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

Applicant/Program: Pride Leadership Academy West Louisville Futbol Club Applicant Requested Amount: \$1,000.00	
Appropriation Request Amount: \$ 1,000.00	
Executive Summary of Request	
Fund requested are to be used for the Pride Leadership Academy to develop the West L initiative (West Louisville FB) The goal of the program is to introduce the sport of socce West Louisville but more importantly provide the opportunity to improve thier lives. The plays & girls in grades 3-5 who attend West End Schools (Foster , Coleridge Taylor , By Engelhard, Frayser and Crums Lane) Elementary . The program consist of weekly practice.	er to the children in program is open to ck,Brandeis,Carter,
Is this program/project a fundraiser? Yes No	
Is this applicant a faith based organization?	
Does this application include funding for sub-grantee(s)?	
I have reviewed the attached Neighborhood Development Fund Application and have for within Metro Council guidelines and request approval of funding in the following amout organization's statement of public purpose to be furthered by the funds requested and I appurpose is legitimate. I have also completed the disclosure section below, if required. \$1,000	int(s). I have read the
Primary Sponsor Disclosure	
List below any personal or business relationship you, your family or your legislative as:	sistant have with this
organization, its volunteers, its employees or members of its board of directors.	
	7.
Approved by:	
Appropriations Committee Chairman Date	
Final Appropriations Amount:	

Legal Name of Applicant Organization Pride Leadership Academy

Program Name and Request Amount West Louisville Futbol Club (WLFC)

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	N/A
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	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?	No
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	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?	No
Prepared by: Charles Weathers Date: 9/5/2017	

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
(as listed on: http://www.sos.ky.gov/business/records			
Main Office Street & N	Mailing Address: 3007 River Park D	rive 40211 & 5010 V	Vest Pages Lane 40258(mailing add
Website: prideleadersh	nipacademy.com		
Applicant Contact:	Melissa Lee	Title: Administrator	
Phone:	502-819-9060	Email:	mmlee@prideleadershipacademy
Financial Contact:	Marcus Harris	Title:	Founder/CEO
Phone: .	502-713-0007	Email:	mharris@prideleadershipacademy
Organization's Represe	entative who attended NDF Trainin	g: Melissa Lee	
GEOGR	RAPHICAL AREA(S) WHERE PROGRA	M ACTIVITIES ARE (\	WILL BE) PROVIDED
Program Facility Locati	ion(s): Foster Elementary, Carter	Elementary, Crums L	ane Elementary
Council District(s):	1	Zip Code(s):	40211, 40211, 40216
	SECTION 2 – PROGRAM REQUES	& FINANCIAL INFO	RMATION
PROGRAM/PROJECT N	IAME: West Louisville Futbol Club (WLFC	
Total Request: (\$)	1,000 Total Metro Awa	rd (this program) in	previous year: (\$)
Purpose of Request (ch	heck all that apply):		
Operating Fu	nds (generally cannot exceed 33% o	agency's total opera	ating budget)
Programming	g/services/events for direct benefit t	o community or qua	lified individuals
☐ Capital Project	ct of the organization (equipment, f	ırnishing, building, e	tc)
The Following are Requ	uired Attachments:		
IRS Exempt Status Dete	ermination Letter	Signed lease if rent o	osts are being requested
Current year projected	ojected budget IRS Form W9		
Current financial stater	ment	Evaluation forms if used in the proposed program	
Most recent IRS Form S	990 or 1120-H	Annual audit (if required by organization)	
Articles of Incorporatio	on (current & signed)	rrent & signed) Faith Based Organization Certification Form, if applicable	
Cost estimates from proposed vendor if request is for capital expense			
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:	А	mount: (\$)	
Source:	А	mount: (\$)	
Source:	A	mount: (\$)	
Has the applicant conta	acted the BBB Charity Review for par	ticipation? Yes	□ No
Has the applicant met the BBB Charity Review Standards? Yes No			

Page 1 Effective May 2016

SECTION 3 – AGENCY DETAILS			
Describe Agency's Vision, Mission and Services:			
At Pride Leadership Academy (PLA), we are focused on providing our community with the resources necessary to create real change. PLA intends to use sport as the engine to help individuals in low income situations make their dreams, reality. Our programs emphasize the importance of education and provide participants the tools to excel.			
West Louisville Futbol Club (WLFC) is an initiative to introduce the game of soccer and its benefits to students who attend West Louisville Elementary Schools. Participation is open to boys and girls in grades 3-5. The participants will practice twice a week and play games on Saturdays. All games will be played at Foster Elementary School. Last year was the inaugural year with 2 schools and 4 teams participating (2 each from Foster Elementary and Coleridge Taylor Elementary). This year, the league will expand to 10 teams from the following elementary schools: Foster, Coleridge Taylor, Byck, Brandeis, Carter, Engelhard, Frayser, Crums Lane and Young. Participants will also be given life skills and academic success mentoring from Pride Leadership Academy (PLA).			

