

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

488

Applicant/Program: No Kill Louisville / Pet Food Bank

Executive Summary of Request:

No Kill Louisville is a community operation that provides pet owners throughout Louisville with a one month FREE supply of food, flea treatments, low-cost spray/ neuter options and a lost and found program to help reunite missing or found pets with their owners.

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>6</u>		<u>\$1,000.00</u>	<u>6-25-2015</u>
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

_____ Date _____
Appropriations Committee Chairman

Clerk's Office Only:

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

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 7/16/15 TIME 10:14


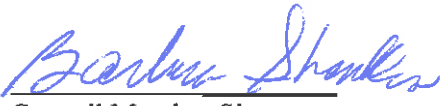


Applicant/Program:

NO Kill Louisville / Pet Food Bank

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>10</u> District #	 Council Member Signature	<u>\$250⁰⁰</u> Amount	<u>6/25/15</u> Date
<u>22</u> District #	_____ Council Member Signature	_____ Amount	_____ Date
<u>2</u> District #	 Council Member Signature	<u>\$250.00</u> Amount	<u>6/25/2015</u> Date
<u>13</u> District #	 Council Member Signature	<u># 250⁰⁰</u> Amount	<u>6/25/15</u> Date
<u>21</u> District #	 Council Member Signature	<u>\$250</u> Amount	<u>6/25/15</u> Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: No Kill Louisville		
Program Name: Pet Food Bank	Request Amount: \$38,400	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		yes
Request form: Is the funding proposed less than or equal to the request amount?		yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		N/A
Application Page 1: Is the application properly signed and dated by authorized signatory?		yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		yes
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		NO
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		yes
Operating Budget: Is the organization’s current fiscal year operating budget included?		yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		NO
Board Members: Is the entity’s board member list (with term length/term limits) included?		yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		
Annual Audit: Is the most recent annual audit (if required by organization) included?		N/A
Rent Requests: Is a copy of signed lease included?		
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		yes
IRS Form W-9: Is the IRS Form W-9 included?		yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: Allison Oliver		Date: 6/25/2015



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		No Kill Louisville	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 6655, Louisville Ky 40206			
Website: www.nokill-louisville.com			
Applicant Contact:	Rebecca Ficklin	Title:	President
Phone:	502-552-2667	Email:	president@nokill-louisville.com
Financial Contact:	Rebecca Ficklin	Title:	President
Phone:	502-552-2667	Email:	president@nokill-louisville.com
Organization's Representative who attended NDF Training: Wendy Carlin			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	630 Bruce Ave, Louisville Ky 40208		
Council District(s):	We serve all districts	Zip Code(s):	We serve all zip codes
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Pet Food Bank			
Total Request: (\$)	38,400	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input checked="" 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: We rent our building but we are not under a lease agreement.			
<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 <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our Mission:

Through the support and creation of programs and services, collaboration, and advocacy, No Kill Louisville will build a community where no adoptable pet or feral cat is killed.

Our Vision:

We envision our community as a place where no adoptable pet or feral cat is killed, regardless of resources, economics, or politics.

No Kill Louisville operates various community programs and services, including a spay and neuter program focused on providing low-cost spay/neuter options to the community, a lost and found program to help reunite missing or found animals with their owners, and one of our biggest programs; our Pet Food Bank.



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.):

What began as a quick response to the closure of the Kentucky Humane Society's pet food bank in 2010, has transformed into a sophisticated operation serving hundreds of low or no income families each month.

Our vision for the Pet Food Bank is for it to become a permanent, sustainable resource for low or no income pet owners in our community. A key tenet in the No Kill Model is pet retention; an inability to feed a pet is often cited for the surrender of a pet to an animal shelter. That is why the mission of the No Kill Louisville Pet Food Bank is to help people and their pets.

In 2014, we supplied over 250 low or no-income families pet food and supplies. We gave 81,205 lbs of dog food, 15,560 lbs of cat food, 7,182 lbs of cat litter. We fed 462 dogs, 950 cats, 8 rabbits, 18 birds, 50 fish, 3 ferrets, 4 guinea pigs, 11 hamsters, 7 turtles, 1 chinchilla, 1 rat, 4 chickens, and 2 ducks.

So far, in 2015, we've supplied over 260 low or no-income families pet food and supplies. We've given 21,507 lbs of dog food, 8,109 pounds of cat food, 2,605 pounds of litter, flea treatment for 6 cats and 1 dog. We've fed 496 dogs, 1,072 cats, 18 rabbits, 15 birds, 50 fish, 1 ferret, 2 guinea pigs, 9 hamsters, 4 turtles, 1 rat, 4 chickens, and 2 ducks.

No Kill Louisville recognizes the need to promote responsible pet ownership. Therefore, recipients agree to spay/neuter their pets and to provide them with fresh water, food, and shelter daily. Food is provided in a FREE one month supply and distributed every Saturday on a first come, first serve basis. When available, the Pet Food Bank also supplies food to local rescue organizations and shelters so that they can increase rescue efforts by cutting food costs.

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

All amounts below are for 1 year's expenses/needs.

\$23,400 for 1 years rent of the facility (we do rent this building, but we are not under a lease.)

\$6,000 for 1 years Utilities (electric, water, internet)

\$6,600 to cover pet food and supplies when donations are less than what is needed to supply clients

\$4,800 for gas. We must pick up from the 20+ places we receive donations from. We travel almost every days of the week.

\$600 for pest control to keep the warehouse rodent free and not to contaminate the food.

\$1,200 for 1 year of insurance to cover the building in case of disaster.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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.



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:

No family should have to choose between feeding themselves and feeding their pet. For some of our neighbors, providing their pets with even a basic necessity life food can be difficult. To ensure that loving pets remain happy, healthy, and at home with their families, No Kill Louisville operates a pet food bank for low or no income pet owners.

