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

Applicant/Program: Fairdale Lions Club, Inc.					
Executive Summary of Request:					
n continuing their mission of providing of tions Club Inc. will once again offer sch pased on their scholastic achievement, will be chosen in May with the actually of September.	olarship attenda	dollars to th nce and com	lose student Imunity serv	s who quality ice. The rec	/, ipients
Is this program/project a fundraiser?			Yes No		
Is this applicant a faith based organization? Does this application include funding for sub-g	rantee(s)	, L	Yes No		
purpose is legitimate. I have also completed the		\$3,000		28/2015	
District # Council Member Signature		Amount	Dat	te	
Primary Sponsor Disclosure List below any personal or business relationshi organization, its volunteers, its employees or n	p you, yo	ur family or yof its board of o	our legislative	assistant have v	vith this
Approved by:					
Appropriations Committee Chairman		Date			
Clerk's Office Only:					
Request Amount:			Appropriation:		
Original Appropriation:	Council	Amended Ap	CTACEOF N	ETRO COUN	CH CI
1 Page Effective February 2014			DATE 6/8	15 TIME	11:00

NDF NON-PROFIT APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Fairdale Lions Club, Inc.	
Program Name: 2015 Scholarships Request Amount: \$3,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	
Request form: Is the funding proposed less than or equal to the request amount?	
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Υ
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Υ
Application Page 1: Is the application properly signed and dated by authorized signatory?	Y
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Υ
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Υ
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Υ
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Y
Faith Based Organizations: Is the signed Faith Based Form signed and included?	NA
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Υ
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	NA
Good Standing: Is the entity in good standing with: • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included	Υ
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	NA
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Y
Operating Budget: Is the organization's current fiscal year operating budget included?	Y
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	No
Board Members: Is the entity's board member list (with term length/term limits) included?	Υ
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	NA
Annual Audit: Is the most recent annual audit (if required by organization) included?	NA
Rent Requests: Is a copy of signed lease included?	NA
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Y
IRS Form W-9: Is the IRS Form W-9 included?	Υ
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	NA NA
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NA
Prepared by: Date: 5/28/2015	



		SECTION 1 - APPLICA	ANT INFORMATION			
Legal Name of Applica			le Lions Cl	lub Inc		
(as listed on: http://www.sos	s.ky.gov/bu	Smcsa/records				
Main Office Street & M	lailing Ad	Idress: 10101 Mitchell Hill	Rd, Fairdale, KY 401	18		
Website: N/A						
Applicant Contact:	Pamela	E Shofner	Title:	President		
Phone:	502-38					
Financial Contact:	Brenda	Powell				
Phone:	502-95		Email:	BPowell30@aolcom		
		who attended NDF Training				
GEOG	RAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES ARE (W	/ILL BE) PROVIDED		
Program Facility Locat	ion(s):	10101 Mitchell Hill Rd,	Fairdale, KY			
Council District(s):		13	Zip Code(s):	40118		
	SECTI	ON 2 - PROGRAM REQUE	ST & FINANCIAL INFOR	RMATION		
PROGRAM/PROJECT N	IAME: 20			441 10 000		
Total Request: (\$) 3,000 Total Metro Award (this program) in previous year: (\$) 3,000						
Purpose of Request (c						
		erally cannot exceed 33%				
		s/events for direct benefit				
		organization (equipment,	turnishing, building, et			
The Following are Rec						
IRS Exempt Status De		n Letter		osts are being requested		
Current Year Projecte		de term & term limits	IRS Form W9	sed in the proposed program		
Current financial stat		de term or term mines	Annual audit (if requ			
Most recent IRS Form 990 or 1120-H			ation Certification Form, if required			
Articles of Incorporation		Staff including the 3				
Cost estimates from capital expense	proposed	vendor if request is for				
For the current fiscal	or any oth	er program or expense, in	cluding funds received eighborhood Developn	ceived from Louisville Metro I through Metro Federal Grants, nent Funds). Attach additional		
Source	Louisvill	e Metro Gov	Amount: (\$) 3,	000 (for 2014)		
Source			Amount: (\$)			
Source:		•	Amount: (\$)			
		e BBB Charity Review for p Charity Review Standards	. —	No No		

Page 1 Effective April 2014 Applicant's Initials PS



SECTION 3 - AGENCY DETAILS Describe Agency's Vision, Mission and Services: The Lion's Club is dedicated to services for the blind and visually impared. We support the world's eye banks, clinics, hospitals and eye research centers. We also provide charitable services in the community such as food baskets, scholarships, quality eye care, eye glasses, braill writers, guide dogs, glacoma screening and other community oriented events for education and socialization.

