

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


Applicant/Program: C.H.O.I.C.E., Inc. (Children Have Options In Choosing Experiences, Inc.)

Executive Summary of Request:

District 22 funding supports the C.H.O.I.C.E., Inc. "Dare To Dream" Sports Leadership and Mentoring Program for students. This program was founded in 1987 to serve "high-risk" and "at-risk" youth and adolescents, between the ages of 9 to 19 in the Louisville community. This comprehensive, non-profit prevention and early intervention program is designed to decrease behavior that negatively impacts students' education, family and the community-at-large, while bolstering resiliency skills necessary for positive progression in school and to adulthood.

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>22</u> District #	 Council Member Signature	<u>\$7,000.00</u> Amount	<u>11/10/14</u> Date
	<i>District 22 Councilman Robin Engel</i>		

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.

None.

Approved by:

_____	_____
Appropriations Committee Chairman	Date

Clerk's Office Only:

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

Applicant/Program:

C.H.O.I.C.E., Inc. (Children Have Options In Choosing Experiences, Inc.)

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.

None.

_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
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_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: C.H.O.I.C.E., Inc. (Children Have Options In Choosing Experiences)	
Program Name: C.H.O.I.C.E., Inc. "Dare to Dream" Sports Leadership and Mentoring Program Request Amount: \$7,000	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?	Yes
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?	Yes
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?	N/A
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?	N/A
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?	Yes
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.	Yes
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?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	N/A
Rent Requests: Is a copy of signed lease included?	N/A
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?	Yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: <i>Martina M. Dodge</i> <i>District 20</i>	Date: <i>11/10/14</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 3715 Bardstown Road, Suite 303			
Website: www.choicelouisville.org			
Applicant Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	502-456-5137	Email:	choiceinc@bellsouth.net
Financial Contact:	Liz Sias-Shannon	Title:	Executive Director
Phone:	502-456-5137	Email:	choiceinc@bellsouth.net
Organization's Representative who attended NDF Training: Liz Sias-Shannon			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): Jefferson County Public School			
Council District(s):		District 22 \$18,454	Zip Code(s): 40291, 40218
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: "Dare to Dream" Sports Leadership and Mentoring Program and Educational Self Help Group			
Total Request: (\$)	\$18,454.00	Total Metro Award (this program) in previous year: (\$)	\$13,615.00
Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<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 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 type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" 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 checked="" 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:	District 21	Amount: (\$)	\$6,615.00
Source:	District 22	Amount: (\$)	\$7000.00
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

C.H.O.I.C.E. (Children Have Options In Choosing Experiences), Inc. founded in 1987 to serve "high-risk" and "at-risk" youth and adolescents, between the ages 9 to 19 in the Louisville community. This comprehensive, non-profit prevention and early intervention program is designed to decrease behavior that negatively impacts students' education, family and the community-at-large, while bolstering resiliency skills necessary for positive progression in school and to adulthood.

C.H.O.I.C.E. believes that the incidence of substance abuse, violence, and negative behaviors will decrease among young people if they have a greater degree of self-esteem and the ability to cope with life's challenges. In order to achieve this goal, students need to have current information and education about drug abuse and dependency and its effect on interpersonal skills.

C.H.O.I.C.E. Inc. mission is to provide the much needed services that will allow youth and adolescents to reach their maximum potential via a positive, healthy lifestyle that will enhance their progression to adulthood.

The C.H.O.I.C.E. program has developed a curriculum that focuses on valuing self, decision making, goal setting, communication, along with living a healthy, drug free lifestyle. The 28 week program is provided during schools hours in the Jefferson County Public Schools. C.H.O.I.C.E. has provided prevention and early intervention services in the Jefferson County Public Schools for over 26 years.



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.):

Funds are requested to support the organization's ongoing mission of providing high-quality, cost-free emotional support services to persons in Metro Louisville affected by cancer. Funds would support key elements of the organization's ability to provide services through community outreach and education, and accessibility to support seekers and prospective volunteers. Specific requests are for a 12-month supply of outreach/educational materials that are provided in area hospitals, physician offices, clinics, community and faith settings. Funds are also requested for a portion of the costs of the essential tools required to connect cancer patients with trained cancer survivors: database maintenance and telephone costs. Friend for Life's overhead costs are modest. Trained volunteers, qualified staff, communication tools and a robust database are the central, vital needs required to sustain and expand this program of peer support.

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

Printing of 5,000 rack cards: These cards are distributed to area hospitals, cancer resource centers, physician offices, community settings and places of worship.

Funds requested: \$586.00

Database expenses for 12 months: Friend for Life uses a NEON database that is low in cost, but near perfect for the organization's needs. This highly secure database houses detailed records on all of our volunteers, used by FFL staff to identify close matches with support seekers in a timely, efficient manner. Monthly costs are \$99. Funds requested: \$1,188

Telephone expenses for 12 months: The telephone remains central to facilitating matching of support seekers with FFL volunteers. To meet the increasing numbers of calls, the organization recently added a second line. Monthly costs are approximately \$130. Funds requested: \$1,560

Remainder of funds are personnel expenses associated with outreach/educational training.

Total funds requested: \$6,000.00

Section 4 – PROGRAM/PROJECT NARRATIVE

A - CONTINUED

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.):

Watterson Elementary Mentee Group:

The 5th grade mentees group will focus on assisting young boys in bolstering resiliency skills, dispelling fears associated with transition to middle school, addressing issues of concerns to boys as they begin to progress through adolescence. Decision making and coping skills are a major teaching focus. There is also an emphasis on positive self regard and enhanced self-esteem to encourage a decrease in alcohol, tobacco and other drug use potential, as well as, the confidence and resiliency needed to face a bully. Provide positive role models to help guide them through this period and in hopes of forming long lasting positive bond.

The program gives the mentors confidence to participant in other school activities and a sense of services that will improve the well being of all. Parental consent must be obtained. The grant will directly serve 15 mentors from Fern Creek Traditional High School and 15 male mentees from Watterson Elementary School.

This program serves to bolster resiliency skills and decrease the impact of negative influences on our young people. Behavioral assessment and current data shows that students that have completed a C.H.O.I.C.E. program have reduced absenteeism, feel positive about learning and confident in making better choices for themselves. In addition, it has been observed that students in the program have bonded more effectively with family and community as they successfully program through school and toward adulthood. A favorable attitude toward problem behavior resolutions, lack of positive role models, lack of commitment to school and academic failure (starting in late elementary school) are but a few of the dynamics that will be addressed by this program. Group confidentiality will be adhered to by all group members and the group facilitators(s). The confidentiality cause encourages participating young people to be more comfortable and safe within the group atmosphere and encourages more "truthful conversation" than otherwise would not be possible. The "Dare to Dream" Mentoring program provides hope to participants most in need and stability for those in crisis. The 40 developmental assets for healthy communities and youth are incorporated.

