

M.W.

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

Applicant/Program: Ovarian Awareness of Kentucky (OAK)

Executive Summary of Request:

Request for \$1,000 for OAK Toast of Life GYN Cancer Survivors celebration of life brunch on Saturday, September 6, 2014, which will kick off national awareness month. This event is open to the public, tickets are available for purchase but free to cancer survivors. Funding will be used for catering for the survivors – cost per ticket is \$25.

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

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

<u>9</u>	<u>Tina Ward-Pugh</u>	<u>\$1,000-</u>	<u>06/19/14</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.

No known relationships. Tina Ward-Pugh

Approved by:

_____	_____
Appropriations Committee Chairman	Date

Clerk's Office Only:

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

OFFICE OF METRO COUNCIL CLERK

REVIEWED
DATE 7-1-14 TIME 12:43 pm

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Ovarian Awareness of Kentucky (OAK)		
Program Name: Toast to Life GYN Cancer Survivors Celebration Brunch	Request Amount: \$1,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		na
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		na
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?		na
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		na
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		na
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		na
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		na
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		no
Board Members: Is the entity’s board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?		na
Rent Requests: Is a copy of signed lease included?		na
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		na
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		na
Prepared by: <i>Wife G. Hodge</i>	Date: <i>06/19/14</i>	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1: APPLICANT INFORMATION			
Legal Name of Applicant Organization: Ovarian Awareness of Kentucky (OAK) <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 2509 Plantside Drive, Louisville, KY 40299			
Website: www.oakky.org			
Applicant Contact:	Jill Doimer	Title:	Co-founder
Phone:	502-708-1625	Email:	ovarianawareness@yahoo.com
Financial Contact:	Same	Title:	same
Phone:	same	Email:	same
Organization's Representative who attended NDF Training: Elizabeth Jordan, Office Manager/Program Director			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Hurstbourne Country Club		
Council District(s):		Zip Code(s):	40222
SECTION 2: PROGRAM/PROJECT & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Toast to Life GYN Cancer Survivors Celebration of Life Brunch			
Total Request: (\$)	1000.00	Total Metro Award (this program) in previous year: (\$)	1000.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Tina Ward-Pugh District	Amount: (\$)	2000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3: AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our Mission...

- To provide resources for support, networking, and education for women who are diagnosed with gynecological cancers and their caregivers in order to improve outcomes
-
- To create awareness among women and the greater community regarding early warning signs that may be indicative of ovarian cancer, resulting in earlier detection and saved lives
-
- To encourage greater citizen participation in gynecological cancer issues for the benefit of future generations through public education programs, media collaboration, and joint ventures with other community organizations

Handwritten initials, possibly "AD", written in black ink.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1: 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.):

Toast to Life GYN cancer survivors celebration of life brunch. Saturday, September 6 to kick off national awareness month. Open to the public, friends may buy tickets to attend but the event is free to survivors. Its a chance to celebrate life outside a medical setting and network, share, empower each other. Special speaker and local celebrities will there to share. Survivors receive a special gift and flowers. These ladies deserve to much after all their struggles. Its a very inspiring day for them.

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

Funding will be used for catering at the even for the survivors. They get complimentary admission.

Cost per ticket is \$25 value for catering per person.

Handwritten initials in black ink, appearing to be "JP".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This event sells out every year. The survivors and caregivers really appreciate the efforts and make them feel special. A survey is given and always helps us improve. This celebration of life is a wonderful community event that also allows us to celebrate the many volunteers it takes to run our organization and events year round. The event encourages others to raise awareness about ovarian cancer-the silent killer. This is our 13th year celebration.

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

We will seek other community partners and business to help sponsor the event.

Currently confirmed but the deadline is not here yet.

Papercone Corp.

