

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

Applicant/Program: Oakdale Neighborhood Outreach Programs					
Executive Summary of Request: Oakdale is requesting assistance for the Oakdale Newsletter, Holiday Meal and school supplies for National Night Out 2016.					
TMP.36/					
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes V No Yes V 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.					
15 Day Suther \$1,400 10/14/15					
District # Council Member Signature Amount Date					
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.					
Approved by:					
Appropriations Committee Chairman Date					
Clerk's Office Only:					
Request Amount: Committee Amended Appropriation:					
Original Appropriation: Council Amended Appropriation:					

1|Page Effective July 2015

Legal Name of Applicant Organization: Oakdale Neighborhood Association Program Name and Request Amount: Outreach Programs Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes Has prior Metro Funds committed/granted been disclosed? Yes Yes Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? Yes Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Is recommended funding less than 33% of total agency operating budget? Yes Yes Does the application budget reflect only the revenue and expenses of the project/program? Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? N/A Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Yes Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Are the evaluation forms (if program participants are given evaluation forms) included? N/A Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if N/A required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Chapity Review/Standards? Prepared by:

OAKDALE NEIGHBORHOOD ASSOCIATION, INC.

General Information

Organization Number

0196391

Name

OAKDALE NEIGHBORHOOD ASSOCIATION, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

KY

File Date **Organization Date** 12/14/1984

Last Annual Report

12/14/1984 5/11/2015

Principal Office

1106 CAMDEN AVENUE

LOUISVILLE, KY 40215

Registered Agent

BARBARA DEVEREAUX 1106 CAMDEN AVENUE

LOUISVILLE, KY 40215

Current Officers

President

BARBARA DEVEREAUX

Vice President

George Manley

Secretary

CATHERINE BROWN

Treasurer

Margaret Osborne

Director

MARY JANE SERMORSHEIM

Director

HILDA STEIDEN

Director

IANE BLASI

Director

Francis Burk

Individuals / Entities listed at time of formation

Director

BARBARA BISHOP

Director

STEVEN PAUL

Director

NANCY BACH

Director

LESTER MORRISON

Director

WILLIAM MCCUTCHEN

Incorporator

TERRY CURTSINGER

Incorporator

RICHARD HUTCHENS

Incorporator

VINCE BARCLAY

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.

Annual Report

5/11/2015

1 page

PDF

	Welcome to Fasttrack Organizatio	n Search		
Annual Report	4/5/2014	1 page	<u>PDF</u>	
Annual Report	6/1/2013	1 page	<u>PDF</u>	
Annual Report	6/8/2012	1 page	PDF	
Registered Agent name/address change	4/17/2011 3:57:40 PM	1 page	PDF	
<u>Principal Office Address</u> <u>Change</u>	4/17/2011 3:49:51 PM	1 page	<u>PDF</u>	
Annual Report	4/17/2011	1 page	<u>PDF</u>	
Annual Report	6/24/2010	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	4/13/2009	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement	9/18/2008	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>Change</u>	9/18/2008	1 page	tiff	<u>PDF</u>
Registered Agent name/address change	9/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	12/1/2007	1 page	<u>PDF</u>	
Annual Report	9/6/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/21/2005	1 page	tiff	<u>PDF</u>
Annual Report	7/17/2003	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	5/27/2003	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/29/2002	1 page	tiff	<u>PDF</u>
Annual Report	4/30/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/17/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/21/1999	1 page	tiff	<u>PDF</u>
Annual Report	5/6/1998	1 page	tiff	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/22/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/24/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

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

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

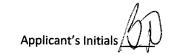
Microfilmed Images

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

Annual Report	1/7/2005	1 page
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Annual Report	7/1/1995	1 page
Annual Report	3/22/1994	1 page
Annual Report	3/24/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Articles of Incorporation	12/14/1984	2 pages



