

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

Applicant/Program: Cloverleaf Neighborhood Association

Applicant Requested Amount: \$3,050.00

Appropriation Request Amount:

Executive Summary of Request

Funding request will be budgeted for communications through newsletters, etc. and fall fling event.

Is this program/project a fundraiser?

☐ Yes

☒ No

Is this applicant a faith based organization?

☐ Yes

☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes

☒ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

15

District #

Primary Sponsor Signature

\$3,050.-

Amount

Date

July 31, 2017

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Cloverleaf Neighborhood Association

Program Name and Request Amount Neighborhood Connection and Communication

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

Prepared by: s.hughes

Date: Jul 28, 2017

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		CLOVERLEAF NEIGHBORHOOD ASSOCIATION <small>(as listed on: http://www.sos.ky.gov/business/records)</small>	
Main Office Street & Mailing Address: P.O. BOX 16008, LOUISVILLE, KY 40256			
Website: N/A			
Applicant Contact:	GAIL KLOTZ	Title:	PRESIDENT
Phone:	502-550-6785	Email:	DGKLOTZ@GMAIL.COM
Financial Contact:	LINDA GREEN	Title:	TREASURER
Phone:	502-742-7383	Email:	LINDA4451@TWC.COM
Organization's Representative who attended NDF Training: GAIL KLOTZ			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	CLOVERLEAF NEIGHBORHOOD		
Council District(s):	15	Zip Code(s):	40216
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: NEIGHBORHOOD CONNECTION & COMMUNICATION			
Total Request: (\$)	3,050	Total Metro Award (this program) in previous year: (\$)	4,000
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 type="checkbox"/> IRS Exempt Status Determination Letter <input type="checkbox"/> Current year projected budget <input type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input type="checkbox"/> Articles of Incorporation (current & signed) <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 type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

PLEASE SEE ATTACHED MISSION STATEMENT AND 2017 CALENDAR OF EVENTS.





Cloverleaf Neighborhood Association
P.O. Box 16008
Louisville, KY 40256






MISSION STATEMENT

The Cloverleaf Neighborhood Association's mission is to help build and support a thriving, diverse community by providing a forum for sharing information, connecting neighbors, promoting activities and fostering civic involvement.

- We are a volunteer board and association striving to make the Cloverleaf neighborhood a better place to live.
- We operate as a conduit of information to our neighbors. By providing speakers at our meetings, maintaining a membership e-mail list and a neighborhood Facebook page, and distributing a bi-annual newsletter we keep our neighbors aware of city operations, community organizations and events, and potential developments and changes in the neighborhood.
- We offer an opportunity for neighbors to bring forth their concerns and problems, providing information and connecting them to resources.
- We are responsive to our community's needs through the relationships we build with our neighbors, neighborhood businesses, community organizations and Metro Louisville.
- We promote activities within our neighborhood such as health fairs, music festivals, chili cook-offs and holiday parties.

JK

2017 Calendar of Events

Date	Time	Place	Description
Tuesday, January 17	7:00 p.m.	Gutermuth Elementary 1500 Sanders Ln.	Open Board Meeting Anyone is welcome to attend open board meetings and address the board with any concerns.
Monday, March 20	7:00 p.m.	Gutermuth Elementary	Open Board Meeting
Thursday, April 6	1:00 p.m.	514 West Liberty Street (Old Jail Bldg.)	Louisville Metro Planning Commission Come help us present our case against the proposed cell phone tower in Cloverleaf. 
Saturday, April 8	2:00 p.m.	Gutermuth Field	 Easter Egg Hunt for children ten and under (children must be accompanied by a parent/guardian). B.Y.O.B. (Bring Your Own Basket)
Monday, May 15	7:00 p.m.	Gutermuth Elementary	Open Board Meeting
Monday, July 17	7:00 p.m.	Gutermuth Elementary	Open Board Meeting 
Monday, Sept. 12	7:00 p.m.	Gutermuth Elementary	Open Board Meeting
Sunday, Sept. 17	To be decided	Gutermuth Field	Fall Fling -- Chili Cook-Off, Concert in the Park, 2018 Board Elections. Details in upcoming newsletter. 
Monday, Nov. 20	7:00 p.m.	Gutermuth Elementary	Open Board Meeting
December ?	To be decided	To be decided (Please call or email us with suggestion!!)	Annual CNA Christmas Party -- Details in upcoming newsletters. 

