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

Applicant/Program: Germantown Mission INC/Germantown Paristown Neighborhood Center Applicant Requested Amount: \$6.500 Appropriation Request Amount: \$6,500				
Executive Summary of Request				
1.0.0. (1.4. ■ 1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
Germantown Mission INC NDF Garant Application for partial open Neighborhood Center located at 1094 E Kentucky Street.	rating costs of the Germantown Paristown			
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 A within Metro Council guidelines and request approval of funding organization's statement of public purpose to be furthered by the purpose is legitimate. I have also completed the disclosure section ————————————————————————————————————	in the following amount(s). I have read the funds requested and I agree that the public			
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:				

Applicant/Program	olicant/Program	:
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Germantown Mission, INC/Germantown Paristown Neighborhood Center Operating Costs

## Additional Disclosure and Signatures

## Additional Council Office Disclosure

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

## **Council Member Signature and Amount**

District 1	<b>\$</b>
District 2	<b>\$</b>
District 3	_
District 4 Garbara Sent	Spits 3000
District 5	\$\$
District 6	\$
District 7	\$
District 8 2. 2	\$ 500
District 9	<u> </u>
District 10	\$
District 11	<u> </u>
District 12	\$
District 13	
District 14	\$
District 15	\$

# LOUISVILLE METRO COUNCIL

NEIGHBORHOOD DEVELOPMENT FUND APPLICATION				
Legal Name of Applicant Organization Fermantown Mission 7	NO			
Program Name and Request Amount GPNA Center Operating Costs/	\$6500 -			
with the granders is 18 16	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?	Ye€▼			
Has prior Metro Funds committed/granted been disclosed?	Yes			
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?	N/A			
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?	Ye₹▼			
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?	Yes			
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?	Ye€			
Is the IRS Form 990 included?	Yes			
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A			
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	No 🔻			
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: Geoff Wohl D10 LA Date: 11/20/2018				

SECTION 1 – APPLIC	ANT INFORMATION		
Legal Name of Applicant Organization:	autown (a)		
(as listed on: http://www.sos.ky.gov/business/records	HOWA MISSION INC		
Main Office Street & Mailing Address: 1044 E HENT	CKY St., LOUISVINNER, KY HOZOU-1936		
website: GINATOUTATH: COW			
Applicant Contact: STRVV MAGRE	Title: TRKASURKA		
Phone: 502-855-0223	Email: LIEUT MODAY, M3 GO MON -		
Financial Contact: らかか	Title: SAMV		
Phone: SAME	Email: SANA		
Organization's Representative who attended NDF Training	B: Steremagre, m39@gmaila		
GEOGRAPHICAL AREA(S) WHERE PROGRA	AM ACTIVITIES ARE (WILL BE) PROVIDED		
Program Facility Location(s): A+ OVIR CHATOR	, 1094 & RESTUCKYST. LOV. KV 40204		
Council District(s): $4 - 8 - 10$	Zip Code(s): 40204		
SECTION 2 – PROGRAM REQUES	T & FINANCIAL INFORMATION		
PROGRAM/PROJECT NAME: ASSISTIN OPERA	TIONAL COST OF GPNA CONTAR.		
Total Request: (\$) 6,500 % Total Metro Awa	ard (this program) in previous year: (\$)		
Purpose of Request (check all that apply):	# 6500-		
Operating Funds (generally cannot exceed 33% c	· · · · · · · · · · · · · · · · · · ·		
Programming/services/events for direct benefit			
Capital Project of the organization (equipment, f	urnishing, building, etc)		
The Following are Required Attachments:			
IRS Exempt Status Determination Letter	Signed lease if rent costs are being requested		
Current year projected budget	IRS Form W9		
Current financial statement	Evaluation forms if used in the proposed program		
Most recent IRS Form 990 or 1120-H	Annual audit (if required by organization)		
Articles of Incorporation (current & 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 app	propriated and/or received from Louisville Metro		
Government for this or any other program or expense, incl from any department or Metro Council Appropriation (Neig	uding funds received through Metro Federal Grants,		
sheet if necessary.	Attach additional		
Source:	mount: (\$)		
Source: - A	mount: (\$)		
Source:	mount: (\$)		
Has the applicant contacted the BBB Charity Review for par			
Has the applicant met the BBB Charity Review Standards?			
The state of the s			

Page 1 Effective May 2016

Applicant's Initials

JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218 - 2051

00001160 1 AV 00.378

## ՖՈՈսիկիիին ինանրիկունին որկերկի վիակին բան

00001160 DRE 034 141 30518 NNNNNNNNNN T 1 000000000 61 0000229 P6387

GERMANTOWN MISSION, INC. 1094 E KENTUCKY ST

LOUISVILLE KY 40204-1936

TO ANICA OTION DETAIL

September 29, 2018 through October 31, 2018

Account Number:

## **CUSTOMER SERVICE INFORMATION**

Web site:	Chase.com
Service Center:	1-800-242-7338
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-888-622-4273
International Calls:	1-713-262-1679

SAVINGS SUMMARY	Chase Business Total S	Savings	e de la companya de
Beginning Balance	INSTANCES	AMOUNT \$1,601.68	
Deposits and Additions	1	0.01	
Ending Balance	1	\$1,601.69	
Annual Percentage Yield Earned This Period		0.01%	
Interest Paid This Period		\$0.01	
Interest Paid Year-to-Date		\$0.09	

There has been no activity on your account during this statement period. You may not receive a statement through the mail in the future if there is no activity on your account. You can always view your account activity and statement by logging on to your account through chase.com. If you have questions, please call us at the number on this statement.

