

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

Applicant/Program: Okolona Soccer Club, Inc/New Mower
Applicant Requested Amount: \$10,709
Appropriation Request Amount: \$5000

Executive Summary of Request
Fund will be used by Okolona Soccer Club to purchase a new mower. Okolona Soccer uses the soccer fields and ^{at} McNeely Lake Park South and it's their responsibility to maintain the fields.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

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

23 [Signature] \$2500 3/17/22
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.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Okolona Soccer Club, Inc/New Mower

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	_____	\$ _____
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:

Okolona Soccer Club, Inc/New Mower

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 *Madonna Flood* _____ \$ *2,500*

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Okolona Soccer Club, Inc

Program Name and Request Amount New Mower - \$10,709

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes <input type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes <input type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	Yes <input type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes <input type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes <input type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	Yes <input type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	Yes <input type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes <input type="checkbox"/>
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 <input type="checkbox"/>
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? 	Yes <input type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	No <input type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes <input type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	N/A <input type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input type="checkbox"/>
Is the IRS Form 990 included?	Yes <input type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A <input type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A <input type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A <input type="checkbox"/>
Prepared by: John Torsky	Date: 3-17-22

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Okolona Soccer Club, INC			
Main Office Street & Mailing Address: 7418 Nottoway Circle, Louisville, KY 40214			
Website: www.okolonasoccerclub.com			
Applicant Contact:	Jamie Stewart	Title:	Treasurer
Phone:	(502) 593-4086	Email:	msjamie2u@Hotmail.com
Financial Contact:	Jamie Stewart	Title:	Treasurer
Phone:	(502) 593-4086	Email:	msjamie2u@hotmail.com
Organization's Representative who attended NDF Training: Jamie Stewart			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	10500 Cedar Creek Rd. Louisville, KY 40229		
Council District(s):	23	Zip Code(s):	40229, 40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: New Mower			
Total Request: (\$)	\$ 10,709.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" 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) <input checked="" 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:	N/A	Amount: (\$)	\$ 0.00
Source:	N/A	Amount: (\$)	\$ 0.00
Source:	N/A	Amount: (\$)	\$ 0.00
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:

Okolona Soccer Club was founded by Everett Polley JR. in 1977. We are a youth recreational league soccer club that has been serving the youth in the South / South-West Louisville area for over 30 Years.

Teams like those at Okolona Soccer Club provide kids aged 4 through high school a safe place to get physically active, make connections with their peers and learn about our country's fastest growing sport.

Okolona Soccer Club is a nonprofit organization that runs solely on volunteers and donations to operate and fund our seasons.

Our goal is to continue to provide a safe and fun environment to teach the youth in the area about soccer.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Patrick Kastelhun - President	07/31/2022
Brian Stewart - Vice President	07/31/2022
Jamie Stewart - Treasurer	07/31/2022
Donna Kastelhun - Secretary	07/31/2022
Purchaser - Kim Vickers	07/31/2022
Registrar - Katie Anderson	07/31/2022
Registrar - Melanie Mudd	07/31/2022
Social Media - Kriston Glasnovic	07/31/2022
Web Design - Joeseeph Glasnovic	07/31/2022
Field Coordinator - Jason Gerkins	07/31/2022

Describe the Board term limit policy:
 There is no term limit for any board member.
 Positions are volunteer and elections are held annually in June or July.

Three Highest Paid Staff Names	Annual Salary
N/A	\$ 0.00
N/A	\$ 0.00
N/A	\$ 0.00

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.):

Okolona Soccer Club has had the same mower for 15 + years. We have repeatedly repaired and replaced parts as they break but as our mower is no longer made, parts are becoming scarce. Keeping our players safe is our number one priority and we can no longer do so as our current mower is broken down again and we are unable to find the replacement parts.

Our fields are located at McNeely South, which is also a public park. Our fields are an extremely important part of our program and maintaining those fields means a safe surface for our players to learn and play. Being unable to maintain the fields properly puts our players at higher risk for injury as well as the players from opposing teams, including the families and fans that come to our games and to the park in general. We also use the mower as a means to help pick up trash throughout the whole park area to maintain the appearance of the park so the entire community can enjoy the space. Receiving grant money to assist us in purchasing a new mower also helps us keep our fees affordable to the community we serve.