Applicant's Initials PS



SECTION 4 – PROGRAM/PROJECT NARRATIVE
A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):
Services for direct benefit to the community for qualified individuals. Scholarships will be awarded, typically, in May and the actual payment to the colleges typically occurs in August or September.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): We will be awarding \$3,000 worth of scholarships to qualified JCPS students to be used for their college costs. Individuals will qualify based on their scholastic achievements, attendance, community service, etc. to help further their education.



C: If this request is a fundraiser, please detail how the proceeds will be spent: N/A
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application. ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
The funding request is a reimbursement of the following expenditures that will probably be incurred after the
 application date, but prior to the execution of the grant agreement: ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
(a) para

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Effective April 2014

Applicant's Initials PS



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: We request each recipient of our scholarships to keep us informed of their progress as they continue through college. However, if they choose not to communicate their progress we have no way to monitor them.
F: Briefly describe any existing collaborative relationships the organization has with other community
organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
We are affiliated with several local community organizations such as Fairdale Community Club, Fairdale Ministries, etc. We are also part of the International Lions Club Organization as our parent.
These organizations primarily provide us with volunteers for our various community events and support.



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	# 0	, 0	0
L: Other Expenses (Attach Detail List) Sholar Shires	3,900	12500	\$ 5)5000
*TOTAL PROGRAM/PROJECT FUNDS	3,000	2,500	5,500
	54.54 %	45.46 %	100%

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

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

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

Page 6
Effective April 2014



^{**}Must equal or exceed total in column 2.



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

TRIBUTION. VOLUNTEERS NEED NOT BE
RIBUTION. VOLUNTEERS NEED NOT BE TOTAL NOTING HOW MANY HOURS PER
RIBUTION. VOLUNTEERS NEED NOT BE TOTAL NOTING HOW MANY HOURS PER
RIBUTION. VOLUNTEERS NEED NOT BE TOTAL NOTING HOW MANY HOURS PER
RIBUTION. VOLUNTEERS NEED NOT BE TOTAL NOTING HOW MANY HOURS PER
ur budget from the current fiscal year to th



SECTION 6 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- 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.
- 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.
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 year end
- 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.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- 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.

	SEC	TION 7 - CER	TIFICATION	S & ASSUR	ANCES	
faisification. If faisification	ry knowledge. I am/ar In is shown after fund	ware my organiza ing has been and	ition will not (rowed arm all	e eligible for f	unding if investig	tions and Assurances") is ation at any time shows xpended are subject to be have initialed each page of the
Signature of Legal S	gnatory:		>/14	Fren	Date:	4/24/2015
Legal Signatory: (ple	ase print):- Par	m Shofner	/		Title:	President
Phone: 502-387	4375	Extension:	N/A	Email:	PShofner*	12@gmail.com

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Effective April 2014

Applicant's Initials PS

Officers of Fairdale Lions Club, Inc.

2014 - 2015

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

X All Volunteer. NO paid STAFF



TREASURY DEPARTMENT

WASHINGTON

OFFICE OF COMMISSIONER OF INTERNAL REVENUE

ADDRESS REPLY TO COMMISSIONER OF INTERNAL REVENUE AND REPER TO

IT:P:T:1

International Association of Lions Clubs, 332 South Michigan Avenue, Chicago, Illinois.

Sirs:

Reference is made to evidence submitted for use in determining your status and the status of your districts and subordinate clubs for Federal income and employment tax purposes.

The records of the Bureau disclose that under date of December 20, 1926, you were held exempt from Federal income tax under the provisions of section 231(9) of the Revenue Act of 1926 and the corresponding provisions of prior revenue acts.

It is the opinion of this office, based upon the evidence presented, that you and your districts and subordinate clubs appearing in four revised copies of the "Annual Directory Lions International", of August, 1940, are exempt from Federal income tax under the provisions of section 101(9) of the Internal Revenue Code and the corresponding provisions of prior revenue acts.