C.H.O.I.C.E. over the years have observed and data support that working with children of poverty and children from minority population, it is important to provide programs and services that are community-based and culturally competent as well, with program that services responding to cultural, racial and ethnic difference of the population (Sroul & Friedman, 1986) C.H.O.I.C.E. was founded on the belief that adolescence is a dynamic and challenging time of life, during which education, support, and guidance from adults and peers can nurture positive youth development.

JCPS' Free and Reduced Lunch data for 2013-2014 school year:

Fern Creek Traditional High School: Enrollment -1,435, total percentage of free and reduced lunch - 57.4%

Watterson Elementary: Eligible for free lunch- 380, Eligible for reduced lunch – 56, total percentage of free and reduced lunch – 71.71%

These athletes' mentors will receive two prevention level of comprehensive prepared training. Once trained, they mentor same sex mentees. Fern Creek Traditional High School – Watterson Elementary (males). Mentors are supervised during their mentoring experiences with follow up discussion, during their group time, with focus on concerns/issues, what they learned and how/where to go from that point and continue to make positive impact.

SECTION 4 – PROGRAM/PROJECT NARRATIVE

Continuation of 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.

A collaboration with PAL-Drug Free Community is an avenue for participants (adolescents and adults) to become involved in the positive changes they can contribute to their neighborhoods. The PAL – Drug Free Community mission is to reduce the incidence of substance abuse by young people residing in the 7th Street Corridor of Central Louisville through a collaborative coalition that coordinates resources through public policy, laws, revenue and strategy development. This consistent with C.H.O.I.C.E. goals and objectives. C.H.O.I.C.E.'s Executive Director serves on the PAL Key Leader Board.

A collaboration with the Louisville Urban League's Director of Youth Development and Education assist by providing training for the "Dare to Dream" Sports Leadership and Mentoring program. The Urban League Youth Development and Education department provides school-aged youth with the pathway to becoming successful academically, personally, and socially. The goal is similar/consistent with C.H.O.I.C.E.'s mission.

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:

The overall goal of this program is to decrease behaviors that negatively impact education, family and community membership while bolstering resiliency skills necessary for positive progression to adulthood. Knowledge, behaviors and attitudes are expected to change (increase positively and decrease negatively) by 15% as a result of participation in this project. Evaluation is intervention in nature and of a pre/post design. Both Process and Outcome will be assessed. Process evaluation will be examined by monitoring the number of participants who are exposed to each activity or session so to determine the extent of the intervention delivered. This will be measured via group and individual contact, and written summary of each activity. Outcome evaluation will be used to determine pre and post group educational and behavior change. A pre/post educational learning assessment will measure change in knowledge of group members as a result of this group. A behavioral, assessment tool will be used three times per year by student, significant school personnel, facilitators and others to assess change.

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.

C.H.O.I.C.E. has been blessed to have such wonderful community support from a variety of organizations and businesses, not to speak of the volunteer support. C.H.O.I.C.E. Inc. has built a good working relationship that has provided support to their mission and philosophy.

We have support in partnership with Jefferson County Public Schools: the Department of Diversity, Equity and Poverty (DEP), counselors, home school coordinators, teachers, Youth Service Centers and Family Resource Center as well as LEEP (Louisville Education and Employment Partnership). Space for groups, assistance in obtaining appropriate referrals, academic information, attendance and behavior data information, on-going conferencing and contact between the school and C.H.O.I.C.E. staff are provided by each "host" school on a regular basis.

The collaboration with Peace Education Program assist with providing prevention training for the C.H.O.I.C.E. mentors. Peace Education Program strengthens communities and schools by training youth and adults to build and sustain positive relationships. Peace Education focus is consistent with C.H.O.I.C.E.'s philosophy.

The collaboration with Region 6 Kentucky Agency for Substance Abuse policy assist by providing a mini grant that enables agencies to have an avenue to further address substance abuse prevention. Focus on reducing underage alcohol use and abuse, marijuana use and prescriptions/OTC drug use by adolescents under age of 18. Kentucky ASAP provide a mini grant to C.H.O.I.C.E. for Phase I and Phase II Advanced Mentoring Training for our mentors. (See Attachment)

Y.B.S.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

A: Personnel Costs Including Benefits	16952	0	16952
B: Rent/Utilities	0	0	0
C: Office Supplies	150	150	300
D: Telephone	227	227	454
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	150	75	225
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Small Equipment	225	150	375
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	540	2160	2700
*TOTAL PROGRAM/PROJECT FUNDS	18244	2762	21006
Program Budget	%	%	100%

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

Other State, Federal or Local Government	2762
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	2762

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

**Must equal or exceed total in column 2.





CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • E-mail: choiceinc@bellsouth.net

Intervention Alcohol/Drug Program

BUDGET ATTACHMENT – DISTRICT 22

Other expenses:

	<u>Proposed Metro Funds</u>	<u>Non-Metro Funds</u>
• Transportation (buses)	\$290.00	<u>\$2,160.00</u>
• Dare to Dream Mentoring Training	<u>250.00</u>	Annual Conference District 22 will not fund C.H.O.I.C.E. Inc. will raise the funds
TOTAL:	\$540.00	\$2,160.00



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
JCPS/space, sponsors, etc.	8,600.00	Current Market Value
Volunteers	4,112.00	Minimum wage x hours spent
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	12,712.00	

* 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: August 1st

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

If YES, please explain:

Grant monies for small non-profit organizations are much more difficult to come by. All non-profit organizations are competing for the same limited dollars. In view of today's economy slow down, it is difficult than ever to procure the funds necessary to meet the needs of the services C.H.O.I.C.E. provides for youths, adolescents and families in the Louisville/Jefferson County Metro community.



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:	<i>Liz Sias-Shannon</i>	Date:	6/23/14
Legal Signatory: (please print):	Liz Sias-Shannon	Title:	Executive Director
Phone:	502-456-5737	Extension:	N/A
Email:	choicemc@bellsouth.net		

L.S.

C.H.O.I.C.E.
Children Have Options In Choosing Experiences, Inc.

Robin Engel
Metro Council – 22nd District

Grant
Final Report
Fern Creek Traditional High School and Watterson Elementary School
2013-2014-School Year

C.H.O.I.C.E. “Dare to Dream” Sports Leadership and Mentoring Program (comprised of male athletes) mentors was conduct at Fern Creek Traditional High School and Watterson Elementary School (male mentees) during the 2013-2014 school year. These groups met during the Fall semester of 2013 and the Spring semester of 2014. These groups were held one class period per week for a total of 28 weeks. Individual sessions were provided when issues being addressed were not conducive to the group, or the nature of the issue did not allow for the facilitator(s) to wait until group time to address them. A total of 28 were served.

The mentors participated in Phase I and II Advance Mentoring Training with their counterpart (female group) from Iroquois High School. The trainings were sponsored through a mini grant from Kentucky Agency for Substance Abuse Policy (KY-ASAP) and community donations. The all day Advance Mentoring Training Workshops were facilitated through a collaboration with Louisville Urban League Youth Development Director and Peace Education Center.

