

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


**Applicant/Program:** Oakdale Neighborhood Association  
**Applicant Requested Amount:** \$796.70  
**Appropriation Request Amount:** \$796.70

**Executive Summary of Request**

Oakdale is requesting funding to assist with a holiday party, newsletter and yard signs to announce and increase attendance at the neighborhood meetings for ONA. These events will be open to the public and help disseminate information to citizens.

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>\$796.70</u>	<u>8-23-17</u>
District #	Primary Sponsor Signature	Amount	Date

**Primary Sponsor Disclosure**

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

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

Final Appropriations Amount: \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Oakdale Neighborhood Association

**Program Name and Request Amount** Oakdale 2017-18 programs/events

	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"/> Yes
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<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: **shughes**

Date: Aug 21, 2017

815

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Oakdale Neighborhood Association <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1106 Camden Ave			
<b>Website:</b>			
<b>Applicant Contact:</b>	Barbara Devereaux	<b>Title:</b>	President
<b>Phone:</b>	5023845831	<b>Email:</b>	barbara.devereaux@outlook.com
<b>Financial Contact:</b>	Kevin Brewer	<b>Title:</b>	Treasurer
<b>Phone:</b>	5026492818	<b>Email:</b>	oakdaleneighborhoodassociation@
<b>Organization's Representative who attended NDF Training:</b> Barbara Devereaux			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	1010 Beecher Street		
<b>Council District(s):</b>	15	<b>Zip Code(s):</b>	40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Oakdale Neighborhood Association Improvement			
<b>Total Request: (\$)</b>	796.7	<b>Total Metro Award (this program) in previous year: (\$)</b>	950.00
<b>Purpose of Request (check all that apply):</b>			
<input checked="" 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)			
<b>The Following are Required Attachments:</b>			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
<b>Source:</b>	N/A	<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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 type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

Our mission is to beautify and protect our neighborhood, and improve our overall quality of life. We have regular meetings in addition to board member meetings, and we work closely with our police department on crime issues in our area. We also desire to continually improve our neighborhood and work with other organizations to make Oakdale Neighborhood the best it can be.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Barbara Devereaux - President	06/2018
Rick Blasi	06/2018
Kevin Brewer	06/2020
Rowena Angel	06/2020
Margaret Osborne	06/2019
Mike Bader	06/2019
Francis Brooks	06/2019
Cathy Brown-Dean	06/2019
Sarah Hardin Nall	06/2019

**Describe the Board term limit policy:**  
 Per Oakdale Bylaws, the president can serve for 5 years, and all other officers are for three year terms. Any officer can be re-elected to another term for a maximum of 10 years for president and 6 years for other officers. The board members can serve for two years, and be re-elected for a maximum of 3 terms/6 years.

Three Highest Paid Staff Names	Annual Salary
N/A	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Oakdale Neighborhood Association (ONA) would like to procure funds to provide a Holiday in Oakdale party for the public. We will need funds for supplies, food and services to facilitate the distribution of the Oakdale newsletter. Lastly, ONA is requesting funds to purchase yard signs to announce the meeting times for the general meetings for ONA that is open to the public.

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

- 1) Holiday supply funding (\$300.00) will be spent to provide a free meal to be given out in Oakdale and held for the general public in December 2017.
- 2) Oakdale newsletter funding (296.70) will be spent for paper, ink, and postage of the newsletter to benefit the general public.
- 3) Yard sign funding (\$200) will be spent on signage to encourage attendance by the general public.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

With funding of the newsletters and yard signs, Oakdale hopes to increase attendance at association meetings by the general public, and foster a relationship with 4th Division Police officers. With funding of the Oakdale holiday party, it is Oakdale's intention to provide outreach to the general public during the holiday season by promoting a positive, symbiotic relationship between Oakdale residents and the 4th Division LMPD.

**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.**

The Salvation Army outpost at 1010 Beecher Street, Louisville, KY 40215 has allowed us to use their facility in an ongoing capacity to host meetings beneficial to the general public.