Accordingly, you and your districts and subordinate clubs appearing in the "Annual Directory Lions International" will not be required to file returns of income unless there is a change in the character, purposes, or method of operation of your organization or of your districts and subordinate clubs. Any such changes should be immediately reported by you to this Bureau in order that the effect of the changes upon your present exempt status may be determined.

You should furnish the Bureau annually on the calendar-year basis lists in quadruplicate, showing only the names and addresses of any districts and subordinate clubs which were chartered during the calendar year and the names and addresses of any districts and clubs which for any reason ceased to exist. Such annual lists should be accompanied by a statement sworn to by one of your principal officers as to whether or not the information heretofore submitted by you, and on which this ruling is based, is applicable in all respects to the new districts and clubs appearing on the lists, and should be forwarded so as to reach this office not later than February 15 of the following year.

DEC 4 1940



Louisville Metro Government Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name:	FAIrdAle LIONS Club	_
Participant Name:	PAM ShoFner	

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

Participant Signature

Date



Exempt Organizations Select Check

Exempt Organizati

990-N (e-Postcard) filer Information

Tax Period:

2013 (07/01/2013 - 06/30/2014)

Employer identification Number (EIN):

Legal Name:

INTERNATIONAL ASSOCIATION OF LIONS CLUBS

Mailing Address:

PO BOX 528 FAIRDALE, KY 40118 United States

Doing Business As:

FAIRDALE LIONS CLUB INC

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

Principal Officer's Name and Address:

PAM SHOFNER 8900 BROWN AUSTIN ROAD FAIRDALE, KY 40118 United States

Website URL:

Related 990-N (ePostcard) Filings:

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

Tax Year 2011 Tax Year 2012

Return to Search Results Return to Search Page

FAIRDALE LIONS CLUB, INC.

General Information

0181426 **Organization Number**

FAIRDALE LIONS CLUB, INC. Name

Profit or Non-Profit N - Non-profit

KCO - Kentucky Corporation **Company Type**

A - Active Status G - Good Standing

KY **State**

9/8/1983 **File Date** 9/8/1983 **Organization Date** 4/16/2015 **Last Annual Report** P O BOX 528 **Principal Office**

FAIRDALE, KY 40118

ROBERT M. KAERCHER Registered Agent

1410 KENTUCKY HOME LIFE BLDG.

LOUISVILLE, KY 40202

Current Officers

KATHY NEAGIE President PAM SHOFNER **Vice President** Robert Warren Secretary Brenda Powell Treasurer

Pat Warren Director

DUANE HENSON Director ANNA DANIELS Director **BILLY SIMPSON Director**

Individuals / Entitles listed at time of formation

GARY PARKS Director

CHARLES TERRY **Director EDWARD LIMBER** Director DANNY S JONES Director **GARY PARKS** Incorporator CHARLES TERRY Incorporator **EDWARD LIME** Incorporator

DANNY S JONES Incorporator

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 creat

of PDF goodinents, bootinents most be				
Annual Report	4/16/2015	1 page	tiff	PDF
Annual Report	2/27/2014	1 page	<u>tiff</u>	PDF
Annual Report	2/28/2013	1 page	tiff	PDF
Annual Report	2/17/2012	1 page	tiff	PDF
Annual Report	2/22/2011	1 page	tiff	PDF
Annual Report	4/1/2010	1 page	<u>tiff</u>	PDF
Annual Report	2/27/2009	2 pages	tiff	PDF
Annual Report	1/18/2008	1 page	tiff	PDF
Annual Report	1/22/2007	1 page	tiff	PDF
Annual Report	3/24/2006	1 page	tiff	PDF
Annual Report	3/24/2005	1 page	<u>tiff</u>	PDF
Annual Report	10/30/2003	1 page	tiff	PDF
Annual Report	5/2/2002	1 page	tiff	PDF
Annual Report	5/15/2001	1 page	tiff	<u>PDF</u>
Annual Report	6/19/2000	1 page	tiff	PDF
Annual Report	7/8/1999	1 page	tiff	PDF
Annual Report	4/28/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Statement of Change	10/29/1990	1 page	tiff	PDF
Annual Report	10/2/1990	1 page	tiff	PDF
Sixty Day Notice	9/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Annual Report	7/1/1984	1 page	tiff	PDF
Articles of Incorporation	9/8/1983	5 pages	<u>tiff</u>	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/16/2015 10:41:55 AM	4/16/2015	
Annual report	2/27/2014 4:56:56 PM	2/27/2014	

2 of 3

Information copy. Do not send to IRS.