The focus of the training were: core issues related to ATOD prevention mentoring, a relationship not an activity, effects of alcohol and other drugs in decision making, how policy changes can be made into reality. What is my role as a mentor, poster of change- the power of voice. As well as, invited mentors to take a more in-depth look at the pivotal role that culture play in their everyday life.

A healthy luncheon was provided and all participants and guest stated they enjoyed the workshops and the interaction.

The mentors stated that the trainings were well done and exciting experience that empowered them to become catalysts for change in their school, their mentoring experience with their mentees, home and community.

The “Dare to Dream” mentors were paired with brotherhood mentees from Watterson Elementary School for their mentoring experiences.

C.H.O.I.C.E. – Final Report

Mentors processed issues mentees were dealing with at the time. The mentors brought a variety of examples and concerns for each topic discussed with the mentees. Prevention simulation activities assisted with bonding between mentors and the mentees. Many of these activities were specifically designed by the Fern Creek mentors for their mentees. One of the major highlights for Watterson when they visited their mentor's school, visit classes, tour the school, and had a special lunch with mentors. Once again, all evaluated this program as one that has a major impact on all participants' lives and needs to be continued.

When evaluation of C.H.O.I.C.E. group dynamics, family participation/affiliation and school performance (end of year compared to beginning of the year) was conducted, the mean score of the group participants was 1.04 on a Likert type scale, which ranged from 1 (high) through 5 (low). All students rated their overall experiences as positive (very satisfactory range.) "Dare to Dream" mentors attending Fern Creek Traditional High School next year requested to be retained in this group for the 2014-2015 school year.

The mentors reported enjoying their mentoring process, learned more about themselves, understood the basic need that all people share, appreciated in how to communicate with others whose personalities are different than one's own and the joy of making a difference in a young person's life.

Behavior changes were also evident. Using a tool designed to measure behavior, school staff reported positive changes across the board with "Dare to Dream" mentors (e.g., demonstrated leadership abilities). C.H.O.I.C.E. facilitator(s) also noted this behavior change. "Dare to Dream" mentors were challenged when they made inappropriate choices in and out of group. Watterson Elementary mentees spent less time in the counselor's/principal's/resource center coordinator's office instead they used strategies learned in the group and the one-on-one with their mentors to deal with i.e. "bullying" and "engaging in negative confrontation", etc.

All attended the 25th Annual C.H.O.I.C.E. Conference Graduation Anniversary, a milestone for the agency. This event was held on May 1st, 2014 at the Flaget Center (1935 Lewiston Drive). Mentors served as youth staff. They facilitated the welcome and graduation ceremony. They did an outstanding job and were very proud of them being well prepared for the occasion. All enjoyed a catered lunch by Masterson's Catering. All received a tee shirt from C.H.O.I.C.E. and other incentives. Any member who had participated in C.H.O.I.C.E. for two years received a certificate and three years, a plaque. **The Eugene Smith Award** exemplifies "service above self" recipient was Derick, a senior mentor. Three seniors graduated. One athletic scholarship to Indiana Southeast and the other two seniors were enrolled in the UPS program through JCTC on the track to U of L.

Over 20 parents and other adults attended the conference graduation for the day. Parents and other adults who participated in the Parent Workshop also received prevention literature and material designed specifically for them. The parents and other adults survey responded rated the workshop conducted "Financial Plan not Disaster" as timely and very informative and helpful tips they will use. They also participated in a drawing in the Parent Workshop. All who attended reported enjoying the day event.

The C.H.O.I.C.E. staff enjoyed another exceptional working relationship with students and school personnel, especially our C.H.O.I.C.E. sponsors. The mentors took on their responsibilities with their mentees with pride using techniques learned in their training as well as, role modeled behavior. Evaluation revealed that both mentors and mentees wish more time could have been spent together and really will miss the relationship. Both schools, Watterson and Fern Creek feel this program is a positive experience for their student and have requested C.H.O.I.C.E. provide these services for the 2014 -2015 school year.

Overall

- 100% want the group to continue at their school for 2013-2014 school year
- 85% of mentors maintained grades of B and above for the year
- 89.5% positive behavior changed
- 91% increased in knowledge based on high risk issues

* 90% of mentees at Watterson Elementary maintained grades of B and above for the year

This report is submitted on 23rd day of June 2014 by:

Liz Sias-Shannon,
Executive Director

e-mail: choiceinc@bellsouth.net

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

DEPARTMENT OF THE TREASURY

Date: JUL 28 1993

CHILDREN HAVE OPTIONS IN CHOOSING
EXPERIENCES INC
SUITE 303 - 3715 BARDSTOWN ROAD
LOUISVILLE, KY 40218

Employer Identification Number:
[REDACTED]

Case Number: [REDACTED]

313194018

Contact Person:

BEA EITH

Contact Telephone Number:

(513) 684-3578

Our Letter Dated:

October 6, 1988

Addendum Applies:

No

received
7/30/93

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

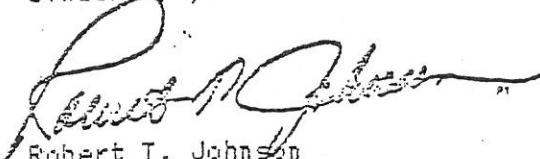
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

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

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Robert T. Johnson
District Director

C.H.O.I.C.E. (Children Have Options In Choosing Experiences) Inc.
PROGRAM BUDGET SUMMARY
Fiscal Year AUGUST 1, 2013 TO JULY 31, 2014
Federal ID# 61-1143413

EXPENDITURES:	AMOUNT
For Direct Services:	
Group Facilitator – I	\$ 56,140
Group Facilitator – II	13,000
Professional Seminars/CEU's	360
Local Mileage Allowance	2,500
Professional Liability Insurance	400
Annual Conference/Graduation	5,000
Prevention Literature	300
Total Direct Service	77,700
Administration Cost:	
Administrator	15,600
Office Rental	4,200
Telephone/Internet Service	2,880
Office Supplies & Postage	820
Agency Insurance	600
Equipment/Software Maintenance	800
Licenses & Certifications	300
Total Administration	25,200
Total Program Budget	\$102,900

In-Kind Services: \$24,705.00 annually; Value of Volunteer Services – \$7,772.00 annually

- Expenditures for the program are submitted by the Executive Director to the C.H.O.I.C.E. Board of Directors who are in charge with making the final approval of all expenditures for the agency.
- In-kind contributions are a large portion of the overall budget and offset it by 15% (NOT included in budgetary funds requested).



CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • E-mail: choiceinc@bellsouth.net

Intervention Alcohol/Drug Program

C.H.O.I.C.E. Inc. BOARD OF DIRECTORS 2014-2015

William Yesowitch, CHAIRMAN
Barber & Banaszewski, PSC

[REDACTED]
Louisville, Kentucky 40202
2013-2014

Community Liaison/Representative
PNC Bank
Shannon Gullett, Branch Manager

[REDACTED]
2014-2016

Gloria Moorman, SECRETARY/TREASURER
Louisville Public Health and Wellness

[REDACTED]
2014-2016

Sharon Fowler
Mayor of West Buechel

[REDACTED] 218
2014-2016

Don Perkey, Sr.
President/Owner
Perkey Printing

[REDACTED]
2014-2016

Ms. Barbara Moore
Lessons in Life Production Inc.

[REDACTED]
2014-2016

Community Liaison/Representative
KROGER (Vacant)
Co-Manager-Representative

[REDACTED]
2014-2016

Liz Sias-Shannon, Executive Director, Ex-Officio
C.H.O.I.C.E., Inc.

[REDACTED]



CHOICE, Inc.

Children Have Options In Choosing Experiences

Suite 303, 3715 Bardotown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • www.thechoice-isyours.org

Intervention
Alcohol/Drug Program

C.H.O.I.C.E. Inc.
Members of the Advisory Committee
2014-2015

Mr. Christopher W. D. Jones
Greenebaum Doll & McDonald

William Yesowitch
Barber, Banaszynski

Michael Richardson
Chain Bridge Bank

Michael Ratterman
Ratterman & Sons

Devon Woodlee
Assistant Principal

Neal Thomas
Ernst & Young

James Kelly

D'Artagnan Ramsey

Henry Cook
Sr. Financial Consultant

Luke Boyett
Humana, Inc.

LaKesha Washington
Assistant Vice President

Michael D. Fazio
Financial Advisor
Edward Jones Investment

Liz Sias-Shannon
Ex-Officio

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.	Name (as shown on your income tax return) CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.	
	Business name/disregarded entity name, if different from above C.H.O.I.C.E., INC.	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ^a _____ <input checked="" type="checkbox"/> Other (see instructions) ^a NONPROFIT	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 3715 Bardstown Road, Suite 303	
	City, state, and ZIP code Louisville, Kentucky 40218	
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 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	
<div></div>	<div></div>

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:

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 <i>Liz Kian-Shannon</i>	Date <i>6/23/14</i>
-----------	--	---------------------

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

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.

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.

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **August 1**, 2012, and ending **July 31**, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CHOICE, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3715 Bardstown Road 303

City or town, state or country, and ZIP + 4
502-456-5137

D Employer identification number
502-456-5137

E Telephone number
502-456-5137

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: ▶

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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 II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,578
	2	Program service revenue including government fees and contracts	2	22,615
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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)	5c	
	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	6,020	
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,020	
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)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,213	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	45,076
	14	Occupancy, rent, utilities, and maintenance	14	4,200
	15	Printing, publications, postage, and shipping	15	39
	16	Other expenses (describe in Schedule O)	16	13,538
	17	Total expenses. Add lines 10 through 16	17	62,853
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(24,610)
	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)	19	37,033
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	12,423

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 2

Name of organization

CHOICE, Inc.

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robin Engel, District 22 Louisville Metro Council 601 West Jefferson Street Louisville, KY 40202	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Dan Johnson, District 21 Louisville Metro Council 601 West Jefferson Street Louisville, KY 40202	\$ 6,615	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	The Cralle Foundation, Inc. 614 West Main Street Louisville, KY 40202	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 3

Name of organization

CHOICE, Inc.

Number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

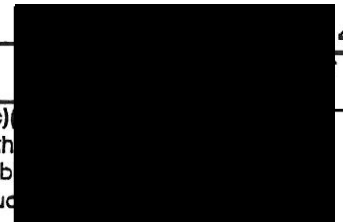
Name of organization

CHOICE, Inc.

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(3) that total more than \$1,000 for the year. Complete columns (a) through (e) and then (f) for organizations completing Part III, enter the total of exclusively religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.



4

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

TOTAL P.04

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

	Yes	No
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 if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c 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 during the year? If "Yes," complete Schedule C, Part III		
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 ▶ 37a		
b 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 and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b 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 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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 ▶ None		
42a The organization's books are in care of ▶ Liz Shannon Telephone no. ▶ 502-456-5137		
Located at ▶ 3715 Bardstown Road Louisville, KY ZIP + 4 ▶ 40218-2268		
b 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 (such as a bank account, securities account, or other financial account)?		✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		✓
If "Yes," enter the name of the foreign country: ▶		
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d 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)		✓

Form 990-EZ (2012)

Page 4

- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
----	--	-------------------------------------

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
-----	--	-------------------------------------

- b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
-----	--	-------------------------------------

- 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 paid more than \$100,000	(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
No individuals or total over \$100,000				

- 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."

(a) Name and address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2012)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public

Name of the organization

Employer id

CHOICE, Inc.

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,534	87,584	88,458	107,398	38,213	411,187
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	89,534	87,584	88,458	107,398	38,213	411,187
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	89,534	87,584	88,458	107,398	38,213	411,187
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on			19	8	0	27
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						411,214
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAY 17 1993

Bruce E. Eiler
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

The undersigned, all of whom are natural persons of the age of twenty-one years or more, desiring to form a non-profit Corporation pursuant to KRS 273 et. seq., do hereby certify and adopt the following Articles of Incorporation:

ARTICLE I

NAME: The name of this Corporation shall be Children have Options In Choosing Experiences, Inc. The principal address shall be Suite 303, 3715 Bardstown Road Louisville, Kentucky 40218.

ARTICLE II

DURATION: The duration of this Corporation shall be perpetual.

ARTICLE III

ADDRESS: The address of the registered office of the Corporation in the State of Kentucky shall be Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218, and the name and address of this Corporation's registered agent for service of process is William Yesowitch, Suite 303, 3715 Bardstown Road, Louisville, Kentucky 40218.

ARTICLE IV

INCORPORATORS: The names and addresses of the initial Board of Directors are:

William Yesowitch
1904 Dillon Drive
Louisville, Kentucky 40205

J. Marcus Greer
3809 Chevy Chase Road
Louisville, Kentucky 40218

James Wilson
Medical Arts - Suite 1138
1169 Eastern Parkway
Louisville, Kentucky 40217

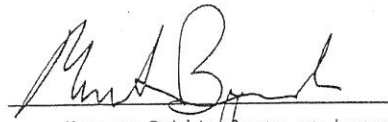
ARTICLE V

PURPOSES: This Corporation is organized exclusively as a Charitable Corporation as authorized by KRS 273 et. seq., including but not limited to:

- (1) Providing alternative alcohol/drug^{free} programs including recreational, social and educational activities for target "high-risk" youth and their families. "High-risk" youth include but are not limited to:
 - a. Youth with alcoholic/drug abusing parents.
 - b. Youth with physically or sexually abusing parents.
 - c. Youth with school problems.
 - d. Delinquent youth.
 - e. Youth suffering economic hardship.
 - f. Illiterate youth.
 - g. Youth lacking job skills.
 - h. Youth lacking social skills.
 - i. Pregnant youth.
 - j. Youth who have had abortions.
 - k. Depressed and suicidal youth.
 - l. Mentally ill youth.