Kentucky Cancer Program

Mortenson Family Dental



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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


Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	1000	4000	5000
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	1000	4000	5000
<i>% of Program Budget</i>	20 %	80 %	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)	2000
Fees Collected from Program Participants	2000
Other (please specify)	
Total Revenue for Column 2 Expenses **	4000

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

**Must equal or exceed total in column 2.

Applicant's Initials 

(Attachment from Section 5, page 6)

Program/project expenses

I: Community Events & Festivals

Catering	\$3750
Flowers	\$350
Volunteer Awards	\$300
Decorations	\$200
Survivor gifts	\$400



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
Jeff Rehmet	350	
Allegra Print	300	
volunteer hours	60 hours	
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution & Other In Kind)</i>	650	

*** 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: 1/1/2014

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 5 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

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

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

None that I know of.

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	6/2/14
Legal Signatory: (please print):	Jill Doimer	Title:	Co-founder
Phone:	502-708-1625	Extension:	
Email:	ovarianawareness@yahoo.com		

Applicant's Initials

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

DEPARTMENT OF THE TREASURY

OCT 23 2006
Date:

Employer Identification Number:
61-1393292
DLN:
17083266772016
Contact Person: ID# 31309
DEL TRIMBLE
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
509(a)(2)

OVARIAN AWARENESS OF KENTUCKY
3991 DUTCHMANS LN
LOUISVILLE, KY 40207-0000

Dear Applicant:

Our letter dated SEPTEMBER 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period

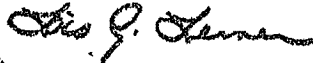
Based on the information you submitted you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations please call our toll-free number shown in the heading.

Please keep this letter in your permanent records

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



Ovarian Awareness of Kentucky

January 1 – December 31, 2014

Proposed Operating Budget

	Expenses		Income
Programs		General Donations	\$26,000
Survivor tea party	500	Tea party tickets	5,000
Survivor Brunch	5,000	Brunch sponsors	5,000
Education/Awareness	10,000	Walk sponsors	10,000
Printing/Publication	5,000	Grants	15,000
Staff/taxes/fees	27,000		
Rent/utilities	15,000		
Professional Development/equipment	500		
Fundraising			
Golf	2,000	Golf Scramble	7,000
Administrative			
Staff and insurance	3000		
TOTAL	\$68,000		\$68,000
% Programs – % Fundraising – % Administrative			

*12/12/2013

Ovarian Awareness of Kentucky
Board of Directors
Organizational Chart

2013-2014 Executive Board of Directors

(2 year terms, no limits)

	Employer	Position
SuzAnne Caraway	UPS	President
Jill Doimer	Papercone Corporation	Co-Founder/Treasurer
Cheri Hauber	General Mills Corporate Team	Survivor & Liason
Shannon Peace	UPS	Secretary
Jaime Hendricks	GE Appliances & Light Corporate	

2013-2014 Business Advisory Board

Business Leaders

Frank Edwards	Flik Independent Schools
Melody Schenk	Brown-Foreman
Richard & DiAnne Estes	Brown-Foreman Retired
Ron & Margie Kummer	Bell South Retired
Rachel Platt (Honorary)	WHAS-11 television



Phone: 502-259-2000

STATEMENT

Page 1 of 3	
Account Number 1085786	
Statement Period	
From	05/01/14
To	05/31/14

*****AUTO**3-DIGIT 402
3890 0.7780 AT 0.406 14 1 103



OVARIAN AWARENESS OF KENTUCKY
2509 PLANTSIDE DR STE D
LOUISVILLE KY 40299-2529

Small Business Checking

Ovarian Awareness of Kentucky

Beginning Balance as of 05/01/14	28,542.61
Deposits & Other Credits	1,281.31
Checks & Other Debits	6,562.09
Average Balance	24,532.43
Ending Balance as of 05/31/14	23,261.83