Department of the Treasury

internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

Open to Public Inspection

A	For the 2013 calendar	year	, or tax	yeal	beginning	7/1/2013	and	ending	6/30/2014
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B Check if applicable ☐ Terminated, Out of Business	C Name of organization: INTERNATIONAL ASSOCIATION OF LIONS CLUBS d/b/a: FAIRDALE LIONS CLUB INC
Gross receipts are normally \$50,000 or less	% PAM SHOFNER PO BOX 528 FAIRDALE, KY, US, 40118
E Website:	F Name of Principal Officer: PAM SHOFNER

D Employer Identification

8900 BROWN AUSTIN ROAD FAIRDALE, KY, US, 40118

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

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

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

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

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Fairclafe Lions Club, Inc. Z Business name/disregarded entity name, if different from above		1 Name (as snown on your income tax return). Name is required on this line; do not leave this line ballic.					
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Gamma		Fairdale Lions Club, Inc.					
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor o	oi.	2 Business name/disregarded entity name, if different from above					
Cortification Cortificatio	90						
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. 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 peport all interest and dividends on your tax return. For real estate transactions, let 2 does not apply. For mortgage interest paid, acquisition or abandonness of secured property, cancellation of debt, contributions to an individual retrierpent arrangement (IRA), and generally, payments other than interest and dividends on your tax return. For real estate transactions, let 2 does not apply. For mortgage interest paid, acquisition or abandonness of secured property, cancellation of debt, contributions to an i	on pa		☐ Trust/estate	certain entities, not individuals; see			
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. 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 peport all interest and dividends on your tax return. For real estate transactions, let 2 does not apply. For mortgage interest paid, acquisition or abandonness of secured property, cancellation of debt, contributions to an individual retrierpent arrangement (IRA), and generally, payments other than interest and dividends on your tax return. For real estate transactions, let 2 does not apply. For mortgage interest paid, acquisition or abandonness of secured property, cancellation of debt, contributions to an i	9 2	single-member LLC					
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 2. I arm not subject to backup withholding because: (a) I arm exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I arm 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 arm 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 arm 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. 	Unde	or penalties of perjury, I certify that:					
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 of abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. Sign	1. Ti	ne number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be	issued to me); 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 of 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.	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						
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.	3. 16	arn a U.S. citizen or other U.S. person (defined below); and					
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 of abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.							
Sign Signeture of 10M 24/00/16	Certi beca intere	ification instructions. You must cross out item 2 above if you have been notified by the IFIS to use you have failed to report all interest and dividends on your tax return. For real estate trans est paid, acquisition of abandonment of secured property, cancellation of debt, contributions to rally, payments other than interest and dividends, you are not required to sign the certification	hat you are curre actions, item 2 d to an individual re	oes not apply. For mortgage tirement arrangement (IRA), and			
Here U.S. person > ////// ///// Date > ///////////////////////////////////	Sign		ete > 2/	124/1015			

General Instructions

U.S. person ▶

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/fw9.

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 texpayer 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.

ARTICLES OF INCORPORATION

OF

PAIRDALE LIONS CLUB, INC.

ORIGINAL CO. 1
—— FILED
SECREDARY OF STATE OF MERIDICAL

SEP X8 1983

Fanara Jian Hiller secretari Herese

KNOW ALL MEN BY THESE PRESENTS THAT:

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

ARTICLE I

The name of the corporation shall be:

"FAIRDALE LIONS CLUB, INC."

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

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

ARTICLE IV

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

ARTICLE V

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

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

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

corporation may, from time to time, provide.

ARTICLE VI

The names and addresses of the incorporates are:

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

ARTICLE VII

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

ARTICLE VIII

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

ARTICLE IX

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

ARTICLE X

Members, Directors, and Officers of the corporation shall

not be personally liable for any debts or obligations of the corporation.

IN WITNESS WHEREOF, we, the incorporators, have hereunto

STATE OF KENTUCKY COUNTY OF JEFFERSON

I, a Notary Public in and for the State and County aforesaid, hereby certify that the foregoing persons, GARY PARKS, CHARLES TERRY, EDWARD LIMER, and DANNY S. JONES, all of Jefferson County, Kentucky, appeared before me personally and acknowledged that they and each of them signed the foregoing Articles of Incorporation as their free act and deed for the purposes there stated.