Board Member	Term End Date
Jermill Bibb	Dec 31, 2018
Osei Paddymo	Dec 31, 2018
Trinidad Jackson	Dec 31, 2018
Gary Hampton	Dec 31, 2018
Ronisha Vinson	Dec 31, 2018
Garry Reid Jr.	Dec 31, 2019
Shawnte West	Dec 31, 2019
Regina Presley	Dec 31, 2019
Adrian Graham	Dec 31, 2020
Luisa Trujillo	
	1

Describe the Board terr	n limit policy:	
Terms for our board me	mbers are staggered at 3 years.	

Three Highest Paid Staff Names	Annual Salary

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.):	The same of the sa
The program will begin on April 7th, 2018 and end the week of May 21st. The program is designed to bring soccer to schools in the West End. Participation is open to boys and girls in grades 3-5. The participants will practice twice a week and play games on Saturdays. All games will be played at Foster Elementary School.	The state of the s
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):	
The funding will be spent on uniforms and equipment for soccer participants.	

C: If this request is a fundraiser, please detail how the proceeds will be spent:
Dr. For Evnanditura Paimburgament Only. The great award axiad basing with the Make County
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.
plan identified in this 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:
In addition to bringing soccer to west end schools, the program is designed to help improve behavior and communication skills for the program participants. We are aiming to improve peer to peer communication as well as child to adult communication. Improved communication will help players understand their role on the team and the roles of other team members. Sports can also help improve social skills for participants.
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.
Pride Leadership Academy is partnered with YouthBuild. YouthBuild Louisville is an education, job training and leadership program that provides low-income young adults ages 18-24 opportunities to realize their potential as active community leaders and an educated workforce for Louisville.
We will be using YouthBuild participants to help coach the soccer teams, run concession stands, set up before the games, and to referee games.

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2 Non- Metro Funds	Column (1+2)=3 Total Funds
Program/Project Expenses	Proposed Metro Funds		
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies		400	
D: Telephone			
E: In-town Travel			300 1000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	\$1000	7482	8882
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	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)	7882
Fees Collected from Program Participants	
Other (please specify)	
- Total Revenue for Columns 2 Expenses 🧐	2400

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

^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Louisville Baseball Clinic		250	250
Light up Louisville		0	0
Pride Leadership Academy T-shirts		200	200
Pride Leadership Academy Brochures		300	300
Jerseys for Soccer	600	782	1,382
Soccer Goals	200		200
Player Awards for Soccer	200		200
Umpire Wages		500	500
League Fee		500	500
Insurance		2,000	200
Concessions/Merchandice		800	800
Field and Faculty Rental		700	700
Field Maintenance Materials and Supplies		200	200
Coaches Wages		1,000	1,000
Lacrosse Clinic		250	250
Office Supplies		400	400
Total	1,000	7,882	8,882

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
Coaches (10)	6 hours per week/per coach	
Family Resource Coordinators (8)	5 hours per week/per coordin.	
YouthBuild & PLA Volunteers	3-4 hours per week/per volun	
Total Value of In-Kind		
(to match Program Budget Line Item. Volunteer Contribution &Other In Kind)		
DONOR INFORMATION REFERS TO WHO MA	DE THE IN KIND CONTRIBUTION. VIER ON ONE LINE AS A TOTAL NOTI	OLUNTEERS NEED NOT BE NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETHERSON PER WEEK gency Fiscal Year Start Date: oes your Agency anticipate a significant incre	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETH ERSON PER WEEK gency Fiscal Year Start Date: loes your Agency anticipate a significant incredudget projected for next fiscal year? NO [I	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETHERSON PER WEEK gency Fiscal Year Start Date: oes your Agency anticipate a significant incredudget projected for next fiscal year? NO	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETHERSON PER WEEK gency Fiscal Year Start Date: oes your Agency anticipate a significant incredudget projected for next fiscal year? NO	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETHERSON PER WEEK gency Fiscal Year Start Date: oes your Agency anticipate a significant incredudget projected for next fiscal year? NO	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETH ERSON PER WEEK gency Fiscal Year Start Date: loes your Agency anticipate a significant incredudget projected for next fiscal year? NO [I	ease or decrease in your budget fro	NG HOW MANY HOURS PER
DONOR INFORMATION REFERS TO WHO MAISTED INDIVIDUALLY, BUT GROUPED TOGETH DERSON PER WEEK Agency Fiscal Year Start Date: Does your Agency anticipate a significant incre	ease or decrease in your budget fro	NG HOW MANY HOURS PER