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

With the funding from the grant we will be able to purchase a new mower that will allow us to better maintain our fields and the park in general.

Our plan is to purchase a new mower from The Mower Shop at 7400 Preston Highway. The current quote is for \$10709.00 before taxes.

The purchase of the mower is the only thing the money will be used for.

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.

N/A

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.

N/A

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:

Okolona Soccer Club benefits the community by offering a safe playing environment for the children in the community to gather, socialize and learn a sport. By maintaining the fields properly other groups can also use our fields for playing and we can continue to help maintain the appearance of the public park. As OSC grows and new players come out, maintaining the fields and park will become even more important as there will be more families from across the state coming to our fields.

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)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project	\$ 10,709.00	\$ 0.00	\$ 10,709.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 10,709.00	\$ 0.00	\$ 10,709.00
% of Program Budget	100.00%	0.00%	100%

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

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

*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
N/A	\$ 0.00	\$ 0.00	\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
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			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

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
N/A	\$ 0.00	N/A
<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: 01/01/~~2021~~²⁰²²

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:

N/A

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.

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:	Jamie L Stewart 	Date:	10/25/2021
Legal Signatory: (please print):	Jamie L Stewart	Title:	Treasurer
Phone:	(502) 593-4086	Extension:	
Email:	msjamie2u@Hotmail.com		



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Okolona Soccer Club

Grantee Representative Name: Jamie L. Stewart, treasurer

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 & Festivals and Other expenses
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?
who, 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.

Jamie L. Stewart
Grantee Representative Signature

10/27/2021
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government

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

DEPARTMENT OF THE TREASURY

Date: JAN 19 2014

OKOLONA SOCCER CLUB INC
C/O ELIZABETH ANN COOKE
5668 W INDIAN TRAIL
LOUISVILLE, KY 40214

Employer Identification Number:
61-1279241
DLN:
17053081334013
Contact Person:
EDWARD S SCHLAACK ID# 31536
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2011
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 letter.

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,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

Okolona Soccer Club
Fall 2021 (August-January)



Income	Proposed Amount	Actual Amount
Registration Fees	\$5500.00	\$6,700.00
Fundraising		
Donations		
Grants		
Sponsorships		
Tournaments		
Income Totals	\$5500.00	\$6,700.00
Expenses	Proposed Amount	Actual Amount
Field Lease	\$600.00	\$1000.00
KYSA affiliation fees	\$500.00	\$1086.00
Referee Fees	\$800.00	\$1220.00
Referee Assignor fees	\$150.00	\$184.00
Uniforms	\$700.00	\$1912.28
Field Maintenance	\$1000.00	
Equipment		\$210.94
General Office Fees		
Advertising	\$200.00	
Interest / Bank Fees	\$15.00	\$30.00
Tournaments		
Business Fees	\$1500.00	\$1,898.76
Misc.		\$130.00
Income Totals	\$5500.00	\$6,700.00
Seasonal Expenses Totals	\$5465.00	\$7,671.98
Account Balance	7/31/2021 - \$12,032.44	1/31/2022 - \$12,568.21

Okolona Soccer Club
McNeely State Park South Soccer Fields
10500 Cedar Creek Rd. Louisville, KY 40228
Okolonasoccerclub.com
501(c)(3) ID # 61-1279241

Okolona Soccer Club Annual Financial Report

<u>Assets</u>	<u>Current Year - 2021</u>	<u>Previous Year - 2020</u>
Registration (Seasonal)	\$5085.00 / \$6640.00	\$4480.00 / \$2270.00
Donations (Seasonal)	\$5,019.73	\$1000.00
Sponsorships (Seasonal)		
Returned Ref fees/Field Rentals/Misc (Seasonal)	\$285.00 / \$60.00	/ \$665
YEARLY TOTAL	\$17,089.73	\$8,415
<hr style="border-top: 1px dashed black;"/>		
<u>Operating Expenses</u>		
Field Lease (Yearly - Spring)	\$1000.00	\$600.00
Website Domain (Yearly)	\$383.76	
Ky Sec of State (Yearly)	\$15.00	\$35.00
Uniforms - (Seasonal)	\$737.15 / \$1912.28	/ \$1206.93
KYSA (Seasonal)	\$494.00 / \$1086.00	/ \$631.00
Referee Fees (Seasonal)	\$805.00 / \$1220.00	/ \$320.00
Referee Assignor Fee (Seasonal)	\$176.00 / \$184.00	
Field Maintenance (Seasonal)	\$1049.14 / \$210.94	
Coaching Supplies (Seasonal)		
Bank Fees (Seasonal)	\$10.50 / \$30.00	
Office Supplies (Seasonal)	\$10.00 /	/ \$248.09
Advertising (Seasonal)	\$1565.00 / \$2154.00	
Misc (Seasonal)		/ \$4750.00
YEARLY TOTAL	\$14,542.77	\$7,791.02
Checking Account balance	As of Dec 31st 2021 - \$12,568.21	As of Dec 31st, 2020 - \$6,723.98
		Club switched banks in March New Treasurer appointed in July Spring season records not complete for 2020



