


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

<b>Applicant/Program:</b> Auburndale Neighborhood Association / ANA Holiday Party, Chili Supper, Berm	☒
<b>Applicant Requested Amount:</b> \$1,100.00	
<b>Appropriation Request Amount:</b> \$1,100.00	☒

**Executive Summary of Request**  
 The Auburndale Neighborhood Association (ANA) has requested a total of \$1,100 to fund two community events and one beatification project & liability insurance for Association Meetings in Kenwood Elementary. \$100 - September Chili Supper, \$550 - December Holiday Party, \$350 - Liability Insurance, \$100 - Berm Maintenance Landscaping.

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>25</u> District #	 Primary Sponsor Signature	\$725.00 Amount	5/25/17 Date
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**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.  
 N/A, but Ray Crider, Treasurer of Auburndale Neighborhood Association is the Father of CW Madonna Flood's Legislative Assistant, Andrea Derouen.

**Approved by:**

_____	_____
Appropriations Committee Chairman	Date
Final Appropriations Amount: _____	

**Applicant/Program:**

Auburndale Neighborhood Association / ANA Holiday Party, Chili Supper, Berm Maintenance & Insurance

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	<i>Vicki Aubrey Welch</i>	\$ <i>375<sup>00</sup></i>
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Auburndale Neighborhood Association / ANA Holiday Party, Chili Supper, Berm Maintenance & Insurance

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**Program Name and Request Amount** ANA Holiday Party, Chili Supper, Berm Maintenance & Insurance

	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"/> No
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: **Brian Boles**

Date: May 16, 2017

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> AUBURNDALE 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> 1120 FRANELM RD, LOUISVILLE, KY 40214			
<b>Website:</b> <a href="https://www.facebook.com/Auburndale-Neighborhood-Association-228554006957/?hc_ref=SEARCH&amp;fin">https://www.facebook.com/Auburndale-Neighborhood-Association-228554006957/?hc_ref=SEARCH&amp;fin</a>			
<b>Applicant Contact:</b>	RAY CRIDER	<b>Title:</b>	TREASURER
<b>Phone:</b>	502-368-1196	<b>Email:</b>	RAYCRIDER2@GMAIL.COM
<b>Financial Contact:</b>	RAY CRIDER	<b>Title:</b>	TREASURER
<b>Phone:</b>	502-368-1196	<b>Email:</b>	RAYCRIDER2@GMAIL.COM
<b>Organization's Representative who attended NDF Training:</b> KEN WILLIAMS			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	KENWOOD ELEMENTARY SCHOOL		
<b>Council District(s):</b>	25	<b>Zip Code(s):</b>	40214
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> ANA Holiday Party, Chili Supper, Berm Maintenance & Insurance			
<b>Total Request: (\$)</b>	1,100	<b>Total Metro Award (this program) in previous year: (\$)</b>	1200.00
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> 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>			
Source:		Amount: (\$)	
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			

RC

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 3 – AGENCY DETAILS

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

Please see the attached ANA Vision Statement.

*RC*

# VISIONING STATEMENT

## Auburndale Neighborhood Association

We are a safe neighborhood with a strong sense of community and connectivity.

Those elements that make Auburndale neighborhood special for us and reflect our values are seen in our commitments. We are committed to:

1. Safety and public health within the Auburndale community
2. Education and activities for children and adults.
3. Vibrant business growth, consistent with our area standards
4. Communication and involvement the neighborhood.
5. Respectful use and care for the environment including the city, river, parks and trails
6. Well thought out neighborhood planning which sustains the value of the land
7. Systemic and fiscally responsible long-term planning, working with the neighborhood, community, city, county, and state partners.

### 1. Safety and public health within the Auburndale community

- Support police and fire services; encourage use of neighborhood programs such as Block Watch and Arson Prevention.
- Sufficient lighting, parking and traffic control in our commercial areas.
- To support and protect the students of Kenwood Elementary and other neighboring schools.
- Encourage planning for sidewalks and bike paths along major streets
- Improved accessibility to and from the residential areas.
- Streets are repaved as required. The City informs the community of paving schedules on a yearly basis.
- An aggressively maintained drainage system for Bruce Ditch and adjoining residential areas.
- A mosquito control program.

