

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

Applicant/Program: Oakdale Neighborhood Association

Executive Summary of Request:

The association is requesting funding for a community outreach program-Holiday in Oakdale.

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

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

<u>15</u>		<u>\$950.00</u>	<u>8/18/16</u>
District #	Council Member 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:

_____ Date

Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Oakdale Neighborhood Association

Program Name and Request Amount: Holidays in Oakdale

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity/Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>S. Hughes</i>	Date: 8/18/16



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization:					
(as listed on: http://www.sos.ky.gov/business/records) <i>Oakdale Neighborhood Association</i>					
Main Office Street & Mailing Address: C/O 1106 Camden Ave. Louisville, KY 40215					
Website:					
Applicant Contact:	Barbara Devereaux	Title:	President		
Phone:	502-384-5831	Email:	barbara.devereaux@outlook.com		
Financial Contact:	Same as above	Title:			
Phone:		Email:			
Organization's Representative who attended NDF Training: Barbara Devereaux, President					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
Program Facility Location(s):	Semple Elementary, 724 Denmark St., Lou. KY 40215				
Council District(s):	District 15	Zip Code(s):	40215		
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION					
PROGRAM/PROJECT NAME: Holidays In Oakdale -- Community Outreach Program					
Total Request: (\$)	\$950	Total Metro Award (this program) in previous year: (\$)	\$950		
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:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff </td> </tr> </table>				<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense	<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff
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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:	FY2015-16 for ALL programs	Amount: (\$)	\$1,450.00* (see attached sheet)		
Source:		Amount: (\$)			
Source:		Amount: (\$)			
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Oakdale Neighborhood is made up of approximately 2000 residences within the boundaries of 3rd St. on the East, Taylor Blvd. on the West, The Watterson Expressway on the South, and Churchill Downs on the North. Our neighborhood is very diverse racially, ethnically and in lifestyle choices; there are residents of all ages. It is an area with quite a bit of poverty and the social ills that accompanies it. Our mission is to improve the quality of life of our residents, by building a sense of community, watching out for one another, and promoting safety. We hold monthly association meetings at the Salvation Army Center located in Wyandotte park. Our meetings are open to all who are interested in attending. Our dues are \$10 per year. We work closely with the LMPD 4th Division to promote safety and reduce crime. We have block watch meetings and walk the neighborhood with police officers. We participate in South Louisville events and collaborate with other South Louisville neighborhoods to work on common problems. Our two biggest events of the year are our Annual Holidays In Oakdale and National Night Out. Our holiday party provides a hot turkey dinner in a festive atmosphere for families in the area. Police officers work with us to gather toys and distribute them to children who attend. Last year we served over 150 dinners. The 4th Division National Night Out held within Oakdale is the 4th largest in the nation. The Oakdale Neighborhood Association (ONA) is dedicated to continuing to build a sense of community and improve the quality of life here.



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.):

December 2016 (date to be announced) Holiday Party that attracts the neediest of our community -- funding to provide a hot dinner for approximately 150 - 200 people and supplies for serving (paper products and disposable cooking supplies)

at the party we serve a Holiday Dinner that includes:

*Turkey
Mashed Potatoes
Green Beans
Dessert
Cranberries
Rolls
Drinks
Dessert*

*Needed supplies to prepare
Aluminum Plates
Foil
Butter
Milk
paper plates + utensils
seasoning packets
Salt + Pepper*

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
December 2016 (date to be announced) Holiday Party that attracts the neediest of our community -- funding to provide a hot dinner for approximately 150 - 200 people and supplies for serving (paper products and disposable cooking supplies)



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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:
The benefits of Oakdale Holiday Party are to build a sense of community among the residents of the neighborhood to enhance cooperation, collaborative action when needed, safety, and quality of life. This small neighborhood reaches many in need. We have a wonderful collaboration with the LMPD 4th Division to serve the children and adults of this community. LMPD therefore works on relationships with residents, especially building positive relationships with children.

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 have a wonderful collaboration with the LMPD 4th Division to serve the children and adults of this community. Community businesses, including Churchill Downs (with whom we have a long-standing relationship) provide donations so that toys can be purchased for all children attending. We will be collaborating with Semple Elementary to hold the event at their facility. LMPD volunteers provide helping hands for set up, serving and clean-up.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	\$950	\$2,000.	\$3,150
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	\$950	\$2,000.	\$3,150.
% of Program Budget	%	%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$2,000.
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

**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).

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Rows include Volunteers (\$2,000, \$10/hr.), Local Business Donors (\$2,000, actual contributions), Facility Use (\$800, use of large facility with kitchen for 12 hours), and Total Value of In-Kind (\$4,800).