Witness my signature and seal of office this 2th day of <u>SEPTEMBER</u>, 1983.

My commission expires:___

This Instrument Prepared By: CONNELLY, KAERCHER & STAMPER

Attorney at Law 715 Marion E. Taylor Bldg. Louisville, Kentucky 40202

(502)

OFFICE OF SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT, KENTUCKY

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

I, FRANCES JO	ONES MILLS, Secretary of State of the Commonwealth of
Kentucky certify	that there has been delivered to my office articles of
incorporation of	FAIRDALE LIONS CLUB, INC.
The name and addi	ess of the registered agent of this corporation is
	ROBERT M. KAERCHER
NAME	715 MARION E. TAYLOR BUIDLING
STREET ADDRESS	LOUISVILLE, KENTUCKY 40202
CITY, STATE	

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



Iss	nued this	8TH day of	SEPTEMBER ,	19_	83
at	Frankfort,	Kentucky.			
	1	\bigcirc	mill		

ASSISTANT SECRETARY OF STATE

2013-2014 Operating Budget Fairdale Lions Club

Fairable Lions Club	
A. Personnel Costs: (No pair personne	lor Staff volunteers)
B. Rent / Utilities	# _{3,888} .=
GAS+ Elect	
- WAter + Sewers	1,264.
	540,
- Garbage - Cable	921.=
- PO Box Rental	44, =
- Telephone	758.
	#7,415,-
C. OFFice Supplies	
-00 Stamps	# 154,-
-Misc Office Supplies	
- Copier ServiceD	300,-
	# 555.
D. In-Town Travel (Volunteers pay own Expe	nses)O
	* O
E. Client Assistance	
- Fue plasses we ourchased For Need	4 \$ 4410,-
E. Client Assistance. - Eye glasses we purchased For Need - Scholarships to individual student:	5,500.
- Flowers for sick / Funeral -	55,
	#6,965,
F. ProFessional Srv Contracts	
- CPA - Form 990 Filing	# 25,-
	# 25,-

Fairdale Lions Club 7-1-2013 thru 6-30-2014

Income: Peg Income Fund Plaisers Income Total Gross Income:	\$ 8,063,26 \$ 34,335,53 \$442,398.79
Expenses: Ongoing Expenses Fund Paiser Expenses	#-16,908,53 1-10,539,33 #27,447,86)
Total Gross Income: Total Expenses: Wet Income:	# 42,398,79 -27,447,86 #+14,950,93

•		49	DRUG/DIABETES (CG)	(7)			
6		•	HI TECH (GC)	\$ 15.00	0	\$ 15.00	
\$ 350.00		\$ 350.00	VISION VAN (GC)	49		49	EES
\$ 250,00		\$ 250.00	LEADERDOG FOUNDATION (GC)	\$ 155.00	0	\$ 155.00	PEC.
\$ 100.00		\$ 100.00	PATRON FUND (GC)	\$ 16.25	Cs 1,592.00	\$ 1,575.75	-
\$ 500.00		\$ 500.00	LCIF (MELVIN JONES)	\$ 194.00		\$ 154.00	לאומטוויל?
1		•	KLEF (GC)	40		\$ 44.00	
t /		5	CANDY DAYS (GC)	49			
\$ 500.00		\$ 500.00	YOUTH SPORTS	\$ 1,432.65	0		
•			ALL STATE BAND (GC)	\$ 921,05		\$ 921.05	
\$ 1,000.00		\$ 1,000.00	CAMP CRESENDO (GC)	\$ 1,669.84	0	\$ 1,669.84	•
•			CAMP CRESENDO DEBIT	\$ 540.00		\$ 540.00	
\$ 300.00		\$ 300.00	YOUTH CAMP (GC)	\$ 1,264.02		\$ (1,264.02	-
\$ 300.00		\$ 300.00		\$ 758.35		\$ 758.35	-
\$ 1,410.00		\$ (1,410.00)	┿	\$ 3,887.71		\$ (3,887.71)	
	CREDIT	DEBIT	REASON (DONATIONS GIVEN)		CREDIT	DEBIT	ONS)
			Sul 1	STRATION, CHARITY, GAMING AND BUILDING ACCOUNTS	AING AND BUIL	N, CHARITY, GAI	TRATIO
Ċ							
P9/01	₹ \$	Expenses	Lions Club-Opasing E	Lions C	Fridale	FAIC	