9115 Smyrna Parkway Louisville, KY 40229

Account Statement

800-292-2905 | www.LNFCU.com

Member Number **XXXXXX2110**
Statement For **02/01/2022 - 02/28/2022**
Page **1 of 1**

RETURN SERVICE REQUESTED

552179 24454 1/2 UNQ 03-01-22 CLT
000024453 1



OKOLONA SOCCER CLUB INC
9010 TEAK DR
LOUISVILLE KY 40228-1931

Banking anywhere, anytime! Take advantage of internet and mobile banking, mobile deposit, online loan applications and account opening. These services are secure, convenient and FREE. Visit www.LNFCU.com to learn more.

Your Account Balances as of 02/28		Dividend YTD
2 Basic Business Checking	\$10,917.16	\$0.00
Account Balance Total	\$10,917.16	\$0.00
Total Dividends Paid Year-To-Date		\$0.00

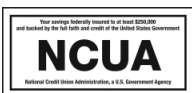
Need a Loan?
Call 800-292-2905 or apply online
www.LNFCU.com

BASIC BUSINESS CHECKING ID 2		Beginning Balance	\$11,101.16
Dividends Paid in 2022 \$0.00		0 Total Deposits for	0.00
		1 Total Withdrawals for	184.00-
		Ending Balance	\$10,917.16

Date	Withdrawal	Deposit	Balance	Transaction Description
02/14	184.00-		\$10,917.16	Check# 1062 Trace# 00000000090117732930

Summary by Check Number						* Asterisk next to number indicates skip in sequence			1 Checks Cleared for \$184.00		
Number	Cleared	Amount	Number	Cleared	Amount	Number	Cleared	Amount			
1062	02/14/22	\$184.00									

Fees Paid						
Description	Current	YTD	Description	Current	YTD	
Acct-2 Total Return Item Fees	\$0.00	\$0.00	Acct-2 Total Overdraft Fees	\$0.00	\$0.00	
Acct-2 Refunded Return Item Fees	\$0.00	\$0.00	Acct-2 Refunded Overdraft Fees	\$0.00	\$0.00	



Thank you for your membership.



HOW TO BALANCE YOUR CHECKING ACCOUNT

IS YOUR CHECK BOOK BALANCE IN AGREEMENT WITH THE BALANCE SHOWN ON THIS STATEMENT? IF NOT, THIS SIMPLE FORM MAY HELP YOU BRING THEM INTO AGREEMENT.

1. ENTER NEW BALANCE AS SHOWN ON THE STATEMENT.	\$
2. DEPOSITS YOU MAY HAVE MADE DURING THE CURRENT PERIOD AND ENTER IN THIS SPACE ANY WHICH HAVE NOT BEEN CREDITED ON THIS STATEMENT.	\$
3. TOTAL OF LINES 1 AND 2.	\$
4. LIST IN 4a BELOW ANY OUTSTANDING ITEMS (CHECKS & DEBIT CARD) YOU HAVE ISSUED WHICH HAVE NOT BEEN LISTED ON THIS STATEMENT AND ENTER THE TOTAL HERE.	\$
5. SUBTRACT LINE 4 FROM LINE 3. THIS SHOULD BE YOUR PRESENT CHECK BOOK BALANCE.	\$

4a.

