

Received 5-19-14 @

11:28 am
[Signature]

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

Applicant/Program: Fairdale Lions Club, Inc. – 2014 Scholarship Program

Executive Summary of Request:

Fairdale Lions Club will offer scholarships to qualified JCPS students to help college expenses. Students are selected on scholastic achievements, attendance, community service and involvement – to help further their educational goals.

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.

13 District # Vicki Aubrey Welch Primary Sponsor Signature \$ 3,000 Amount 5-19-14 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.

*Councilwoman, Vickie Welch, is a member of the Fairdale Lions Club.
Gene Tristram*

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 5-19-14 TIME 11:34 am



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) Fairdale Lions Club, Inc.</i>			
Main Office Street & Mailing Address: <i>10101 Mitchell Hill Rd, Fairdale, Ky 40118</i>			
Website: <i>N/A</i>			
Applicant Contact:	<i>Pamela E Shofner</i>	Title:	<i>President</i>
Phone:	<i>502-387-4375</i>	Email:	<i>PShofner@twc.com</i>
Financial Contact:	<i>Brenda Powell</i>	Title:	<i>Treasurer</i>
Phone:	<i>502-955-8238</i>	Email:	<i>BPowell30@aol.com</i>
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	<i>10101 Mitchell Hill Road, Fairdale, KY</i>		
Council District(s):	<i>13</i>	Zip Code(s):	<i>40118</i>
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <i>2014 Scholarships</i>			
Total Request: (\$)	<i>3,000</i>	Total Metro Award (this program) in previous year: (\$)	<i>3,000</i>
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 type="checkbox"/> Current financial statement <i>N/A</i> <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense <i>N/A</i>		<input type="checkbox"/> Signed lease if rent costs are being requested <i>N/A</i> <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <i>N/A</i> <input type="checkbox"/> Annual audit (if required by organization) <i>N/A</i> <input type="checkbox"/> Faith Based Organization Certification Form, if required <i>N/A</i> <input type="checkbox"/> Staff including the 3 highest paid staff <i>N/A</i> <div style="text-align: center;"><i>(NO PAID STAFF)</i></div>	
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:	<i>Louisville Metro Gov</i>	Amount: (\$)	<i>3,000 (for 2013)</i>
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

** Councilwoman, Vicki Welch is a member of the Fairdale Lions Club.*

PS
 Applicant's Initials _____



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Lion's Club is dedicated to services for the blind and visually impaired. We support the world's eye banks, clinics, hospitals and eye research centers. We also provide charitable services in the community such as food baskets, scholarships, quality eye care, eye glasses, braille writers, guide dogs, glaucoma screening and other community oriented events for education and socialization.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

Services for direct benefit to the community for qualified individuals. Scholarships will be awarded, typically, in May and the actual payment to the colleges typically occurs in August or September.

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

We will be awarding \$3,000 worth of scholarships to qualified JCPS students to be used for their college costs. Individuals will qualify based on their scholastic achievements, attendance, community service, etc. to help further their education.



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:

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:

We request each recipient of our scholarships to keep us informed of their progress as they continue through college. However, if they choose not to communicate their progress we have no way to monitor them.

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 are affiliated with several local community organizations such as Fairdale Community Club, Fairdale Ministries, etc. We are also part of the International Lions Club organization.

These organizations primarily provide us with volunteers for our various community events and support.



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	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Small Equipment	0	0	0
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	3,000	2,500	5,500
% of Program Budget	54.54 %	45.46 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants	0
Other (please specify)	2,500 (Club's Donation)
Total Revenue for Columns 2 Expenses **	2,500

*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 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
Scholarships	N/A	N/A
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

*** 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:

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 6 – 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.