CLUB DUES To Intr

BD OF HEALTH PERMIT/INSP

ASSOCIATE MEMBERSHIP FE

CHECKS WRITTEN UN CLAIMED

CHARGES ON NSF CHECKS

LION'S CATALOG ORDERS

117.35

LIONS HALL OF FAME

SENIOR CITIZENS FAIRDALE MINISTRIES **NEW CLUB DONATIONS**

49

200.00

120.00

120.00 200.00

SPECIAL OLYMPICS

TAXS FILED - C. NOW ton Ports

25.00 PRO N. CPA

25.00

TAPPS PHOOH CORNER

TREASURER'S BOND INCORPORATION FEES P.O. BOX RENTAL

11

P.O. STAMPS

BANK CHECKS ORDERED

PROPERTY TAX

INSIGHT (CABLE)

HALL INSURANCE GARBAGE PICK-UP **WATER & SEWERS** **GAS & ELECTRIC**

14

REASON (CLUB OPERATION

2013-2014 ADMINIS

TELEPHONE

11

	TOTALS	CLUB DONATIONS TO DAMERS \$	CLUB PICNIC	DISTRICT CONVENTION	CLUB SHIRTS & HATS	SHIPPING FOR CATALOG ORDERS	CLUB AWARDS/MERCHANDICE	CLUB AWARDS (DINNER) 2013
	S	others				ORDERS	ANDICE	R) 2013
	40	49	(A)	49				49
1	13,252.66 \$	250.00	142.94	300.00				117.35
	49	0	0	0	40			2
	1,615.00 \$				23.00			
	40	49	49	(A)	49	49	40	49

300.00 142.94

(23.00)

FLOWERS FOR SICK 45515 +

TOTALS

5,284.99

5,284.99

200.00

0=Other Expenses #9,478,53

54.99 200.00

CRUSADE FOR CHILDREN

no rent expense. I

1226, 400 th

ongoing Expenses \$ 16,903,45

BUILDI	
NG MAI	
BUILDING MAITANCE/SUPI	
PPLIES	

\$ 5,542.10	\$ (150.00) \$	\$ 5,692.10	TOTALS
		\$ (101.29)	OFFICE SUPPLIES
		\$ 38.62	HARDWARE SUPPLIES
		· (ELECTRICAL WORK
		\$ 100.00	GAS FOR MOWER
		\$ 299,85	COPIER /SERVICE
		\$	HOOD CLEANING
)\$ 150.00	\$ 3,046.40	NEW KIT EQUIPMENT
		\$ 114.48	DINES(KIT. SUPPLIES & EQUIP.
		\$ 59.00	HALL MAINTANCE
		\$ 377.04	ICE MAKER REPAIRS
		\$ 300.00	SNOW REMOVAL
			DIRT, GRAVEL & SPREADING
		\$ 245.50	LAWN EQUIPMENT/REPAIRS
		\$ 197.88	CHOATES FIRE PROT.
		(LOEWS BULBS/FILTERS
<u>.</u>		\$ 435.00	FURNACE REPAIRS
			PARKING LOT
	CREDIT	DEBIT	REASON (CLUB OPERATIONS)

								_		_													$\overline{}$		
TOTALS	SCHOLARSHIP FUND RAISER		SCHOLARSHIP GRANT	SCHOLARSHIP REFUND (2013)	SCHOLARSHIP AUCTION	DONATIONS	CHRISTMAS	CHRISTMAS WREATH	VOLUNTEER CHRISTMAS DINNER	EASTER	FAIRDALE FAIR	DRINK FUND (FAIRDALE FAIR)	STATE FAIR	DRINK FUND (FISH FRY)	QUILT GIVE AWAY	BUNCO PARTY	PRP BANK INTEREST	GUM BALL MACHINES	FISH FRY	HALL RENTALS	TIPS FROM JAN. 13 TO DEC. 14	LION BANK/ JAN. 13 TO DEC. 14	CLUB DINNERS	INCOME	FUND RAISER AND DOI
\$ 16,539.83	(\$ 5,500.00					\$ 1,510.11		\$ 134.61	\$ 1,470.37	\$ 1,781.10	\$ 81.00	\$ 47.52	\$ 143.25	\$ 100.00	\$ 33.12			\$ 5,508.75				\$ 230.00	DEBIT	DONATIONS RECEIVED
\$ 40,106.3	\$ 161.0		\$ 3,000.0	\$ 1,500.0	\$ 513.00	\$ 220.00	\$ 770.00	\$ 67.00	\$ 64.50	\$ 1,251.00	\$ 6,679.50	\$ 81.00		\$ 143.25	\$ 538.00	\$ 1,875.50	\$ 19.30	\$ 376.70	\$ 16,326.72	\$ 5,475.00	\$ 392.64	\$ 236.00	\$ 577.26	CREDIT	VED