### 2. Education and activities for children and adults

- Continuing the ANA "Holiday Party"
- To explore and develop a neighborhood based summertime event.
- In cooperation with JCPS board members and school administrators, promote volunteerism and involvement in public school activities such as Everyone Reads.
- To explore development of a neighborhood "pocket park".
- To study the need for a community center to be shared with adjoining neighborhoods.

### 3. Vibrant business growth, consistent with our area standards

- Be vigilant and maintain strict standards and codes regarding the types of businesses and structures in our commercial areas.
- To aggressively pursue commercial activities that positively impact to our neighborhood.
- Use planters, and landscaping to beautify our neighborhood streets.

### 4. Communication and involvement with the neighborhood.

- That we have an active Neighborhood Association that listens to all input, actively engages those impacted by decisions, employs behaviors that treat all with respect, and works collaboratively with City, State and Federal leaders to plan effectively.
- To maintain up-to-date neighborhood resources and information on the Web.

**5. Respectful use and care for the environment including the city, river, parks and trails**

- Support Metro Government's Brightside program through use environmentally friendly solutions and support recycling in all things.
- Advocate regular maintenance of Iroquois and surrounding our parks; connecting trails and to assure that area parks are an integral part of the systemic planning for Metro Parks and Recreation.
- To try to save and actively plant trees and local flora throughout our neighborhood.

**6. Well thought out neighborhood planning which sustains the value of the land**

- Our freeway (Snyder and Watterson) neighborhood and business access is effective, efficient and safe for pedestrians and bicyclists.
- That Auburndale be served by an effective neighborhood public transportation that focuses on connectivity to centers of employment and commerce.
- Development needs to be consistent with the value of the area.
- Those developers take ownership for impact to the infrastructure such as streets, sidewalks, schools, water, sewer, etc.
- To foster and encourage development that sustains a park-like environment with homes with livable lot sizes that add value and beauty to the neighborhood.
- Sponsor a farmers market

**7. Systemic and fiscally responsible long-term planning, working with the neighborhood, community, city, county, and state partners.**

- To view planning as multiple "phases" that will eventually reach our goals within neighborhood and legal boundaries.
- To partner with Metro Government and it's planners for effective planning for Auburndale.
- That we work to influence improvement to the regulations, laws and initiatives that impact our neighborhood.





## 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.):**

1. ANA Annual Community Picnic was cancelled due to construction at school.
2. ANA's September Meeting will feature a Chili Supper for the entire area to participate in.
3. The ANA Community Holiday Party at Kenwood School will be held in December. Food and musical entertainment will be provided. Santa Claus will visit the children.  
Again, this events purpose is to afford our ethnic diverse community an opportunity to meet and socialize.

This community event encourage community involvement, elected officials attend and have a chance to meet and talk with their constituents.

4. Liability Insurance needed to hold the Community Events and Neighborhood Association Meetings
5. Berm Maintenance for neighborhood entrance berms. Upkeep cost for new plants, weed killer, soil, mulch, tools, etc

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

1. ANA Annual Community Picnic was cancelled due to construction at school nothing is requested this year.
2. September Chili Supper; food, condiments, paper products, ice, etc. - \$100.00
3. December Community Holiday Party; food, condiments, ice, music CD's, entertainment - \$550.00
4. Liability Insurance (for Community Picnic, Party & Neighborhood Meetings) - \$350.00
5. Berm Maintenance; plants, weed killer, soil, mulch, tools, etc. - \$100.00

## 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:**

The Computer Program "Next Door" has generated more community participation by providing a communication device for the community and increased Public Safety Awareness.

The Holiday Party & Community Picnic encourages community involvement in Neighborhood Watch Programs and other Civic Activities.

This event's purpose is to afford our ethnic diverse community an opportunity to meet and socialize.

Participation has increased throughout the years.

**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.**

LG&E assists with some printing & mailing quarterly newsletter.

We have partnership with Kenwood Elementary School in which the ANA supports various school activities in exchange for monthly space.