Our program, prevents animals from being surrendered and allows them to stay with their families, which causes a reduction in the intake of animals at the local shelter.

We will keep track of the amount of food given, how many households are being supplied food and supplies, how many animals are been served, and compare those to the intake records with Louisville Metro Animal Services.

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.

We work with several other rescues in Ky, such as Shamrock Foundation, Derby City Dog Rescue, Saving Sunny, and many others. We help to provide them services such as spay/neuter, assistance in finding homes for their homeless animals, and items they need through programs such as our Angel Tree Program and facebook requests.

We work with all of these rescues to help create a no kill community, advocating through collaborative events, program assistance, and ensuring that all residents that need help are directed to the appropriate organizations or programs. In regards to this particular program, we partner with Alley Cat Advocate to provide free food to their feral colony caretakers as an incentive to have the cats spayed/neutered. We also provide free food to several rescues for their animals, when supplies are available.



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			
B: Rent/Utilities	29,400		
C: Office Supplies			
D: Telephone			
E: In-town Travel	2,400	2,400	
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	6,600		
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)		1,800	
*TOTAL PROGRAM/PROJECT FUNDS	38,400	4,200	42,600
% of Program Budget	89.07 %	10.93 %	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)	4,200
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	4,200

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers - time	400 hours \$2,780.16 per year	\$7.24 per hour
Walmart - pet food and supplies	\$3,201 per year	\$0.50 per pound per month
Kroger - pet food and supplies	\$3,201 per year	\$0.50 per pound per month
Sams - pet food and supplies	\$3,201 per year	\$0.50 per pound per month
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$12,383.16 per year	

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

Agency Fiscal Year Start Date: July 1, 2015

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 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.

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:		Date:	7-1-15
Legal Signatory: (please print):	Rebecca Ficklin	Title:	President
Phone:	502-552-2667	Extension:	
Email:	president@nokill-louisville.com		

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

DEPARTMENT OF THE TREASURY

Date: **AUG 10 2010**

NO KILL LOUISVILLE INC
C/O JESSICA REID
1130 FORREST ST
LOUISVILLE, KY 40217-2206

Employer Identification Number:

DLN:

17053137300020

Contact Person:

JEFFERY A CULLEN

ID# 31215

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

April 22, 2010

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

NO KILL LOUISVILLE INC

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is stylized with a large, looping initial "R" and a cursive "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Programs		\$81,680.00		
Spay & Neuter Program		\$10,100.00		
	Vouchers & Mailing Supplies	\$100.00		
	Surgeries	\$10,000.00		
Pet Food Bank		\$39,000.00		
	Rent	\$23,400.00		
	Utilities & Internet	\$6,000.00		
	Pet Food & Supplies	\$3,000.00		
	Gas to pick up food	\$4,800.00		
	Pest Control	\$600.00		
	Building Insurance	\$1,200.00		
Foster - Adoption Program		\$19,500.00		
	Vet Services & Surgeries	\$15,000.00		
	Boarding & Training	\$1,500.00		
	Food & Supplies	\$3,000.00		
Lost Pets Kentuckiana		\$220.00		
	Service	\$180.00		
	Domain renewal	\$40.00		
Operational Expenses		\$12,860.00		
	Banking Fees	\$760.00		
			Paypal	\$700.00
			PNC	\$60.00
	Website	\$800.00		
	Merchandise	\$1,000.00		
	Director & Volunteer Insurance	\$1,200.00		
	Taxes	\$1,000.00		
	Office & Mailing Supplies	\$2,000.00		
	Advertising	\$2,000.00		
			Newsletter	\$600.00
			Newspapers	\$1,100.00
			Facebook Ads	\$300.00
	Grants to other nonprofits	\$2,000.00		
	Annual Events	\$2,100.00		
			Pride Festival	\$100.00
			Comedy Night	\$100.00
			Keep the Dream Alive	\$500.00

			Waggin' Trail	\$100.00
			Angel Tree Program	\$500.00
			Volunteer Appreciation	\$500.00
			Yard Sale	\$300.00

Board of Directors

Organization Name: NO KILL LOUISVILLE

State: KENTUCKY

Please provide the following information about each of your board members and reply "yes" or "no" to each of the three questions below. Please upload the completed document into online

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Email</u>	<u>Profession</u>	<u>Number of consecutive years serving on the board (start date)</u>
Rebecca Ficklin	President	PO Box 6655	Louisville	KY	40206	President@nokill-louisville.com	Self Employed	2.5 years (Aug 2012)
Jeremy Ficklin	Media Director	PO Box 6655	Louisville	KY	40206	Media@nokill-louisville.com	Systems Engineer	1.5 (Jan 2014)
Christine Olson	Secretary	PO Box 6655	Louisville	KY	40206	info@nokill-louisville.com	Student	1.5 (Nov 2013)
Jamie Utley	Fundraising Director	PO Box 6655	Louisville	KY	40206	fundraising@nokill-louisville.com	Self Employed	1 (April 2014)

3 application as instructed.