	NET PROFIT	
İ	40	
	(22,450.75)	
	€9	
	23,566.54	
	49	
	1,115.79	

23,566.54

PadoFa

Total Gress Income; #42,595.53

16	TNC000 #8,063,26	: swoor	Rea Ix								-	200	201	
	JUNE T	MAY	APRIL	ARCH	B		Ş		⊼ I					
34,335.53	\$ 1,350.85	\$1,568.00	\$ 3,884.20	\$ 2,112.00	2,412.85	2,015.27 \$	49	\$ 3,683.75	\$ 1,529.75	\$ 2.797.50	\$ 6.830.11	\$ 4.521.00	\$ 1 630 25	TOTALS
١.	49		\$ 555.00							ć				EGG HUNT DONATIONS
1	en en													EGG HUNT
	· ·		1				-							AWARDS DINNER
04,50	2 6						18	\$ 64.50						VOLUNTEER DINNER
	9 6			-	_		8	(7)	\$ 220.00					CHRISTMAS (DONATIONS)
	9 6						-	1			\$ 81.00			FAIRDALE DRINK FUND
	9 6			1		-	+			\$ 59.00	\$ 173.00			FAIRDALE FAIR (SCHOL.)
1							+				\$ 1,072.00			FAIRDALE FAIR (CHARITY)
1 072 00	SP (-	+							FAIRDALE FAIR (BUILD.)
-1	9 6						+							FAIRDALE FAIR (ADMIN.)
	69				-	4	+	T		\$ 800,00				BUNCO
_	69	ŀ			919.50	in a	+	Ţ		1				LEXAS KIT. SCHOLARSHIP
	€9-	\$ 100.00	\$ 61.00				+							TEVAS BU SCHOLABSHID
	49					500.00	5 A					0,000.00		SCHOLARSHIP SONATION
	49						\dashv							SOLICITATION CONT.
	49						ĕ	\$ 1,500.00		ı				SCHOI ADSHID DEELIND
ı	es es									\$ 513.00				SCHOLARSHIP AUCTION
	en.						ğ	\$ 67.00						CHRISTMAS WREATH
	4						ğ	\$ 538.00						QUILT GIVE AWAY
	90.00	\$ 44.00	82.00	62.00 \$	56.00	63.00	\$	1	\$ 61.00			\$ 70.00	\$ 53.00	FISH FRY SCHOLARSHIP
	5.75	10.00	16.75	15.00	+	_	-			\$ 14.00		\$ 11.00		DRINK FUND
	20.00	43.00	82.00	62.00	+		+			\$ 59.00		\$ 69.00	\$ 53.00	FISH FRY (CHARITY)
_		200.00	500.00	400.00	_		╌			-		\$ 200.00	\$ 200.00	FISH FRY (BUILDING)
برل	1,207.00	1,125.00	1,840.45	1,526.00	$\overline{}$	1,125.27 \$	49	\$ 850.25	\$ 1,131.00	\$ 1,132.50		\$ 1,121.00	\$ 1,064.00	FISH FRY(ADMINIST.)
	16.00	22.00	36.00	29.50	26.75 \$	24.75 \$	69	1	\$ 16.75	\$ 24.00	\$ 89.61	\$ 30.00	\$ 15.75	FISH FRY TIPS/XMAS
1	16.55	24.00	13.00	17.50	$\overline{}$	_	(A)	\$ 20.00	\$ 26.00		\$ 39.00	\$ 20.00	-	LION BANKXMAS
					1	+	\vdash			\$ 20.00			\$ 200.00	DONATIONS (CHARITY)
) es						ĕ	\$ 100.00		\$ 50.00				NEW RANGE DONATION
Īē	JUNE	MAY	APRIL	MARCH	FEB,	JAN.	-	DEC.	NOV.	ост.	SEPT.	AUG.	JULY	7/1/13-6/30/14
								C	Troome	FUND RAISERS	FUNI			
8,063.26	\$ 251.88(\$	451.80	\$ 540.75 \$	736.58 \$	1,058.66 \$	1,172.81 \$	ମ	\$ 828.35	\$ 306.67	\$ 620.90	\$ 779.09	\$ 857.20	\$ 458.57	TOTALS
N			_											UNCLEARED CHECKS RE-ADD
,	49													REBATES
	69						H							INSF CHECKS (REPAYED)
-	45													BANK CHARGES (REPAY)
23.00	49		14.00	69		9,00	69							CLUB SHIRTS/HATS
	49						-							CATALOG ORDERS
	59													NEW MEM ENTRANCE FEE
1,592.00	49			250.00	625.00 \$	242.00 \$	\$	\$ 50.00			اد	125.00	125.00	CLUB DUES
19.30	1.88 \$	1.80 \$	1.75 \$	1.58 \$	0.66 \$	1.21 \$	G1		\$ 1.67	1.70		1.80	1.81	FORCHT BANK INTEREST
376.70	-	- 9	- \$	-	49	50.60 \$	\$	\$ 51.50	\$ 50.00	50.20	\$ 52.50	60.40	61.50	GUMBALL MACHINES
577.26		· es	- \$	85.00 \$	108.00 \$	120.00 \$	\$	\$		_		45.00	45.26	CLUB DINNERS
5,475.00	250.00	450.00	525.00 \$	400.00 \$	325.00 \$	750.00 \$	\$	\$ 725.00	\$ 165.00	8	\$ 550.00	8	8	HALL RENTAL
TOTALS	-	MAY	APRIL	MARCH	FEB.	JAN.		DEC	NOV.	OCT.	SEPT. C	AUG	JULY	7/1/2013-6/30/2014
							1			INCOME	Z.	7	S1-12	S