Your monthly service fee was waived because you maintained an average savings balance of \$1,000 or more during the statement périod.

IHAI	NSACTION DETAIL		
DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance	AMOUNT	\$1,601.68
10/31	Interest Payment	0.01	1,601.69
e e e e e e e e e e e e e e e e e e e	Ending Balance		\$1,601.69

15 deposited items are provided with your account each month. There is a \$0.40 fee for each additional deposited item.

Application is At 11-11-18 GMI BOLANCE &MART FINANCIAL ASSETS CHECKING ACET BOL. BIGOIGG ENCOME. CITY MANTHOSO LIABILITIES — TONE - O LOVER AT A 7, NO BEACH DESCONDENCE CAPITAL NET HORSE GMI DE LOOI-69 EXPRESES - CITY GRANT DESCONDENCE.

2 POYNOMINE - CITY GRANT DE LOOI-69 EXPRESES - CITY GRANT DE LOOI-69 EXPRESE - CI

TNCOMP STATEMENT PLAN 2018-2019 NOT TACOME



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September 29, 2018 through October 31, 2018

Account Number:

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt. For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error

appeared. Be prepared to give us the following information:

Your name and account number

The dollar amount of the suspected error

A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

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

Date: AUG 9 2011

GERMANTOWN MISSION INC 1094 E KENTUCKY ST LOUISVILLE, KY 40204-1936 Employer Identification Number: .

61-1251931

DLN:

17053192304001

Contact Person:

JASON A KROTINE

ID# 31666

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

No

Effective Date of Exemption:

May 15, 2010

Contribution Deductibility:

Yes

Addendum Applies:

Yes

## Dear Applicant:

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

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

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

Sincerely,

Si f. Jenne

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Q

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MENU =

## **Home > Tax Exempt Organization Search**

> **Germantown Mission Inc** (Germanparistown Neighborhood Association)

< Back to Search Results

## **Germantown Mission Inc** (Germanparistown

## Neighborhood Association)

EIN: 61-1251931 | Louisville, KY, United States

## Form 990-N (e-Postcard) o

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

## > Tax Year 2017 Form 990-N (e-Postcard)

#### **Tax Period:**

2017 (01/01/2017 - 12/31/2017)

#### EIN:

61-1251931

## Legal Name (Doing Business as):

Germantown Mission Inc

## **Mailing Address:**

1094 E Kentucky Street Louisville, KY 40204 United States

## **Principal Officer's Name and Address:**

Steve Magre

1094 E Kentucky Street Louisville, KY 40204 United States

## Gross receipts not greater than:

\$50,000

## Organization has terminated:

No

#### Website URL:

gpnalouisville.com

-> CITYOF WITH WILL

BOOK 447 HASE 704

ARTICLES OF INCORPORATION

RECEIVED & FILED # 8.00

OF

FEB 16 11 00 AH '93

GERMANTOWN MISSION, Inc.

EDE BASTERS SECRET VICTORY COSM. OF THE

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly follows:

## ARTICLE I

The name of the Corporation shall be:

GERMANTOWN MISSION, Inc.

## ARTICLE II

The duration of the Corporation shall be perpetual.

## ARTICLE III

The address of the registered office of the corporation is:

1094 E. Kentucky St. Louisville, Ky. 4-2-4

The name of the initial registered agent for service of process, located at such address is:

Jack Oliver

The principal office of the Corporation is located at:

1094 E. Kentucky St. Louisville, Ky. 40204

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

## ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and in the purposes the

## , BOOK 447 PAGE 709

STATE OF KENTUCKY COUNTY OF JEFFERSON

The foregoing Articles of Incorporation were acknowledged before me this 13th day of January, 1993, by JACK OLIVER. my signature and seal of office.

My Commission Expires:

Notary Public, Stare at Large, KY. My commission expires July 27, 1993

STATE AT LARGE, KENTUCKY

This Document Prepared By:

JEFFREY B. SEGA Attorney at Law

LEGAL AID SOCIETY, INC.

425 West Muhammad Ali Blvd.

Louisville, Kentucky 40202

(502) 584-1254

A21072

Document No: 1993021072 Lodged By: GERMAN PARISTOWN INC Recorded Go: Fab 23, 1993 01:35:05 P.M.