**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	300	300
<b>B: Rent/Utilities</b>	0	720	720
<b>C: Office Supplies</b>	0	200	200
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	0
<b>G: Professional Service Contracts</b>	350	0	350
<b>H: Program Materials</b>	0	0	0
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	650	0	650
<b>J: Machinery &amp; Equipment</b>	0	0	0
<b>K: Capital Project</b>	0	0	0
<b>L: Other Expenses (See Detailed List on Page 8)</b>	100	0	100
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	1100	1220	2320
<b>% of Program Budget</b>	47 %	53 %	<b>100%</b>

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)	\$1220
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
<i>Total Revenue for Column 2 Expenses **</i>	\$1220

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

\*\*Must equal or exceed total in column 2.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
CHILI SUPPER	100	0	100
LIBILITY INSURANCE	350	0	350
COMMUNITY HOLIDAY PARTY	650	0	650
MAINTENANCE OF BERMS	100	0	100
<b>Total</b>	1,650	0	1,650

Applicant's Initials: *RC*

## 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
KENWOOD MEETING SPACE	\$720.00	ACTUAL COST
EVENT VOLUNTEERS	\$300.00	30 HRS X \$10.00
FOOD DONATIONS	\$200.00	\$100 P\$1220.00IZZA, \$100 PO
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	\$1220.00	

**\* 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, 2017

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

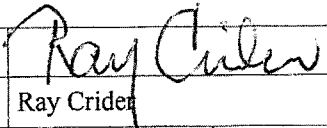
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	May 4, 2017
<b>Legal Signatory: (please print):</b>	Ray Crider	<b>Title:</b>	Treasurer
<b>Phone:</b>	502-368-1196	<b>Extension:</b>	
<b>Email:</b>	raycrider2@gmail.com		



**Boles, Brian**

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**From:** Ray Crider [REDACTED]  
**Sent:** Wednesday, February 03, 2016 8:26 AM  
**To:** Boles, Brian  
**Subject:** RE: ANA NDF

My daughter, Andrea Crider Derouen, is MC Madonna Flood's Administrative Assistant.

Ray Crider, Treasurer ANA

**From:** Boles, Brian [mailto:Brian.Boles@louisvilleky.gov]  
**Sent:** Tuesday, February 02, 2016 10:45 PM  
**To:** Ray Crider (Ray Crider) [REDACTED]  
**Subject:** RE: ANA NDF

Ray,

Please send me a statement via email describing yours or any relationships that any ANA board members have with any Councilpersons, staff or Metro Government employee.

Thank you,

**Brian Boles**

Legislative Assistant  
Councilman David Yates  
District 25  
601 West Jefferson St, 3rd floor  
Louisville, KY 40202  
Email: [brian.boles@louisvilleky.gov](mailto:brian.boles@louisvilleky.gov)  
Office: (502) 574-1125

**From:** Boles, Brian  
**Sent:** Tuesday, February 02, 2016 4:49 PM  
**To:** Boles, Brian  
**Subject:** ANA NDF

ANA NDF

Thank you,



**Brian Boles**

Legislative Assistant  
President David Yates

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

<b>Organization Number</b>	0744470
<b>Name</b>	AUBURNDALE 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>	9/24/2009
<b>Organization Date</b>	9/24/2009
<b>Last Annual Report</b>	1/4/2017
<b>Principal Office</b>	1120 FRANELM RD LOUISVILLE, KY 40214
<b>Registered Agent</b>	RAY CRIDER 1120 FRANELM RD LOUISVILLE, KY 40214

**Current Officers**

<b>President</b>	<u>KEN WILLIAMS</u>
<b>Vice President</b>	<u>KENNY MCFARLAND</u>
<b>Secretary</b>	<u>BOB DAWSON</u>
<b>Treasurer</b>	<u>RAY CRIDER</u>
<b>Director</b>	<u>PATSY BLACK</u>
<b>Director</b>	<u>JOYCE WHALIN</u>
<b>Director</b>	<u>KAREN BOSTON</u>

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

<b>Director</b>	<u>RAY WHITENER</u>
<b>Director</b>	<u>KEN MCFARLAND</u>
<b>Director</b>	<u>RAY CRIDER</u>
<b>Director</b>	<u>STEPHEN COTTON</u>
<b>Incorporator</b>	<u>KATHY RECKTENWALD</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>	1/4/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	1/4/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	1/5/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	1/4/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	1/2/2013	1 page	<u>PDF</u>

