

NDF073024PRPAA12

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

Applicant/Program: PRP Alumni Association Inc./Alumni Scholarship
Applicant Requested Amount: 2000
Appropriation Request Amount: 2000

Executive Summary of Request

The PRP Alumni Association provides college financial assistance for Pleasure Ridge Park High School Students based on need and academic and extracurricular performance. This funding will go toward the scholarship awards for current PRP Seniors.

| | | |
|---|---|--|
| Is this program/project a fundraiser? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is this applicant a faith based organization? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does this application include funding for sub-grantee(s)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

| | | | |
|------------|--------------------------------|-------------|------------------|
| <u>12</u> | <u><i>M Rick Blackwell</i></u> | <u>2000</u> | <u>7/11/2024</u> |
| District # | Primary Sponsor Signature | Amount | Date |

Primary Sponsor Disclosure

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

Council Member Blackwell is an honorary PRP Alumna.

Approved by:

| | |
|------------------------------------|-------|
| _____ | _____ |
| Appropriations Committee Chairman | Date |
| Final Appropriations Amount: _____ | |

AG

Applicant/Program:

PRP Alumni Association Inc./Alumni Scholarship

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.

Councilman Blackwell has been recognized as an honorary PRP Alumnus.

Council Member Signature and Amount

| | | |
|-------------|-------|----------|
| District 1 | _____ | \$ _____ |
| District 2 | _____ | \$ _____ |
| District 3 | _____ | \$ _____ |
| District 4 | _____ | \$ _____ |
| District 5 | _____ | \$ _____ |
| District 6 | _____ | \$ _____ |
| District 7 | _____ | \$ _____ |
| District 8 | _____ | \$ _____ |
| District 9 | _____ | \$ _____ |
| District 10 | _____ | \$ _____ |
| District 11 | _____ | \$ _____ |
| District 12 | _____ | \$ _____ |
| District 13 | _____ | \$ _____ |
| District 14 | _____ | \$ _____ |
| District 15 | _____ | \$ _____ |

Applicant/Program: PRP Alumni Association Inc./Alumni Scholarship

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.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

| LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION | |
|--|---|
| Legal Name of Applicant Organization PRP Alumni Association Inc | |
| Program Name and Request Amount PRP Alumni Scholarships \$2000 | |
| | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | <input type="text" value="Yes"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | <input type="text" value="Yes"/> |
| Is the proposed public purpose of the program viable and well-documented? | <input type="text" value="Yes"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | <input type="text" value="Yes"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | <input type="text" value="Yes"/> |
| Has prior Metro Funds committed/granted been disclosed? | <input type="text" value="N/A"/> |
| Is the application properly signed and dated by authorized signatory? | <input type="text" value="Yes"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | <input type="text" value="Yes"/> |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | <input type="text" value="N/A"/> |
| Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? | <input type="text" value="Yes"/> |
| Is the current Fiscal Year Budget included? | <input type="text" value="Yes"/> |
| Is the entity's board member list (with term length/term limits) included? | <input type="text" value="Yes"/> |
| Is recommended funding less than 33% of total agency operating budget? | <input type="text" value="Yes"/> |
| Does the application budget reflect only the revenue and expenses of the project/program? | <input type="text" value="Yes"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | <input type="text" value="N/A"/> |
| Is the most recent annual audit (if required by organization) included? | <input type="text" value="N/A"/> |
| Is a copy of Signed Lease (if rent costs are requested) included? | <input type="text" value="N/A"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | <input type="text" value="N/A"/> |
| Are the Articles of Incorporation of the Agency included? | <input type="text" value="Yes"/> |
| Is the IRS Form W-9 included? | <input type="text" value="Yes"/> |
| Is the IRS Form 990 included? | <input type="text" value="Yes"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included? | <input type="text" value="N/A"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="text" value="N/A"/> |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input checked="" type="text" value="N/A"/> <i>No</i> |
| Prepared by: Heather Blazis Date: 7/11/2024 | |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|--|---------------------------------|---|---------------------------|
| Legal Name of Applicant Organization: | | | |
| (as listed on: http://www.sos.ky.gov/business/records) PRP Alumni Association Inc | | | |
| Main Office Street & Mailing Address: PO Box 58051 Louisville KY 40268 | | | |
| Website: PRPalumni.org | | | |
| Applicant Contact: | Vincent Jarboe | Title: | Treasurer |
| Phone: | 502-380-3800 | Email: | Vincent.jarboe@agency.com |
| Financial Contact: | 11 | Title: | 11 |
| Phone: | 11 | Email: | |
| Organization's Representative who attended NDF Training: Vincent Jarboe | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): | Pleasure Ridge Park High School | | |
| Council District(s): | 12 | Zip Code(s): | 40258 |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: PRP Alumni Scholarship | | | |
| Total Request: (\$) | 2000 | Total Metro Award (this program) in previous year: (\$) | 0 |
| Purpose of Request (check all that apply): | | | |
| <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <i>file</i> <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | | Amount: (\$) | 0 |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The PRP Alumni Association is dedicated to providing scholarships for PRP High School Seniors. We also hold a fund raising event called the Hall of Fame dinner. We honor past PRP alumni and associated people who have distinguished themselves by being positive examples for our youth. We also provide opportunities to connect alumni with current students for mentoring, tutoring and other support.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