<u>Employee of Organization?</u>	<u>Related to any other board member or to an organization employee?</u>	<u>Owner or employee or related to owner or employee of any company paid by the organization for services? (veterinary, accounting, legal, boarding, etc.?)</u>
No	Yes	No
No	Yes	No
No	No	No
No	No	No

Non-Profit Checking

PNC Bank



For the Period 04/01/2015 to 04/30/2015

Primary Account Number: [REDACTED]

Page 1 of 5

Number of enclosures: 0

NO KILL LOUISVILLE
PO BOX 6655
LOUISVILLE KY 40206-0655

For 24-hour banking sign on to
 PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch

Write to: Customer Service
PO Box 609

Pittsburgh, PA 15230-9738

Visit us at PNC.com/mybusiness/

TDD terminal: 1-800-531-1648
For hearing impaired clients only

Non-Profit Checking Summary

No Kill Louisville

Account number: [REDACTED]

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
607.60	6,054.04	4,639.67	2,021.97
		Average ledger balance	Average collected balance
		1,541.66	1,511.89

Deposits and Other Additions

Description	Items	Amount
ATM Deposits and Additions	9	1,774.84
ACH Additions	11	1,991.27
Other Additions	2	2,287.93
Total	22	6,054.04

Checks and Other Deductions

Description	Items	Amount
Checks	6	2,315.00
Check Card Purchases	12	702.82
POS Purchases	4	178.58
ATM/Misc. Check Card Transactions	2	56.63
ACH Deductions	5	1,135.58
Service Charges and Fees	1	1.47
Other Deductions	2	249.59
Total	32	4,639.67

Daily Balance

Date	Ledger balance	Date	Ledger balance
04/01	577.60	04/13	601.37
04/02	526.09	04/14	844.19
04/03	972.55	04/15	797.56
04/06	427.68	04/16	2,832.95
04/07	1,200.18	04/17	2,804.69
04/08	1,221.68	04/20	2,812.54
04/10	1,194.14	04/21	2,763.14
		04/22	2,666.57
		04/23	2,873.53
		04/24	923.53
		04/27	856.88
		04/28	2,212.57
		04/29	2,106.97
		04/30	2,021.97

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 04/01/2015 to 04/30/2015

No Kill Louisville

Primary Account Number: [REDACTED]

Page 2 of 5

Non-Profit Checking Account Number: [REDACTED] - continued

Activity Detail

Deposits and Other Additions

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
04/07	563.54	ATM Deposit 9740 Von Allmen Louisville Ky	95292882 PNC PA1712
04/07	56.00	ATM Deposit 9740 Von Allmen Louisville Ky	95292901 PNC PA1712
04/08	.18	Debit Card Credit Bluepearl Louisville Louisville Ky	55407870029204045098
04/28	575.00	ATM Deposit 9740 Von Allmen Louisville Ky	89213110 PNC PA1712
04/28	400.00	ATM Deposit 9740 Von Allmen Louisville Ky	89213129 PNC PA1712
04/28	90.00	ATM Deposit 9740 Von Allmen Louisville Ky	89213139 PNC PA1712
04/28	52.12	ATM Deposit 9740 Von Allmen Louisville Ky	89213100 PNC PA1712
04/28	33.00	ATM Deposit 9740 Von Allmen Louisville Ky	89213147 PNC PA1712
04/28	5.00	ATM Deposit 9740 Von Allmen Louisville Ky	89213141 PNC PA1712

ACH Additions

Date posted	Amount	Transaction description	Reference number
04/03	661.34	ACH Credit Transfer Paypal 5N9228Qbpezi	00015092011284708
04/07	292.84	ACH Credit Transfer Paypal 5N9228Qkqn4Tc	00015096008797563
04/08	81.93	ACH Credit Transfer Paypal 5N9228Qm86Q58	00015097012263961
04/13	21.23	Corporate ACH 150413N2 Square Inc L1301559382	00015103004966652
04/14	292.82	ACH Credit Transfer Paypal 5N9228R2Qh4Qu	00015104009125499
04/16	71.92	ACH Credit Transfer Paypal 5N9228R7Eyjqn	00015106008388323
04/20	202.21	ACH Credit Transfer Paypal 5N9228Reg8Xza	00015110005662764
04/21	5.83	Corporate ACH Benevity Benevity Aef 27-2368180	00015110008777663
04/22	153.19	Corporate ACH 150422N2 Square Inc L1307930608	00015112003203989
04/23	206.96	ACH Credit Transfer Paypal 5N9228RI4S2P6	00015112006324449
04/27	1.00	Corporate ACH Payables Paypalgivingfund 0060390	00015117003764044

Other Additions

Date posted	Amount	Transaction description	Reference number
04/16	2,038.34	Online Transfer From	0000003029554377 NO KILL LOUISVI
04/28	249.59	Online Transfer From	0000003029554377 NO KILL LOUISVI

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
04/03	1405 *	100.00	033468139	04/01	1409 *	20.00	075604024	04/24	1411	1,950.00	073806000
04/14	1407 *	50.00	076921057	04/13	1410	110.00	032068584	04/30	1412	85.00	074367140

Check Card Purchases

Date posted	Amount	Transaction description	Reference number
04/03	74.63	4045 Debit Card Purchase Bluepearl Louisville 502-2443036 Ky	00572870029204045093
04/03	40.25	4045 Debit Card Purchase Foster Smith Mail Ord 800-3817179 Wi	00573870029204045093
04/06	42.38	4045 Debit Card Purchase Verizon Wrls N5476-01 Louisville Ky	02959870029204045096
04/06	106.19	4045 Debit Card Purchase Budget0000927937661 Louisville Ky	02957870029204045096

Check Card Purchases continued on next page

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 04/01/2015 to 04/30/2015

No Kill Louisville

Primary Account Number: [REDACTED]