Total Fees:

\$10.00

County Clerk: Rebecca Jackson Deputy Clerk: SHERRI

ALC: FEE

# Form 99 (Rev. October 2018) Department of the Treasury Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (se shown on volve in secretary and ) 11			· · · · · · · · · · · · · · · · · · ·
	1 Name (as shown on your income tax return). Name is required on this line  OFT IN BY YOWN MISSION FACE	; do not leave this line blank.		
;	2 Business name/disregarded entity name, if different from above			
_	) 			
n page 3	3 Check appropriate box for federal tax classification of the person whose n following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Son	Individual/sole proprietor or Corporation S Corporation Single-member LLC	ion Partnership	Trust/estate	_
ype	Limited liability company. Enter the tay electification (C. C. company)			Exempt payee code (if any)
or t ruc	Limited liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classification).	F		
Print or type. See Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)
bec	Other (see instructions) ► 50 1 C 3			(Applies to accounts maintained outside the U.S.)
9	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	nd address (optional)
တိ	6 City, state, and ZIP code  LOVISVILLE, Ky 40204-19- 7 List account number(s) here (octions)			
	Total City, state, and zer code	2/		
ŀ	7 List account number(s) here (optional)	) 0		
	)			
Pari	Taxpayer Identification Number (TIN)		r	
	our TIN in the appropriate box. The TIN provided must match the na	ame diven on line 1 to avoi	id Social sec	urity number
backu	o withholding. For individuals, this is generally your social security or	umber (SSN). However, for	ra T	
residei	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	r Part Llater For other	1 1 1	
TIN, la	ter.	a number, see How to get	a or	
Note:	f the account is in more than one name, see the instructions for line	1. Also see What Name ar		dentification number
Numbe	er To Give the Requester for guidelines on whose number to enter.		7	1281021
			6     -	11401191311
Part				
	penalties of perjury, I certify that:			
2.1 am Serv	number shown on this form is my correct taxpayer identification nun not subject to backup withholding because: (a) I am exempt from ba ice (IRS) that I am subject to backup withholding as a result of a failt onger subject to backup withholding; and	ackup withholding or (b) I.	have not been no	tified by the Internal Payonus
3.1 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 exen	npt from FATCA reporting	is correct.	
Certific	ation instructions. You must cross out item 2 above if you have been r	notified by the IRS that you	are currently subje	ect to backup withholding because
acquisit other th	re failed to report all interest and dividends on your tax return. For real e ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification,	estate transactions, item 2 dutions to an individual retiren	oes not apply. For	mortgage interest paid,
Sign Here	Signature of U.S. person ► STev Mgu	Da	ite ▶ 11-0	15-18
	eral Instructions	• Form 1099-DIV (divided funds)	dends, including t	hose from stocks or mutual
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)		
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)		
after they were published, go to www.irs.gov/FormW9.		Form 1099-S (proceeds from real estate transactions)		
Purp	ose of Form			party network transactions)
An indi	vidual or entity (Form W-9 requester) who is required to file an			1098-E (student loan interest),
intorma	tion return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	1098-T (tuition)		,,
(SSN), i	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (cance	•	
taxpaye	er identification number (ATIN), or employer identification number	<ul> <li>Form 1099-A (acquisition or abandonment of secured property)</li> <li>Use Form W-9 only if you are a U.S. person (including a resident</li> </ul>		
amount	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only alien), to provide your	ர you are a U.S. p correct TIN.	person (including a resident

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,

later.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

#### NARP

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0062360
Alison Lundergan Grimes
KY Secretary of State
Received and Filed

1/13/2018 12:43:55 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: GERMAN-PARISTOWN NEIGHBORHOOD ASSOCIATION, INC.

Company ID: 0062360 State of origin: Kentucky

Formation date: 12/26/1973 12:00:00 AM Date filed: 1/13/2018 12:43:55 PM

**Fee:** \$15.00

#### **Principal Office**

1094 E. KENTUCKY ST. LOUISVILLE, KY 40204

## **Registered Agent Name/Address**

JUDY M. MAGRE 1094 E. KENTUCKY ST. LOUISVILLE, KY 40204

## **Current Officers**

President	Judy Magre	1094 E. Kentucky St., Louisville, Ky. 40204
Secretary	Mary Hardesty	1094 E. Kentucky St., Louisville, KY 40204
Vice President	John Gonder	1094 E. Kentucky St. Louisville, Ky. 40204
Treasurer	Steve Magre	1094 E. Kentucky St. Louisville, Ky. 40204

## **Directors**

Director	JEFF CROSS	1094 E KENTUCKY STREET, LOUISIVLLE, KY.40204
Director	BEN EVANS	1094 E KENTUCKY STREET, LOUISVILLE, KY. 40204
Director	KATHLEEN DAVIS	1094 E KENTUCKY STREET, LOUSIVILLE, KY. 40204

County: Jefferson Business size: Small

Business type: Nonclassifiable Establishments

#### **Signatures**

Signature Steve Magre Title Treasurer

SECTION 3 – AGENCY DETAILS  Describe Agency's Vision, Mission and Services:	
ATTACHKD	

The sub grantee is GermanParistown Neighborhood Association and our center is located at 1094 E. Kentucky Street in Louisville. This neighborhood association was the 3<sup>rd</sup> one formed in Louisville and started in 1973. Our focus is to work in all ways possible to maintain the heritage of our neighborhood, to assure the properties are clean and update, and that residents are invited to participate in efforts and fun events that center on us "coming together". We have a close connection with city services and with the council. We work particularly close with 4<sup>th</sup> District Police Division.