STATE OF KENTUCKY
COUNTY OF JEFFERSON

THE FOLLOWING PERSONS Marcus Greer James Wilson William Yesowitch
subscribed and sworn to before me on this 9th day of March, 1988.

A handwritten signature in dark ink, appearing to read "M. B. Bond", is written over a horizontal line.

Notary Public State at Large

My commission expires June 22, 1990

CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.

General Information

Organization Number	0241449
Name	CHILDREN HAVE OPTIONS IN CHOOSING EXPERIENCES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO -
Status	A - Active
Standing	G - Good
State	KY
File Date	3/17/1988
Organization Date	3/17/1988
Last Annual Report	2/6/2014
Principal Office	STE. 303, 3715 BARDSTOWN, RD. LOUISVILLE, KY 40218
Registered Agent	WILLIAM YESOWITCH STE. 303, 3715 BARDSTOWN RD. LOUISVILLE, KY 40218

Current Officers

William Yesowitch
Gloria Moorman
Gloria Moorman
Don Perkey
William Yesowitch
Gloria Moorman
Don Perkey

Individuals / Entities listed at time of formation

WILLIAM YESOWITCH
WILLIAM YESOWITCH
J. MARCUS GREER
JAMES WILSON
JAMES WILSON
J. MARCUS GREER

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>	2/6/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	5/15/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	2/14/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	7/8/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	3/8/2010	1 page	<u>PDF</u>

Annual Report	7/29/2009	1 page	PDF	
Annual Report	3/3/2008	1 page	tiff	PDF
Annual Report	3/19/2007	1 page	tiff	PDF
Annual Report	4/7/2006	1 page	tiff	PDF
Annual Report	5/10/2005	1 page	tiff	PDF
Annual Report	8/5/2003	1 page	tiff	PDF
Annual Report	7/19/2002	1 page	tiff	PDF
Annual Report	5/16/2001	2 pages	tiff	PDF
Annual Report	8/7/2000	1 page	tiff	PDF
Annual Report	8/4/1999	1 page	tiff	PDF
Annual Report	7/6/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	3 pages	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	3 pages	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	3 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Articles of Incorporation	3/17/1988	4 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/6/2014 4:06:58 PM	2/6/2014 4:06:58 PM	
Annual report	5/15/2013 5:00:52 PM	5/15/2013 5:00:52 PM	
Annual report	2/14/2012 4:25:52 PM	2/14/2012 4:25:52 PM	
Annual report	7/8/2011 11:51:38 AM	7/8/2011 11:51:38 AM	
Annual report	3/8/2010 3:33:48 PM	3/8/2010 3:33:48 PM	
Annual report	7/29/2009 3:18:14 PM	7/29/2009 3:18:14 PM	
Annual report	3/3/2008 2:34:20 PM	3/3/2008	
Annual report	3/19/2007 10:20:41 AM	3/19/2007	
Annual report	4/7/2006 12:51:20 PM	4/7/2006	

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	3/11/2007	1 page
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Annual Report	8/5/2004	1 page
Annual Report	8/5/2003	1 page
Annual Report	7/19/2002	1 page
Annual Report	5/16/2001	2 pages
Annual Report	8/7/2000	1 page
Annual Report	8/4/1999	1 page
Annual Report	7/6/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	3 pages
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	3 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	3/17/1988	4 pages

PRE-EVALUATION – POST EVALUATION
ELEMENTARY SCHOOL

All of your responses are confidential and will be use anonymously
C.H.O.I.C.E. Inc.
(Children Have Options In Choosing Experiences, Inc.)

Please answer the following questions accurately.
If you have any questions, please ask the facilitator

Age _____ Gender: ☐ Male ☐ Female
Date of Birth: _____ / _____ / _____

Grade _____
School _____

What is your race/ethnicity?

1. Black
2. White
3. Hispanic
4. Asian
5. American Indian
6. Other than listed: _____

Who do you live with NOW?
(Please check all that apply)

Zip Code _____

- ☐ Mother
☐ Father
☐ Stepmother
☐ Stepfather
☐ Mother & other Adults
☐ Father & other adults
☐ Guardian
☐ Other(s) _____

Write T for true statements and F for false statements on each line below. Do not put a question mark or write maybe. If you do not know the answer, leave the space blank.

- _____ 1. Two things that happen in your body when you stop using nicotine are a) your heart rate goes down and b) your anxiety increases.
- _____ 2. Being bored can cause a person to smoke pot, eat too much or act out.
- _____ 3. The best predictor that a teenager will smoke is if he or she thinks its cool to smoke.
- _____ 4. Dealing with stress is a natural part of life.
- _____ 5. It is an adult's responsibility to be a positive role model for young people.
- _____ 6. Five hundred (500) teenagers start smoking each day.
- _____ 7. The amount of alcohol in a 12-ounce can of beer, a 6-ounce glass of wine, and a 2-ounce shot of whiskey is all the same.
- _____ 8. Which of the following options are good way to deal with bullying behavior:
a) Don't fight c) Work as a group and talk to the bully
b) Ignore the bully d) All above
- _____ 9. The number of people in a person's family who smoke cigarettes, and what teenager believes about smoking, affects a teen's choice to smoke.
- _____ 10. A person can overdose on alcohol.



CHOICE GROUP EVALUATION (Elementary)

School: _____ Date: _____

Age: _____ Grade: _____ Sex: _____ Ethnic Race: _____

Answer the following questions in the space provided.

1. How would you rate the group overall?

Very Satisfactory		Okay		Poor
1	2	3	4	5

2. What did you learn from the CHOICE group that you felt was most important?

3. On a scale of one (1) to five (5) how would you rate your group facilitators?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

(Names of facilitators go on long lines below; ratings go on short lines beside names)

(Continued on back)

PRE-EVALUATION – POST EVALUATION
Middle and High School
All of your responses are confidential, and will be use anonymously
C.H.O.I.C.E., Inc.
(Children Have Options In Choosing Experiences, Inc.)

Please answer the following questions accurately.
If you have any questions, please ask the facilitator

Age _____ Gender: ☐ Male ☐ Female
Date of Birth _____
 Month Day Year

Grade _____
School _____

What is your race/ethnicity?

1. Black
2. White
3. Hispanic
4. Asian
5. American Indian
6. Other than listed: _____

Who do you live with NOW? Zip Code
(Please check all that apply.) _____

☐ Mother
☐ Father
☐ Stepmother
☐ Stepfather
☐ Mother & other Adults
☐ Father & other adults
☐ Guardian
☐ Other(s) _____

A. The questions in Section A are related to your description of your family. Using the following scale as a guide, mark the correct number beside each sentence as it relates to YOUR family. Each number can be used more than once.

Almost Never Once in a While Sometimes Often Almost Always
1 2 3 4 5

In my family.....