Page 3 of 5

Non-Profit Checking Account Number [REDACTED] continued

Check Card Purchases - continued

Date posted	Amount	Transaction description	Reference number
04/06	137.94	4045 Debit Card Purchase Outsource.Com 8004064732 Ca	02958870029204045096
04/07	46.00	4045 Debit Card Purchase USPS PO Boxes 66101510 800-3447779 Dc	90788870029204045097
04/07	49.00	4045 Debit Card Purchase Campaignmonitor.co m	90789870029204045097
04/07	43.41	4045 Debit Card Purchase Groupon Inc 877-78878	90791870029204045097
04/08	19.19	4045 Debit Card Purchase 1-800Petsupplies.Com 888-8090748 PA	55406870029204045098
04/08	41.42	4045 Debit Card Purchase Bluepearl Louisville 502-2443036 Ky	55405870029204045098
04/10	27.54	4045 Debit Card Purchase Foster Smith Mail Ordr 800-3817179 Wi	39351870029204045100
04/16	74.87	4045 Debit Card Purchase Doltree 5138 00051383 Louisville Ky	07833870029204045106

POS Purchases

Date posted	Amount	Transaction description	Reference number
04/02	51.51	POS Purchase Office Depot 0 Louisville Ky	POS19242952 0336828
04/06	49.79	POS Purchase Thornton #095 Louisville Ky	POS21152794 1026018
04/17	28.26	POS Purchase Dollartree Louisville Ky	POS001 0341931
04/28	49.02	POS Purchase Wal-Mart #0526 Louisville Ky	POS24052601 0286083

ATM/Misc. Check Card Transactions

Date posted	Amount	Transaction description	Reference number
04/01	10.00	4045 Recurring Debit Card Facebook 48Azt7Nlc2 650-6187714 Ca	63829870029204045091
04/15	46.63	N0414 4045 Payment Amazon.Com Seattle Wa	POS00000101 0287056

ACH Deductions

Date posted	Amount	Transaction description	Reference number
04/06	208.57	ACH Debit Lease Pmnt Timepayment 34614495	00015093003219871
04/13	504.00	ACH Debit Payment Ipn*Animal Servi	00015103004437715
04/22	249.76	ACH Web-Single Web Pymts Louisville Gas & 300026974521	00015111010689388
04/27	67.65	ACH Web-Single Inst Xfer Paypal Derbycitydo	00015117003798831
04/29	105.60	Corporate ACH Ipfspmtkyl lpfs866-412-2429 280918	00015119003209131

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
04/07	1.47	International POS Fee Vis 0407 Au	90790870029204045097

Other Deductions

Date posted	Amount	Transaction description	Reference number
04/20	194.36	Online Transfer To 0000003029554377	NO KILL LOUI00006735
04/21	55.23	Online Transfer To 0000003029554377	NO KILL LOUI00002788

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 04/01/2015 to 04/30/2015

No Kill Louisville

Primary Account Number: [REDACTED]

Page 4 of 5

Non-Profit Checking Account Number: [REDACTED] continued

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 05/01/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 04/30/2015.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	33	.00	Included in Account
ACH Credits	11	.00	
ACH Debits	5	.00	
Checks Paid	6	.00	
Deposited Item - Consolidated	11	.00	
Total For Services Used This Period		.00	
Total Service Charge		.00	

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What is it?

A comprehensive cash flow management solution to help you speed up receivables, stay on top of payables, store documents online and sync with your accounting software -- while your receivables and payables activities automatically update an overall view of your cash flow, so you can see where you are today, and project and plan for your future with peace of mind.

What's in it for my business?


- > Get cash in faster
- > Get control of your payables
- > Get rid of paper with digital records
- > Get accounting and banking activity working together and save time by syncing data between your accounting software and Cash Flow Insight, so you do not have to enter data in multiple places
- > Get visibility into where you stand now, next week, next month
- > Get convenience and transparency for your advisors, like your accountant, by granting visibility into your past and present financials to help with reporting, analysis or tax preparation

To try Cash Flow Insight for up to 90 days at no cost, and take advantage of this limited-time \$100 offer, call 855-762-2361 or learn more at pncashflowinsight.com/more.

*Cash Flow Insight requires a PNC business checking account and enrollment in PNC Online Banking. Free trial offer valid for Cash Flow Insight and additional tools (Receivables, Payables and Accounting Software Sync) for your current statement cycle period and two additional statement cycles. One free trial per customer. For supported accounting software, post-trial fees, how to un-enroll, and details on the \$100 offer, call 855-762-2361 or visit pncashflowinsight.com/more. \$100 will be credited to your Cash Flow Insight-enrolled business checking account within 30 days of completing your qualifying transactions. Limit one \$100 offer per business. Offer may be extended, modified or discontinued at any time without notice and may vary by market.

PNC Bank, National Association. Member FDIC

Non-Profit Checking

 For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 04/01/2015 to 04/30/2015
No Kill Louisville
Primary Account Number: [REDACTED]
Page 5 of 5

Non-Profit Checking Account Number: [REDACTED] continued

Special opportunity for business owners during Small Business Month

Join us for a live, free and educational webcast on May 27, 2015 from 12:30 - 2:00pm ET.

Barbara Corcoran, star of ABC's the Shark Tank, Founder of the Corcoran Group and Chairman of Babara Corcoran Inc. will share her frontline experience and infectious energy to each person on the webcast. You will laugh, cry, and learn tips for becoming more successful. Motivational, inspirational, and sometimes outrageous, her tell-it-like-it-is attitude is a refreshing approach to success.

[Visit pnc.com/sbmonth](http://pnc.com/sbmonth) to register and learn more.