OUTSTANDING ITEM	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL TO BE ENTERED IN 4 ABOVE	\$

NOTE:

IF YOUR STATEMENT DOES NOT BALANCE, PLEASE CHECK TO BE SURE YOU HAVE ENTERED IN YOUR CHECK BOOK ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF THESE OCCURRED:

1. AUTOMATIC LOAN ADVANCES
2. CREDIT MEMOS
3. DIVIDENDS CREDITED
4. PRE-AUTHORIZED DEPOSITS
5. ATM DEPOSITS

YOU SHOULD HAVE SUBTRACTED IF THESE OCCURRED:

1. AUTOMATIC LOAN PAYMENTS
2. PRE-AUTHORIZED DEDUCTIONS
3. SERVICE CHARGES
4. DEBIT MEMOS
5. ATM WITHDRAWALS
6. DEBIT CARD PURCHASES

In Case of Errors or Questions About Your Electronic Transfer or Statement

Telephone:
(502) 368-5858
(800) 292-2905

Write:
9115 Smyrna Parkway
Louisville, KY 40229

As soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about and explain clearly why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will tell you the results of the investigation within 10 business days after hearing from you and will correct any error promptly. If more time is needed, however, we may take up to 45 days to investigate your complaint or question. If this decision is made, we will re-credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete the investigation. If you have been asked to put your complaint in writing and we do not receive it within 10 business days, the account may not be re-credited.

LOUISVILLE AREA LOCATIONS

CRESTWOOD (Walmart)
 6501 Veterans Memorial Pkwy
 Crestwood, KY 40014

DIXIE
 7412 Dixie Highway
 Louisville, KY 40258

DOWNTOWN
 200 West Chestnut Street
 Louisville, KY 40202

HIKES POINT
 3099 Breckenridge Ln, Ste. 109
 Louisville, KY 40220

JEFFERSONTOWN
 12629 Taylorsville Road
 Louisville, KY 40299

MIDDLETOWN (Walmart)
 12981 Shelbyville Road
 Louisville, KY 40243

MT. WASHINGTON
 129 Davis Drive
 Mt. Washington, KY 40047

OLD BROWNSBORO CROSSING
 9731 Von Allmen Court
 Louisville, KY 40241

SMYRNA
 9201 Smyrna Parkway
 Louisville, KY 40229

SOUTHERN PARKWAY
 4700 Southern Parkway
 Louisville, KY 40214

STONYBROOK
 2601 S. Hurstbourne Pkwy
 Louisville, KY 40220

SOUTHERN INDIANA LOCATIONS

JEFFERSONVILLE
 1450 Veterans Pkwy, Ste. 100
 Jeffersonville, IN 47130

NEW ALBANY
 2865 Charlestown Road
 New Albany, IN 47150

NORTHERN KENTUCKY LOCATIONS

ERLANGER
 822 Donaldson Highway
 Erlanger, KY 41018

FORT WRIGHT (Walmart)
 3450 Valley Plaza Pkwy
 Fort Wright, KY 41017

SOUTHEAST KENTUCKY LOCATIONS

CORBIN
 1843 Cumberland Falls Highway
 Corbin, KY 40701

LONDON DOWNTOWN
 101 Spring Street
 London, KY 40741

LONDON SOUTH
 120 Wendon Way
 London, KY 40741

SOMERSET
 2599 US Hwy 27S Ste. 116
 Somerset, KY 42501

WILLIAMSBURG (Walmart)
 589 Hwy 92 West
 Williamsburg, KY 40769



Confirmation

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

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

- Organization Name: OKOLONA SOCCER CLUB INC
- EIN: 611279241
- Tax Year: 2020
- Tax Year Start Date: 01-01-2020
- Tax Year End Date: 12-31-2020
- Submission ID: 10065520211054524196
- Filing Status Date: 04-15-2021
- Filing Status: Accepted

MANAGE FORM 990-N SUBMISSIONS

293133

RECEIVED & FILED
8.0
Nov 15 11 15 AM '91

ARTICLES OF INCORPORATION
OF
OKOLONA SOCCER CLUB, INC.

BREMER EMBLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
Bremer Embler

The undersigned, acting as the incorporators of a nonstock, nonprofit corporation under Chapter 273 of the Kentucky Revised Statutes, adopts the following Articles of Incorporation for such corporation:

655961

I.

The name of the corporation is Okolona Soccer Club, Inc.

II.

The period of its duration is perpetual.

III.