MAY

JUNE

	001	Č	֓֞֟֝֟֟֝֟֝֟֟֝֟֟֝֟֟֟ ֖֖֓֞֓	FUND RAISERS	SERS	EXPENSE	NSES						
	224 20	2112		\$ 695.12	\$ 365.37	\$ 822.16	\$ 189.34	\$ 762.99	\$ 437.98	\$ 749.21	\$ 325.82	\$ 538.07 \$	5,408.96
	_	3		14.00	- 1	9.00	\$ 17.00	\$ 12.25	15.00	\$ 18.75	\$ 10.00	\$ 10.75 \$	143.25
DRINKS FOR FISH FRY	4 Oc.11	ı			1		Į					4A	99.79
MISC/FISH FRY	49	70.04					\$ 60.70					P	820.89
CHRISTMAS PRESENTS					\$ 556.20	\$ 264.69						<i>a</i> 6	
CANTA I AND				\$ 63.00								0	
SAN A PAR				I		\$ 454.22						1	
CHRISTMAS BASKETS						1						45	1/2.00
CHRISTMAS FRUIT						Ĺ						49	
FOOD BASKETS						2 134 61						69	
VOLUNTEER DINNER			l		1	ı	\$ 20.00	59	()			49	
CLUB DINNER ENTREES \$	-	-		l	ı		1	\$ 25.00	\$ 25.00	t '		49	
CLUB DINNER DRAWING \$	-	· •		\$ 25.00	00.67 ¢	6	١	1	Ì			G	<u>_</u> _
FAIRDALE FAIR \$	563.95	€9	1,042.15									S	
FAIRDALE FAIR ADS \$	75.00	\$ 100.00				T						49	
DRINKS FOR FAIR		-cr	81.00									200	\$ 33.12
BUNCO PARTY				\$ 33.12								20	
DRINKS FOR BUNCO			l									1	\$ 100.00
QUILT GIVE AWAY			\$ 100.00				© 275.52	\$ 150.00		\$ 976.98	\$ 67.87	200	\$ 1,470.37
EGG HUNT							I.	1		4		4-	
YARD SALE/CAR WASH													49
SCHOLARSHIP BREAKFAST												6-	5
HOLOWEEN STREET				1	e 090 57	e 1 256 68	\$ 556.61	\$ 950.24	\$ 25.00	\$ 1,744.94	\$ 403.69	\$ 548.82	10,539.33
TOTALS \$	961.74	\$ 392.65	\$ 1,266.10	#7.0C0 &	\$ 200.01	L	Ł		Ì				