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

- 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.
- 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.
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal 7. vear end.
- 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.
- Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- 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.
- 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: Legal Signatory: (please print): Title: ARRI mharris@prideleadership academy. Phone: Extension: Email:

Page 10

Effective May 2016

Applicant's Initials

Operating Budget	Pride	Leadership Academ
		20:
Revenue	Amount	Comments
Player Registration Fees	2,400.00	
Donations	3,020.00	
Concessions/Merchandise Sales Proceeds	0.00	
Fundraising Event Proceeds	1,000.00	
Grants	2,500.00	
Other	0.00	
Total Revenue	8,920.00	
Operating Expenses	Amount	Comments
Uniforms	1,382.00	
Umpires Wages	500.00	
Coaches Wages	1,000.00	
Equipment and Supplies	2,000.00	
Advertising/Promotion	400.00	
Fundraising Expenses	1,200.00	
Concessions/Merchandise	800.00	
Field and Facility Rental	700.00	
Transportation	0.00	
Insurance	2,000.00	-
League Dues	500.00	
Tournament Fees	0.00	
Field Maintenance Staffing or Services	0.00	
Field Maintenance Materials and Supplies	200.00	
Field Maintenance Equipment and Repairs	0.00	
Legal Fees	0.00	
Other Professional Fees	0.00	
Office Supplies	400.00	
Postage and Shipping	0.00	
Loan Payment or Mortgage	0.00	
Storage	0.00	
Telephone or other Office Expenses	900.00	80 30 30 30 30 30
Utilities	2,800.00	
Other	0.00	
Total Expenses	14,782.00	
NET PROFIT/LOSS	-5,862.00	Difference covered by po

Date: DEC 22 2015

PRIDE LEADERSHIP ACADEMY 5010 WEST PAGES LN LOUISVILLE, KY 40258-0000 Employer Identification Number:

DLN:

26053755001635 Contact Person: CUSTOMER SERVICE

Addendum Applies:

ID# 31954

CUSTOMER SERVICE ID
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 15, 2015
Contribution Deductibility:

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

No

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.



W	est Louisville FC	Annual	Budget
Line Item	Un	it Cost	Anually
Uniform	\$	18.00	\$ 2,160.00
Printing	\$	8.00	\$ 960.00
Shinguards	\$	10.00	\$ 1,200.00
Equipment	\$	10.00	\$ 400.00
Coaches	\$	250.00	\$ 2,500.00
Referee	\$	15.00	\$ 540.00
Contengency			\$ 500.00
Total			\$ 8,260.00
Taxes			\$ 283.20
			\$ 8,543.20

^{*10} teams and 12 participants per team



9265 Smyrna Parkway Louisville, KY 40229

RETURN SERVICE REQUESTED

629035456 1

1/2 UNQ

05-01-17 SD

լիկկիցումիիինակկիակիակիակությունների

PRIDE LEADERSHIP ACADEMY, INC 5010 W PAGES LN LOUISVILLE KY 40258-1108

Account Statement

800-292-2905 | www.LNFCU.com

Member Number

Statement For **04/01/2017 - 04/30/2017**Page **1 of 1**

dow does a mortgage with No Closing Costs, No PMI and up to 100% financing sound?

That's what you'll get with the L&N 5/5 mortgage!

Give us a call at 502-368-5858 / 800-292-2905 or visit www.LNFCU.com for details!

Y pur Account Balances as of 04/30

B isic Business Checking ID 2 \$1,861.29
Account Balance Total \$1,861.29

Need a Loan?