NOTE: In case of bad weather and possible cancellation of events, please check our Facebook page for updates.

Sharon Toms
RE/MAX Action First
 11601 Shugrass Parkway, #300
 Louisville, Kentucky 40298
 Office (502) 297-0079
 Fax (502) 418-7132
 Cellular (502) 289-7224
 SharonToms@remax.net
 www.SharonToms.com
(Branch office is independently owned and operated.)

DOUG JONES
HOME IMPROVEMENT CO.
All Work Guaranteed
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 Porch Enclosures

DAVID JONES
 7004 Voodoo Way
 Louisville, Ky. 40214
 Phone: (502) 366-8281
 www.dougjoneshomeimprovement.com

JK

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
GAIL KLOTZ, PRESIDENT	12/31/2017
DAVID SHEPHERD, VP	12/31/2017
LINDA GREEN, TREASURER	12/31/2017
MATTHEW MILLER, SECRETARY	12/31/2017
GORDON ALLEN	12/31/2017
JESSE FRAZIER	12/31/2017
DAVID KLOTZ	12/31/2017
SHEILA SHEEHAN	12/31/2017
PATTY SCHMOLL	12/31/2017
JOYCE WILSON	12/31/2017

Describe the Board term limit policy:

NO TERM LIMITS - NOMINATIONS AND ELECTIONS ARE HELD ANNUALLY.

Three Highest Paid Staff Names	Annual Salary
N/A	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

OUR FOCUS ON CONNECTION AND COMMUNICATION BEGAN IN NOVEMBER 2015 WITH THE "FEET ON THE STREET" PROGRAM WHERE WE WALKED TO EVERY HOME IN THE NEIGHBORHOOD (OVER 1,300 HOMES) TO DELIVER FLYERS AND ENCOURAGE INVOLVEMENT AND INTEREST IN OUR ASSOCIATION AND THE WELL-BEING OF THE NEIGHBORHOOD IN GENERAL. WE WILL CONTINUE OUR AWARENESS CRUSADE INDEFINITELY TO MAINTAIN CURRENT AWARENEESS/INVOLVEMENT AND TO GROW INTEREST. WE ARE ALREADY SEEING AN INCREASE IN ASSOCIATION MEMBERSHIP AND EVENT ATTENDANCE AND LOWER NEIGHBORHOOD CRIME STATISTICS.

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

THE FUNDS WILL BE SPENT TO COVER THE COST OF THE AUGUST NEIGHBORHOOD NEWSLETTER; ONE EVENT FLYER; AND OUR FALL FLING EVENT.

Alc



Cloverleaf Neighborhood Association

NEWSLETTER

January, 2017

A Message from the 2017 CNA President

Introducing Gail Klotz, 2017 CNA President



Dear Neighbors,

You may have noticed there is a new face accompanying this column. The Cloverleaf Neighborhood Association held officer elections at the November board meeting, and we also welcomed a few new board members. I served as CNA treasurer in 2016, and I look forward to leading the board in 2017 as president. We have some smart, committed board members and, as a team, we will continue to do all we can to keep Cloverleaf a great place to live.

A lot was accomplished in 2016. We increased our membership throughout the year; held some fun events and had some interesting general meetings with speakers on various subjects; and we awarded student-nominated teacher grants totaling \$700 (your membership dollars at work)! It was a very busy year and I would like to thank Shirley Buntain, 2016 CNA president, for her dedication and hard work. She's a treasure to our neighborhood.

2016 was both labor and time intensive for the board, and the one disappointment was our lack of success in getting more participation and support from the neighborhood. Despite our best efforts to get the word out, attendance was less than overwhelming at most of the meetings and events. We would very much like to see that change in 2017!

There are plenty of opportunities to help out and as we move into 2017. If you would like to be added to our volunteer list, please email us at cloverleafneighborhood@gmail.com or give me a call at 502-550-6785.