The exclusive purpose for which the corporation is organized is to engage in any lawful activity which may be carried on by a corporation organized under Chapter 273 of the Kentucky Revised Statutes, but only to the extent permitted under Code Section 501 (C)(3) of the Internal Revenue Code of 1986.

IV.

In the event of the dissolution of the corporation or the winding up of its affairs, or other liquidation or conveyance of its assets, the corporation's property shall not be conveyed to any organization created or operated for profit or to any individual for less than the fair market value of such property, and all assets remaining after payment of the corporation's debts shall be conveyed or distributed only to another nonprofit corporation which is organized for educational, charitable or other similar purpose and is

at that time exempt under Section 501 (c)(3) of the Internal Revenue Code.

V.

The members of the corporation shall have the maximum voting and other rights, authority, powers and privileges afforded members under the laws of the State of Kentucky. Nothing now or hereafter contained in these Articles of Incorporation or in the bylaws of the corporation shall, or shall be deemed to, limit or restrict any such maximum rights, authority, powers and privileges, or to elect or adopt any alternative means of exercising any right, authority, power, or privilege that constitutes or would constitute a limitation, restriction or revocation of any right, authority, power, or privilege to which the members would be entitled absent such election or adoption.

VI.

The corporation does not have the authority to issue capital stock.

VII.

The directors of the corporation who succeed the initial board of directors shall be selected by the members of the corporation and shall serve until their successors are selected by said members. Said directors shall serve without compensation.

The number of directors constituting the initial board of directors is three, and names and addresses of the persons who are to serve as directors until the first annual meeting of the corporation or until their successors are elected and shall qualify are:

1. Everett Polley

10809 Oreland Mill Road
Louisville, Kentucky 40229

293133

RECEIVED & FILED
J. O.
Nov 15 11 15 AM '91

ARTICLES OF INCORPORATION
OF
OKOLONA SOCCER CLUB, INC.

BREMER EWEILER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
[Signature]

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V.

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The number of directors constituting the initial board of directors is three, and names and addresses of the persons who are to serve as directors until the first annual meeting of the corporation or until their successors are elected and shall qualify are:

1. Everett Polley

10809 Oreland Mill Road
Louisville, Kentucky 40229

2. Diane Polley

9218 Fairground Road
Louisville, Kentucky 40291

3. Dorothy Browning

4104 Glen Valley Road
Louisville, Kentucky 40219

VIII.

Bylaws of the corporation may be adopted by the directors at any regular meeting or any special meeting called for that purpose, so long as they are not inconsistent with the provisions of these Articles of Incorporation.

IX.

The officers of the corporation, as provided by the bylaws of the corporation, shall be elected by the directors of the corporation in the manner therein set out and shall serve until their successors are elected and have qualified. The directors shall elect the officers of the corporation at the annual meeting for terms of one (1) year.

X.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to, its members, directors, officers, or other private persons.

No part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distributions or statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these Articles of Incorporation, the corporation shall not carry on any other activities not permitted to be carried on by a corporation

exempt from federal income tax under 501 (c)(3) of the Code.

XI.

The address of the corporation's registered office is 7915 Preston Highway, Louisville, Kentucky 40219, and the name of the corporation's registered agent at such address is Everett Polley. The address of the corporation's principal office is 7915 Preston Highway, Louisville, Kentucky 40219.

XII.

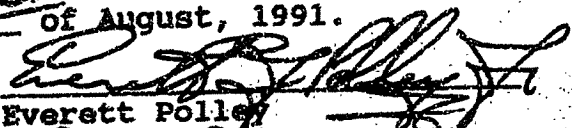
The names and addresses of the incorporators are :

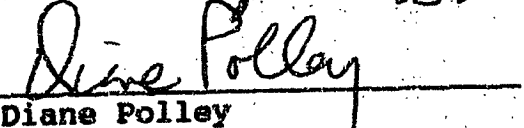
Everett Polley
10809 Oreland Mill Road
Louisville, Kentucky 40229


Diane Polley
9216 Fairground Road
Louisville, Kentucky 40291

Dorothy Browning
4104 Glen Valley Road
Louisville, Kentucky 40219

IN WITNESS WHEREOF, the undersigned incorporate and execute these Articles of Incorporation this 31st of August, 1991.