Call 800-292-2905 or apply online www.LNFCU.com

						A A A A A A P 1 41	CO.COM	
ASIC BUSIN	NESS CHE	KING ID 2				Beginn	ning Balance	\$578.73
						The state of the s	Deposits for	3,578.79
D viclends Paid in	2017 \$0.00						hdrawals for	2,296.23
							ling Balance	\$1,861.29
Dite Withdr	awal	Deposit	Balance	Transaction	Description			
) /10		1,500.00 \$	2,078.73			ORCHER AND COME		
1/12		1,000.00	3,078.73	Deposit		THE PERSON NAMED IN CO. P. LEWIS CO. P. L.	ACCUMANDO ACCUSADA DA SECULIDA DE SECULIDA	
/13 5	9.73-		3,019.00		OS 0413 1503 977148 THE	HOME DEPOT #230	LOUISVILLE KY	CHECK TO BE
1,63	36.50-		1,382.50				# 000010452520 Eff. Da	ate 04/14
/17 60	00.00-	ASSESSMENT OF THE PARTY OF THE	782.50	Check# 1002		TO STATE OF THE PARTY OF THE PA	1000010 152 520 E111 D	All the state of t
/24		070 70						
		1,078.79	1,861.29	Deposit			A STATE OF THE PERSON NAMED OF THE PERSON NAME	PACIFIC STATE OF STAT
animary by (s skip in sequence		1 Checks Cleared	for \$600.00
5 annimary by (sk next to	number indicate	s skip in sequence	ant Number	1 Checks Cleared	for \$600.00
	Check Nur	nber * Aster	sk next to	number indicate		ant Number		
Lumber	Check Nur	mber * Asteri	sk next to	number indicate		int Number		
Lumber	Check Nur	mber * Asteri	sk next to	number indicate		int Number		
ees Paid	Check Nur Cleared 04/17/17	mber * Asteri Amount \$600.00	sk next to	number indicate		Int Number		
unber (CO2	Check Nur Cleared 04/17/17	mber * Asteri Amount \$600.00	Sk next to I	number indicate ar Cle	Description		Cleared	Amount

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31

B Check if available

Terminated for Business

C Name of Organization PRIDE LEADERSHIP ACADEMY

D Employee Identification

Gross receipts are normally \$50,000 or less

JOIN LIGHT LINE CONTRACTOR DOLLER (JULIO)

5010 w pages In, Louisville, KY, US, 40258 Numbe

E Website

Prideleadershipacademy.com

F Name of Principal Officer marcus deshawn harris

5010 w pages In, Louisville,

KY, US, 40258

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

dcornish ADD

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/15/2015 1.37 PM Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO Box 718 Frankfort, KY 40602

Articles of Incorporation Non-profit Corporation

NAI

(502) 564-3490 www.sos.ky.gov		his form does not comply w filing the Articles of Incorpo	vith 501 (C) status. You sho pration.	uld contact the Inter	nal Revenue
Pursuant to KRS 14A an	d KRS 273, the undersigned a	applies to qualify and for	that purpose submits th	e following staten	nents:
Article I: The name of the	e corporation is Prude	LEASERSLIP	Academy 1	nc.	
Article II: The purpose fo	r which the corporation is orga	anized HEAHH	1 Education		and the second s
Article III: The name of the	ne registered agent is	ARCAS HARRIS			
and the street address of	the corporation's initial regist	ered office in Kentucky i	s		
50/0 W. /	PAGES LA	Louculle	Ky	5	6258 p Code
Street Address (No Post C	office Box Numbers)	City	State	Zij	Code
Article IV: The mailing ad	dress of the corporation's prin	icipal office is			
50/0 /3	Pages In	Lousville	Ku	4	6258
Street or PO Box Number		City	State	Zir	Code
Article V: The number of	directors (minimum of three (3	3) required) constituting	the initial board of director	ors is	z
The names and mailing a	ddresses of the persons who	are to serve as the initia	ol board of directors are a	s follows:	
Adeson Gaston	4412 Despure Street or PO Box Number		, ,,	Kin	40241
Name	Street or PO Box Number		City	State	4024/ Zip Code
Des Protoling	Street or PO Box Number	Place	Louisidle	XI	40241
Name			City	State	Zip Code
Atched Sorden	4520 D. Br	ochway	Lousulle	Ky	40212
Name	Street or PO Box Number	7	City	State	Zip Code
Article VI: The name and	mailing address of the incorpo	orator is			
Maris frency	50/0 12 Pares	11	Laisville	K	4.25
Name	Street Address or Post Office	Box Number	City	State	Zip Code
Name	Street Address or Post Office	Box Number	City	State	Zip Code
Name	Street Address or Post Office	Box Number	City	State	Zip Code
	n will be effective upon filing, unnot be prior to the date the ap		ate and/or time is		
We declare under penalt	y of penjury under the laws of	the state of Kentucky th		d effective date an nd correct.	d/or time)
In The			S HARRIS CE		15
ignature of Incorporator	,, ,	Print Rame & Titl	e //	Date	
MALCS H	pres	, consent	to serve as the registere	d agent on behalf	of the corporation.
Tien paine of Registered	Z/	m	11 - 10-	k	15
Signature of Registered Mrs		Providence & Title	MORRES (CO)	15 54	060