[illegible]

Describe the Board term limit policy:

We are a volunteer board who has raised scholarship funds for PRP students for 23 years

* No term date or limit *

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| | N/A |
| | |
| | |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Asking District 12 for \$2000 for money
going toward scholarships for PRP study
funds are distributed late summer 2024
to the student account at the
university
of
them
choosing

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

Direct to student account at the school

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Many of our chosen students are in financial need and the funds raised help them to see the value of continuing education.

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.

N/A

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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 | Column 2 | Column (1+2)=3 |
|---|-------------------------|------------------------|----------------------|
| | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | | \$ 0.00 |
| B: Rent/Utilities | | | \$ 0.00 |
| C: Office Supplies | | | \$ 0.00 |
| D: Telephone | | | \$ 0.00 |
| E: In-town Travel | | | \$ 0.00 |
| F: Client Assistance (See Detailed List on Page 8) | | | \$ 0.00 |
| G: Professional Service Contracts | | | \$ 0.00 |
| H: Program Materials | | | \$ 0.00 |
| I: Community Events & Festivals (See Detailed List on Page 8) | | 7184 | \$ 0.00 7184 |
| J: Machinery & Equipment | | 325 | \$ 0.00 325 |
| K: Capital Project | | | \$ 0.00 |
| L: Other Expenses (See Detailed List on Page 8) | 2000 | 17000 | \$ 0.00 19000 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$ 0.00 2000 | \$ 0.00 24509 | \$ 0.00 26509 |
| % of Program Budget | 0.00% 7 | 0.00% 93 | 100% |

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

| | |
|---|----------------------|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | 24509 |
| Fees Collected from Program Participants | |
| Other (please specify) | |
| Total Requested for Column 2 Expenses ** | \$ 0.00 24509 |

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary) | Column 1 | Column 2 | Column (1 + 2)=3 |
|---|----------------------------|---------------------------|---------------------------|
| | Proposed Metro Funds | Non- Metro Funds | Total Funds |
| | | | \$ 0.00 |
| PRP Hall of Fame Dinner | | 7184 | \$0.00 7184 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| Scholarships | 2000 | 17000 | \$0.00 19000 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| | | | \$ 0.00 |
| Total | \$0.00 2000 | \$0.00 \$24184 | \$0.00 \$26184 |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|-----------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| <i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) | \$ 0.00 | |

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

Agency Fiscal Year Start Date: January 1st 2024

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant 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.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant 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.

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.

Board member Andrea Derrin is LA for Madeline Flood, Michael Crittton is

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: | <i>Vince Jarboe</i> | Date: | <i>6/19/2024</i> |
| Legal Signatory: (please print): | <i>Vince Jarboe</i> | Title: | <i>Treasurer</i> |
| Phone: | <i>502 380-3800</i> | Extension: | |
| Email: | <i>Vince@jarboeagency.com</i> | | |

*Director of
Entertainment
Weeks
Metro's
Office of
Housing and
Community
Development*



**Louisville Metro Government
Office of Management and Budget**

Neighborhood Development Fund Training Attestation

Grantee Organization Name: PKP High School Alumni Association
Grantee Representative Name: Vincent Jarboe

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Client Assistance, Community Events, Festival and Other Expense
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
Whom did you pay?, What?, When? and Where?
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Vincent Jarboe
Grantee Representative Signature

6/24/24
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

Fax: 502-574-3219



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248132325
Oct. 14, 2014 LTR 4168C 0
32-0087730 000000 00
00017109
BODC: TE

PRP ALUMNI ASSOCIATION INC
% MICHAEL GRITTON
PO BOX 58051
LOUISVILLE KY 40268



054133

Employer Identification Number: 32-0087730
Person to Contact: Mr. Perry
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 02, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo 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.

PRP Alumni Association 2024 Budget

Expenses

Hall of Fame Dinner \$7184

Plaques \$325

Scholarships awarded \$19,000

Income

Donations \$24509

PRP Alumni Association Financial Statement 2024

Beginning Balance 1/1/24
\$3736

Balance as of 6/20/2024
\$16791

REPUBLIC BANK

It's just easier here.