Germantown continues to be taking on a new look. Hundreds of homes each of the past few years have been upgraded. And hundreds upon hundreds are calling our area their new home. But our neighborhood is not utopia. Issues that deserve our tracking remain. We don't want to see our area become one where residents isolate from one another and we will continue to hold up our rich traditions. So our board's approach is to remain focused on how to see us interact and support both businesses and residents.

The calendar year of 2018 work on the Business side- As starters GPNA actually runs its own business, that being our Monday morning bingo (License number 00058). This weekly event has been a non stop fixture at our center since 1987. We average about 28 persons attending per session and have been helped over the years and have involved dozens of sincere volunteers. This bingo remains very small and homey for a purpose. We view what we offer as an assured social gathering for folks in our area. The operation of this weekly fund raiser has become very efficient and continues to provide major help to our bottom line. The activity that goes on is fast moving and engaging to those participating. We are the only neighborhood association in Louisville that offers such a weekly activity.

The calendar year of 2018 work on the Residential side-We continue to welcome the use of our center to residents. And the use has increased by about 15% from prior years. The nature of square footage of the homes in our urban part of the city requires at times residents needing access to larger space to hold family events or celebrations. We are pleased to provide our space and charge nothing. We have a strong board committee that is constantly coordinating with 4<sup>th</sup> District Police and the Crime Prevention officers to implement strategies to combat crime and track crime issues. Of course each of the 3 council offices assists with this as well. We have stayed closely connected with the separate ownership folks of Bradford Mills Apartments and Hope Worsted Mills. The exciting news for 2018 is that both are at capacity now. The newer issues we are connecting with are EKSL being built on E Kentucky on the south side by the RR tracks. We are staying connected with the developers and owners of this new project. It is to open in 2019. We took our strongest stand in 2018 concerning the poor condition of the abandoned Heady's Funeral Home on E. Oak at Schiller Avenue. The turn around of that property is moving forward as it has been sold. The new owners are intent to save the structure and rehab it completely. That work is going on right now.

Yes, 2018 has been another very busy year for us. And all outlined above remains our focus. We have also been involved in taking stands on issues that have had to be considered by state ABC concerning applications made and with Planning and Zoning and BOZA for those applications made that will have impact on our neighborhood. We continue to track such issues closely and then review the details of such changes. And when fitting GPNA will choose to take our stand and make it public.

We use social media in the way of our Facebook Page. The page is designed to allow others input and certainly comment. But what allows us to be so successful is to have our own center. We will be soon completing or 33rd year of our center being our home base. Having a home at 1094 E Kentucky has been a wonderful asset to our mission and for our organization to interact. We thank the city and our council leaders from the 4<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> districts for being so willing to connect with us and support our request to assure our facility stays in top flight condition. Finally, we are proud of how we are able to emphasize our strong Germantown traditions by doing work, and know the work taking place within our center and at our raised gardens, our Davy Coombs Grove and the Jim King Rain Garden (Swan at Ellison) represents helping our part of the city grow in the way all of us want to see.

This funding will be matched by fund raising efforts held by GermanParistown Neighborhood Association throughout the year. This will be accomplished by our long time weekly bingo held at the center. Numerous other activities and events are held at our center. Many are associated with allowing the general public free access. All our planning and decision making takes place at our center. But given the funding provided is for the operating cost it is not possible to identify the funding as tied to a program or a specific project. Our Annual Report for 2018 is included as attached. Also attached are a couple of current page print outs from our Facebook Page.

SECTION 4 - BOARD OF DIR	ECTORS AND PAID STAFF	
Board Member		Term End Date
ALACILIA		
ATTACHUD		
Describe the Board term limit policy:		
beschibe the board term limit policy:		
ATTACHUP		
Three Highest Paid Staff Names	Annual Sala	ry
# / / /	1211	

Page 3 Effective May 2016 Applicant's Initials

## Board make up and Officers for Germantown Mission, Inc.

The Board of Directors make up is what is titled as a closed non profit organization meaning the full Board is made up only of the Officers. The officers for 2018-19 consist of John Gonder as President, Judy Magre as Vice President, myself as Treasurer, and the Secretary is Mary Hardesty. And again the full board listing is equals these same 4 persons. They serve for one year and can serve with no term limits.

Pable 3

## **2018-19 Board of Directors GPNA**

## **Board Members Who are Officers:**

President: Judy Magre; Vice President: John Gonder; Treasurer-Steve Magre; Secretary-Mary Hardesty

## **All Other Board Members:**

Brenda Waters, Ben Evans, Bruce Ewing, Jeff Cross, Mike Morris, Tom Wright, Laura Neely, Kathleen Davis, and Jon Heck.

Two year elected term and no term limits.

Board members up for re-election during 2019 will be:

Judy Magre Mary Hardesty Brenda Waters Mike Morris

## PAGE 3 ATTACHMENT (MITTOLE) SECTION 4

## **GPNA Board of Directors Service Policy**

Term Limit Policy-There's no term limits

GPNA Board of Directors terms are elected for a 2 year term. The elections are held June of each year, and the 2 year term served by each person starts at the time of their election. Each year ½ of the board slots are up for election. Any person elected to the GPNA Board of Directors must be a member of GPNA.