<u>Annual Report</u>	1/11/2012	1 page	<a href="#">PDF</a>	
<u>Reinstatement Certificate of Existence</u>	7/19/2011 11:22:56 AM	2 pages	<a href="#">PDF</a>	
<u>Reinstatement</u>	7/19/2011 11:21:38 AM	2 pages	<a href="#">PDF</a>	
<u>Reinstatement Approval Letter Revenue</u>	7/19/2011 10:15:14 AM	1 page	<a href="#">PDF</a>	
<u>Principal Office Address Change</u>	7/19/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<u>Registered Agent name/address change</u>	7/19/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<u>Administrative Dissolution</u>	11/2/2010	1 page	<a href="#">PDF</a>	
<u>Articles of Incorporation</u>	9/24/2009	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/4/2017 4:40:15 PM	1/4/2017 4:40:15 PM	
Annual report	1/4/2016 3:23:17 PM	1/4/2016 3:23:17 PM	
Annual report	1/5/2015 9:21:27 AM	1/5/2015 9:21:27 AM	
Annual report	1/4/2014 2:36:27 PM	1/4/2014 2:36:27 PM	
Annual report	1/2/2013 11:53:37 AM	1/2/2013 11:53:37 AM	
Annual report	1/11/2012 4:10:02 PM	1/11/2012 4:10:02 PM	
Registered agent address change	7/19/2011 11:23:55 AM	7/19/2011	
Principal office change	7/19/2011 11:23:25 AM	7/19/2011	
Reinstatement	7/19/2011 11:22:52 AM	7/19/2011	
Application For Reinstatement	7/18/2011 4:56:59 PM	7/18/2011	
Admin Dis. A. report not in	11/2/2010	11/2/2010	
Add	9/24/2009 3:34:08 PM	9/24/2009	

## Microfilmed Images

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

DEPARTMENT OF THE TREASURY

Date: JUL 21 2015

AUBURNDALE NEIGHBORHOOD ASSOCIATION  
INC  
C/O RAY CRIDER  
1120 FRANELM RD  
LOUISVILLE, KY 40214

Employer Identification Number:

DLN:

17053160338025

Contact Person:

NICHOLAS R HINDS

ID# 31662

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

September 24, 2009

Contribution Deductibility:

No

Addendum Applies:

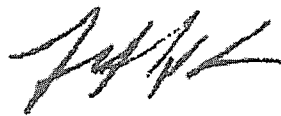
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(4) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

**AUBURNDALE NEIGHBORHOOD ASSOCIATION BUDGET - 2017**

**1/1/2017 THROUGH 12/31/2017**

	<b>ACTUAL</b>	<b>BUDGET</b>	<b>DIFFERENCE</b>
<b>INCOME</b>			
GOVERNMENT GRANT	\$0.00	\$1,100.00	\$1,100.00
MEMBER DONATION	\$0.00	\$200.00	\$200.00
TOTAL INCOME	\$0.00	\$1,300.00	\$1,300.00
<b>EXPENSES</b>			
GOVERNMENT	\$15.00	\$50.00	\$35.00
CHILI DINNER SUPPLIES	\$0.00	\$100.00	\$100.00
LIBILITY INSURANCE	\$0.00	\$350.00	\$350.00
SUPPLIES	\$0.00	\$150.00	\$150.00
HOLIDAY PARTY	\$0.00	\$550.00	\$550.00
BERM MAINTENANCE & SUPPLIES	\$0.00	\$100.00	\$100.00
OTHER	\$0.00	\$25.00	\$25.00
<b>TOTAL EXPENSES</b>	\$15.00	\$1,325.00	\$1,310.00
<b>OVERALL TOTAL</b>	(\$15.00)	(\$25)	(\$10)



759-09-01-00 55109 0 C 001 30 50 004  
AUBURNDALE NEIGHBORHOOD ASSOCIATION  
1120 FRANELM RD  
LOUISVILLE KY 40214 - 4152

# Your account statement

For 03/31/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

**You've built a solid business network.  
Now BB&T introduces a way to make it work for you:**

**Refer up to 4 businesses and receive \$400!** \* Refer fellow businesses to open their first BB&T business checking account and you each receive \$100 deposited directly into your business checking accounts once offer requirements are met.

To participate in this incentive program, stop by your closest local financial center to pick up a registration form. Visit us online at **BBT.com/Business** for more information or call us at 800-BANK-BBT.