RepublicBank.com Member FDIC

PRP Alumni Assoc Inc
PO Box 58051
Louisville KY 40268-0051

Account: #####9887
Statement Date: 05/31/24

Page 1

YOUR ACCOUNTS AT A GLANCE

Checking Balance \$ 11,791.26

Your Account Managed By
NEW CUT ROAD BANKING CTR
(502) 363-4644
BEKAH VESTER
Sales & Service Manager

ACCOUNT STATEMENT

EFFECTIVE JULY 1, 2024, THE NON-REPUBLIC ATM FEE WILL INCREASE TO \$4.00
FOR ALL TRANSACTIONS CONDUCTED AT A NON-REPUBLIC ATM OR AN ATM OUTSIDE
OUR SURCHARGE FREE ATM NETWORK. bit.ly/atmRB

MONEYMGR FREE BUSINESS

Account #####9887

| | | | | |
|----------------------------------|----|-----------|-----------------------|-----------|
| Beginning Balance on 5/01/24 | \$ | 11,291.26 | | |
| + Deposits and other Credits (1) | \$ | 500.00 | | |
| Interest Paid | \$ | 0.00 | Average Daily Balance | 11,597.00 |
| - Checks and other Debits (0) | \$ | 0.00 | | |
| Service Charges | \$ | 0.00 | | |
| Ending Balance on 5/31/24 | \$ | 11,791.26 | | |

DEPOSITS & OTHER CREDITS

| Date | Description | Amount |
|------|--------------------------|--------|
| 5/13 | Deposit# 000000083865401 | 500.00 |

CURRENT BALANCE SUMMARY

| Date | Balance | Date | Balance | Date | Balance |
|------|-----------|------|-----------|------|-----------|
| 5/01 | 11,291.26 | 5/12 | 11,291.26 | 5/23 | 11,791.26 |
| 5/02 | 11,291.26 | 5/13 | 11,791.26 | 5/24 | 11,791.26 |
| 5/03 | 11,291.26 | 5/14 | 11,791.26 | 5/25 | 11,791.26 |
| 5/04 | 11,291.26 | 5/15 | 11,791.26 | 5/26 | 11,791.26 |
| 5/05 | 11,291.26 | 5/16 | 11,791.26 | 5/27 | 11,791.26 |
| 5/06 | 11,291.26 | 5/17 | 11,791.26 | 5/28 | 11,791.26 |
| 5/07 | 11,291.26 | 5/18 | 11,791.26 | 5/29 | 11,791.26 |
| 5/08 | 11,291.26 | 5/19 | 11,791.26 | 5/30 | 11,791.26 |
| 5/09 | 11,291.26 | 5/20 | 11,791.26 | 5/31 | 11,791.26 |
| 5/10 | 11,291.26 | 5/21 | 11,791.26 | | |
| 5/11 | 11,291.26 | 5/22 | 11,791.26 | | |

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2023

Open to Public Inspection

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

B Check if available

☐ Terminated for Business☒ Gross receipts are normally \$50,000 or lessC Name of Organization: PRP ALUMNI ASSOCIATION INCPO Box 58051, Louisville,KY, US, 40268

D Employee Identification

Number 32-0087730

E Website:

F Name of Principal Officer: Vince Jarboe5101 New Cut Rd, Louisville,KY, US, 40214

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.

Golden, Amy

From: Bell, LaTonya J.
Sent: Friday, July 26, 2024 10:43 AM
To: Harward, Sonya; Golden, Amy
Cc: Blazis, Heather; Blackwell, Rick
Subject: FW: PRP Alumni Association
Attachments: PRP Alumni Assoc IRS Form 990-N.pdf

Good morning,

Please include this email and the attachment in the **NDF073024PRPAA12** packet. Thank you.

19. **NDF073024PRPAA12** APPROPRIATING \$2,000 FROM DISTRICT 12 NEIGHBORHOOD DEVELOPMENT FUNDS TO THE PLEASURE RIDGE PARK ALUMNI ASSOCIATION FOR SCHOLARSHIP AWARDS TO BE PROVIDED TO CURRENT SENIORS AT PLEASURE RIDGE PARK HIGH SCHOOL.

Sponsors: Rick Blackwell (D-12)

From: Blazis, Heather <heather.blazis@louisvilleky.gov>
Sent: Friday, July 26, 2024 10:16 AM
To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>
Subject: Fwd: PRP Alumni Association

Latonya,
Please see below.
Thanks
Heather

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From: Vince Jarboe <vince.jarboe.jyr0@statefarm.com>
Sent: Friday, July 26, 2024 10:05 AM
To: Blazis, Heather <heather.blazis@louisvilleky.gov>
Subject: PRP Alumni Association

CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.