* 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: Jan. 1, 2016 - Dec. 31, 2016

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 [checked] 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>Barbara Devereaux</i>	Date:	<i>8-16-2016</i>
Legal Signatory: (please print):	<i>Barbara Devereaux</i>	Title:	<i>President</i>
Phone:	<i>502-384-5831</i>	Extension:	
		Email:	<i>barbara.devereaux@outlook.com</i>

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY

DEC 14 1984

ARTICLES OF INCORPORATION

SECRETARY OF STATE

RECEIVED

DEC 14 1984

Commonwealth of Kentucky

Printed
The OAKDALE NEIGHBORHOOD ASSOCIATION, INC. has formed as a perpetual organization to operate, on a volunteer basis, a non-stock, non-profit neighborhood corporation for the Oakdale neighborhood. To serve as a liaison for government offices and agencies; to help inform members/neighbors of available government aid and activities; to help inform members/neighbors of their civic responsibilities; to lend help charitably, when possible, for the good of the Oakdale neighbors. This organization will not be affiliated with any political or religious group.

374669

We are hereby organized with Mr. Vince Barclay as our registered agent with our office at his home, 905 Camden Avenue, Louisville, Kentucky 40215.

The Initial Board of Directors for the OAKDALE NEIGHBORHOOD ASSOCIATION, INC. are nine (9) in number:

- Berry Cunningham (president) 830 Beecher Ave., Louisville, KY 40215
- Richard Hutchins (vice-president) 842 Camden Ave., Louisville, KY 40215
- Mary H. Trubue (secretary) 710 Whitney Ave., Louisville, KY 40215
- Vincent W. Barclay (treasurer) 905 Camden Ave., Louisville, KY 40215
- Warren Bishop (director) 3709 S. 4th St., Louisville, KY 40214
- Charles Earl (director) 717 N. Evelyn Ave., Louisville, KY 40215
- Harvey Dick (director) 4434 S. 6th St., Louisville, KY 40214
- John A. Wilson (director) 538 Camden Ave., Louisville, KY 40215
- Marilyn Rutledge (director) 4016 Southern Parkway, Louisville, KY 40224

The OAKDALE NEIGHBORHOOD ASSOCIATION, INC. is incorporated by

[Signatures]

SECRETARY OF STATE

RECEIVED


DEC 7 1984

Commonwealth of Kentucky

and I, *[Signature]*, Secretary of State, do hereby certify that the foregoing instrument was filed for record on *Dec 14 1984* by Mr. Vince Barclay, registered agent of the OAKDALE NEIGHBORHOOD ASSOCIATION, INC.

[Signatures]

BW

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248558237
May 01, 2009 LTR 4168C E0
[REDACTED] 000000 00 000
00015818
BODC: TE

OAKDALE NEIGHBORHOOD ASSOCIATION
729 W WHITNEY AVE
LOUISVILLE KY 40215

Employer Identification Number: [REDACTED]
Person to Contact: Mr. Kammerer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 22, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1985, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(4) of the Internal Revenue Code.

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

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

Sincerely yours,

Michele M. Sullivan

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

BD

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) Oakdale Neighborhood Association	
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 type="checkbox"/> Other (see instructions) ▶	
<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) PO BOX 21833	Requester's name and address (optional)
City, state, and ZIP code Louisville KY 40221	
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 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										

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).

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

Sign Here

Signature of U.S. person ▶ *Barbara Diverney*

Date ▶ *8-12-2016*

General Instructions

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

Purpose of Form

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

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

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.

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

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

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

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

BD

196391

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

DREXELL R. DAVIS
Secretary



FRANKFORT,
KENTUCKY

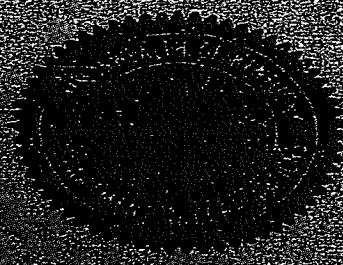
CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **DREXELL R. DAVIS**, Secretary of State of the Commonwealth of Kentucky, certify that there has been delivered to my office articles of incorporation of

DAYDALE NEIGHBORHOOD ASSOCIATION, INC.
The name and address of the registered agent of this corporation is

Vince Rowley
205 Caden Avenue
Louisville, Ky

NOW THEREFORE finding that these articles of incorporation conform to law and that all fees therefor have been paid as prescribed by law, I, **DREXELL R. DAVIS**, Secretary of State, issue this Certificate of Incorporation.



Issued this 14th day of December, 1966
at Frankfort, Kentucky.

Drexell Davis
SECRETARY OF STATE

BP

OAKDALE NEIGHBORHOOD ASSOCIATION, INC.**General Information**

Organization Number	0196391
Name	OAKDALE NEIGHBORHOOD ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	12/14/1984
Organization Date	12/14/1984
Last Annual Report	3/8/2016
Principal Office	1106 CAMDEN AVENUE LOUISVILLE, KY 40215
Registered Agent	BARBARA DEVEREAUX 1106 CAMDEN AVENUE LOUISVILLE, KY 40215

Current Officers

President	<u>BARBARA DEVEREAUX</u>
Vice President	<u>George Manley</u>
Secretary	<u>CATHERINE BROWN</u>
Treasurer	<u>KEVIN BREWER</u>
Director	<u>MARY JANE SERMORSHEIM</u>
Director	<u>JANE BLASI</u>
Director	<u>Francis Burk</u>