4002000000000000		SECTION 1 - APP	LICANT INFORMATI	ON A SAN AND	34774444 <u>3</u> 4440
Legal Name of Appli		ization: Usiness/records) Oak	dale Ne	ighborhoo	d Assn.
Main Office Street 8	& Mailing A	ddress: C/O 1106 Ca			
Website:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Applicant Contact:	Barba	ra Devereaux	Title:	President	
Phone:	502-38	34-5831	Email:	barbara.deverea	ux@outlook.com
Financial Contact:	Same	as above	Title:		
Phone:			Email:		
Organization's Repr	esentative :	who attended NDF Trai	ning: Barbara Dev	/ereaux	
GEO	GRAPHICA	L AREA(S) WHERE PROC	GRAM ACTIVITIES AI	RE (WILL BE) PROVIDED)
Program Facility Loc	ation(s):	Salvation Army, 10	010 Beecher St.	and Wyandotte Par	k
Council District(s):		District 15	Zip Code(s):	40215	
	SECTIO	ON 2 – PROGRAM REQU	JEST & FINANCIAL II	NFORMATION	All the section of the section
PROGRAM/PROJECT	NAME: O	akdale Community O	utreach Programs)	
Total Request: (\$)	\$1,400	00 Total Metro A	Award (this program	n) in previous year: (\$)	\$1,450.00
Purpose of Request ((check all th	nat apply):			
Operating I	Funds (gene	erally cannot exceed 339	% of agency's total o	perating budget)	
Programmi	ing/services	events for direct bene	fit to community or	qualified individuals	
Capital Pro	ject of the o	organization (equipmen	t, furnishing, buildin	g, etc)	
The Following are Re	quired Atta	achments:			
IRS Exempt Status De		Letter	Signed lease if re	ent costs are being reques	ted
Current Year Project	•		RS Form W9		
List of Board of Dire		e term & term limits	Evaluation forms	s if used in the proposed p	rogram
Current financial sta		10.11		required by organization)	
Most recent IRS Form Articles of Incorpora		:0-н		nization Certification Forr	n, if required
		endor if request is for	Staff including t	he 3 highest paid staff	
capital expense					······································
For the current fiscal	year endin	g June 30, list all funds	appropriated and/or	received from Louisvill	e Metro
from any denartment	or any otne: : or Metro (r program or expense, in Council Appropriation (N	ncluding funds received	ved through Metro Fede	eral Grants,
sheet if necessary.	. Or Wictio	oution Appropriation (in	leighborhood bevei	opinent runus). Attach	additional
Source:	Neighborh	ood Development Fund	Amount: (\$)	\$1,450.00	
Source:			Amount: (\$)		
Source:			Amount: (\$)		
Has the applicant con	tacted the I	BBB Charity Review for	participation? Y	es No	
Has the applicant met	the BBB Cl	narity Review Standards	? Yes No		





SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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





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.):

The Oakdale Neighborhood Association (ONA) has three projects for which we would like to have funding assistance:

- 1) Ongoing communication with Oakdale Residents -- funding for supplies and services to distribute our newsletter;
- 2) December 8, 2015 Holiday Party that attracts the needlest of our community -- funding to provide a hot dinner for approximately 150 200 people;
- 3) August 2016 National Night Out -- funding to provide school supplies to children attending

- B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
- 1) \$250 -- Newsletter funding for paper, ink, printing, and postage to prepare and distribute our newsletter 6 times per year (ongoing);
- 2) \$950 -- Holiday meal for approximately 150 200 people from general public who attend the Holiday Party (December, 8 2015);
- 3) \$200 -- School supplies for National Night Out including folders, notebooks, crayons, glue sticks, scissors, etc. (August, 2016)



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.



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
The benefits of ONA Community Outreach Programs are to build a sense of community among the residents of the neighborhood to enhance cooperation, collaborative action when needed, safety, and quality of life. This small neighborhood reaches many in need. We have a wonderful collaboration with the LMPD 4th Division to serve the children and adults of this community.
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 collaborate with the Salvation Army Center at 1010 Beecher St. This is where we
hold almost all of our events. The Salvation Army does not charge ONA for facility use. We collaborate with the LMPD on Holidays in Oakdale and National Night Out. Our President participates with other South Louisville neighborhood leaders to improve conditions throughout the south end. Our President also is on the Citizen Advisory Committee for LMPD.
Committee for LIMPD.