Forwarded at 9.2.2016

On

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.):	
, , , , , , , , , , , , , , , , , , , ,	
ATTACHWO	
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):	
$\Lambda$ $\star$ $\star$ $\star$ $\star$	
ATTACHUD	
	-



## Response to Grants Section 5A on Page 4-

The grant is for operating only and not tied to a specific program or project. The grant dollar will be used to offset cost and be matched at a high amount than 1 to 1 as noted in the budget submissions that cover pages 7,8 and 9.

As starters GPNA runs its own business, that being our Monday morning bingo (License number 00058). This weekly event has been a non stop fixture at our center since 1987. We average about 28 persons attending per session and have been helped over the years and have involved dozens of sincere volunteers. This bingo remains very small and homey for a purpose. We view what we offer as an assured social gathering for folks in our area. The operation of this weekly fund raiser has become very efficient and continues to provide major help to our bottom line. The activity that goes on is fast moving and engaging to those participating. We are the only neighborhood association in Louisville that offers such a weekly activity.

In terms of what impact we work to have 2018 has been a solid year. Germantown continues to be taking on a new look. Hundreds of homes each of the past few years have been upgraded. And hundreds upon hundreds are calling our area their new home. But our neighborhood is not utopia. Issues that deserve our tracking remain. We don't want to see our area become one where residents isolate from one another and we will continue to hold up our rich traditions. So our board's approach is to remain focused on how to see us interact and support both businesses and residents.

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We are proud to provide our funding support to the causes of Germantown Baseball, Highland Community Ministries, Center for Neighborhoods, Brightside, Jim King Senior Wellness Center, and this list goes on.

Yes, 2018 has been another very busy year for us. And all outlined above remains our focus. We have also been involved in taking stands on issues that have had to be considered by state ABC concerning applications made and with Planning and Zoning and BOZA for those applications made that will have impact on our neighborhood. We continue to track such issues closely and then review the details of such changes. And when fitting GPNA will choose to take our stand and make it public. We use social media in the way of our Facebook Page. The page is designed to allow others input and certainly comment. But what allows us to be so successful is to have our own center.

We will be soon completing or 33rd year of our center being our home base. Having a home at 1094 E Kentucky has been a wonderful asset to our mission and for our organization to interact. We thank the city and our council leaders from the 4<sup>th</sup>, 8<sup>th</sup> and 10<sup>th</sup> districts for being so willing to connect with us and support our request to assure our facility stays in top flight condition. Finally, we are proud of how we are able to emphasize our strong Germantown traditions by doing work, and know the work taking place within our center and at our raised gardens, our Davy Coombs Grove and the Jim King Rain Garden (Swan at Ellison) represents helping our part of the city grow in the way all of us want to see.

We are GermanParistown Neighborhood Association 1094 E Kentucky Street, Louisville, Ky. 40204. We meet the 3<sup>rd</sup> Monday of each month at 6 PM at our center. Our Contact Person is Steve Magre, GPNA Volunteer Administrator 502-855-0223 stevemagre.m39@gmail.com

German-Paristown Neighborhood Association

Steve

Home

2

Settings

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Insights

Publishing To...

Ad Center

...

Help ▼



German-Paristown Neighborhood Association

@GermanParistownNeigh borhoodAssociation

Home

About

**Photos** 

Reviews Videos

See more

Promote

Manage Promotions



**Boost Your Post for \$9** 

"Current News to..." is one of your most engaging posts. Boost it to get more reactions, comments, and shares.

Boost Post



Liked Following Share

Create Post Live Event Offer

Write a post...

Photo/Video

Feeling/Activ...

Check in

Job

Sign Up

3 4.6 out of 5 · Based on the opinion of 13 people

Reach People Nearby

Get More Page Likes

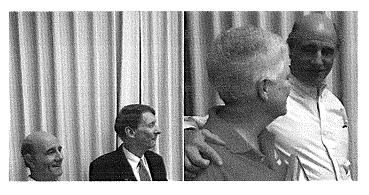
Set your location and reach customers in your area

Help people find and like your Page

**Get Custom Automated Ads** 

Answer a few questions to get matched with the right ads for your business

**Photos** 



Our Story

Join us on the 3rd Monday of each month for the GPNA Board meetings, 6pm at the Neighborhood Center,...

+ Finish your story to tell people more about your business.

Page Tips

See Al

Know Friends Who Might Like Your Page? Invite friends to like German-Paristown Neighborhood Association and help you connect with more people.