- _____ We help each other out when it is needed.
- _____ We arrive at a compromise when there is a difference of opinion.
- _____ We approve of each other's friends and associates.
- _____ We enjoy doing things together.
- _____ All family members act as leaders at some time.
- _____ Rules change in my family.
- _____

C. PLEASE CIRCLE YOUR RESPONSE:

	Disagree	Strongly Disagree	Neutral	Agree	Strongly Agree
16. I believe not responding to a situation is still making a choice.	1	2	3	4	5
17. Boredom can lead to inappropriate behavior is still making a choice like smoking pot, over-eating, delinquent behavior, or drinking too much alcohol.	1	2	3	4	5
18. Alcoholics are weak willed people who do not have enough willpower to pull themselves together and stop drinking.	1	2	3	4	5
19. I believe a person should be judged by the way they treat you, not by the cultural background from which they come.	1	2	3	4	5
20. Individual violence can lead to community violence.	1	2	3	4	5
21. Leisure or "free time" does not need to be planned.	1	2	3	4	5
22. Views of friends are important to middle and high school students.	1	2	3	4	5
23. There are negative and/or positive consequences to every decision that you make.	1	2	3	4	5
24. I believe your opinion of yourself affects the way others see you.	1	2	3	4	5
25. You cannot become an alcoholic if you only drink beer.	1	2	3	4	5
26. A person should be judged by the content of his or her character, and not by their gender.	1	2	3	4	5

CHOICE GROUP EVALUATION
(MIDDLE AND HIGH SCHOOL)



School: _____ Date: _____

Age: _____ Grade: _____ Sex: _____ Ethnic Race: _____

A. Number your response to each of the following questions as would best describe your feelings when you are part of the group.

Use the chart below as a guideline.

High					Low
1	2	3	4	5	

- _____ 1. My freedom to express yourself.
- _____ 2. The extent to which my ideas and opinions are heard.
- _____ 3. The way decisions are made in group.
- _____ 4. The group's process in producing desired results.
- _____ 5. The degree of trust and openness that I feel in the group.
- _____ 6. The way we manage conflict.
- _____ 7. The extent to which I feel a part of the group.
- _____ 8. The ability find new ways to deal with conflicts.
- _____ 9. The ability to communicate feelings.
- _____ 10. My own feeling of self-worth.
- _____ 11. The ability to help others who need assistance.

C.H.O.I.C.E. Behavioral Checklist



	STUDENT NAME																			
1. Needs direction to complete work																				
2. Work completed and turned in on time																				
3. Verbally abusive to others																				
4. Physically abusive to others																				
5. Cut school/class																				
6. Late to school																				
7. Absent from school																				
8. Received grade below C																				
9. Threw a temper tantrum																				
10. Did not participate in class																				
11. In detention, ISAP, etc.																				
12. Used profanity/inappropriate language																				
13. Out of seat/off task																				
14. Displayed leadership skills																				
15. Appropriate interaction with others																				
16. On task/doing work																				
17. Student of the week/other recognition																				
18. Suspended from school																				

Mark in the appropriate box your response for each of the above students that you have in your class for a “-” if a behavior is absent, and “+” if improvement is needed. Any additional comments can be placed on the back of this form or attached. Please use a “+” if behavior is present, and participation. Students’ behaviors are a key focus to the school intervention components, and your assistance is valued greatly. Thank you for your support

TEACHER: _____ CLASS: _____



CHOICE, Inc.

Children Have Options In Choosing Experiences

Intervention
Alcohol/Drug Program

Suite 303, 3715 Bardstown Road, Louisville, KY 40218 • (502) 456-5137 • (502) 456-5842 Fax • E-mail: choiceinc@bellsouth.net

STAFFING:

- Executive Director
- Group Facilitator
- Administrative Coordinator

And

A collaboration of professional and other volunteers

Fern Creek Traditional High School

9115 Fern Creek Road
Louisville, Kentucky 40291
(502) 485-8251
Fax: (502) 485-8032



May 30, 2014

Robin J. Engel
Twenty Second District Councilman
Louisville Metro Council
601 West Jefferson Street
Louisville, KY 40202-2741

Dear Councilman Engel,

The need for positive modeling and instruction to help young men make wise choices in life is an invaluable resource. The C.H.O.I.C.E., Inc. Sports Leadership Program provides guidance and support for the "Dare to Dream" chapter of Fern Creek Traditional High School.

For the past twenty six years C.H.O.I.C.E., Inc. has been a model program for our athletes. As these young men mature, learn and commit to healthy decisions, they become ready to face the challenges ahead to be the best they can be.

Their commitment is transparent as they also serve as mentors to their "younger brothers" at Watterson Elementary. These young men already look up to the high school students and will be challenged and learn at their side.

As the Fern Creek Traditional High School faculty sponsor, I see first hand the value and success of the program. I strongly urge your continued support of this program for the 2014-2015 school years. Ms. Shannon has definitely affected the lives of each of these young men and we all expect great things from each of them.

Thank you for your contributions and support of the C.H.O.I.C.E. Program helping youth and adolescents with the increasing challenges from generation to generation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barbara Grumblatt".

Barbara Grumblatt, Career Planner
C.O.I.C.E., Inc. Faculty Sponsor

A handwritten signature in cursive script, appearing to read "Nate Meyer".

Dr. Nate Meyer, Principal
Fern Creek Traditional High School

June 4, 2014

Dear Councilman Engel,


I am writing this letter in support of the C.H.O.I.C.E. program. Watterson Elementary has had the privilege of working with Liz Shannon for the past 15 plus years. We have seen the positive impact that she has had on the students she has worked with through the Watterson Brotherhood Group and the "Dare to Dream" Mentoring Program. The mentoring relationship that our students form with the participants from Fern Creek High School over the course of the school year is special to watch. Our boys look forward each month to their visit and definitely look toward their mentors for direction. The High School boys have responded by embracing their role as positive male models and I see them maturing over their time in the program.

At Watterson, our students come from all socio-economic backgrounds and it seems that each year they face increasingly more difficult situations in their young lives. As a school we are always looking for positive supports in the community that will help them as they move on into Middle School. The C.H.O.I.C.E. program is one of those valued support systems. We appreciate your past support of C.H.O.I.C.E. and ask that you continue to support the program at Watterson Elementary School.

Sincerely,



Vickie Talbott, Principal
Watterson Elementary School



Pattie Harry, Coordinator
Helping Hearts and Hands Family Resource Center
Watterson Elementary School
491-0169/479-8971

Administrative Offices

VanHoose Education Center
P.O. Box 34020
Louisville, Kentucky 40232-4020
(502) 485-3011



RECEIVED
6/14/14

June 5, 2014

Liz Sias-Shannon
Executive Director
C.H.O.I.C.E., Inc.
3715 Bardstown Road, Suite 303
Louisville, KY 40218

Dear Ms. Sias-Shannon:

I want to personally congratulate you on earning a Jefferson County Public Schools (JCPS) Golden Oar Award, one of our district's highest honors. During a recent administrators' meeting, you were nominated for your exemplary display of the Core Values in our *Strategic Plan: Vision 2015*. I will be publicly announcing your award today via my Twitter account @JCPSSuper. Please visit my office on the third floor of the VanHoose Education Center any time between 7 a.m. – 4:30 p.m. to receive your official Golden Oar and certificate.