Non-Profit Checking

PNC Bank



For the Period 05/01/2015 to 05/29/2015

Primary Account Number: [REDACTED]

Page 1 of 4

Number of enclosures: 0

NO KILL LOUISVILLE
PO BOX 6655
LOUISVILLE KY 40206-0655

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FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG
Monday - Friday: 7 AM - 10 PM ET
Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en español, 1-877-BUS-BNKG

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Write to: Customer Service
PO Box 609
Pittsburgh, PA 15230-9738
 Visit us at PNC.com/mybusiness/
 TDD terminal: 1-800-531-1648
For hearing impaired clients only

Non-Profit Checking Summary

No Kill Louisville

Account number: [REDACTED]

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
2,021.97	4,764.09	3,315.99	3,470.07
		Average ledger balance	Average collected balance
		1,570.48	1,569.48

Deposits and Other Additions

Description	Items	Amount
ATM Deposits and Additions	5	536.72
ACH Additions	8	4,227.37
Total	13	4,764.09

Checks and Other Deductions

Description	Items	Amount
Checks	7	1,494.13
Check Card Purchases	5	561.86
POS Purchases	3	165.34
ATM/Misc. Check Card Transactions	3	215.45
ACH Deductions	5	877.74
Service Charges and Fees	1	1.47
Total	24	3,315.99

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
05/01	1,639.48	05/11	805.05	05/22	1,497.36
05/04	2,180.59	05/14	915.21	05/26	4,105.33
05/05	1,219.36	05/15	865.21	05/27	3,629.83
05/06	1,242.07	05/18	1,020.62	05/28	3,372.44
05/07	1,191.60	05/19	926.52	05/29	3,470.07
05/08	1,121.60	05/20	1,493.48		

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 05/01/2015 to 05/29/2015

No Kill Louisville

Primary Account Number

Page 2 of 4

Non-Profit Checking Account Number continued

Activity Detail

Deposits and Other Additions

ATM Deposits and Additions

Date posted	Amount	Transaction description	Reference number
05/18	229.09	ATM Deposit 9740 Von Allmen Louisville Ky	90523549 PNC PA1712
05/18	210.00	ATM Deposit 9740 Von Allmen Louisville Ky	90523547 PNC PA1712
05/29	49.63	ATM Deposit 9740 Von Allmen Louisville Ky	89420802 PNC PA1712
05/29	26.00	ATM Deposit 9740 Von Allmen Louisville Ky	89420818 PNC PA1712
05/29	22.00	ATM Deposit 9740 Von Allmen Louisville Ky	89420800 PNC PA1712

ACH Additions

Date posted	Amount	Transaction description	Reference number
05/04	553.35	ACH Credit Transfer Paypal 5N9228S6Hhdtl	00015124006502039
05/06	75.65	Corporate ACH Amazonsmil Amazonsmile Foun E3S6N56Qstwj7Lm	00015125003878102
05/14	110.16	ACH Credit Transfer Paypal 5N9228Sxeuxka	00015133007175939
05/18	19.45	Corporate ACH 150518N2 Square Inc L1327272973	00015138006487604
05/20	628.38	ACH Credit Transfer Paypal 5N9228Tdp7Y6E	00015139012348283
05/22	3.88	Corporate ACH Benevity Benevity Aef 27-2368180	00015141010673980
05/26	2,792.70	ACH Credit ACH Entry Razoo Foundation XXXXX8180	00015146005132329
05/28	43.80	ACH Credit Transfer Paypal 5N9228TV6Ngbs	00015147015399275

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
05/05	1414 *	48.63	073105732	05/01	1418 *	100.00	090782717	05/15	1420	50.00	L077161703
05/08	1415	70.00	078276853	05/05	1419	650.00	071343457	05/27	1421	475.50	075044853
05/11	1416	100.00	039176645								

Check Card Purchases

Date posted	Amount	Transaction description	Reference number
05/01	182.49	4045 Debit Card Purchase Twc*Timewamercable 513-4691112 Oh	63941870029204045121
05/04	12.24	4045 Debit Card Purchase McDonald's M6839 Louisville Ky	92870870029204045123
05/07	49.00	4045 Debit Card Purchase Campaignmonitor.co m	19469870029204045127
05/18	303.13	4045 Debit Card Purchase Crestwood Animal Hospi Crestwood Ky	92925870029204045137
05/26	15.00	4045 Debit Card Purchase L2Gky Sec Of State 502-5643490 Ky	73772870029204045144

POS Purchases

Date posted	Amount	Transaction description	Reference number
05/06	28.10	POS Purchase Feeders Supply Louisville Ky	POS00707681 0296625
05/11	43.14	POS Purchase Feeders Supply Louisville Ky	POS20706103 1105686
05/19	94.10	POS Purchase Wal-Mart #0526 Louisville Ky	POS24052601 0281667

ATM/Misc. Check Card Transactions

Date posted	Amount	Transaction description	Reference number
05/01	100.00	4045 Recurring Debit Card Facebook Me7Su7Wkc2 650-6187714 Ca	63942870029204045121

ATM/Misc. Check Card Transactions continued on next page

Non-Profit Checking

For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 05/01/2015 to 05/29/2015

No Kill Louisville

Primary Account Number: [REDACTED]

Page 3 of 4

Non-Profit Checking Account Number: [REDACTED] continued

ATM/Misc. Check Card Transactions - continued

Date posted	Amount	Transaction description	Reference number
05/05	54.03	N0504 4045 Payment Amazon.Com Seattle Wa	POS00000101 0309884
05/20	61.42	N0519 4045 Payment Amazon.Com Seattle Wa	POS00000101 0307930

ACH Deductions

Date posted	Amount	Transaction description	Reference number
05/05	208.57	ACH Debit Lease Pmnt Timepayment 34614495	00015124008205186
05/06	24.84	ACH Web-Single Inst Xfer Paypal Kypride.Com	00015126005041616
05/11	173.41	ACH Debit Payment Lou Water Co XXXXXX0000	00015131005980623
05/26	169.73	ACH Web-Single Web Pymts	00015142002169377
		Louisville Gas & 300026974521	
05/28	301.19	ACH Web-Single Inst Xfer Paypal Sbtbdonatio	00015147015399521

Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
05/07	1.47	International POS Fee Vis 0507 Au	19470870029204045127

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 06/01/2015 and will appear on your next statement as a single line item entitled Service Charge Period Ending 05/29/2015.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	Requirements Met
Account Maintenance Charge		.00	Requirements Met
Combined Transactions	27	.00	Included in Account
ACH Credits	8	.00	
ACH Debits	5	.00	
Checks Paid	7	.00	
Deposited Item - Consolidated	7	.00	
Total For Services Used This Period		.00	
Total Service Charge		.00	

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What are businesses saying about Cash Flow Insight?