Everett Polley


Diane Polley


Dorothy Browning

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

I, Mary P. Ballard a Notary Public, do hereby certify that on this 31st day of August, 1991, personally appeared before me, Everett Polley, who being by me first duly sworn, declared that he is the person who signed the foregoing document as incorporator, and that the statements therein contained are true.

My commission expires: My Commission Expires August 13, 1992

Mary P. Ballod
Notary Public

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

I, Mary P. Ballod a Notary Public, do hereby certify that on this 31st day of August, 1991, personally appeared before me, Diane Polley, who being by me first duly sworn, declared that he is the person who signed the foregoing document as incorporator, and that the statements therein contained are true.

My commission expires: My Commission Expires August 13, 1992

Mary P. Ballod
Notary Public

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

I, Mary P. Ballod a Notary Public, do hereby certify that on this 31st day of August, 1991, personally appeared before me, Dorothy Browning, who being by me first duly sworn, declared that he is the person who signed the foregoing document as incorporator, and that the statements therein contained are true.

My commission expires: My Commission Expires August 13, 1992

Mary P. Ballod
Notary Public

THIS INSTRUMENT PREPARED BY:

BAKER AND SCROGHAN

BY: Kenneth H. Baker

Kenneth H. Baker
816 Kentucky Home Life Bldg.
Louisville, Kentucky 40202
(502) 583-7669

Baker & Scrogan

Attorneys at Law

816 Kentucky Home Life Building
Louisville, Kentucky 40202

Kenneth H. Baker
James S. Scrogan

Margaret F. Tinsel

Telephone
(502) 583-7669
Fax (502) 583-7720

October 29, 1991

Secretary of State
Commonwealth of Kentucky
Capitol Building
Frankfort, Kentucky 40601

In Re: Articles of Incorporation of
Okolona Soccer Club, Inc.

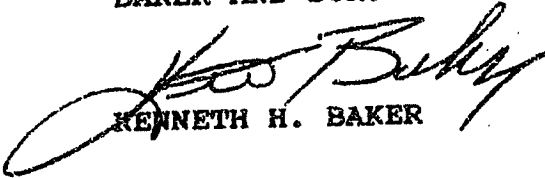
Dear Sir or Madam:

Please now find enclosed, three originals of the Articles of Incorporation of Okolona Soccer Club, Inc. You will also find enclosed a check in the amount of \$8.00 representing the filing fee of the above styled non-profit corporation.

If anything further is needed or required, please do not hesitate to contact our Office.

Very truly yours,

BAKER AND SCROGHAN


KENNETH H. BAKER

KHB/pk

RECEIVED
NOV 14 1991
SECRETARY OF STATE
COMMONWEALTH OF KY



LOUISVILLE METRO REVENUE COMMISSION

PO Box 35410 • Louisville, KY 40232-5410

Telephone: 502-574-4860

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

617 W. Jefferson Street
Louisville, KY 40202
TDD: 502-574-4811

Apr 30, 2009

OKOLONA SOCCER CLUB INC
C/O ELIZABETH COOKE
5668 W INDIAN TRL
LOUISVILLE KY 40214-5602

Account Number: 136965

CERTIFICATE OF REGISTRATION

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

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

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

To assist you, please obtain our Guide for New Businesses at www.metrorevenue.org, under "Starting a New Business?" If you have any questions, please contact Taxpayer Services at 502-574-4860.

Louisville Metro Revenue Commission

For Credit Card or E-Check Payments: 1-800-272-9829 or www.metrorevenue.org (Use Jurisdiction Code 2702)
REGREGMAIL1, 4785543, 4/30/2009

DATE
3/04/22
TIME
8:57:50
SALESMAN
016/016
STORE
1

Terminal 21

The Mower Shop

Quality Outdoor Power Equipment Since 1965

7400 Preston Highway
Louisville, Kentucky 40219
502 969 6433

QUOTE
1008080
P/O NUMBER
WORK ORDER
PAGE
1 of 1

(502) 432-7615

BILL TO ACCOUNT: 4327615
OKOLONA SOCCER CLUB
CEDAR CREEK RD.
LOUISVILLE, KY 40219

(502) 432-7615

SHIP TO ACCOUNT: 4327615
OKOLONA SOCCER CLUB
CEDAR CREEK RD.
LOUISVILLE, KY 40219

THANK YOU! We Appreciate Your Business.
Remember We Service What We Sell.
Check Us Out Online At themowershoponline.com