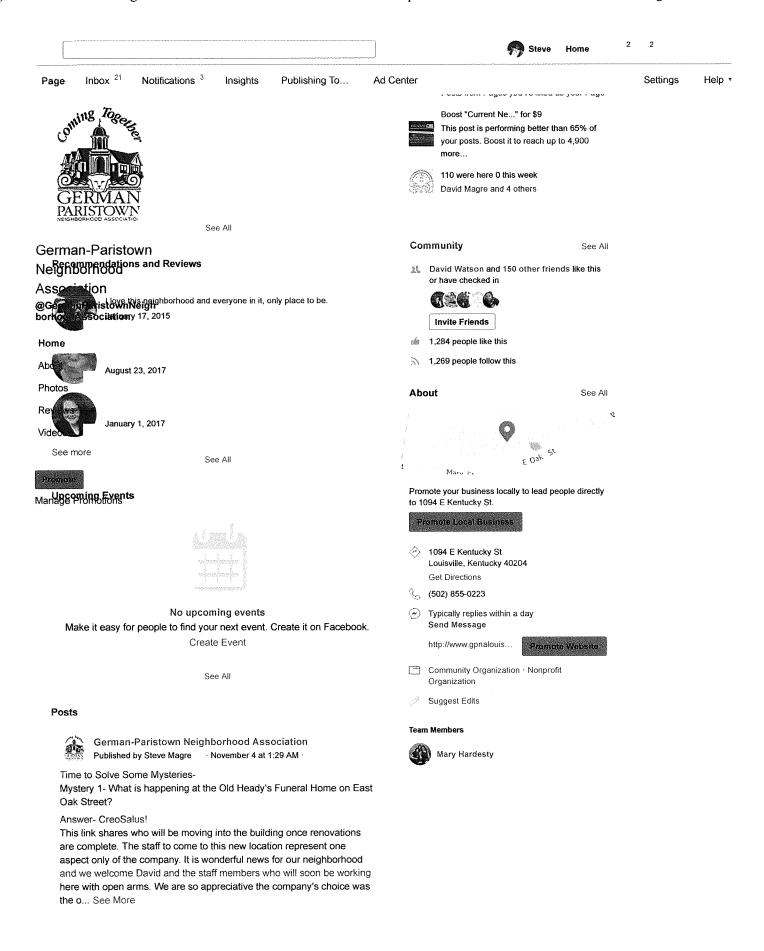
- }

Help Your Page Get Noticed Short, visual posts created for the right audience are more successful.

See All Page Tips 3

70% response rate, 7 hours response time Respond faster to turn on the badge

1,284 likes +2 this week



Chat (9)

Response to Section 5B on page 4 of the grant application:

The sub grantee is GermanParistwon Neighborhood Association. A copy of the IRS 501C4 approval letter is attached. The funding will be spent to off set specific line items that we track monthly via financial reporting. The plan for these expenditures including the grant's portion is identified by line item later in this report. The attachment here can be found again as back up applied for page 7 and 8 of this grant application.

	2019 Budg	jet!	Back up fo	r Section 6
		3		Page 7
Account T	itles	Budget \$		18-19
Revenue:				Grant
Donations	-membsh.	1200		
Concession	ns	1000		
Bingo Inco	me	57300		
City Grant	via GMI	6500		
<b>Event Sale</b>	es	0		
	Totals	66000	•	
			11/	
			V	
Expenses:	•		City Grant	Non.Grant
Building	Service	1000		1000
Building	Mainten.	2800	1750	1050
Building	Insurance	2100	1650	450
Building	Utilities	4500	2500	2000
Building	Repairs	2000	600	1400
C-Rel & A	dministr.	3750		3750
Sponsorsh	nips	2250		2250
Bingo Exp	ense	46100		46100
Outside W	/ork	1500		1500
Transfer to	GMI	Excrow		
Ins. Ded o	r Loss			
Total.Expe	enses	66000	6500	59500
Capital		0		
All Catego	ries	66000	6500	59500
-				

Grant Section 6 for bottom of page 7 tied to other funding sources

Cidit Coodon Cidi	Doctors of pag
Membership	1200
Concessions	1000
Bingo Income	57300
Total	59500

# PARI 4 B. ATTOCHMENT FOR SKETION JB

P.O. Box 2508
Cincinnati OH 4520

In reply refer to: 0240244598
Dec. 23, 2010 LTR 4666 E0
23-7445244 RETURN FO

00014992 (abic= TE

GERMAN-PARISTOWN NEIGHBORHOOD ASSOCIATION INC 1094 E KENTUCKY ST LOUISVILLE KY 40204-1936



008648

Employer Identification Number: 23-7445249
Person to Contact: Mr. Burns

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 14, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(4) of the Internal Revenue Code in a determination letter issued in April 1975.

Because you are not an organization described in section 170(c) of the Code, donors may not deduct contributions made to you. You should advise your contributors to that effect.

Please refer to our website www.irs.gov/ee for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sallines

Michele M. Sullivan, Oper. Mgr.; Accounts Management Operations I

C. Kabi
C: If this request is a fundraiser, please detail how the proceeds will be spent:
NOT A FUMBRAISKA
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.

Page 5 Effective May 2016

s to those being served (measurable outcomes). Include the program's indicators that will be tracked to measure the benefits to those being served:
Dratio for operating Costonly
TT9 CNUP
llaborative relationships the organization has with other community partners are bringing to the relationship in general and to this
TOCHUP

Pabebb

The sub grantee is GermanParistown Neighborhood Association and our center is located at 1094 E. Kentucky Street in Louisville. This neighborhood association was the 3<sup>rd</sup> one formed in Louisville and started in 1973. Our focus is to work in all ways possible to maintain the heritage of our neighborhood, to assure the properties are clean and update, and that residents are invited to participate in efforts and fun events that center on us "coming together". We have a close connection with city services and with the council. We work particularly close with 4<sup>th</sup> District Police Division.