Transaction Information

Date	Check #	Description	Amount
05/02		POS Debit USPS 20480395521502919, LOUISVILLE, KY. #099	17.64-
05/05		POS Debit FTD*FTD.COM, 501-8336470, IL. #755002	46.98-
05/07		POS Debit VISTAPR*VistaPrint.com, 866-6148002, CA. #121846	63.97-
05/12		Deposit	298.75
05/12		ACH Deposit TRANSFER PAYPAL	57.78
05/13		POS Debit TWC*TIMEWARNERCBLE, 513-469-1112, OH. #VBASE2	153.81-
05/13		POS Debit DISCOUNTMUGS.COM, CAN@BELINCUSA, FL. # 5441	203.70-
05/15		ACH Withdrawal USATAXPYMT IRS	595.20-
05/16		POS Debit COURTYARD BY MARRIOTT B, BOWLING GREEN, KY. #VBASE2	155.39-
05/16		POS Debit USPS 20480300431501836, LOUISVILLE, KY. #096	452.20-
05/20		POS Debit OFFICE DEPOT #2338, LOUISVILLE, KY. #845871	45.57-
05/27		Deposit	525.00
05/29		ACH Deposit TRANSFER PAYPAL	399.78

STATEMENT

Page 2 of 3	
Account Number 1085786	
Statement Period	
From	05/01/14
To	05/31/14

• **Transaction Information**

Date	Check #	Description	Amount
05/29		POS Debit USPS 20480395521502919, LOUISVILLE, KY. #099	8.95-
05/29		POS Debit FTD*FTD.COM, 501-8336470, IL. #755002	46.98-

• **Check Summary**

Date	Check #	Amount	Date	Check #	Amount
05/07	2733	325.25	05/02	2740	452.75
05/01	2734	71.16	05/06	2741	150.00
05/02	2737 *	150.00	05/15	2743 *	791.95
05/07	2738	1,200.00	05/27	2744	791.95
05/01	2739	791.95	05/27	2745	46.69

* Indicates a break in the Check number order.

• **Daily Balance Information**

Date	Balance	Date	Balance	Date	Balance
05/01	27,679.50	05/12	25,629.44	05/27	22,917.98
05/02	27,059.11	05/13	25,271.93	05/29	23,261.83
05/05	27,012.13	05/15	23,884.78	05/31	23,261.83
05/06	26,862.13	05/16	23,277.19		
05/07	25,272.91	05/20	23,231.62		

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending

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

C **OVARIAN AWARENESS OF KENTUCKY, INC.**
 2509 PLANTSIDE DRIVE, SUITE D
 LOUISVILLE, KY 40299

D Employer identification number: 61-1393292

E Telephone number: (502) 708-1625

G Gross receipts \$ 56,119.

F Name and address of principal officer:
 SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

J Website: WWW.OAKKY.ORG

K Form of organization: Corporation Trust Association Other
L Year of formation: 2001 **M** State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE PATIENTS DIAGNOSED WITH OVARIAN/GYNECOLOGICAL CANCER WITH EDUCATION AND SUPPORT FOR WELLBEING, WITH NETWORKING AND MEETINGS GOVERNED BY A MEDICAL ADVISORY BOARD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	5
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	1
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	8.
b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	20,829.	15,036.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	15.	8.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	26,092.	29,778.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	46,936.	44,822.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	23,947.	28,631.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,276.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	34,236.	29,456.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	58,183.	58,087.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-11,247.	-13,265.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	87,102.	73,837.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	0.	0.
		87,102.	73,837.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: JILL DOIMER Date: _____
 Type or print name and title: TREASURER

Paid Preparer Use Only

Print/Type preparer's name: H. STEVEN PLAUT Preparer's signature: H. Steven Plaut, CPA Date: 05/07/14
 Firm's name: PLAUT & ASSOCIATES, PSC Check if self-employed PTIN: P01419930
 Firm's address: 6004 BROWNSBORO PARK BLVD, STE B Firm's EIN: 61-1270294
LOUISVILLE, KY 40207 Phone no.: (502) 896-9215

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

519008

OVARIAN AWARENESS OF KENTUCKY, INC.