**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
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	0	0	0
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance c</b>	0	0	0
<b>G: Professional Service Contracts</b>	0	0	0
<b>H: Program Materials</b>	296.70	692.30	989.00
<b>I: Community Events &amp; Festivals</b> (See Detailed List on Page 8)	300.00	600.00	900.00
<b>J: Machinery &amp; Equipment</b>	0	0	0
<b>K: Captial Project</b>	200.00	0	200.00
<b>L: Other Expenses</b> (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	796.70	1292.30	2089.00
% of Program Budget	30 %	70 %	<b>100%</b>

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

Other State, Federal or Local Government	N/A; \$0.00
United Way	N/A; \$0.01
Private Contributions (do not include individual donor names)	\$300.00
Fees Collected from Program Participants	\$500.00
Other (please specify)	\$1560.00
Total Revenue for Column 2 Expenses**	\$2360.00

*\*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 & Festival 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
<b>Program Materials</b>			
Postage for 60 newsletters 6 months out of year	276.00	0.00	276.00
Paper for newsletters 3 reams @ 6.98	20.70	0.24	20.94
Printer Cartridges: 3 black @ 80.00		240.00	240.00
Printer Cartridges: 3 color @ 70.00		210.00	210.00
Avery Mailing Labels		23.48	23.48
Membership cards		4.44	4.44
<b>Capital Project</b>			
Yard signs for Oakdale Neighborhood Association	200.00		200.00
Meetings			
<b>Community Events &amp; Festivals</b>			
Christmas in Oakdale: Dinner for 400 people	300.00	600.00	900.00
Food: turkeys, gravy, potatoes, green beans, rolls and desserts			
National Night Out - School supplies, paper, folders composition notebooks		100.00	100.00
Chili Cook Off - Hotdogs, buns, mustard, ketchup, relish, cupcakes, bottled water		114.14	114.14
<b>Total</b>	<b>796.70</b>	<b>1292.30</b>	<b>2089.00</b>

**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).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Volunteers for Holiday party set-up/clean up	\$1200.00	\$15/hr; 10 people for 8 hrs
Volunteers for Holiday party cooking	\$360.00	\$15/hr, 6 people for 4 hrs
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$1560.00	

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

**Agency Fiscal Year Start Date:** January 1 - December 31

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

**Standard Assurances**

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant 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 and the funds will not be disbursed to our organization.**

**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:	<i>Barbara Devereaux</i>	Date:	<i>8-15-2017</i>
Legal Signatory: (please print):	<i>Barbara Devereaux</i>	Title:	<i>President</i>
Phone:	Extension:	Email:	

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

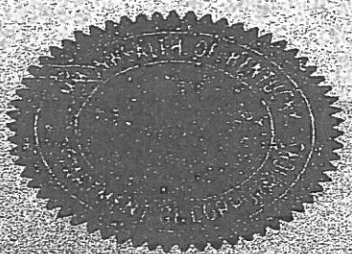
DAKDALE NEIGHBORHOOD ASSOCIATION, INC.  
The name and address of the registered agent of this corporation is

NAME Vince Barclay

STREET ADDRESS 905 Camden Avenue

CITY, STATE Louisville, Ky.

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having 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 R. Davis*

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

DEC 14 1984

ARTICLES OF INCORPORATION

SECRETARY OF STATE

RECEIVED

DEC 14 1984

Commonwealth of Kentucky

*P. H. ...*  
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:

- Terry Curtisinger (president) 830 Beecher Ave., Louisville, KY 40215
- Richard Hutchens (vice-president) 812 Camden Ave., Louisville, KY 40215
- Mary H. Tralue (secretary) 710 Whitney Ave., Louisville, KY 40215
- Vincent N. Barclay (treasurer) 905 Camden Ave., Louisville, KY 40215
- Barbara Bishop (director) 3709 S. 4th St., Louisville, KY 40214
- Steven Paul (director) 717 W. Evelyn Ave., Louisville, KY 40215
- Nancy Bach (director) 4434 S. 6th St., Louisville, KY 40214
- James Morrison (director) 538 Camden Ave., Louisville, KY 40215
- William McCutchen (director) 4016 Southern Parkway, Louisville, KY 40214

THE OAKDALE NEIGHBORHOOD ASSOCIATION, INC. is incorporated by

Terry Curtisinger

*Terry Curtisinger*  
signature

Richard Hutchens

*Richard Hutchens*  
signature

Vince Barclay

*Vincent N. Barclay*  
signature

SECRETARY OF STATE

RECEIVED

DEC 7 1984

Commonwealth of Kentucky

In the State of Kentucky, County of Jefferson, the foregoing instrument was acknowledged before me this 4 day of Dec 1984 by Mr. Vince Barclay as incorporator of the OAKDALE NEIGHBORHOOD ASSOCIATION, INC.