SHIPPED VIA: CUSTOMER PICKUP

ORD	SHIP	B/O	LINE	PART NUMBER	DESCRIPTION	LIST	NET	AMOUNT
1	1			EXWLZE801CKA604A1 SN-001 EMAIL JASONGERKINS TWC.COM	LAZER E 60 KAW 1.	13985.99	10709.00	10709.00

QUOTE ONLY

Signature _____

SUB TOTAL ----> 10709.00
MISC. -----> 0.00
LABOR -----> 0.00
TAX 6.000 ----> 0.00
QUOTE TOTAL----> 10709.00

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Okolona Soccer Club Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input checked="" type="checkbox"/> Other (see instructions) ▶ non-profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check 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.	
Exempt payee code (if any) <u> 1 </u>	
Exemption from FATCA reporting code (if any) <u> A </u>	
(Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. 7418 Nottoway Circle	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40214	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
6	1	-	1	2	7	9	2	4	1

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u> 3/7/2022 </u>
------------------	----------------------------	----------------------------

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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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



Kentucky Secretary of State Michael G. Adams

OKOLONA SOCCER CLUB, INC.

[File Annual Report](#)[File Certificate of Assumed Name \(DBA\)](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Subscribe to changes made to this entity](#)[Certificates](#)

General Information

Organization Number	0293133
Name	OKOLONA SOCCER CLUB, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	11/15/1991
Organization Date	11/15/1991
Last Annual Report	3/8/2022
Principal Office	PATRICK KASTELHUN, PRESIDENT 7418 NOTTOWAY CIRCLE LOUISVILLE, KY 40214
Registered Agent	DONNA KASTELHUN 7418 NOTTOWAY CIRCLE LOUISVILLE, KY 40214

Current Officers

President	Patrick J Kastelhun
Vice President	Brian M Stewart
Secretary	Donna Kastelhun
Treasurer	Jamie L Stewart

Director	Donna Kastelhun (Sec)
Director	Patrick J Kastelhun (pres)
Director	Brian Stewart (vice-pres)
Director	Jamie Stewart (sec)
Director	Katie Anderson (registar)
Director	Kim Vickers (Purchaser)

Individuals / Entities listed at time Of formation

Director	EVERETT POLLEY
Director	DIANE POLLEY
Director	DOROTHY BROWNING
Incorporator	EVERETT POLLEY
Incorporator	DIANE POLLEY
Incorporator	DOROTHY BROWNING

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	3/8/2022	1 page	PDF	
Annual Report	2/19/2021	1 page	PDF	
Registered Agent name/address change	7/29/2020 3:47:59 PM	1 page	PDF	
Principal Office Address Change	7/29/2020 3:40:17 PM	1 page	PDF	
Annual Report Amendment	7/29/2020	1 page	PDF	
Registered Agent name/address change	3/2/2020 9:55:11 AM	1 page	PDF	
Principal Office Address Change	3/2/2020 9:51:05 AM	1 page	PDF	
Annual Report	3/2/2020	1 page	PDF	
Annual Report Amendment	3/2/2020	1 page	PDF	
Registered Agent name/address change	5/28/2019 6:10:13 PM	1 page	PDF	
Principal Office Address Change	5/28/2019 6:06:27 PM	1 page	PDF	
Annual Report	5/28/2019	1 page	PDF	
Registered Agent name/address change	6/11/2018 6:40:55 PM	1 page	PDF	
Principal Office Address Change	6/11/2018 6:35:03 PM	1 page	PDF	
Annual Report	6/11/2018	1 page	PDF	
Annual Report	7/13/2017	1 page	PDF	
Annual Report	5/14/2016	1 page	PDF	
Annual Report	4/19/2015	1 page	PDF	
Annual Report	4/9/2014	1 page	PDF	
Annual Report	5/12/2013	1 page	PDF	
Annual Report	6/17/2012	1 page	PDF	
Annual Report	5/29/2011	1 page	PDF	
Annual Report	5/26/2010	1 page	PDF	
Annual Report	5/10/2009	1 page	PDF	
Annual Report	3/4/2008	1 page	PDF	
Annual Report	6/26/2007	1 page	PDF	
Reinstatement	3/21/2007	3 pages	tiff	PDF
Statement of Change	3/21/2007	1 page	tiff	PDF