The board and I look forward to working hard for our neighborhood in 2017, and invite you and your family to join us as we continue to make Cloverleaf a great place to live.

Best regards,

Gail Klotz

President, Cloverleaf Neighborhood Association

IN THIS ISSUE

Message from the CNA President.....	pg. 1
Welcome to the new CNA 2.0.....	pg. 2
Membership Report	pg. 2
Cell Tower Update	pg. 3
Easter Egg Hunt.....	pg. 4
Calendar of Events.....	pg. 5
Things to Know	pg. 6
Cloverleaf Sanitation News.....	pg. 7
CNA Officers & Board Members.....	pg. 8



Chuck Story
Owner
502-362-8811
868-541-9832
storychuck@gmail.com
8012 National Turnpike
Louisville, KY 40214
www.atlaswindows.com

Replacement Windows
Triple Pane Performance
Entry & Storm Doors
Vinyl Siding
Cement Siding
Room Enclosures
Decks
Retractable Screen Systems
Retractable Awnings
Acrylic Tub & Shower Systems

Our 32nd Anniversary
Family Owned &
Operated Since 1983



GARIEPY GROUP

"OPENING THE DOOR TO YOUR DREAMS"

Sheila Sheehan - Realtor
Cell: 502-435-5577
Cloverleaf Resident and active member of the Neighborhood Association. She is your "Neighborhood Specialist... Helping Buyers & Sellers"

DK

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

THE WILL ALLOW US TO CONTINUE AN OPEN COMMUNICATION WITH OUR RESIDENTS ABOUT ISSUES THAT AFFECT OUR NEIGHBORHOOD AND UPCOMING EVENTS; PROMOTE COMMUNITY AWARENESS; AND CONNECT OUR NEIGHBORS TO LOUISVILLE METRO DEPARTMENTS AS NEEDED TO MAKE OUR NEIGHBORHOOD A DESIRED PLACE TO LIVE IN THE SOUTH END OF LOUISVILLE. OUR PROGRAM ENCOURAGES AND INSPIRES ASSOCIATION MEMBERSHIP AND INTERACTION AMONG NEIGHBORS.

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

WE COLLABORATED WITH MANY AGENCIES IN 2016 TO BRING AWARENESS OF AVILABLE PROGRAMS AND RESOURCES TO THE ATTENTION OF OUR NEIGHBORS (AS AN EXAMPLE, SEE ATTACHED PAGE FROM OUR SUMMER, 2016 NEWSLETTER) INCLUDING:

- LOUISVILLE METRO POLICE DEPARTMENT
- LOUISVILLE FIRE FIGHTERS
- METROPOLITAN SEWER DISTRICT
- LG&E
- IPL
- ZONING
- KY HARM REDUCTION COLATIONS
- YOUNG PEOPLE IN RECOVERY
- ST. MARY'S HOSPITAL
- NORTON HOSPITAL
- KENTUCKY ONE HEALTH



Cloverleaf Neighborhood Association - Mission Statement

The Cloverleaf Neighborhood Association's mission is to help build and support a thriving, diverse community by providing a forum for sharing information, connecting neighbors, promoting activities and fostering civic involvement.



LMPD detective Jeremy Smith with Crimes Against Seniors talked to the group at the May CNA about how to handle door-to-door, phone and Internet scammers.



Louisville firefighters joined us at the May CNA meeting. Pictured left to right: Michael McDuffin, James Perry, David Johnson and Christopher Reid.



(back row) Ariene Rice and Russ Reed; (front row) Emily Walden and Shelby Walden with Kentucky Harm Reduction Coalition. Russ spoke at the CNA May meeting about drug addiction, the current cocaine addiction epidemic and emergency overdose treatment.



Master Gardener, Terry Gibson, shared gardening tips and advice at the April CNA meeting. Each attendee was gifted with a bell pepper plant.