Thank you for your dedication to ensuring all students graduate prepared.

Sincerely,

A handwritten signature in black ink, reading "Donna M. Hargens".

Donna M. Hargens, Ed.D.
Superintendent

DMH:scf



June 6, 2014

To Whom It May Concern:

The Louisville Metro Housing Authority is pleased to have partnered with C.H.O.I.C.E. Inc., (Children Have Options In Choosing Experiences) for more than 20 years to provide support services as a prevention strategy to LMHA's at-risk youths. The services offered have been in collaboration with the Jefferson County Public Schools, namely at Meyzeek and Noe Middle schools.

Over the years, hundreds of students at these schools have participated in group sessions that cover a range of topics including positive decision-making, coping skills, self-esteem, AIDS education, assertiveness vs. aggressiveness, refusal skills, school success/behavior/attendance, family issues, relationships, multicultural heritage explanation, etc. By developing these skills, students can feel more secure in their "choice" not to use drugs or alcohol, or not to exhibit negative behavior. The program is so popular among students that there is always a waiting list for participation.

The C.H.O.I.C.E. program is highly recommended and has received national and local recognition for its efforts. This reflects the quality with which the program is administered by Ms. Shannon and the other C.H.O.I.C.E. staff and volunteers.

The Housing Authority has enjoyed the partnership with C.H.O.I.C.E over the years and look forward to working with them in the future. If you have any questions or need additional information, please do not hesitate to contact me at 502.569.3422.

Sincerely,

Diane Foster
Director of Special Programs



STLP

The following students demonstrated leadership skills by participating in the Student Technology Leadership Program.

Elzara Aslanova	Nevaeh Masden-King	Jaelyn Stewart
MaKenzi Broyles	Madison Scott	Michael Yisa
Valerie Clemens	Shania Staton	Yafet Zewdie

Safety Patrol

The following students served on our safety patrol. These students showed great leadership and direction in working with other students.

Adam Abayev	Shatrice Johnson	Alyssa Queen
Nora Azzouzi	Rachel Littrell	Shania Staton
JuliAnne Bowlds	Alex Lyles	Breana Swain
Isaiah Burns	Nevaeh Masden-King	Mary Swartz
Valerie Clemens	Larisa Matanovic	Dean Wright
Hannah Dauphinais	Cyan Mitchell	Alexis Wyatt
Jayson Jennings	Bailey Nickerson	Yafet Zewdie

Drama Club

The following students demonstrated their skills and talents by participating in our annual 5th Grade Talent Show and/or Gifts of Hope play.

Adam Abayev	A'Lea Fletcher*	Ta Nya Robinson*
Elzara Aslanova*	Jaliquai Ford	Cole Sanders
Nora Azzouzi*	Deontanae Gatewood	Zariah Sanders
Larenz Blackburn	Fatima Gaye*	Madison Scott*
JuliAnne Bowlds*	Warren Gooding	Aria Smith
Ian Brown	Syanna Hall	Shania Staton*
Kortney Brown*	Kailey Helton	Jaelyn Stewart*
Isaiah Burns	Jayson Jennings	Breana Swain*
Francesca Cariga*	Shatrice Johnson*	Mary Swartz*
Valerie Clemens	Chelsy Langdon*	Jasmine Washington*
Ciana Coleman	Brandon Lasley	Sania Wilcox
Kasey Conley*	Rachel Littrell*	Breonna Williams
Mariyah Crittenden	Larisa Matanovic	Nylah Williams*
LavonTay Crayton	TaKayla Minnis*	Alexis Wyatt*
Hannah Dauphinais*	Bailey Nickerson*	Michael Yisa
Felicia Felix*	Alyssa Queen*	Brandin Ziegler

*These students participated in both the Talent Show and Gifts of Hope play.

CHOICE

The following students participated in the CHOICE club.

Justin Adams	Jayson Jennings	Daniel Smith-Castro
LavonTay Crayton	Brandon Lasley	K'Nell Thomas
Jaliquai Ford	Jaana Morton	Journey West
Chase Hardin	Glenn Ramirez	

Promotion Class of 2014 5th Grade Teachers and Staff

Jamie Armstrong, Benny Flynn-Willis, Katie Johnson, Jami Rader, Tina Salameh, Gary Sanders, Leigh Ann Smith, Julie Swan, and Clarice Wosoba

Mrs. Armstrong	Mrs. Rader	Mrs. Swan
Robert Boyd	Adam Abayev	Justin Adams
Ian Brown	Elzara Aslanova	Nora Azzouzi
MaKenzi Broyles	Larenz Blackburn	JuliAnne Bowlds
Isaiah Burns	Kortney Brown	Valerie Clemens
Francesca Cariga	JiaPei Chen	Kasey Conley
Hannah Dauphinais	Ciana Coleman	Amnett Cooper
Felicia Felix	LavonTay Crayton	Mariyah Crittenden
Jaliquai Ford	A'Lea Fletcher	Daisy Dempsey
Warren Gooding	Isaiah Gaddy	Deontanae Gatewood
Dylan Henley	Fatima Gaye	Devin Gray
Jayson Jennings	Syanna Hall	Nick Hancock
Shatrice Johnson	Brandon Lasley	Chase Hardin
Rachel Littrell	Cyan Mitchell	Kailey Helton
TaKayla Minnis	Jaana Morton	Chelsy Langdon
Bailey Nickerson	Ta Nya Robinson	Alex Lyles
Alexander Osorio	Walter Rodriguez	Nevaeh Masden-King
Anthony Ramirez	Zariah Sanders	Larisa Matanovic
Cole Sanders	Aria Smith	Alyssa Queen
Jordan Scott	Prince Stone	Glenn Ramirez
Madison Scott	Jasmine Washington	Javon Sharp
Valente Solis	Elisjah Wright	Daniel Smith-Castro
Shania Staton	Sania Wilcox	Sydney Speaks
Cortney Stephenson	Kaiden Wilson	Brayden Stelter
Jaelyn Stewart	Bryce Woodard	Breana Swain
K'Nell Thomas	Dean Wright	Mary Swartz
Nylah Williams	Michael Yisa	Cidnie Trowell
Alexis Wyatt	Yafet Zewdie	Journey West
Brandin Ziegler		Breonna Williams

5th Grade Promotion Ceremony June 6, 2014 9:30 AM

Processional:

Pomp and Circumstance
5th Grade Students

Welcome and Message
from the Principal

Mrs. Vickie Talbott

Special Musical Presentation

2nd Grade Students

Farewell to Watterson

Francesca Cariga
Elzara Aslanova
Kasey Conley

Musical Presentation

5th Grade Students

Recognition of Elementary School
Completion

5th Grade Teachers and Students

Video Presentation

Recap of the 2013–2014 school year

Closing Comments

Mrs. Vickie Talbott

Band and Orchestra

The following students were members of the Band or Orchestra.