- > "Cash Flow Insight is saving us \$250+ every month."
- > "It easily saves 15-20 hours of my time every month."
- > "Our customers are now making payments faster, which makes my job easier."
- > "I chose Cash Flow Insight because there wasn't another bank that connected with our accounting system so seamlessly."
- > "Anybody using QuickBooks® should be using Cash Flow Insight."
- > "I have more visibility into my cash flow, and I know each month exactly what I'm going to be getting paid."

Non-Profit Checking

 For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 05/01/2015 to 05/29/2015

No Kill Louisville

Primary Account Number: [REDACTED]

Page 4 of 4

Non-Profit Checking Account Number [REDACTED] continued

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*Cash Flow Insight requires a PNC business checking account and enrollment in PNC Online Banking. Free trial offer valid for Cash Flow Insight and additional tools (Receivables, Payables and Accounting Software Sync) for your current statement cycle period and two additional statement cycles. One free trial per customer. For supported accounting software, post-trial fees, how to un-enroll and details on the \$100 offer, visit pnc.com/cashflowinsight. Limit one \$100 offer per business. Offer may be extended, modified or discontinued at any time without notice. Cash Flow Insight is a service mark of The PNC Financial Services Group, Inc. QuickBooks® is a registered trademark of Intuit®, Inc. PNC Bank, National Association. Member FDIC

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 528(a)(9) 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 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13 and ending 06/30/14

B Check appropriate box:

A. Not a corporation

B. Corporation

C. Religious organization

D. Educational organization

E. Scientific or technological organization

F. Literary organization

G. Amateur sports organization

H. Professional sports organization

I. Other (specify in Part III)

1 Name of the organization: **NO KILL LOUISVILLE**

2 Mailing address (street, city, state, and ZIP+4):
PO BOX 6655
LOUISVILLE KY 40203

3 Telephone number: **502-552-2667**

4 Total receipts: **65,260**

5 Name and address of principal officer:
REBECCA FICKLIN
PO BOX 6655
LOUISVILLE KY 40203

6 Has this a substantial part of its activities? Yes No

7 Are all individuals included? Yes No
If "No," attach a list (see instructions)

8 EIN: **27-1000000**

9 Website: **WWW.NO-KILL-LOUISVILLE.COM**

10 Year of formation: **2010**

11 State of legal domicile: **KY**

Part I Summary

Activities & Governance	1. Briefly describe the organization's mission or most significant activities: TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED IN THE GREATER LOUISVILLE AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA		
	2. Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3. Number of voting members of the governing body (Part VI, line 1a)	3	
	4. Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5. Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0	
	6. Total number of volunteers (estimate if necessary)	100	
	7a. Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b. Net unrelated business taxable income from Form 990-T, line 31	0		
Revenues	8. Contributions and grants (Part VII, line 1b)	65,389	36,735
	9. Program service revenue (Part VIII, line 2g)	17,816	13,632
	10. Investment income (Part VII, column (A), lines 3, 4, and 7d)	0	0
	11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	16,197	10,705
	12. Total revenue—Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,402	61,072
Expenses	13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)	383	1,000
	14. Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a. Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b. Total fundraising expenses (Part IX, column (D), line 2b) ▶	0	0
	17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,879	68,977
	18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	103,262	69,977
19. Revenue less expenses. Subtract line 18 from line 12	-3,860	-8,905	
Net Assets or Fund Balances	20. Total assets (Part X, line 16)	23,557	14,652
	21. Total liabilities (Part X, line 26)	0	0
	22. Net assets or fund balances. Subtract line 21 from line 20	23,557	14,652

Part II Signature Block

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: **REBECCA FICKLIN** Date: _____
Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print preparer's name: **BRENDA HERRON, CPA** Preparer's signature: _____ Date: **11/12/14** Check if employed if PTIN **P00198841**

Firm's name: **GOFORTH & HERRON, PSC** Firm's EIN: _____
317 TOWNEPARK CIRCLE, SUITE 100
LOUISVILLE, KY 40243-2340 Phone no: **502-895-0416**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

X

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO HELP MINIMIZE THE NUMBER OF DOGS EUTHANIZED IN THE GREATER LOUISVILLE AREA AS WELL AS TO GENERALLY HELP THE K-9 POPULATION IN THE SAME AREA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 7,102 including grants of \$) (Revenue \$) THE SPAY AND NEUTER PROGRAM HELPS FUND SPAYING AND NEUTERING OF DOGS WHOSE OWNERS MIGHT OTHERWISE NOT BE ABLE TO AFFORD IT.

4b (Code:) (Expenses \$ 3,380 including grants of \$) (Revenue \$ 8,677) THE PET FOOD BANK IS A PROGRAM THAT PROVIDES PET FOOD TO FAMILIES IN NEED.