By *James C. James*  
Notary Public

By Commission Expires Sept 19, 1988  
Date

Kentucky, County of Jefferson



9265 Smyrna Parkway Louisville, KY 40229

# Account Statement

800-292-2905 | www.LNFCU.com

Member Number [REDACTED]  
Statement For **07/01/2017 - 07/31/2017**  
Page **1 of 1**

RETURN SERVICE REQUESTED

612046101 1 1/2 UNQ 08-01-17 SD



OAKDALE NEIGHBORHOOD ASSOCIATION, INC  
1106 CAMDEN AVE  
LOUISVILLE KY 40215-2704

**How does a mortgage with No Closing Costs, No PMI and up to 100% financing sound?  
That's what you'll get with the L&N 5/5 mortgage!**

**Give us a call at 502-368-5858 / 800-292-2905 or visit www.LNFCU.com for details!**

### Your Account Balances as of 07/31

Basic Business Checking ID 2	\$544.46
<b>Account Balance Total</b>	<b>\$544.46</b>

### Need a Loan?

Call 800-292-2905 or apply online  
www.LNFCU.com

### BASIC BUSINESS CHECKING ID 2

Dividends Paid in 2017 \$0.00

Beginning Balance	\$693.46
0 Total Deposits for	0.00
2 Total Withdrawals for	149.00-
Ending Balance	<u>\$544.46</u>

Date	Withdrawal	Deposit	Balance	Transaction Description
07/21	49.00-		\$644.46	Check# 1117 Trace# 00000000080619815204
07/26	100.00-		544.46	Withdrawal-Cash CASH CK #1118 FOR 100.

### Summary by Check Number \* Asterisk next to number indicates skip in sequence 1 Checks Cleared for \$49.00

Number	Cleared	Amount	Number	Cleared	Amount	Number	Cleared	Amount
1117	07/21/17	\$49.00						

### 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.



## 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) <b>Oakdale Neighborhood Association</b>	
	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.) <b>PO BOX 21833</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Louisville KY 40221</b>		
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 Duveman*

Date ▶ *8-15-2017*

### 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.



Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

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

2016

Open to Public Inspection

A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: OAKDALE NEIGHBORHOOD

ASSOCIATION  
1106 Camden Street,  
Louisville, KY, US, 40215

D Employee Identification

Number XXXXXXXXXX

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. You are required to give us the information. We need it to ensure that you are complying with these laws.

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

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

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

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

<b>Organization Number</b>	0196391
<b>Name</b>	OAKDALE NEIGHBORHOOD ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	12/14/1984
<b>Organization Date</b>	12/14/1984
<b>Last Annual Report</b>	4/13/2017
<b>Principal Office</b>	1106 CAMDEN AVENUE LOUISVILLE, KY 40215
<b>Registered Agent</b>	BARBARA DEVEREAUX 1106 CAMDEN AVENUE LOUISVILLE, KY 40215

**Current Officers**

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

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>BARBARA BISHOP</u>
<b>Director</b>	<u>STEVEN PAUL</u>
<b>Director</b>	<u>NANCY BACH</u>
<b>Director</b>	<u>LESTER MORRISON</u>
<b>Director</b>	<u>WILLIAM MCCUTCHEN</u>
<b>Incorporator</b>	<u>TERRY CURTSINGER</u>
<b>Incorporator</b>	<u>RICHARD HUTCHENS</u>
<b>Incorporator</b>	<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.

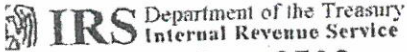
<u>Annual Report</u>	4/13/2017	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/8/2016	1 page	<u>tiff</u>	<u>PDF</u>

<a href="#">Annual Report</a>	5/11/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/5/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/1/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/8/2012	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	4/17/2011 3:57:40 PM	1 page	<a href="#">PDF</a>	
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<a href="#">Annual Report</a>	6/24/2010	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/13/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	9/18/2008	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	9/18/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Administrative Dissolution</a>	12/1/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/6/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/21/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/17/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/27/2003	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/29/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1989	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/13/2017 3:56:43 PM	4/13/2017	
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	6/1/2013	



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

*Oakdale*

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

11-00000

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