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	\$200	\$200
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	\$250.	\$800	\$1,050
I: Community Events & Festivals (Attach Detail List)	\$1,150.	\$2,000.	\$3,150.
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)			· · · · · · · · · · · · · · · · · · ·
*TOTAL PROGRAM/PROJECT FUNDS	\$1,400.	\$3,000	\$4,400
	32% %	68 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$2,200
Fees Collected from Program Participants	\$800
Other (please specify)	
	\$3,000

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



^{**}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
	Volunteers	\$15,000	\$10/hr.
	Facility Use	\$1,200	Estimate 12Xyr. at \$100
	Local Businesses Donors	\$2,200	Estimate of value of toys/supplies donated
	(<i>to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)	\$17,880.	
IS	ONOR INFORMATION REFERS TO WHO MADE T TED INDIVIDUALLY, BUT GROUPED TOGETHER (RSON PER WEEK	ON ONE LINE AS A TOTAL NO	TING HOW MANY HOURS PER
)0(ency Fiscal Year Start Date: Jan. 1 - Dees your Agency anticipate a significant increase light projected for next fiscal year?	or decrease in your budget	from the current fiscal year to the
ouc	oan. 1 - De	****	from the current fiscal year to the
oo	es your Agency anticipate a significant increase aget projected for next fiscal year? NO	or decrease in your budget	from the current fiscal year to the
ouc	es your Agency anticipate a significant increase aget projected for next fiscal year? NO	or decrease in your budget	from the current fiscal year to the
Doc Duc	es your Agency anticipate a significant increase aget projected for next fiscal year? NO	or decrease in your budget	from the current fiscal year to the
Doc	es your Agency anticipate a significant increase aget projected for next fiscal year? NO	or decrease in your budget	from the current fiscal year to the



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.
- 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.
- 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
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

Standard Certifications

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

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

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signatur	e of Legal Signatory:	(asha)	a Deveriai	u Date:	11-14-15
Legal Sig	natory: (please print):	Burbara		Title:	President
Phone:	502-384-58	Extension:	Email:	Lachara	· Deflhences Co
	,		/	ga wow.	- July

Page 8

Effective April 2014 Applicant's Initi

Relationship Disclosure:

Barbara Devereaux - LMPD 4th Division Advisory Board, Past President and present board member;

LMPD Chief Conrad's Advisory Board, President

George Manley - Currently holds a position within LMPD Corrections

Fraternal Order of Police Corrections, Vice President

Oakdale Neighborhood Association

Detailed list of expenses for Community Events/Festivals

Holidays In Oakdale Party -- Dec. 8, 2015

\$950 -- Free meal for 150 - 200, including food and serving supplies & equipment \$2,000 -- Flyers to advertise free event/Toys for children/Santa

National Night Out -- August 2016

\$250 -- purchase of school supplies to handout at event, including notebooks, folders, crayons, scissors, glue sticks, etc.



ATLANTA GA 39901-0001

In reply refer to: 0752839100 Sep. 02, 2014 LTR 4168C 0

00028004

BODC: TE

OAKDALE NEIGHBORHOOD ASSOCIATION % MARGARET OSBORNE 727 W EVELYN AVE LOUISVILLE KY 40215-2924



030467

Employer Identification Number: Person to Contact: Customer Service
Toll Free Telephone Number: 1-877-829-5500

Dear OAKDALE NEIGHBORHOOD ASSOCIATI:

This is in response to your Aug. 21, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(04) of the Internal Revenue Code in a determination letter issued in JUNE 1985.

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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

Sincerely yours,

Kim D. Bailey

Operations Manager, AM Operations 3

NARP

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0196391
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
5/11/2015 10:09:31 AM
Fee receipt: \$15.00

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

Annual Report Online Filing

ARP

Company:

OAKDALE NEIGHBORHOOD ASSOCIATION, INC.