Germantown continues to be taking on a new look. Hundreds of homes each of the past few years have been upgraded. And hundreds upon hundreds are calling our area their new home. But our neighborhood is not utopia. Issues that deserve our tracking remain. We don't want to see our area become one where residents isolate from one another and we will continue to hold up our rich traditions. So our board's approach is to remain focused on how to see us interact and support both businesses and residents.

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Finally, we are proud of how we are able to emphasize our strong Germantown traditions by doing work, and know the work taking place within our center and at our raised gardens, our Davy Coombs Grove and the Jim King Rain Garden (Swan at Ellison) represents helping our part of the city grow in the way all of us want to see. The Rain Garden is a collaborative effort as well. Our partner there is with MSD.

## 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.

Program/Project Expenses	Column  1  Proposed Metro Funds	Column 2 Non- Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	2,500	2250	4.750
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			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	4,000	57200	61,250
* TOTALIPROGRAM / PROJECTIFUNDS:	6,500	59,500	66,000
% of Program Budget	9.8%	90.2%	100%

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

Other State, Federal or Loca	al Government	
United Way		
Private Contributions (do no	ot include individual donor names)	
Fees Collected from Program	n Participants	
Other (please specify)	ATTACHUD	59,500
	Total Revenue for Columns 2 Expenses **	\$59500-

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

Page 7 Effective May 2016 Applicant's Initials

<sup>\*\*</sup>Must equal or exceed total in column 2.



	2019 Budg	jet!	Back up fo	or Section 6 Page 7
Account T	itles	Budget \$		18-19
Revenue:				Grant
Donations	-membsh.	1200		
Concession		1000		
Bingo Inco		57300		
City Grant		6500		
Event Sale		0		
	Totals	66000		
Expenses	•		City Grant	Non.Grant
Building	Service	1000	Only Chain	1000
Building		2800	1750	1050
Building		2100	1650	450
Building	Utilities	4500	2500	2000
Building	Repairs	2000	600	1400
C-Rel & A	dministr.	3750		3750
Sponsorsh	nips	2250		2250
Bingo Exp	ense	46100		46100
Outside W	/ork	1500		1500
Transfer to		Excrow		
Ins. Ded o				
Total.Expe	enses	66000	6500	59500
Capital		0		
All Catego	ries	66000	6500	59500

Grant Section 6 for bottom of page 7 tied to other funding sources

Membership	1200
Concessions	1000
Bingo Income	57300
Total	59500

2019 Bud	get!	Back up for Section 6 Page 7
Account Titles	Budget \$	18-19
Revenue: Donations-membsh.	1200	Grant
Concessions	1000	
Bingo Income	57300	
City Grant via GMI	6500	
Event Sales	0	
Totals	66000	

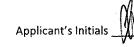
Expenses:		City Grant	Non.Grant
Building Service	1000	•	1000
Building Mainten.	2800	1750	1050
Building Insurance	2100	1650	450
Building Utilities	4500	2500	2000
Building Repairs	2000	600	1400
C-Rel & Administr.	3750		3750
Sponsorships	2250		2250
Bingo Expense	46100		46100
Outside Work	1500		1500
Transfer to GMI	Excrow		
Ins. Ded or Loss			
Total.Expenses	66000	6500	59500
Capital	0		
All Categories	66000	6500	59500

## Grant Section 6 for bottom of page 7 tied to other funding sources

1200
1000
57300
59500

Detail for Client Assistance, Community Events & Festivals of 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
CY A A			
SKK ATTACHUD			
			•
Tota			

Page 8 Effective May 2016



PALLS 8

	2019 Budg	get!	Back up for Se	ction 6 je 7	
Account T	itles	Budget \$	18-		
Revenue:	1000	Daagacq	Gra		
Donations	-membsh.	1200			
Concessio	ns	1000			
Bingo Inco	me	57300			
City Grant	via GMI	6500			
Event Sale	es	0			
	Totals	66000			
Expenses:			City Grant Non	.Grant	
Building	Service	1000	( -1	1000	
Building	Mainten.	2800	1750(O)	1050	
Building	Insurance	2100	1650( <i>()</i> )	450	
Building	Utilities	4500	2500	2000	
Building	Repairs	2000	600(¢)	1400	
C-Rel & Ad	dministr.	3750		3750	(0) adding- All 000-
Sponsorsh	•	2250		2250	(0) OTHER = \$4,000-
Bingo Exp		46100		46100	•
Outside W		1500		1500	
Transfer to		Excrow			
ins. Ded o					
Total.Expe	enses	66000	6500	59500	-
Capital		0			
All Categor	ries	66000	6500	59500	

Grant Section 6 for bottom of page 7 tied to other funding sources

Membership1200Concessions1000Bingo Income57300Total59500

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
BINGO VOLUNTARPO 1		TRS et 1824-14 pertour
Two loen & 3 days X to Week.	\$ 16,105	750 Hours X Mite
GPNA ADMINISTRATOR	4,828	200 HOURS X Male 4 HOURS X BOUKERDO
CHILL Supphi Post 1, Cyclouria!	772	32 HUURS X PROTE LIHOURS X 4 PropLeX2
Total Value of In-Kind☐  (tomatch Program Budget Line(Item.☐  Volunteer Contribution & Other In Kind)	\$23,705	V V

\* 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:	-CAL	KNDAR	January	W
Does your Agency anticipate a significate budget projected for next fiscal year?	nt increase or	decrease in your but		year to the
budget projected for flext fiscal year?	NO X	1E3 []		
If YES, please explain:				

## 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**

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- 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
- 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).
- 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.