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:	<i>Pam Shofner</i>	Date:	4/21/14
Legal Signatory: (please print):	Pam Shofner	Title:	Pres.
Phone:	502-387-4375	Extension:	W/A
Email:	PShofner@TWC.com		

2012-2013
Operating Budget
Fairdale Lions Club

Pg 10 of 3

A. Personnel Costs (NO PAID Personnel or STAFF, All Volunteer)

B. Rent/Utilities

- GAS + Elect	\$ 3,516.05
- WATER + Sewers	1,215.87
- Garbage	540.-
- Cable	838.58
- P.O. Box Rental	44.-
	<hr/>
	\$ 6,154.50

C. OFFICE Supplies

- P.O. STAMPS	\$ 55.00
- Misc OFF Supplies	203.80
- New checks/Ledger ordered	125.52
- Copier INS	231.25
	<hr/>
	\$ 615.57

D. Telephone \$ 783.14

E. IN-TOWN TRAVEL (Volunteers pay own Expenses) \$ 0

F. Client Assistance

- Eyeglasses we purchase for needy	\$ 675.10
- Scholarships to individual students	5,500.-
- Boys surgery - contributed toward young boy	500.-
- Flower - Sick/Funeral	54.99
	<hr/>
	\$ 6,730.09

G. Professional Srv Contracts

(included in copier INS, See C.) 0

2012 - 2013
Operating Budget
Fairdale Lions Club

(cont.)

Pg 2 of 2

- H. Program Materials (N/A) \$ 0
- I. Com Events + Festivals \$ 10,351.70
(see "Fund Raisers Expenses")
- J. Small Equipment
- Lawn Mower \$ 400.00
 - Hall Equipment \$ 600.00
 - Kitchen Equipment 1,125.54
-
- \$ 2,125.54
- K. Capital Equipment \$ 0
(No Capital Equipment was purchased)
- L. Other Expenses \$ 11,136.59
(see detailed list "Club Ongoing Expenses"
designated with an "o" beside the
figure or description).

Officers of Fairdale Lions Club, Inc.

2013 – 2014

<u>Officer</u>	<u>Member Name</u>	<u>Length of Office</u>
President	Pam Shofner	1 year
Secretary	Bob Warren	1 year
Treasurer	Brenda Powell	1 year
1 st Vice President	Scott Skinner	1 year
2 nd Vice President	Billy Simpson	1 year
3 rd Vice President	Sue Collins	1 year
Lion Tamer	Beth Henson	1 year
Tail Twister	Brenda Simpson	1 year
3 rd Year Director	Pat Warren	1 year
2 nd Year Director	Mike Thompson	1 year
1 st Year Director	Juanita Giltner	1 year
Membership Chair	Bill Neagle	1 year
Co-Membership Chair	David Henson	1 year
Past President	Sue Collins	1 year

* All Volunteer. No PAID STAFF.

FAIRDALE LIONS CLUB, INC.**General Information**

Organization Number	0181426
Name	FAIRDALE LIONS CLUB, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/8/1983
Organization Date	9/8/1983
Last Annual Report	2/27/2014
Principal Office	P O BOX 528 FAIRDALE, KY 40118
Registered Agent	ROBERT M. KAERCHER 1410 KENTUCKY HOME LIFE BLDG. LOUISVILLE, KY 40202

Current Officers

President	<u>KATHY NEAGIE</u>
Vice President	<u>PAM SHOFNER</u>
Secretary	<u>Robert Warren</u>
Treasurer	<u>Brenda Powell</u>
Director	<u>Pat Warren</u>
Director	<u>DUANE HENSON</u>
Director	<u>ANNA DANIELS</u>
Director	<u>BILLY SIMPSON</u>

Individuals / Entities listed at time of formation

Director	<u>GARY PARKS</u>
Director	<u>CHARLES TERRY</u>
Director	<u>EDWARD LIMBER</u>
Director	<u>DANNY S. JONES</u>
Incorporator	<u>GARY PARKS</u>
Incorporator	<u>CHARLES TERRY</u>
Incorporator	<u>EDWARD LIME</u>
Incorporator	<u>DANNY S. JONES</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.