Olens Goff (left) and Hilary Deskens (far right), Kentucky One Health, Administer a Smokerlyzer Breath CO Tests at the CNA May meeting that measures the amount of carbon monoxide (CO) in lungs and blood.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials	2,000	2,750	4,750
I: Community Events & Festivals (See Detailed List on Page 8)	1,050	720	1,770
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		1,400	1,400
*TOTAL PROGRAM/PROJECT FUNDS	3,050	4,870	7,920
% of Program Budget	39 %	61 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	1,370
Fees Collected from Program Participants	2,500
Other (please specify)	1,000 (ads in newsletter)
Total Revenue for Columns 2 Expenses **	4,870

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

**Must equal or exceed total in column 2.

DK

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Easter Egg Hung	0	570	570
Fall Fling	1,050	150	1,200
Flyers - Fall Fling advertisement	700	0	700
Newsletter - August	1,300	0	1,300
Total	3,050	720	3,770

Applicant's Initials *DK*

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
SPACE FOR FALL FLING	\$200	ESTIMATE
UTILITIES	\$25	ESTIMATE
VOLUNTEERS	\$500	10 VOLUNTEERS @ 5
		HOURS EACH @ \$10/HR.
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$725	

* 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: 10/1/2016

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant 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 and the funds will not be disbursed to our organization.

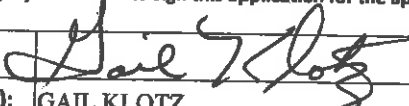
Standard Certifications

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

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

SECTION 8 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	7/24/2017
Legal Signatory: (please print):	GAIL KLOTZ	Title:	PRESIDENT
Phone:	502-550-6785	Extension:	
Email:	DGKLOTZ@GMAIL.COM		

Internal Revenue Service
District Director

Department of the Treasury

Date: APR 21 1987

See attached

Employer Identification Number:

Case Number:

310032277

Person to Contact:

Helen Miley

Contact Telephone Number:

513-684-3578

Caveat Applies:

No

▷ Cloverleaf Neighborhood Association, Inc.
1551 Glenrock Road
Louisville, KY 40216

Dear Sir or Madam:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(2).

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status: 509(a)(2).

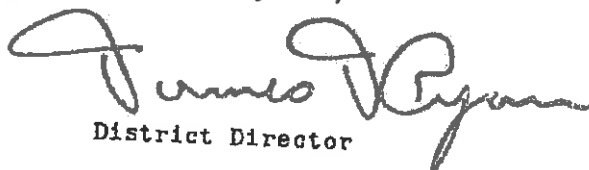
This supersedes our letter dated January 16, 1987.

If the above heading indicates that a caveat applies, the caveat below is an integral part of the letter.

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

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

Sincerely yours,


District Director

Sh

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Cloverleaf Neighborhood Association Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(3)	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) P.O. Box 16008	Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40256	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number	

or

Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ 	Date ▶ 7/26/17
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General Instructions

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

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

Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

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



Cloverleaf Neighborhood Association

2017 Budget

(10/1/2016 – 9/30/2017)

OPERATING		Expense		Income
	Donation to Gutermuth for hosting bd. meetings	\$150		
	Annual 501c(3) filing	15		
	Lock Box fee	15		
	P.O. Box fee	85		
	Miscellaneous (President's use)	200		
	Supplies (paper, copies, etc.)	60		
	Landscaping Care for CNA Signs	700		
	Postage	75		
	Hospitality	100		
	Membership Fees (250 households @ \$10 each)			\$2,500
	Funds from Reserve CNA account			1,370
MEETINGS/ EVENTS				
	Easter Egg Hunt			
	Candy & Plastic Eggs	500		
	Easter Rabbit Costume Rental	70		
	Fall Fling			
	Prizes (3 x \$50)	150		
	Insurance (Gutermuth)	50		
	Aprons (CNA imprint)	100		
	Food, Bowls, Spoons, etc.	100		
	Entertainment	600		
	Signs (6 large signs - to be placed at each entrance)	200		
	Neighborhood Development Grant			1,050
NEWSLETTERS, etc.				
	Membership Drive (envelopes & postage)	1,450		
	January Newsletter (printing & postage)	1,300		
	Fall Fling flyer/mailling (to each residence)	700		
	August Newsletter " "	1,300		
	Newsletter Advertisements			1,000
	Neighborhood Development Grant			2,000
TOTAL		7920		7920

