist)	\$135.00
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TOTAL REIMBURSABLES \$: \$135.00

GRAND TOTAL \$: \$2,865.00

Prepared / Revised by: Keith Kimmel

Date: February 16th 2016

KENTUCKY CENTER Event Estimate Summary Theatrical

Event Name: Miss Kentucky Teen Program
 Friday, June 24, 2016 to Saturday, June 25, 2016 - various times
 Dates and Times: times
 Contact Name: Lauren Wallace
 Email: Lauren@ashleymiller.org

Location: Bomhard Theater
 Capacity is 619
 depending upon Access
 Attendance: needs
 Phone #: _____

All prices are estimates ONLY. Final fees will be based on actual use.

RENT:

Item	Price per Day	Subtotal
Non-Refundable Bomhard Theater Friday Non-Profit Rental Fee (single performance)	\$ 905.00	\$ 905.00
Non-Refundable Bomhard Theater Saturday Non-Profit Rental Fee (double performance)	\$ 1,350.00	\$ 1,350.00
TOTAL RENT:		\$ 2,255.00

Front of House:

Bomhard Friday Non-Profit Front of House Fee per performance- covers cost of house staff and volunteers working the event	\$ 115.00	\$ 115.00
Bomhard Saturday Non-Profit (Two Performances) Front of House Fee per performance- covers cost of house staff and volunteers working the event	\$ 115.00	\$ 230.00
Total Front of House \$:		\$ 345.00

Ticketing Fees:

	Price per Perf.	Subtotal
Setup Fee per performance - Friday General Admission (Reserved seating would be \$200 per show) - paid by client	\$ 50.00	\$ 50.00
Setup Fee per performance - Saturday (Two Performances) General Admission (Reserved seating would be \$200 per show) - paid by client	\$ 50.00	\$ 100.00
Facility Fee - \$3.00 - added to ticket price paid by patron		?
\$0.30 per ticket issued - printing fee - paid by client		?
Credit card percentages applicable (3.1%) - paid by client		?
Convenience & Handling fees** - paid by patrons (phone & internet orders)		?
TOTAL TICKETING \$:		\$ 150.00

Production Cost Estimate:

Production Labor & Equipment Estimate (Includes 40% waiver of in-house equipment for non-profit); Further explanation of production costs is included on additional sheet of this workbook.	\$ 2,865.00
Production Cost Estimate Total \$:	
\$ 2,865.00	

Bar Services:

KCA will have Bar Services available during your show. If you would like your show to have no alcohol available or if you have questions, please contact Brandy Leitner before proceeding to contract.

Comments:

Total Event Estimate\$: \$ **5,615.00**

Please note this estimate only includes the time in the theater for load in, tech, rehearsals, performances, and strikes as requested as of Tuesday, February 16, 2016. Any other receptions or events in spaces other than the theater and/or any additional use inside the theater outside of these specific dates & times are not included in this estimate. Those fees can be estimated at a later date if necessary. Any additional needs will result in additional charges on the final invoice.

Prepared by: Brandy N. Leitner

Date: Revised 2/16/2016

MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.

General Information

Organization Number 0281700
Name MISS KENTUCKY SCHOLARSHIP PAGEANT, INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
Organization Date 1/16/1991
Last Annual Report 2/25/2016
Principal Office 3284 SHOAL LAKE DR.
LEXINGTON, KY 40515
Registered Agent J.D. JOHNSON, ESQ.
FAMILY BANK BLDG., STE 208
236 MAIN ST.
P.O. BOX 1546
PAINTSVILLE, KY 41240

Current Officers

President JAMIE BREEDING
Secretary LISA GREEN-RATLIFF
Treasurer PAULA ELDER
Director JIM MORTON
Director KIM CANTER
Director JIMMY MAWYER

Individuals / Entities listed at time of formation

Director NANCY DUNAWAY
Director ANN H HIGGINS
Director LISA HIGGINS
Incorporator GRETCHEN KING

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.

<u>Annual Report</u>	2/25/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/2/2015	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/7/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/7/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/27/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/23/2011	1 page	<u>tiff</u>	<u>PDF</u>



Louisville Metro Council

David W. Tandy
District 4 Councilman

Keidra D.C. King
Legislative Aide

March 7, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following
Neighborhood Development Funds: Legal Aid Society, Kentucky African American Heritage
Center and the Miss Kentucky Scholarship Pageant

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

David W. Tandy
Fourth District Councilman