Individuals / Entities listed at time of formation

Director	<u>BARBARA BISHOP</u>
Director	<u>STEVEN PAUL</u>
Director	<u>NANCY BACH</u>
Director	<u>LESTER MORRISON</u>
Director	<u>WILLIAM MCCUTCHEN</u>
Incorporator	<u>TERRY CURTSINGER</u>
Incorporator	<u>RICHARD HUTCHENS</u>
Incorporator	<u>VINCE BARCLAY</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>	3/8/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/11/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/5/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/1/2013	1 page	<u>PDF</u>	

Annual Report	6/8/2012	1 page	PDF	
Registered Agent name/address change	4/17/2011 3:57:40 PM	1 page	PDF	
Principal Office Address Change	4/17/2011 3:49:51 PM	1 page	PDF	
Annual Report	4/17/2011	1 page	PDF	
Annual Report	6/24/2010	2 pages	tiff	PDF
Annual Report	4/13/2009	1 page	tiff	PDF
Reinstatement	9/18/2008	3 pages	tiff	PDF
Principal Office Address Change	9/18/2008	1 page	tiff	PDF
Registered Agent name/address change	9/18/2008	1 page	tiff	PDF
Administrative Dissolution	12/1/2007	1 page	PDF	
Annual Report	9/6/2006	1 page	tiff	PDF
Annual Report	4/21/2005	1 page	tiff	PDF
Annual Report	7/17/2003	1 page	tiff	PDF
Statement of Change	5/27/2003	2 pages	tiff	PDF
Annual Report	7/29/2002	1 page	tiff	PDF
Annual Report	4/30/2001	1 page	tiff	PDF
Annual Report	4/17/2000	1 page	tiff	PDF
Annual Report	4/21/1999	1 page	tiff	PDF
Annual Report	5/6/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	3/22/1994	1 page	tiff	PDF
Annual Report	3/24/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/8/2016 12:46:34 PM	3/8/2016	
Annual report	5/11/2015 10:09:31 AM	5/11/2015 10:09:31 AM	
Annual report	4/5/2014 9:01:40 PM	4/5/2014 9:01:40 PM	
Annual report	6/1/2013 1:07:53 PM	6/1/2013 1:07:53 PM	
Annual report	6/8/2012 10:17:15 AM	6/8/2012 10:17:15 AM	
Annual report	4/17/2011 4:06:39 PM	4/17/2011 4:06:39 PM	
Registered agent address change			

	4/17/2011 3:57:40 PM	4/17/2011 3:57:40 PM
Principal office change	4/17/2011 3:49:51 PM	4/17/2011 3:49:51 PM
Annual report	6/24/2010 1:43:37 PM	6/24/2010
Annual report	4/13/2009 4:35:15 PM	4/13/2009
Registered agent address change	9/18/2008 3:38:07 PM	9/18/2008
Principal office change	9/18/2008 3:37:24 PM	9/18/2008
Reinstatement	9/18/2008 3:36:34 PM	9/18/2008
Admin Dis. A. report not in	12/1/2007	12/1/2007
Admin Dis. A. report not in	12/1/2007	12/1/2007
Annual report	9/6/2006 3:05:34 PM	9/6/2006
Registered agent address change	5/27/2003 12:13:07 PM	5/27/2003
Principal office change	5/28/2002 10:46:51 AM	5/28/2002

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	1/7/2005	1 page
Annual Report	6/21/2004	1 page
Annual Report	7/17/2003	1 page
Statement of Change	5/27/2003	1 page
Annual Report	7/29/2002	1 page
Annual Report	4/30/2001	1 page
Annual Report	4/17/2000	1 page
Annual Report	4/21/1999	1 page
Annual Report	5/6/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	3/22/1994	1 page
Annual Report	3/24/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	12/14/1984	2 pages

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

A For the 2013 calendar year, or tax year beginning 1/1/2013, and ending 12/31/2013.

B Check if applicable

Terminated, Out of Business

Gross receipts are normally \$50,000 or less

C Name of organization: OAKDALE NEIGHBORHOOD ASSOCIATION
d/b/a:

% Margaret Osborne
727 W Evelyn Ave
Louisville, KY, US, 40215

E Website:

F Name of Principal Officer: Barbara Devereaux

1106 Camden Ave
Louisville, KY, US, 40215

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. We need the information that you provide to ensure that you are complying with these laws and to help us enforce the Internal Revenue 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 has a valid 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 preparation or filing of the form. 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 time to complete this form and its instructions 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 form electronically. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 4/6/2014.

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Oakdale Neighborhood Association Board of Directors, 2016

Barbara Devereaux, President
Richard Brown, Vice President
Kevin Brewer, Treasurer
Cathy Brown-Dean, Secretary
Mike Bader, Director
Frances Brooks, Director
Mary Pedigo, Director
Charlotte Jones, Director

President serves for 2 years, all other officers serve for one year (Elected June 2016)
Directors serve for 3 years (Elected June 2016) with a maximum of 6 years, without a hiatus