JK



Cloverleaf Neighborhood Association
P.O. Box 16008
Louisville, KY 40256

TREASURER'S REPORT

May/June 2017

7/1/2017	Balance of Savings Account		\$ 62.80
7/1/2017	Certificate of Deposit		\$16,156.73
	Interest for May/June		<u>46.42</u>
	Balance		\$16,203.15
5/1/2017	Beginning Checking Balance:	\$7,492.28	
	Deposits:		
	5/2	\$650.00	
	5/12	590.00	
	5/18	380.00	
	6/2	50.00	
	6/27	140.00	
	6/27	320.00	
	Total Deposits		<u>\$2,130.00</u>
	Checks:		
	Johann Green Landscaping)	\$300.00	
	Johann Green (envelopes)	16.42	
	Allison Grimes (Annual Report)	15.00	
	Total Expenses		<u>\$ 331.42</u>
7/1/2017	Ending Checking Balance:		<u>\$ 9,290.86</u>
7/1/2017	Total Assets:		<u>\$25,556.81</u>

Change in Assets since last report: \$1,798.580

Prepared and submitted by:

Linda Green CNA Treasurer

JK



Confirmation

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

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

- **Organization Name:** CLOVERLEAF NEIGHBORHOOD ASSOCIATION INC
- **EIN:** [REDACTED]
- **Tax Year:** 2015
- **Tax Year Start Date:** 10-01-2015
- **Tax Year End Date:** 09-30-2016
- **Submission ID:** 10085520171151069492
- **Filing Status Date:** 04-25-2017
- **Filing Status:** Pending

MANAGE FORM 990-N SUBMISSIONS

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **FRANCES JONES MILLS**, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of

CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

The name and address of the registered agent of this corporation is

JOHN ALAN LANNING

NAME

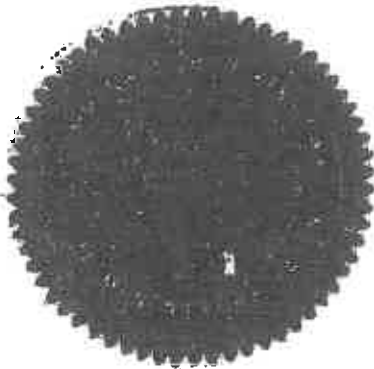
1551 GLENROCK ROAD

STREET ADDRESS

LOUISVILLE, KENTUCKY

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, **FRANCES JONES MILLS**, Secretary of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

Issued this 24TH day of SEPTEMBER, 1981.

at Frankfort, Kentucky.

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

DK

ARTICLES OF INCORPORATION OF
CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

SEP 24 1981

I, John Alan Lanning, 1551 Glenrock Road, Louisville, Kentucky 40216, acting as sole incorporator, do hereby adopt these articles of incorporation for a nonstock, nonprofit corporation in accordance with Chapter 273 of the Kentucky Revised Statutes.

ARTICLE I

226446

The name of the corporation shall be Cloverleaf Neighborhood Association, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The purpose of the Cloverleaf Neighborhood Association, Inc. shall be to provide an opportunity for the residents of the Cloverleaf Neighborhood Association to better their neighborhood; provide or arrange for others to provide programs and activities that will foster human growth; to help the community develop resources to alleviate problems encountered by the residents regardless of race, color, creed or national origin.

ARTICLE IV

The corporation shall be operated as a non-profit corporation, exclusively for charitable and educational purposes within the meaning of Section 501 (C.) (3) of the Internal Revenue Code of 1954, as from time to time amended, and shall have and may exercise all powers given to non-profit corporations under the provisions of KRS 273, subject only to the limitation that not withstanding any other provisions of these articles the corporation shall have only such power as may be exercised by an organization for purposes similar to those of this corporation, exempt under Section 501 (C.) (3) of the Internal Revenue Code.

ARTICLE V

Any resident of Cloverleaf, the area boundaries as follows; Watterson Expressway - North, Gagel Avenue-South, Manslick Road - East, and Illinois Central Railroad - West shall be considered a member. Those owning property or business in the area but do not live in the area are also considered members. Members must be 18 years of age or older to be eligible to vote.