Heather, this is to verify that I have sent the 2023 990N form for Tax exempt notification for the PRP Alumni Association.

Vince Jarboe



 Phone (502) 380-3800
 Email vince@jarboeagency.com
Website: www.vincejarboe.com

Multi-page document. Select page: 1 2

0561495.09

PB/wn
NAOI

John Y. Brown III
Secretary of State
Received and Filed
08/05/2003 1:46:26 PM
Fee Receipt: \$5.00

**Articles of Incorporation of
PRP ALUMNI ASSOCIATION, Inc.
A Nonprofit Corporation**

For the purposes of forming a nonprofit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator(s) hereby submits the following Articles of Incorporation to the Secretary of State for filing:

ARTICLE I. The name of the corporation is PRP Alumni Association, Inc ("Corporation").

ARTICLE II. The Corporation is organized exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by an organization exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution and winding up of Corporation, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation organized and operated exclusively for the purposes specified in Section 501(c)(3) of the Internal Revenue Code and its regulations as they now exist or as they may be hereafter amended, and which has established its tax-exempt status under that section.

ARTICLE III. The name of the initial registered agent of the Corporation is Debra K. Stamper and the street address of the Corporation's initial registered office is 1938 Roanoke Ave., Louisville, Kentucky, 40205.

ARTICLE IV. The mailing address of the principal office of the Corporation is 2115 Boulevard Napoleon, Louisville, Kentucky 40205.

ARTICLE V. The number of directors constituting the initial board of directors is four (4). The names and addresses of the persons who are to serve as the initial board of directors are as follows:

| | | |
|------------------|----------------------|----------------------|
| Michael Gritton | 2115 Blvd. Napoleon | Louisville, KY 40205 |
| Kristi L. Speer | 2611 Drayton Drive | Louisville, KY 40205 |
| Vince Jarboe | 4409 Mt. Vernon Road | Louisville, KY 40220 |
| Debra K. Stamper | 1938 Roanoke Ave. | Louisville, KY 40205 |

ARTICLE VI. The name and address of the incorporator is as follows:

| | | |
|------------------|---------------------|----------------------------|
| Debra K. Stamper | 1938 Roanoke Avenue | Louisville, Kentucky 40205 |
|------------------|---------------------|----------------------------|

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UCC Online -- Display Image

[http://apps.sos.ky.gov/business/obdb/\(aizxmkabp1nnau555mirgr45\)..](http://apps.sos.ky.gov/business/obdb/(aizxmkabp1nnau555mirgr45)..)

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Executed by the incorporator on this 3rd day of June, 2003.

Debra K. Stamper

I, Debra K. Stamper, consent to serve as the registered agent on behalf of the corporation.

Debra K. Stamper
Debra K. Stamper

Multi-page document. Select page: 1 2

Form W-9
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|---|--|---|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) PRP Alumni Association Inc | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. PO Box 58051 | Requester's name and address (optional) |
| 6 City, state, and ZIP code Louisville KY 40268 | | |
| 7 List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

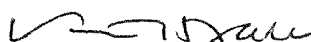
| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 3 | 2 | - | 0 | 0 | 8 | 7 | 7 | 3 | 0 |

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person 

Date **6/19/2024**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Business Entity Search
File Annual Report
Form an LLC
Business Registration Portal
Demographic Search
Name Availability Search
Business Forms Library
Prepaid Account Status
Current Officer Search
Founding Officer Search
Registered Agent Search
Validate Certificate of
Existence/Authorization

PRP ALUMNI ASSOCIATION, INC.

| | |
|--|------------------------------------|
| File Amended Annual Report | Change Address or Registered Agent |
| File Certificate of Assumed Name (DBA) | File Dissolution |
| Print & Mail | Upload a filing |
| Subscribe to changes made to this entity | File Registered Agent Resignation |
| | Certificate of Good Standing |

General Information

| | |
|----------------------|---|
| Organization Number | 0561495 |
| Name | PRP ALUMNI ASSOCIATION, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 6/5/2003 |
| Organization Date | 6/5/2003 |
| Last Annual Report | 5/15/2024 |
| Principal Office | 5101 NEW CUT RD LOUISVILLE, KY 40214 |
| Registered Agent | DEBRA K STAMPER 5009 LONG KNIFE RUN LOUISVILLE, KY 40207-1174 |

Show Current Officers

Show Initial Officers

Show Images

Show Former Names

Show Activities

Show Microfilm