Company ID: State of origin:

0196391 Kentucky

Formation date:

12/14/1984 12:00:00 AM 5/11/2015 10:09:31 AM

Date filed: Fee:

\$15.00

Principal Office

1106 CAMDEN AVENUE LOUISVILLE, KY 40215

Registered Agent Name/Address

BARBARA DEVEREAUX 1106 CAMDEN AVENUE LOUISVILLE, KY 40215

Current Officers

Vice President

President Secretary Treasurer BARBARA DEVEREAUX

CATHERINE BROWN

Margaret Osborne George Manley 1106 CAMDEN,LOU,KY,40215 928 CAMBEN,LOU,KY,40215 1106 camden lou ky 40215 517 W Whitney Ave 4015

Directors

Director Director MARY JANE SERMORSHEIM HILDA STEIDEN 92

M 1000 BERRY BLVD,LOU,KY,40215 927 WEST WHITNEY,LOU,KY,40215

Director Director

JANE BLASI Francis Burk

1004 BERRY BLVD,LOU,KY,40215 1106 Camden, Louisville, Ky 40215

Signatures

Signature Title

george manley

vp

Recedent
The Research
Secretary
Jesseurer Term Kimits for Board Members 2 efeater I speak I speak

0



9265 Smyrna Parkway Louisville, KY 40229 502.368.5858/800.292.2905 www.LNFCU.com

Statement of Account

MEMBER NUMBER	STATEMENT ENDING DATE	BRANCH	PAGE
xxxxx	09-30-15	1	1 of 1





RETURN SERVICE REQUESTED

471052964 1

TOTAL RETURNED ITEM FEES WAIVED

1/1 UNQ

10-01-15 SD

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OAKDALE NEGHBRHOOD ASSOC PO BOX 21833 LOUISVILLE KY 40221-0833 Ask about our new 5/5 Mortgage Loan! Up to 100% financing with no closing costs or PMI!

DATE		TRANSACTION DESCRIPTION		AMOUNT	BALANCE
REGULAR	SAVINGS	ACCT# 1	07-01-15 THRU 09-30-15	PREVIOUS BALANCE	1,076,66
	DAKDALE NEG	HBRHOOD ASSOC			
	DIVIDEND			0.13	1,076,79
•	*** ANNUAL	PERCENTAGE YIELD EARNED FROM 04-	01-15 THRU 06-30-15 WAS 0.05%	***	
SEP30 N	NEW BALANCE				1,076.79
I	DIVIDENDS O	F 0.14 WILL BE POSTED T	O THIS ACCOUNT ON 10-01-15		
	** ANNUAL	PERCENTAGE YIELD EARNED FROM 07-		***	

FEES PAID	TOTAL FOR THIS PERIOD	TOTAL Y-T-D
TOTAL OVERDRAFT FEES	\$0.00	\$0.00
TOTAL OVERDRAFT FEES WAIVED	\$0.00	\$0.00
TOTAL RETURNED ITEM FEES	\$0.00	\$0.00
TOTAL RETURNED ITEM FEES WAIVED	\$0.00	\$0.00

DATE TRANS	ACTION DESCRIPTION			AMOUNT	BALANCE
BASIC BUSINESS CHECKING	ACCT# 2	09-01-1	5 THRU 09-30-15	PREVIOUS BALANCE	993.31
OAKDALE NEGHBRHOOD AS SEP03 DEPOSIT SEP30 NEW BALANCE				10.00 10.00	1,003.31 1,013.31
OLI OO MEN DALANCE	•				1.013.31
FEES PAID		TOTAL FOR THIS PERIOD	TOTAL Y-T-D		1,013.31
FEES PAID			Y-T-D		1,013.31
	D	THIS PERIOD			1,013.31

ACCT	NEW	DIVIDENDS	SOCIAL	TAX	I LOAN	NEW
	BALANCE	YTD	SECURITY	NAME	LOAN	BALANCE
1	1,076.79	0.40		OAKDALE NEGHBRHOOD ASS	S	
2	1,013.31	0.00		OAKDALE NEGHBRHOOD ASS	s	

\$0.00

\$0.00

Information copy. Do not send to IRS.