ARTICLE VI

The affairs of the corporation shall be managed by an Executive Board. The Board shall consist of the officers of the Association and chairpersons of all committees. The qualifications of the

slu

members of the Executive Board, together with their terms of office, manner of election, removal, change of numbers, filling of vacancies and of newly created directorships, powers, duties, and liabilities, shall except as otherwise provided in these articles or by the laws of the State of Kentucky, be as prescribed by the By-Laws. The names and post office address of the persons who shall serve as members of the executive board until their successors are duly qualified, are as follows (being the 4 initial Directors of the Corporation):

<u>NAME</u>	<u>ADDRESS</u>
Ronald L. Hollenkamp, Sr.	1409 Anna Lane Louisville, KY 40216
Joseph D. Clark, Sr.	4306 Dana Drive Louisville, KY 40216
John A. Lanning	1426 Anna Lane Louisville, Ky 40216
John Alan Lanning	1551 Glenrock Road Louisville, KY 40216


The officers and committee chairpersons shall serve on the Board without compensation.

ARTICLE VII

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VIII

In the event of dissolution, winding up, or other liquidation of the assets of this corporation, its assets shall be distributed to



non-profit and charitable corporations or institutions as may qualify for exemption under the provisions of Section 501 (C.) (3.) of the Internal Revenue Code and as may be designated by the Executive Board to be used for the purposes similar to those of this corporation. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principle office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.


ARTICLE IX

The address of the initial registered office of the corporation is 1551 Glenrock Road, Louisville, Kentucky, 40216 and the name of its initial registered agent at such address is John Alan Lanning

ARTICLE X


These articles of incorporation may be amended, by the majority vote of the members of the Executive Board, having the right to vote, present at a duly called meeting of the Executive Board, at which a quorum is present, and of which at least ten (10) days written notice has been given.

IN WITNESS WHEREOF, I have hereunto set my hand this 23RD day of SEPTEMBER, 1981.


JOHN ALAN LANNING
1551 Glenrock Road
Louisville, Kentucky 40216


STATE OF KENTUCKY)
COUNTY OF JEFFERSON) ss

I, the undersigned, a Notary Public, in and for the State and County aforesaid, do certify that the foregoing Articles of Incorporation were this day produced to me by the said John Alan Lanning, party thereto, in said county and state and there by acknowledged by him to be his act and deed this 23rd day of September, 1981.


Notary Public, Jefferson County,
Ky. My Commission expires
May 5, 1985

ylk

THIS DOCUMENT PREPARED BY:


JOHN ALAN LANNING
1521 Glenrock Road
Louisville, Kentucky 40216





LOUISVILLE METRO REVENUE COMMISSION

PO Box 35410 • Louisville, KY 40232-5410
Telephone: 502-574-4860

Monday - Friday
8:00am - 5:00pm
Fax: 502-574-4818

617 W. Jefferson Street
Louisville, KY 40202

CLOVERLEAF NEIGHBORHOOD ASSOCIATION INC
PO BOX 16008
LOUISVILLE KY 40256-0008

Jun 08, 2016

Account Number: [REDACTED]

CERTIFICATE OF REGISTRATION

Thank you for applying for or re-establishing your Louisville Metro Revenue Commission's Tax Account Number. The Tax Account Number assigned to you is listed above. Please retain this Certificate for future reference, as this account number must be written on all tax returns, payments, and correspondence submitted to this agency to assure accurate posting.

Please be advised that your tax account must meet the following requirements:

1. An annual Occupational License Tax Return (Form OL-3) must be filed:
 - reporting any earned income in which occupational taxes are not withheld
 - regardless of your business' profit or loss, or
 - if there was no business activity during any year
2. If your business activity never begins in the Louisville Metro, KY, jurisdiction, written notification must be submitted stating so.
3. If your business activity ceases in the Louisville Metro, KY, jurisdiction, written notification must be submitted stating the date the activity ceased.
4. If you indicated on the Registration Application that you are an employer, occupational taxes must be withheld from your employees' wages and submitted to us quarterly with an Employer's Quarterly Return of Occupational License Fees Withheld (Form W-1), even if you did not have employees during a quarter.
5. There is no minimum earned income amount before you are liable for filing a tax return.
6. If your business structure changes, (e.g. sole proprietorship changes to partnership or corporation, etc), a Registration Application for a new Tax Account Number must be submitted. A final Form OL-3 must be filed for the former business' tax account as well.
7. Inform us of any changes that occur to your tax account information, such as mailing address, phone number, becoming an employer, etc.