Form W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; of	do not leave this line blank.		
	Pride Leadership Academy			
2	2 Business name/disregarded entity name, if different from above			
90				
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the f	following seven boxes:		4 Exemptions (codes apply only to
0 8	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporat		☐ Trust/estate	certain entities, not individuals; see instructions on page 3):
ed lo	single-member LLC	C		Exempt payee code (if any)
C P	Limited liability company. Enter the tax classification (C=C corporation, S			Exemption from FATCA reporting
Print or type	Note. For a single-member LLC that is disregarded, do not check LLC; c the tax classification of the single-member owner.	heck the appropriate box in	the line above for	code (if any)
E E		11c3		(Applies to accounts maintained outside the U.S.)
il i	5 Address (number, street, and apt. or suite no.)	100	Requester's name	and address (optional)
Sec	5010 W. Pages Ln		rioquester o ricaria	and address tophonaly
S	6 City, state, and ZIP code			
See	Louisville, Ky 40258			
0,	7 List account number(s) here (optional)			
	List account number(s) here (optional)			
Par				
	your TIN in the appropriate box. The TIN provided must match the nar			curity number
reside	p withholding. For individuals, this is generally your social security nun nt alien, sole proprietor, or disregarded entity, see the Part I instructio	mber (SSN). However, to	ra	
entitie	s, it is your employer identification number (EIN). If you do not have a	number, see How to get	a	
	page 3.	,	or	the state of the s
Note.	If the account is in more than one name, see the instructions for line 1	and the chart on page	4 for Employer	identification number
	ines on whose number to enter.			
Par	1 Certification			
Charles Control	penalties of perjury, I certify that:			
	number shown on this form is my correct taxpayer identification num	ther for Lam waiting for	number to be is	erred to ma); and
2. I ar	n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu	ackup withholding, or (b)	I have not been r	notified by the Internal Revenue
no	longer subject to backup withholding; and	ire to report air interest o	r dividentias, or (c	the ins has notined the that I am
2 1 0	no II S citizen or ether II S games (defined below), and			
	n a U.S. citizen or other U.S. person (defined below); and			
	FATCA code(s) entered on this form (if any) indicating that I am exem			
Certif	cation instructions. You must cross out item 2 above if you have been	en notified by the IRS tha	at you are current	ly subject to backup withholding
interes	se you have failed to report all interest and dividends on your tax retur t paid, acquisition or abandonment of secured property, cancellation	n. For real estate transa-	ctions, item 2 doe an individual ratio	rement arrangement (IDA)
genera	illy, payments other than interest and dividende, you are not required	to sign the certification.	but you must pro	vide your correct TIN. See the
instruc	tions on page 3.			,
Sign	Signature of		351	//
He. e	U.S. person	Dat	0 VI5	10
0		. Francis 1000 (harman and		
120		(tuition)	Gaga internett tilds	-EYes intent loan interest), 1098-T
			t asses	
E	danielaminama totaminta alia dan danielamina attaix a Para da Adamah			
e		entre entre e		, 50
D		production The		,
******	Brane manager of the second se			
				1±
	and the second s	10.00 C 10.00		
		** 12 * 2 *		al and a second



PRIDE LEADERSHIP ACADEMY CHANGE 7HROUGH ACTION



Marcus Harris CEO/Founder

UB Thomas Community Relations Director

Brandi Harris Secretary

Ebony Calloway-Lindsay Treasurer

Board of Directors (Terms for our board members are staggered at 3 years.)

Jermill Bibb

Osei Paddymo

Trinidad Jackson

Gary Hampton

Ronisha Vinson

Garry Reid Jr.