<u>Annual Report</u>	2/27/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/28/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	2/17/2012	1 page	<u>tiff</u>	<u>PDF</u>

**Exempt Organizations Select Check**[Exempt Organizations Select Check Home](#)**990-N (e-Postcard) filer Information****Tax Period:**

2012 (07/01/2012 - 06/30/2013)

Employer Identification Number (EIN):

31-1085097

Legal Name:

INTERNATIONAL ASSOCIATION OF LIONS CLUBS

Mailing Address:PO Box 528
Fairdale, KY 40118
United States**Doing Business As:****Gross receipts not greater than:**
\$50,000**Organization has terminated:**

No

Principal Officer's Name and Address:Pamela Shofner
8900 Brown Austin Rd
Fairdale, KY 40118
United States**Website URL:****Related 990-N (ePostcard) Filings:**

If the organization has filed additional Forms 990-N (e-Postcards), link(s) to additional e-Postcard filings are displayed below. Click on the link(s) to see the information included in those filing(s).

[Tax Year 2011](#)[Return to Search Results](#) [Return to Search Page](#)

Information copy. Do not send to IRS.

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard) for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-
2085

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning 7/1/2012, and ending 6/30/2013.

B Check if applicable

Terminated, Out of
Business

Gross receipts are normally
\$50,000 or less

C Name of organization: INTERNATIONAL ASSOCIATION OF LIONS
CLUBS

d/b/a:

PO Box 528
Fairdale, KY, US, 40118

D Employer
Identification
Number

31-1085097

E Website:

F Name of Principal Officer: Pamela Shofner

8900 Brown Austin Rd
Fairdale, KY, US, 40118

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

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

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

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

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

ARTICLES OF INCORPORATION
OF
FAIRDALE LIONS CLUB, INC.

SEP X8 1983

James J. Hill
SECRETARY OF STATE

KNOW ALL MEN BY THESE PRESENTS THAT:

The undersigned, GARY PARKS, CHARLES TERRY, EDWARD LIMER, and DANNY S. JONES, do hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky.

ARTICLE I

The name of the corporation shall be:

"FAIRDALE LIONS CLUB, INC."

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The purpose of the corporation shall be to promote, sustain, aid, and assist civic and charitable activities in the Fairdale Community, and to do any and all lawful business for which corporations may be incorporated under KRS 273.

ARTICLE IV

The address of the registered office shall be 715 Marion E. Taylor Building, Louisville, Kentucky 40202; and the resident agent will be ROBERT M. KAERCHER, at such address.

ARTICLE V

The initial Board of Directors of the corporation shall consist of four (4) directors; and the directors who are to serve until the ifrst annual meeting of the members of the corporation, or until their successors are elected and qualified are:

- GARY PARKS, 7408 King Williams Ct., Louisville, KY 40214
- CHARLES TERRY, 608 Kirsch Way, Fairdale, Kentucky 40118
- EDWARD LIMER, 8407 Fox Ridge Court, Louisville, KY 40272
- DANNY S. JONES, 11202 Holsclaw Hill Rd., Fairdale, KY 40118

The number of directors thereafter shall be as the By-Laws of the

corporation may, from time to time, provide.

ARTICLE VI

The names and addresses of the incorporates are:

GARY PARKS,	7408 King Williams Ct., Louisville, KY 40214
CHARLES TERRY,	608 Kirsch Way, Fairdale, Kentucky 40118
EDWARD LIMER,	8407 Fox Ridge Court, Louisville, KY 40272
DANNY S. JONES,	11202 Holsclaw Hill Rd., Fairdale, KY 40118

ARTICLE VII

Under the name of the corporation it may adopt a corporate seal, and it has the power to contract and be contracted with, to sue and be sued, and it may receive, accept, purchase or acquire and hold in any other lawful manner, real and personal property, and it may dispose of same by gift, deed, or in any other lawful manner, for the benefit of the corporation, its members, associates, or any other cause or causes or a civic, educational or charitable nature.

ARTICLE VIII

The corporation is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member or director. The balance, if any, of all money received by the corporation from its operations after the payment in full of all debts and obligations of the corporation, of whatsoever kind and nature, shall be used and distributed exclusively for charitable, civic and educational purposes.

ARTICLE IX

The corporation formed hereby shall have no capital stock, and shall be composed of members rather than shareholders.

ARTICLE X

Members, Directors, and Officers of the corporation shall

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, FRANCES JONES MILLS, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of

FAIRDALE LIONS CLUB, INC.