\* Referring Client Incentive: Up to a maximum of four (4) \$100 incentives (for a total of \$400) is available to a referring client for each referred business that meets qualifiers. Existing clients must have a BB&T business checking account in good standing with a balance greater than or equal to \$250 within 90 days after the referred account qualifies or the incentive. Accounts are only reviewed once.

Referred Client Incentive: A \$100 incentive will be paid to a referred client who meets the requirements of this offer. Offer is available for new business checking accounts when a referral coupon is submitted at account opening. The client's account must be in good standing with a balance greater than or equal to \$250 or have a minimum of 5 BB&T Business Debit Card purchase transactions totaling at least \$250 within 90 days from account opening to be eligible. Accounts are only reviewed once. Normal account opening balances apply. All referral and account opening bonuses will be credited to eligible accounts via Direct Deposit within 120 days from account opening and reported to the IRS as required by law. This offer cannot be combined with any other offer or promotion. In addition to all qualifiers listed above, Non-Resident Alien clients must also submit a valid Form W-8, NRA Certification Statement and a copy of their passport to BB&T by the time the account is reviewed for incentive eligibility as described above.

BB&T, Member FDIC.  
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### ■ COMMUNITY CHECKING [REDACTED]

#### Account summary

Your previous balance as of 02/28/2017	\$206.30
Checks	- 0.00
Other withdrawals, debits and service charges	- 17.33
Deposits, credits and interest	+ 72.00
Your new balance as of 03/31/2017	= \$260.97

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
03/22	DEBIT CARD PURCHASE SISTER BEANS COFFE 03-21 LOUISVILLE KY 2838	17.33
Total other withdrawals, debits and service charges		= \$17.33

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
03/22	DEPOSIT	72.00
Total deposits, credits and interest		= \$72.00



## Confirmation

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

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

- **Organization Name:** AUBURNDALE NEIGHBORHOOD ASSOCIATION
- **EIN:** [REDACTED]
- **Tax Year:** 2016
- **Tax Year Start Date:** 01-01-2016
- **Tax Year End Date:** 12-31-2016
- **Submission ID:** 10065520170090697213
- **Filing Status Date:** 01-09-2017
- **Filing Status:** Pending

**Note:** [Print](#) a copy of this filing for your records. Once you leave this page, you will not be able to do so.

**MANAGE FORM 990-N SUBMISSIONS**

990-N

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

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: AUBURNDALE NEIGHBORHOOD  
ASSOCIATION

1120 Fanelm Rd, Louisville,  
KY, US, 40214

D Employee Identification  
Number XXXXXXXXXX

E Website:

F Name of Principal Officer: Ray Crider

1120 Fanelm Rd, Louisville,  
KY, US, 40214

**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.

990-N



**Articles of Incorporation  
of  
Auburndale Neighborhood Association, Inc.**

<b>0744470.09</b>	dcornish ADD
Trey Grayson, Secretary of State Received and Filed: 9/24/2009 3:34 PM Fee Receipt: \$8.00	

**WE, THE UNDERSIGNED**, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

**Article I**

The name of the corporation shall be:

**Auburndale Neighborhood Association, Inc.**

**Article II**

The duration of the corporation shall be perpetual.

**Article III**

The address of the registered and principal office of the corporation is:

**7536 Merlyn Circle  
Louisville, KY 40214**

The name of the initial registered agent for service of process, located at such address is:

**Kathy Recktenwald  
7536 Merlyn Circle  
Louisville, KY 40214**

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

**Article IV**

The corporation is organized and shall be operated exclusively for the promotion of social welfare as described within Section 501(c)(4) of the Internal Revenue Code (or corresponding provisions of any later federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the corporation and permitted for an organization exempt under said Section 501(c)(4).