4c (Code:) (Expenses \$ 20,433 including grants of \$) (Revenue \$ 4,955) THE FOSTER AND ADOPTION PROGRAM IS A ONE YEAR PROGRAM TO HELP FIND HOMES FOR ANIMALS IN NEED.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$)

4e Total program service expenses 31,915

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and title	(B) Average hourly pay from all sources for related organizations above dollar limit	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TINA TICHENOR DIRECTOR	25.00 0.00	X					0	0	0	
(2) KAY ESKRIDGE DIRECTOR	3.00 0.00	X					0	0	0	
(3) JAMIE UTLEY DIRECTOR	3.00 0.00	X					0	0	0	
(4) REBECCA FICKLIN PRESIDENT	80.00 0.00			X			0	0	0	
(5) SHAWNA STENTON TREASURER	20.00 0.00			X			0	0	0	
(6) CHRISTINE OLSON SECRETARY	5.00 0.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										

Form 990 (2013) **NO KILL LOUISVILLE**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or excess business revenue	(C) Unrelated business revenue	(D) Revenue excluded from the underlying activity
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	1e			
	1f All other contributions, gifts, grants and similar amounts not included above	1f	36,735		
	g Amount of contributions included on lines 1a-1f	g			
h Total. Add lines 1a-1f		▶	36,735		
Program Service Revenue	2a FOOD BARNY REVENUE	Buss. Code	8,677	8,677	
	b FOSTER AND ADOPTION FEES		4,955	4,955	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	▶	13,632		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	6a			
		b Less: rental expenses			
	c Net rental income or (loss)				
	7a Gross earnings from sales of assets	7a			
		b Less: cost of other assets			
	c Net gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1f. See Part IV, line 12)	8a	14,858		
		b Less: direct expenses	4,188		
		c Net income or (loss) from fundraising events	▶	10,670	
	9a Gross income from gaming activities (See Part IV, line 12)	9a			
		b Less: direct expenses			
		c Net income or (loss) from gaming activities	▶		
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory		▶			
Miscellaneous Revenue		Buss. Code			
11a MISCELLANEOUS INCOME	11a	35	35		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	▶	35			
12 Total revenue. See instructions		▶	61,072	13,667	0

Form 990 (2017) NO KILL LOUISVILLE

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 5b, 7b, 8b, 9b, and 10b of Part VIII

	(A) Total expenses	(B) Program-related expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,000	1,000		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 14 and 15				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation (not included above) to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(b)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Fees of the type described in (a) through (f) above, but not reported on line 11b of Schedule O	728		728	
12 Advertising and promotion	3,138		3,138	
13 Office expenses	7,455		7,455	
14 Information technology	935		935	
15 Royalties				
16 Occupancy	23,399		23,399	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	811	811		
23 Insurance	2,407		2,407	
24 Other expenses (include interest not covered above) (do not include expenses in line 24a if the 24a amount exceeds 10% of the 24b amount) (if amount for line 24a exceeds on Schedule O)				
a VETERINARIAN EXPENSES	15,421	15,421		
b VETERINARIAN SERVICES	7,036	7,036		
c BOARDING/TRAINING	3,405	3,405		
d RESCUE BARK SUPPLIES	1,692	1,692		
e All other expenses	2,550	2,550		
25 Total functional expenses. For line 15b, file	69,977	31,915	38,062	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs for a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-16 (90-100-100)				

Form 990 (2013) **NO HILL LOUISVILLE**

Part X Balance Sheet

Check if Schedule D contains a response or note to any line in this Part X.

	(A)		(B)	
	Beginning of year		End of year	
Assets				
1 Cash—non-interest bearing				
2 Savings and temporary cash investments				
3 Pledges and grants receivable, net				
4 Accounts receivable, net				
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part III of Schedule L.				
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4960(c)(2)(B), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employees beneficiary organizations (see instructions). Complete Part III of Schedule L.				
7 Notes and loans receivable, net				
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.		4,000,000		3,750,000
b Less: accumulated depreciation		100,000		
11 Investments—publicly traded securities				
12 Investments—other securities. See Part IV, line 11.				
13 Investments—program-related. See Part IV, line 11.				
14 Intangible assets				
15 Other assets. See Part IV, line 11.		2,500,000		2,400,000
16 Total assets. Add lines 1 through 15 (must equal line 24).				
Liabilities				
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Tax-exempt bond liabilities				
21 Borrow or derivative account liability. Complete Part IV of Schedule D.				
22 Loans and other liabilities to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part III of Schedule L.				
23 Secured mortgages and notes payable to unrelated third parties				
24 Unsecured notes and loans payable to unrelated third parties				
25 Other liabilities (including federal income tax payable to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.				
26 Total liabilities. Add lines 17 through 25.			0	0
Net Assets or Fund Balances				
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 34, and lines 35 and 36.		2,500,000		2,400,000
28 Unrestricted net assets				
29 Temporarily restricted net assets				
30 Permanently restricted net assets				
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or parent funds				
33 Paid-in or capital surplus, or land, building, or equipment fund				
34 Retained earnings, endowment, accumulated income, or other funds				
35 Total net assets or fund balances.		2,500,000		2,400,000
36 Total liabilities and net assets/fund balances.				

Form 990 (2013) **NO KILL LOUISVILLE**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,977
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,557
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,652

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

0761526.09 dcornish
ADD
Trey Grayson, Secretary of State
Received and Filed:
4/22/2010 1:21 PM
Fee Receipt: \$8.00

Articles of Incorporation
Forming a Non-profit Corporation
Drafted on April 19, 2010
By Jessica Reid, President, No Kill Louisville

Article I: The name of the corporation is
No Kill Louisville, Inc.

Article II: The purpose for which the corporation is organized:
Charitable with a focus on raising awareness & support for a city-wide effort to create a
No Kill community.

This corporation is organized exclusively for these charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future United States Internal Revenue law.