Shawnte West

Regina Presley

Adrian Graham

Luisa Trujillo

Changing the course of our community



Pride Leadership Academy plans to use the benefits of sport to help remedy the core issues that plague low income communities. Just as a team comes together under a unified mission, so must our community.



PLA has various avenues planned for fundraising of the establishment of our facility. In order for us to fix our issues we have to take ownership of our community. We currently have three donation campaigns that will allow the public to choose on what level they wish to invest in their community.

Find us on



FOLLOW US ON

Instagram

Contact Us

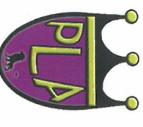
Pride Leadership Academy 3007 River Park Drive Louisville, KY 40211

(502) 713-0007 info@prideleadershipacademy.com

www.prideleadershipacademy.com

Visit us on the web:





Pride Leadership Academy

Change through Action

Pride Leadership Academy (PLA) is a sport plus nonprofit organization that will bring together a supplemental effort to education and the lessons learned through sports. Our organization will take the lead in revitalizing the spirit of our community We will take our youth by the hand and transform them into the leaders of the future.



Our Programs

Our programs will give participants the tools needed to become the leaders of in the community as well as the business landscape. Through early career exposure and internships these Individuals will be set on a path of success. It is our mission to achieve the highest standards in school. Doing so will help students transition into the professional realm. In return, we hope to create testimonies to inspire others.

PLA will offer an extensive curriculum designed to stimulate creative thinking and progress. Our courses will cover domestic discipline, supplemental education, health awareness, career development, and political enlightenment. This curriculum is intended to restore structure and stability in the home.

Coupling our curriculum and the product of sport, we aim to inspire the future leaders of our community.

Home Building Skills

We believe that building on a sturdy foundation at home will carry over into all aspects of our participants lives. Our programs include cooking, gardening, child care, and budgeting.

Tutoring/Mentoring

In order for our participants to be successful, we have to provide them with the resources to thrive academically. Many of the volunteers in our tutoring and mentoring programs are current college students. There is no better reference point than experience.

League Play

We believe that sport can provide each individual with an opportunity for growth. Different sports will take place throughout the year to give participants a healthy variety of activities. Youth will participate based on age and skill level within each sport. Here at PLA, we make a deliberate effort to focus on building a solid foundation in technique and discipline.



Early Career Development

The end goal of PLA is to create a sturdy community by empowering its populous. The only way we can achieve that task is by providing them the opportunity to pursue their passion. Through careful research and experience, participants can comprise a deliberate road map to get there dream job. Ideally, those same participants will reinvest their experience into our mentoring program.

Why We Do This

One of our organization's core principles is "Libera Te Tuternet." This phrase has Latin origins and translates to "free yourself". Many of the obstacles we endure in our community today are self-imposed. Our successes are often impeded by lack of resources, planning, and exposure. Here in our program, we seek to eliminate these boundaries and expand our horizons. This is a movement of change and growth set to establish a more sturdy foundation in the development of our communities.



NARP

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0932116
Alison Lundergan Grimes
KY Secretary of State
Received and Filed

4/27/2017 4:44:07 PM Fee receipt: \$15.00

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

Annual Report Online Filing

ARP

Company:

PRIDE LEADERSHIP ACADEMY INC.

Company ID:

0932116

State of origin:

Kentucky

Formation date:

9/15/2015 12:00:00 AM

Date filed:

4/27/2017 4:44:07 PM

Fee:

\$15.00

Principal Office

5010 W. PAGES LN LOUISVILLE, KY 40258

Registered Agent Name/Address

MARCUS HARRIS 5010 W. PAGES LN LOUISVILLE, KY 40258

Current Officers

President

MARCUS HARRIS

5010 W. Pages Ln Louisville KY 40258

Assistant Secretary BRANDI HARRIS

BRANDI HARRIS MELISSA LEE 4151 Herman st Apt 205 Louisville, KY 40212

1313 Rosewell Ave Louisville, KY 40211

Directors

Secretary

Director

Cassia Herron

235 E St Catherine St Louisville, KY 40203

Director

Shawnte West

9405 Magnolia Ridge #203 Louisville, KY 40291

Director

Luisa Trujillo

2003 Lauderdale Rd Apt 1 Louisville, KY 40205

Signatures

Signature Title

Marcus Harris

Executive Director

0932116.09

amcray

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/27/2017 3:43 PM Fee Receipt: \$115.00

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PRIDE LEADERSHIP ACADEMY INC.

has eliminated all the grounds for dissolution, paid all fees and penalties owed to the Secretary of State, and met all other requirements for reinstatement. The effective date of reinstatement is February 27, 2017.