The name and address of the registered agent of this corporation is

ROBERT M. KAERCHER

NAME

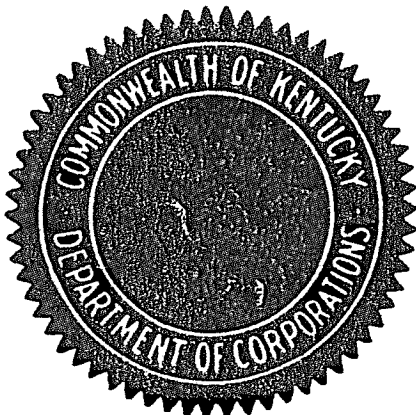
715 MARION E. TAYLOR BUIDLING

STREET ADDRESS

LOUISVILLE, KENTUCKY 40202

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, FRANCES JONES MILLS, Secretary of State, issue this Certificate of Incorporation.



Issued this 8TH day of SEPTEMBER, 19 83

at Frankfort, Kentucky.

Frances Jones Mills

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE



181426
BOOK 415 PAGE 109

OFFICE OF THE SECRETARY OF STATE
BREMER EHRLER, SECRETARY OF STATE
STATEMENT OF CHANGE
OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH

Pursuant to the provisions of Kentucky Revised Statutes Chapters 271B or 273, the undersigned corporation organized in the state of KENTUCKY submits the following statement for the purpose of changing its registered office or registered agent or both in the Commonwealth of Kentucky:

OCT 24 1990

The name of the corporation FAIRDALE LIONS CLUB, INC.

Street address of its present registered office 715 MARION E. TAYLOR BUILDING

Street address of registered office is hereby changed to 1410 KENTUCKY HOME LIFE BUILDING, LOUISVILLE, KENTUCKY 40202

Name of present registered agent ROBERT M. KAERCHER

Name of registered agent is hereby changed to N/A

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Dated 10-17, 1990

FAIRDALE LIONS CLUB, INC.
Name of Corporation

CONSENT OF NEW AGENT

I consent to serve as new registered agent for this corporation.

By Russell V. Conley
Signature of Officer

Signature of New Agent

PRESIDENT
Title of Officer

RECEIVED & FILED
OCT 31 PM 3:04
LONGED BY
A/03825

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) Fairdale Lions Club, Inc.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	
Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 10101 Mitchell Hill Road	
City, state, and ZIP code Fairdale, KY 40118	
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 the "Name" line 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.

Social security number								

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

Employer identification number								
3	1	-	1	0	8	5	0	9

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>4/21/14</u>
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

Internal Revenue Code
Section 501(c)(4)

Accounting Period Ending:

June 30

Form 990 Required: Yes No

Person to Contact:

Marilyn Miller

Contact Telephone Number:

513-684-3578

Case No.

31401904480

Peirsdale Lions Club, Inc.
715 Marion E. Taylor Bldg.
Louisville, KY 40202

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under the provisions of the Internal Revenue Code section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$200 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$20 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about exempt, employment or other Federal taxes, please address them to this office.

If your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

The block checked at the top of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If the Yes box is checked, you are only required to file Form 990 if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law provides for a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay. This penalty may also be charged if a return is not complete. So, please make sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Internal Revenue

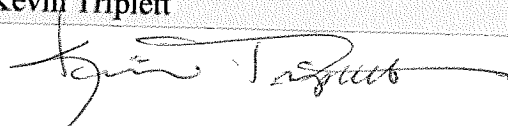
(over)

P.O. Box 2688, Cincinnati, Ohio 45201
ns

Letter 948(DO) (3-79)

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Fairdale Lions Club, Inc.		
Program Name: 2014 Scholarship Program	Request Amount: \$3,000	
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes/No/NA
Request form: Is the funding proposed less than or equal to the request amount?		NA
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Less
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?		Yes
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?		Yes
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?		NA
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: Kevin Triplett		Date: 5/19/2014





Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Fairdale Lions Club

Participant Name: PAM SHOEFNER

I agree that I am an authorized signatory of the organization named above and attest to having participated in reviewing the PowerPoint and the NDF financial reporting examples. In addition, I understand the requirements of the Neighborhood Development Fund grant process and the financial reporting documentation guidelines.

Pam Shoefner
Participant Signature

5/19/2014
Date