Adam Abayev	Chase Hardin	Alyssa Queen
Nora Azzouzi	Shatrice Johnson	Madison Scott
Kortney Brown	Alex Lyles*	Breana Swain
Francesca Cariga*	Nevaeh Masden-King	Jasmine Washington
Valerie Clemens	Larisa Matanovic	Michael Ysa
Fatima Gaye	TaKayla Minnis	Yafet Zeudie
Warren Gooding	Cyan Mitchell	Brandin Ziegler
Syanna Hall		

*These students were selected to participate in the 2013-2014 All-County Elementary Music Festival.

Rising Star

The following students have earned the Rising Star Award. These students have displayed remarkable improvement throughout the year.

Justin Adams	Kailey Helton	K'Nell Thomas
JiaPei Chen	Jaanai Morton	Samia Wilcox
Daisy Dempsey	Ta Nya Robinson	Bryce Woodard
Deontanae Gatewood	Daniel Smith-Castro	Dean Wright
Nick Hancock	Sydney Speaks	Michael Ysa

Superlatives

The following students showed achievement in these areas:

Technology Award	Organizational	Creative Thinking	Musical
Adam Abayev	Adam Abayev	Larenz Blackburn	Elzara Aslanova
Isayha Gaddy	Larenz Blackburn	Lavon'Jay Crayton	Ciana Coleman
Nick Hancock	Robert Boyd	Mariyah Crittenden	Felicia Felix
Brandon Lasley	JiaPei Chen	Daisy Dempsey	Deontanae Gatewood
Jaanai Morton	Daisy Dempsey	Devin Gray	Brandon Lasley
Alex Osorio	Isayha Gaddy	Dylan Henley	Ta Nya Robinson
Anthony Ramirez	Devin Gray	Cyan Mitchell	Zariah Sanders
Zariah Sanders	Dylan Henley	Walter Rodriguez	Sydney Speaks
Jordan Scott	Anthony Ramirez	Cole Sanders	K'Nell Thomas
Valente Sofis	Aria Smith	Jordan Scott	Cidnie Trowell
Prince Stone	Prince Stone	Valente Sofis	
Journey West	Samia Wilcox	K'Nell Thomas	
Kaiden Wilson	Kaiden Wilson	Cidnie Trowell	
Bryce Woodard	Dean Wright	Eljah Wight	
Brain Yang	Brandin Ziegler	Brain Yang	
Yafet Zeudie			

8:00- 8:40 Registration

8:45—9:30 Welcome & Opening Remarks

“Dare to Dream” Mentor—Cydney
Iroquois High School

“Dare to Dream” Mentor—Joe
Fern Creek Traditional High School

Presentation of Colors
Iroquois High School N. J. R. O. T. C.

America the Beautiful
Katelyn and the Iroquois High School Ensemble

William Yesowitch, President
C.H.O.I.C.E. Board of Directors

Shelley Spratt
Office of 3rd District Congressman John Yarmuth

Lawrence Wilbon, Director
Youth Department of Education
Louisville Urban League

Poem: Be True to You
“Dare to Dream” Mentor - Colton
Fern Creek Traditional High School

Tim Barry, Director
Louisville Metro Housing Authority

Candice Johnson, KHEAA
Louisville Metro East

Liz Sias-Shannon, Executive Director
C.H.O.I.C.E. Inc.

9:30—10:40AM

Workshops Presentations

Room A “Me. Myself, and I: A Love Story”
Terra Epps, Minister
Burnett Avenue Baptist Church

Room C “Stepping UP -Positive Way
Mozell Axson, Insurance Agent- New York Life

“SL” TLC - Pillowcase
Chelsi Monroe - American Red Cross

“CH” Financial Plan not Disaster (Parent Workshop)
Marcus Hester, Insurance Agent -New York Life

11:00—11:50 Lunch - Masterson’s Catering Service

12:00—1:15 Graduation Activities

“Dare to Dream” Mentor— Jada
Iroquois High School

“Dare to Dream” Mentor— Dertick
Fern Creek Traditional High School

Poem: The Best Ship of All - DeAira, Mentor - Iroquois High School

Performance by Drumline Band - Central High School

Raffle - Mentors - Earlisha, Iroquois High School and
Daylin, Fern Creek Traditional High School

What MENTORING Meant to Us” - Skyler Mentor-
Fern Creek Traditional High School

“What C.H.O.I.C.E. Meant to Us” - C.H.O.I.C.E. Participants

Bronze and Gold Awards - “Dare to Dream” Mentors

EUGENE SMITH AWARD RECIPIENTS
Community Goody Bag Giveaway

Closing Comments

**WELCOME TO
C.H.O. I.C.E. INC 6TH ANNUAL AWARENESS AND
FUNDRSAING EVENT**

Mistress of Ceremony, Vicki Roger Midday Air Personality and Assistant Director, Lite 106.9 FM

Greetings

Christopher Jones, C.H.O.I.C.E Advisory Committee

Agency History

William Yesowitch, Chairman of C.H.O.I.C.E. Board of Directors

Remarks

United States Congress John Yarmuth (KY-3)

CHOICE Mentors Speak for a "Better Tomorrow"

Dr. D'Artagnan Ramsey
Skylar (Fern Creek HS)

Introduction of Keynote Speaker

Dawn Shannon, Coordinator of Volunteer Services

Charla Young, Keynote Speaker

Television Talk show host "Power to Change
Empowerment reality talk show

**CHOICE Mentors Speak for a
"Better Tomorrow"**

DeAira (Iroquois HS)
Mario Urrutia

Entertainment

The Artistic Beaus of Burnett Avenue "He + Art = Heart"
Lead by Troy Bell, Director of Music/ Worship Arts,
Burnett Avenue Missionary Baptist Church

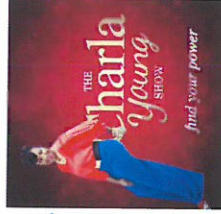
Silent Auction

Door Prize Giveaway

Closing Remarks

Liz Sias-Shannon, Executive Director, C.H.O.I.C.E., Inc.

More Charla Young
Check Out
<https://vimeo.com/84924004>



Gold Donors



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Louisville, KY 40218
(502) 459-3800

Thelma Sias and Stephen P. Adams
Milwaukee, Wisconsin

Barber, Banaszynski PSC
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www.bbalaw.justia.net
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LLC
Mike Richardson , President
2966 S. Columbus St. Unit A2
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571-765-0590

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Burnett Avenue Missionary Baptist Church
6800 S Hustbourne Parkway
Louisville, Kentucky 40291
(502) 491-8301
Pastor: Rev Daniel Corrie Shull

Bronze Donors