I further certify that PRIDE LEADERSHIP ACADEMY INC. is a corporation duly incorporated and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is September 15, 2015, and whose period of duration is perpetual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of February, 2017.



Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky

0932116



Alison Lundergan Grimes Frankfort, KY 40602-0718 Secretary Of State Filings Division P.O. Box 718

IMPORTANT NOTICE

0932116

NOTICE

confirmation and copy that the business filing submitted was successfully filed with the Office of the Secretary of State in The image on the reverse side of this card serves as your accordance to Kentucky Revised Statutes.

How to obtain a full page copy of your business filing

To download full page copies of the document to take to the County document from our office, please download the Records Request Form at www.sos.ky.gov and submit to our Records department. www.sos.ky.gov. If you would like to request copies of the Clerk's Office, please visit our web site at

If you have additional questions concerning your filing, please contact our office at 502-564-3490.

PRIDE LEADERSHIP ACADEMY INC. **LOUISVILLE KY 40258 5010 W. PAGES LN**

Keep this copy for your records

Organization ID# 0932116

Commonwealth of Kentucky State of origin KY
Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

0932116.09

amcray **NPRF**

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 2/27/2017 3:42 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and **Reinstatement Annual Report** For the year 2016

RST

Exact organization name and principal office address PRIDE LEADERSHIP ACADEMY INC. 5010 W. PAGES LN **LOUISVILLE KY 40258**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

MARCUS HARRIS 5010 W. PAGES LN LOUISVILLE, KY 40258



	ault to the principal office address. Corpor			
President	MARCUS HACKS	SOLO	W. PAGES LA	Louisville Ky 4000
Vice-President				
Secretary	MILISSA / 58	1313	KOSCWELL HUL	Lausulle Ky 4021
Treasurer	Beandy HAKELS	3807	GUSENWOOD H	the Lausulls Ky 402
Directors - Non-profit corpoffice address.	porations must have at least three (3) dire	ectors. All directors of the non-pro	fit must be listed. If not specified, di	rector addresses default to the principal
The undersigned states	dministratively dissolved on Oc that the grounds for dissolutio 73.3181. Enclosed is a check ir	n either did not exist or h	ave been eliminated, and	the entity's name satisfies the
	y, the below signed hereby auto o PRIDE LEADERSHIP ACADI			
If not an officer of said e	entit <u>y,</u> please provide a Declara	ation of Power of Attorne	with the Reinstatement A	pplication.
X Signature of officer or ch	parter (Required)	CEO/Four	NOUK Required)	Date (Required)



DANIEL P. BORK
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

February 27, 2017

PRIDE LEADERSHIP ACADEMY INC. 5010 W. PAGES LN LOUISVILLE KY 40258

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **PRIDE LEADERSHIP ACADEMY INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

John REV3858, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 69 Frankfort, KY 40601 502-564-2099 FAX# 502-564-3392

Kentucky Secretary of State organization number 0932116





Greetings,

Watch, do nothing, complain. As opposed to actively sharing our talents and resources; too many people choose to watch the problems in our community unfold, do nothing to remedy those problems and criticize those who are working on a daily basis to address those problems. That is why I have been working in conjunction with Pride Leadership Academy (http://www.prideleadershipacademy.com/) to develop the West Louisville Soccer (West Louisville FC) initiative. West Louisville Soccer is an initiative committed to introducing the sport of soccer to children in West Louisville and more importantly, to providing them with an opportunity to improve their lives.

Why soccer?

Soccer requires discipline, commitment and an appreciation for teamwork. These are attributes that will form the basis for our young people's future success in any field of endeavor. In addition, success at soccer can open doors to better educational opportunities at both the high school and collegiate level. We all know that participation in organized sports can have a multitude of positive benefits. Kids who play sports are less likely to drop out of school, less likely to experiment with drugs and less likely to engage in criminal activities. Currently, young people in West Louisville have a plethora of opportunities to play basketball and football but for those disinterested, there is a significant void. Notwithstanding the fact that soccer is the most popular sport in the world: Its popularity is soaring in the United States and children in West Louisville and communities just like it are being left behind. Our children are missing out on the opportunities that participation in soccer can provide.