ARTICLES OF INCORPORATION

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

051900809
John Y. Brown III
Secretary of State
Received and Filed
07/09/2007 03:48 PM
Fee Receipt: \$8.00
Payne - NAOI

ARTICLE I: The name of the corporation is OVARIAN AWARENESS OF KENTUCKY, INC.

ARTICLE II: Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE III: The street address of the corporation's initial registered office in Kentucky is 12018 Rock Spring Drive, Louisville, KY 40245, and the name of the initial registered agent at that office is Jill Doimer.

ARTICLE IV: The mailing address of the corporation's principal office is 12018 Rock Spring Drive, Louisville, KY 40245.

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

Pat Bishop 6016 Dutchmans Lane Louisville, KY 40205	Stephanie Clayburne 8408 Ambrosse Lane, #208 Louisville, KY 40299
Jill Doimer 12018 Rock Spring Drive Louisville, KY 40245	Judith Baker Morris 7004 Bearcreek Drive, #B-3 Louisville, KY 40207

ARTICLE VI: The name and mailing address of the incorporator is Jill Doimer, 12018 Rock Spring Drive, Louisville, KY 40245.

ARTICLE VII: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and

distributions in furtherance of the purposes set forth in Article II hereof. The corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE VIII: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IX: Any director may be removed, with or without cause, at any time, upon the vote of a majority of the directors then in office. In addition, if a director is absent from 3 consecutive meetings of the board of directors, he or she may, at any meeting held within a period of 6 months after the date of the third absence and as to which notice and call are given for such purpose, be removed by a majority of the directors present, whether or not constituting a quorum.

ARTICLE X: ~~Each person who is or was a director, officer, employee, committee member, or volunteer of the corporation, whether elected or appointed, and each person who is or was serving at the request of the corporation as a member, director, trustee, or officer of another corporation, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the corporation to the full amount against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer, employee, committee member, or volunteer or arising out of such person's status as a member, director, trustee, officer, employee, committee member, or volunteer; provided, however, no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit, or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of~~

indemnification shall be a contract right and shall include the right to be paid by the corporation the reasonable expenses incurred in defending any threatened or pending action, suit, or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this article shall not affect any rights or obligations then existing. If any indemnification payment required by this article is not paid by the corporation within 90 days after a written claim has been received by the corporation, the member, director, trustee, officer, employee, committee member, or volunteer may at any time thereafter bring suit against the corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the corporation would have the power to indemnify such person against such liability, cost, or expense under Chapter 273 of the Kentucky Revised Statutes or under this article, but it shall not be obligated to so. The indemnification provided by this article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote or members or board of directors, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the corporation shall nevertheless indemnify each such person to the full extent permitted by an applicable portion of this article that shall not have been invalidated or by any other applicable law.

ARTICLE X: No director shall be personally liable to the corporation for monetary damages for breach of his or her duties as a director except for liability:

- (A) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;
- (B) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- (C) For any transaction from which the director derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this article to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this

Ovarian Awareness of Kentucky, Inc.
Articles of Incorporation
Page 4

article shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

Executed by the incorporator on July 8, 2001.

Jill Doimer
Jill Doimer

I, Jill Doimer, consent to serve as the registered agent on behalf of the corporation.

Jill Doimer
Jill Doimer

Witnessed before me this 7th day of July 2001.

My Commission expires
MARCH 08, 2005

Brent R.

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
OVARIAN AWARENESS OF KENTUCKY (O.A.K.)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
2509 Plantside Dr.

City, state, and ZIP code
LOUISVILLE, KY 40299

List account number(s) here (optional)

Requester's name and address (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number	
or	
Employer identification number	61 1393292

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Jim Dime* Date ▶ **6/2/14**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Paid Staff - one employee only

***Elizabeth Jordan, Office Manager/Program Director**

Full time

OVARIAN AWARENESS OF KENTUCKY, INC.