Upon the winding up and dissolution of the corporation, after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, any of its members, trustees, officers or other private persons, except that the corporation shall be authorized to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the exempt purposes.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

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

Article III: The name of the registered agent is: Jessica Reid

The street address of the corporation's initial registered office in Kentucky is:
1130 Forrest Street, Louisville, K, 40217

Article IV: The mailing address of the corporation's principal office is:
1130 Forrest Street, Louisville, KY 40217

Article V: The number of directors constituting the initial board of directors is: 7

The names and mailing addresses of those who are to serve as the initial board of directors are as follows:

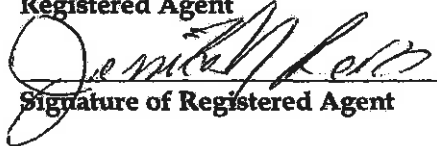
Jessica Reid, 1130 Forrest Street, Louisville, KY, 40217
Laura Younkin and Larry Stewart, 1155 Julia Avenue, Louisville, KY, 40204
Cathy and Cindy Habas, 9314 Habersham Drive, Louisville, KY, 40242
Marion and Larry Whelan, 2103 Winston Avenue, Louisville, KY 40205

Article VI: The name and mailing address of the incorporator is:
Jessica Reid, 1130 Forrest Street, Louisville, KY, 40217

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 _____ Jessica Reid, President _____ April 19, 2010 _____
Signature of Incorporator Name & Title Date

I, Jessica Reid, consent to serve as the registered agent on behalf of the corporation.
Registered Agent

 _____ Jessica Reid, President _____ April 19, 2010 _____
Signature of Registered Agent Name & Title Date

W-9Form
Rev. December 2011
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Give Form to the
requester. Do not
send to the IRS.

Name (do not check off your primary tax status)

NO KILL LOUISVILLE

Business name (disregarded entity name, if different from above)

Check appropriate box for business tax classification:

 Individual sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C or S corporation, S or partnership) ▶ Exempt payee Other (see instructions) ▶ **NONPROFIT, TAX EXEMPT, 501(C)3 CORPORATION**

Address (number, street, and apt. or suite no.)

P.O. BOX 66055

City, state, and ZIP code

LOUISVILLE, KY 40206

Requester's name and address (optional)

List account numbers (how many?)

Print or type
See Specific Instructions on page 2**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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

--	--	--	--	--	--	--	--	--	--

Employer identification number

--	--	--	--	--	--	--	--	--	--

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

Part II Certification

Under penalties of perjury, I certify that:

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

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 4.Sign
HereSignature of
U.S. person ▶**Rebecca Mckee**Date ▶ **6-16-14****General Instructions**

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

Note: If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

NO KILL LOUISVILLE, INC.**General Information**

Organization Number	0761526
Name	NO KILL LOUISVILLE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/22/2010
Organization Date	4/22/2010
Last Annual Report	5/22/2015
Principal Office	PO BOX 6655 LOUISVILLE, KY 40206
Registered Agent	REBECCA FICKLIN 11110 EAGLES COVE DRIVE LOUISVILLE, KY 40241

Current Officers

President	Rebecca Ficklin
Treasurer	Rebecca Ficklin
Director	Rebecca Ficklin
Director	Jamie Shockely
Director	Jeremy Ficklin

Individuals / Entities listed at time of formation

Director	JESSICA REID
Director	LAURA YOUNKIN
Director	LARRY STEWART
Director	CATHY HABAS
Director	CINDY HABAS
Director	MARION WHELAN
Director	LARRY WHELAN
Incorporator	JESSICA REID

Images available online

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

Annual Report	5/22/2015	1 page	PDF
Annual Report	2/18/2014	1 page	PDF
Registered Agent name/address change	11/21/2013 9:34:46 PM	1 page	PDF

Annual Report Amendment	11/21/2013	1 page	PDF	
Annual Report Amendment	11/21/2013	1 page	PDF	
Annual Report	7/15/2013	1 page	PDF	
Registered Agent name/address change	5/20/2013 10:14:13 AM	1 page	PDF	
Principal Office Address Change	5/20/2013 10:03:19 AM	1 page	PDF	
Registered Agent name/address change	1/10/2013 12:41:25 PM	1 page	PDF	
Annual Report	6/30/2012	1 page	PDF	
Annual Report	6/29/2011	1 page	PDF	
Articles of Incorporation	4/22/2010	2 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/22/2015 3:52:29 PM	5/22/2015 3:52:29 PM	
Annual report	2/18/2014 3:17:16 AM	2/18/2014 3:17:16 AM	
Amendment to annual report	11/21/2013 9:39:02 PM	11/21/2013 9:39:02 PM	
Registered agent address change	11/21/2013 9:34:46 PM	11/21/2013 9:34:46 PM	
Amendment to annual report	11/21/2013 9:26:05 PM	11/21/2013 9:26:05 PM	
Annual report	7/15/2013 7:21:44 PM	7/15/2013 7:21:44 PM	
Registered agent address change	5/20/2013 10:14:13 AM	5/20/2013 10:14:13 AM	
Principal office change	5/20/2013 10:03:19 AM	5/20/2013 10:03:19 AM	
Registered agent address change	1/10/2013 12:41:25 PM	1/10/2013 12:41:25 PM	
Annual report	6/30/2012 9:05:03 AM	6/30/2012 9:05:03 AM	
Annual report	6/29/2011 11:39:44 PM	6/29/2011 11:39:44 PM	
Add	4/22/2010 1:21:33 PM	4/22/2010	

Microfilmed Images

no kill louisville

P.O. Box 6655
Louisville, KY 40206
info@nokill-louisville.com

No Kill Louisville is an all-volunteer organization. We do not have any paid employees. Our Board Members are also volunteers with no limitations to how long they can serve on the board.

Thank you for your consideration,



Rebecca Ficklin
President, No Kill Louisville
president@nokill-louisville.com
502-552-2667