Around the world, soccer is commonly referred to as "The People's Sport" because all that is truly needed to play is an open space and a ball. However, in the United States, youth soccer does not look like "The People's Sport". In the United States and here in Louisville, organized soccer is a suburban sport played almost exclusively by upper middle class and wealthy kids. Locally, the cost for a child to participate in competitive club soccer is typically well in excess of \$1000 per year. This effectively prevents many of our children who could most benefit from participating in soccer from having the opportunity to play a sport that should be relatively inexpensive. We would like to change that but we need your help.

What is West Louisville Futbol Club?

West Louisville Futbol Club (WLFC) is an initiative to introduce the game of soccer and its benefits to students who attend West Louisville Elementary Schools. Participation is open to boys and girls in grades 3-5. The participants will practice twice a week and play games on Saturdays. All games will be played at Foster Elementary School. Last year was the inaugural year with 2 schools and 4 teams participating (2 each from Foster Elementary and Coleridge Taylor Elementary).

This year, the league will expand to 10 teams from the following elementary schools: *Foster, Coleridge Taylor, Byck, Brandeis, Carter, Engelhard, Frayser, Crums Lane and Young*. Participants will also be given life skills and academic success mentoring from Pride Leadership Academy (PLA).

What can you do?

Donate, sponsor, come out and cheer, and spread the word! As stated above, participation in soccer can be very expensive and causing too many children in our community miss the opportunity. This initiative is committed to keeping costs for the participating players and their families at a minimum. Participants in West Louisville Soccer will be charged a \$20 participation fee and all other costs (uniforms, shin guards, coaches, referees, field fees, etc.) will be offset through private contributions. We are not seeking to make a profit --we only want to provide the kids an opportunity. For \$1000, two of our teams can be fully outfitted.

Please contribute! All contributions are fully tax deductible. There are numerous sponsorship/marketing opportunities available. By donating to our program, you can provide a young person with the opportunity to get active and engage in a way that may truly change the trajectory of his or her life. Please feel free to reach out to West Louisville Futbol Club as soon as possible! The season is upon us and we look forward to partnering with you to make a positive change in the community.

Hon. Brian C. Edwards

502.727.1745

info@prideleadershipacademy.com

PRIDE LEADERSHIP ACADEMY INC.

General Information

0932116 Organization Number PRIDE LEADERSHIP ACADEMY INC. Name

Profit or Non-Profit

N - Non-profit

KCO - Kentucky Corporation

Company Type

A - Active

G-Good

Standing

Status

K

File Date

State

9/15/2015 9/15/2015 **Organization Date**

4/27/2017 Last Annual Report

LOUISVILLE, KY 40258 5010 W. PAGES LN

5010 W. PAGES LN MARCUS HARRIS

Registered Agent

Principal Office

LOUISVILLE, KY 40258

Current Officers

MARCUS HARRIS President

MELISSA LEE Cassia Herron Secretary Director

Shawnte West Director

BRANDI HARRIS Luisa Trujillo **Assistant Secretary** Director

Individuals / Entities listed at time of formation

ADAM GRAHAM OSEI PADDYMO Director Director

RICHARD LOGSDON

Director

https://app.sos.ky.gov/ftshow/(S(yvmfjjs0zihtykgy2tcgzpds))/default.aspx?path=ftsearch&id=0932116&ct=09&cs=99999

Incorporator

MARCUS HARRIS

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.

					PDF
PDF	PDF	PDF	PDF	PDF	tiff
1 page	2 pages	2 pages	1 page	1 page	1 page
4/27/2017	2/27/2017 3:43:16 PM	2/27/2017 3:42:01 PM	2/27/2017 11:45:51 AM	10/1/2016	9/15/2015
Annual Report	Reinstatement Certificate of Existence	Reinstatement	Reinstatement Approval Letter Revenue	Administrative Dissolution	Articles of Incorporation

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/27/2017 4:44:07 PM	4/27/2017 4:44:07 PM 4/27/2017 4:44:07 PM	
Reinstatement	2/27/2017 3:43:14 PM 2/27/2017	2/27/2017	
Admin Dis. A. report not	report not in 10/1/2016	10/1/2016	
Add	9/15/2015 1:37:05 PM 9/15/2015	9/15/2015	

Microfilmed Images