# 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: Legal Signatory: (please print): Date: Title: Phone: To 2.396 U836 Extension: Email: STEVEN AGAS. M390 MALLON

Applicant's Initials

Page 10

## **GERMANTOWN MISSION, INC.**

## **General Information**

Organization Number 0311353

Name GERMANTOWN MISSION, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 2/16/1993

 Organization Date
 2/16/1993

 Last Annual Report
 1/13/2018

Principal Office 1094 E. KENTUCKY ST.

LOUISVILLE, KY 40204

Registered Agent JOHN GONDER

1094 E. KENTUCKY ST. LOUISVILLE, KY 40204

#### **Current Officers**

President
John Gonder
Vice President
Judy Magre
Secretary
Mary Hardesty
Director
John Gonder
Director
Mary Hardesty
Director
Judy Magre

## Individuals / Entities listed at time of formation

**Director** JACK OLIVER

DirectorJOHN J OLLIGES JRDirectorCAROL S OLLIGESDirectorCARMEL ECKENFELS

Incorporator JACK OLIVER

## Images available online

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

Annual Report	1/13/2018	1 page	PDF
Annual Report	1/3/2017	1 page	PDF
Annual Report	1/14/2016	1 page	PDF
Registered Agent name/address change	3/24/2015 6:09:23 AM	1 page	PDF
Annual Report Amendment	3/24/2015	1 page	<b>PDF</b>
Annual Report	1/5/2015	1 page	PDF

	recome to rastifac	on Organization Cearch		
Annual Report	1/14/2014	1 page	<b>PDF</b>	
Annual Report	1/20/2013	1 page	PDF	
Annual Report	1/10/2012	1 page	<b>PDF</b>	
Annual Report	3/15/2011	1 page	tiff	<b>PDF</b>
Annual Report	3/26/2010	1 page	tiff	PDF
Annual Report	2/12/2009	1 page	tiff	<b>PDF</b>
Annual Report	3/5/2008	1 page	tiff	<b>PDF</b>
Annual Report	1/23/2007	1 page	tiff	PDF
Annual Report	5/26/2006	1 page	tiff	PDF
Annual Report	6/22/2005	1 page	tiff	<b>PDF</b>
Annual Report	9/4/2003	1 page	<u>tiff</u>	PDF
Annual Report	8/20/2002	1 page	tiff	<b>PDF</b>
Annual Report	6/29/2001	1 page	tiff	<b>PDF</b>
Statement of Change	6/15/2001	1 page	tiff	<b>PDF</b>
Annual Report	7/20/2000	1 page	tiff	<b>PDF</b>
Annual Report	8/11/1999	1 page	tiff	<b>PDF</b>
Annual Report	7/27/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	<b>PDF</b>
Annual Report	7/1/1995	1 page	<u>tiff</u>	PDF
<u>Annual Report</u>	7/1/1994	1 page	tiff	<b>PDF</b>

## **Assumed Names**

**Activity History** 

- indirity initially			
Filing	File Date	<b>Effective Date</b>	Org. Referenced
Annual report	1/13/2018 12:48:14 PM	1/13/2018 12:48:14 PM	
Annual report	1/3/2017 6:30:10 AM	1/3/2017 6:30:10 AM	
Annual report	1/14/2016 7:17:30 AM	1/14/2016 7:17:30 AM	
Amendment to annual report	3/24/2015 6:14:57 AM	3/24/2015 6:14:57 AM	
Registered agent address change	3/24/2015 6:09:23 AM	3/24/2015 6:09:23 AM	
Annual report	1/5/2015 7:52:57 AM	1/5/2015 7:52:57 AM	
Annual report	1/14/2014 6:20:52 PM	1/14/2014 6:20:52 PM	
Annual report	1/20/2013 10:41:56 AM	1/20/2013 10:41:56 AM	
Annual report	1/10/2012 4:27:09 PM	1/10/2012 4:27:09 PM	
Annual report	3/15/2011 12:37:54 PM	3/15/2011	
Annual report	3/26/2010 10:20:15 AM	3/26/2010	
Annual report	2/12/2009 12:11:49 PM	2/12/2009	
Annual report	3/5/2008	3/5/2008	

1:08:49 PM

Annual report 1/23/2007 1/23/2007

10:02:15 AM

Annual report 5/26/2006 3:00:05 PM 5/26/2006

Registered agent address change 6/15/2001 9:29:51 AM 6/15/2001

## **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	8/2/2004	1 page
Annual Report	9/4/2003	1 page
Annual Report	8/20/2002	1 page
Annual Report	6/29/2001	1 page
Statement of Change	6/15/2001	1 page
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Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Articles of Incorporation	2/16/1993	6 pages