If you have any questions, please contact Taxpayer Services at 502-574-4860.

Louisville Metro Revenue Commission

For Credit Card or E-Check Payments: 1-800-272-9829 or www.metrorevenue.org (Use Jurisdiction Code 2702)
REGREGMAIL1, 7766792, 6/8/2016

CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.**General Information**

Organization Number	0160128
Name	CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/24/1981
Organization Date	9/24/1981
Last Annual Report	5/8/2017
Principal Office	P.O. BOX 16008 LOUISVILLE, KY 40256
Registered Agent	SHIRLEY R. BUNTAIN 1408 ANNA LANE LOUISVILLE, KY 40216

Current Officers

President	<u>GAIL KLOTZ</u>
Vice President	<u>SHIRLEY BUNTAIN</u>
Secretary	<u>MATT MILLER</u>
Treasurer	<u>LINDA GREEN</u>
Director	<u>JESSIE FRAZIER</u>
Director	<u>JOYCE WILSON</u>
Director	<u>DAVID KLOTZ</u>

Individuals / Entities listed at time of formation

Director	<u>JOHN ALAN LANNING</u>
Director	<u>JOHN A LANNING</u>
Director	<u>RONALD L HOLLENKAMP SR</u>
Director	<u>JOSEPH D CLARK SR</u>
Incorporator	<u>JOHN ALAN LANNING</u>

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>	5/8/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	9/6/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	9/6/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	2/1/2016 11:42:26 AM	1 page	<u>PDF</u>	

<u>Principal Office Address Change</u>	2/1/2016 11:38:32 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/28/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/24/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/20/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/22/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/10/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/18/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/26/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/30/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/16/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	11/1/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/17/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/22/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/4/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/24/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/21/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/11/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/5/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/17/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Sixty Day Notice</u>	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	9/24/1981	5 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/8/2017 1:13:43 PM	5/8/2017 1:13:43 PM	
Registered agent address change	9/6/2016 2:33:55 PM	9/6/2016	
Annual report	9/6/2016 2:33:34 PM	9/6/2016	
Registered agent address change	2/1/2016 11:42:26 AM	2/1/2016 11:42:26 AM	
Principal office change	2/1/2016 11:38:32 AM	2/1/2016 11:38:32 AM	
Annual report	4/28/2015 1:14:56 PM	4/28/2015 1:14:56 PM	
Annual report	4/24/2014	4/24/2014	

	11:25:57 AM	11:25:57 AM
Annual report	3/20/2013	3/20/2013
	9:24:13 AM	9:24:13 AM
Annual report	2/22/2012	2/22/2012
	3:34:55 PM	3:34:55 PM
Annual report	3/10/2011	3/10/2011
	9:01:17 AM	9:01:17 AM
Annual report	3/18/2010	3/18/2010
	8:56:09 AM	8:56:09 AM
Annual report	3/26/2009	3/26/2009
	6:19:46 PM	
Annual report	1/30/2008	1/30/2008
	4:40:02 PM	4:40:02 PM
Annual report	3/16/2007	3/16/2007
	3:01:48 PM	
Annual report	11/1/2006	11/1/2006
	3:29:05 PM	3:29:05 PM
Registered agent address change	10/5/1995	10/5/1995
Principal office change	10/4/1995	10/4/1995
Principal office change	9/22/1995	9/22/1995

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	3/1/2005	/1 page
Annual Report	4/9/2004	1 page
Annual Report	6/10/2003	1 page
Annual Report	4/22/2002	1 page
Annual Report	4/4/2001	1 page
Annual Report	4/24/2000	1 page
Annual Report	4/21/1999	1 page
Annual Report	5/11/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
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Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	3/17/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	9/1/1990	1 page
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