The purposes of the corporation shall be more specifically stated as follows:

- 1) Enhance the health, safety and welfare of the community;
- 2) Provide a forum wherein neighborhood issues and concerns may be publicly expressed and discussed;
- 3) Improve the economic life of the Auburndale area;
- 4) Encourage a spirit of friendliness and cooperation with other groups in the Auburndale neighborhood and throughout the Louisville/Jefferson County Metro area;
- 5) Foster cooperation and unity between property owners, business people, tenants, and others;
- 6) Meet the educational and cultural needs of the community;
- 7) Encourage improvements in municipal services through public involvement and cooperation with local government;
- 8) Encourage, plan, and coordinate the beautification, preservation, rehabilitation, and revitalization of all residential and public properties, structures and physical environment

9) Seek the assistance and cooperation from government agencies and other neighborhood associations to resolve common neighborhood problems, achieve common neighborhood objectives and goals, and to maintain and improve the quality of life for residents of all neighborhoods;

10) Support other charitable, educational and cultural activities which advance the general well being of the community and its people.

#### Article V

The corporation shall be irrevocably dedicated to and operated exclusively for non-profit purposes. No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

#### Article VI

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

A) Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on:

1) By a corporation exempt from Federal income tax under Section 501(c)(4) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

#### Article VII

The name and address of the Incorporator is:

##### Incorporator

Kathy Recktenwald

##### Address

7536 Merlyn Circle  
Louisville, Kentucky 40214

#### Article VIII

The initial board of directors shall consist of four directors. The names and addresses of the members of the initial Board of Directors are:

##### Director

Ray Whitener

##### Address

5403 Sunnybrook Drive  
Louisville, Kentucky 40214

Ken McFarland

7520 Merlyn Circle  
Louisville, Kentucky 40214

Ray Crider

1120 Franelm Road  
Louisville, Kentucky 40214

Stephen Cotton

5454 Bruce Avenue  
Louisville, Kentucky 40214

#### Article IX

The original bylaws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the Bylaws.

Any director may be removed for cause pursuant to bylaws provisions regarding grounds and procedures for such removal.

#### Article X

a) The directors, officers and at-large members, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

- 1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;
- 2) was not in good faith or involved or involves intentional misconduct on the part of the director;
- 3) was known by the director to be a violation of law; or
- 4) resulted in an improper personal benefit to the director.

**Article XI**

The Corporation may indemnify any director, officer and at-large member, or former director, officer and at-large member, of the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he/she is made a party by reason of being or having been such director, officer and at-large member, except in relation to matters as to which he/she shall be adjudged in such action, suit or proceeding, to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its articles of incorporation, By-laws or resolution adopted after notice to members entitled to vote.

**Article XII**

In the event of dissolution of the Corporation, the board of directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for the promotion of social welfare as shall at the time qualify as an exempt organization under Section 501(c)(4) or 501 (c) 3 of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said court shall determine are organized and operated exclusively for such purposes.

**Article XIII**

Amendments to these articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this 2<sup>nd</sup> day of September 2009.

Kathy Recktenwald  
Kathy Recktenwald, Secretary  
Incorporator

STATE OF KENTUCKY )  
                          ) SS  
COUNTY OF JEFFERSON )

Before me, the undersigned authority, personally appeared and being duly sworn, acknowledged that she is the incorporator and agent of process of the aforementioned Corporation, and that she signed the aforementioned articles of incorporation as her free act and deed.

Witness my signature and seal of office this 2<sup>nd</sup> day of September, 2009.

My Commission Expires: \_\_\_\_\_  
Notary Public, State at Large, KY  
My commission expires Nov. 20, 2012  
This Document Prepared By:

Mary Jones  
Notary Public  
State At Large, Kentucky

Amanda S. Clephas, Community Outreach Liaison  
Department of Neighborhoods

## 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>AUBURNDALE NEIGHBORHOOD ASSOCIATION</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) <b>1120 FRANELM ROAD</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>LOUISVILLE, KY, 40214</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	

or

<b>Employer identification number</b>	

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Ray Cuden</i>	Date ▶ <i>1/26/2016</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/tw9](http://www.irs.gov/tw9).

#### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.

**Reddington, Debbie**

---

From:  
Sent:  
To:

Reddington, Debbie  
Tuesday, August 05, 2014 1:27 PM

[REDACTED]

Ray:

Your account number with the Revenue Commission is [REDACTED] within the next 7 days. You will receive a letter stating your account number  
If you have any other questions you can contact me at the email or phone number.

Debbie Reddington  
Processing Dept  
617 West Jefferson Street  
Louisville, Kentucky  
(502) 574-4953  
[debbie.reddington@metrorevenue.org](mailto:debbie.reddington@metrorevenue.org)