General Information

Organization Number	0519008
Name	OVARIAN AWARENESS OF KENTUCKY, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/9/2001
Organization Date	7/9/2001
Last Annual Report	4/17/2014
Principal Office	2509 PLANTSIDE DR. LOUISVILLE, KY 40299
Registered Agent	JILL DOIMER 2509 PLANTSIDE DR. LOUISVILLE, KY 40299

Current Officers

President	<u>SuzAnne Caraway</u>
Secretary	<u>Shannon Peace</u>
Treasurer	<u>Jill Doimer</u>
Director	<u>Jill Doimer</u>
Director	<u>Shannon Peace</u>
Director	<u>SuzAnne Caraway</u>
Director	<u>Elizabeth Whitelaw Jordan</u>
Managing Member	<u>Cheri Hauber</u>
Managing Member	<u>Jaime Hendricks</u>

Individuals / Entities listed at time of formation

Director	<u>PAT BISHOP</u>
Director	<u>STEPHANIE CLAYBURNE</u>
Director	<u>JILL DOIMER</u>
Director	<u>JUDITH BAKER MORRIS</u>
Incorporator	<u>JILL DOIMER</u>

Images available online

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

Annual Report	4/17/2014	1 page	PDF	
Principal Office Address Change	1/29/2014	1 page	tiff	PDF
Registered Agent name/address change	1/29/2014	1 page	tiff	PDF
Annual Report	6/24/2013	1 page	PDF	
Annual Report	2/9/2012	1 page	PDF	
Annual Report	6/14/2011	1 page	PDF	
Annual Report	7/20/2010	1 page	PDF	
Annual Report	5/15/2009	1 page	PDF	
Registered Agent name/address change	6/4/2008	1 page	tiff	PDF
Principal Office Address Change	6/4/2008	1 page	tiff	PDF
Annual Report	4/30/2008	1 page	tiff	PDF
Annual Report	2/15/2007	1 page	tiff	PDF
Statement of Change	7/26/2006	1 page	tiff	PDF
Principal Office Address Change	7/5/2006	1 page	tiff	PDF
Annual Report	3/13/2006	1 page	tiff	PDF
Annual Report	3/16/2005	1 page	tiff	PDF
Annual Report	7/16/2003	1 page	tiff	PDF
Annual Report	8/23/2002	1 page	tiff	PDF
Articles of Incorporation	7/9/2001	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/17/2014 3:15:19 PM	4/17/2014 3:15:19 PM	
Registered agent address change	1/29/2014 10:06:34 AM	1/29/2014	
Principal office change	1/29/2014 10:05:58 AM	1/29/2014	
Annual report	6/24/2013 11:06:56 AM	6/24/2013 11:06:56 AM	
Annual report	2/9/2012 12:38:07 PM	2/9/2012 12:38:07 PM	
Annual report	6/14/2011 12:09:03 PM	6/14/2011 12:09:03 PM	
Annual report	7/20/2010 12:47:30 PM	7/20/2010 12:47:30 PM	
Annual report	5/15/2009 11:29:23 AM	5/15/2009 11:29:23 AM	
Principal office change	6/4/2008 9:42:09 AM	6/4/2008	
Registered agent address change	6/4/2008 9:40:25 AM	6/4/2008	
Annual report	4/30/2008 10:44:06 AM	4/30/2008	
Annual report	2/15/2007	2/15/2007	

	2:46:00 PM	
Registered agent address change	7/26/2006 12:24:48 PM	7/26/2006
Principal office change	7/5/2006 3:38:19 PM	7/5/2006
Annual report	3/13/2006 8:40:02 AM	3/13/2006
Registered agent address change	6/26/2004 3:13:29 PM	6/26/2004
Principal office change	3/25/2004 8:43:44 AM	3/25/2004
Add	7/9/2001 3:46:34 PM	7/9/2001

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	3/1/2005	1 page
Statement of Change	6/26/2004	1 page
Annual Report	5/25/2004	1 page
Annual Report	7/16/2003	1 page
Annual Report	8/23/2002	1 page
Articles of Incorporation	7/9/2001	4 pages