Form **990-N**

Department of the Treasury Internal Revenue Service

Electronic Notice (e-Postcard)

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

OMB No. 1545-2085

2014

Open to Public Inspection

A For the 2014 calendar year	r, or tax year beginning <u>1/1/2014</u> , and ending <u>12/31/2014</u> .	
B Check if applicable Terminated, Out of Business	C Name of organization: OAKDALE NEIGHBORHOOD ASSOCIATION d/b/a:	D Employer Identification Number
Gross receipts are normally \$50,000 or less	% Margaret Osborne 727 W Evelyn Ave Louisville, KY, US, 40215	
E Website:	F Name of Principal Officer: Barbara Devereaux	
	1106 Camden Ave Louisville, KY, US, 40215	***************************************

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

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

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

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

This Form 990-N (e-Postcard) was accepted by the IRS on 5/14/2015.

207224

Commonwealth of Kentucker OFFICE OF SECRETARY OF STATE

DREXELL R. DAVIS Secretary



FRANKFORT, KENTUCKY

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

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

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

Vince Barcley

DAKDALE NEIGHBORHOOD ASSOCIATION, INC.

STREET ADDRESS	905 Candan Avenue
CITY, STATE:	Routevilla gy
	, finding that these articles of incorporation conform to law and aving been paid as prescribed by law, I, DREXELL R. DAVIS, this Certificate of Incorporation.
	Assued this <u>TATH</u> day of <u>December</u> , 1984.
	DREPCHOUS SECRETARY DE SALE
Security of Security	

ORIGINAL COPY FILED SECRETARY DE STATE DE KENTUCKY

DEC 1 4 1984

ARTICLES OF INCORPORATION

SECRETARY OF STATE

The Cakeshir merchicold association, inc. has formed as a perpetual organization to operate, on a volunteer basis, a non-stock, non-profit neighbor hood corporation for the Cakdale neighborhood: To serve as a liason for government orlices and agencies; to help inform members/neighbors of available government aid and activities; to help inform members/neighbors of their civic responsibilities; to lend help charitably; when possible, for the good of the Cakdule neighbors. This organization will not be affiliated with any political or religious group.

374669
We are hereby organized with Mr. Vince Barclay as our registered agent with our office at his home, 905 Camden Avenue, Louisville, Kentucky 40215.

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

Thirry Curleinger (president) 830 Beecher Ave., Louisville, KY 40215

Wichard Hutchens (vice-president) 812 Camdon Ave., Louisville, KY 40215

Mary B. Trobue (secretary) 710 Whitney Ave., Louisville, KY 40215

Vincent N. Barelay (treasurer) 905 Camdon Ave., Louisville, KY 40215

Barbaro Birdon (director) 3709 S. 9th St., Louisville, KY 40214

Minaya Pani (director) 717 N. Dyelyn Ave., Louisville, KY 40215

Manay Bach (director) 4438 S. 6th St., Louisville, KY 40214

Lauter Materinen (director) 538 Camdon Ave., Louisville, KY 90215

William Pethichen (director) 4016 Southern Parkway, Louisville, KY 40214

Thir, OAKDALE MIIGHOON ASSOCIATION, INC. is incorporated by

Prory Curtainness Own Association, Inc. is incorporated by SEGRETARY OF STATE Explored Burning DEC 71984

Vince Regular Vince Regular Communication of Kentucky

Allerter State of Neuthbory County of Jefformon. The foregoing instrument on acknowledged televis me this __ + _ day of _______ 1984 by Hr. Vince are 14% is tyledinosed to CANDALE NEIGHBORHOOD ASSOCIATION, INC.

liking (1) Nothern Publise

Hyticamission capties <u>2pt 19, 1981</u>

Printing County of Jafferson

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Form W-9

(Rev. December 2014)
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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
ge 2.	2 Business name/disregarded editity name, if different from above	,	
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or Corporation S Corporation Partnership single-member LLC	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Š į	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	ship) ►	Exempt payee code (if any)
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	n the line above for	Exemption from FATCA reporting code (if any)
E E	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)
pecific	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)
See S	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par			
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	V.G.	curity number
	p withholding. For individuals, this is generally your social security number (SSN). However, for ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other		
	s, it is your employer identification number (EIN). If you do not have a number, see How to ge		
TIN or	n page 3.	or	
	If the account is in more than one name, see the instructions for line 1 and the chart on page lines on whose number to enter.	4 for LEMPloyer	identification number
Par	t II Certification		
	penalties of perjury, I certify that:		
	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is	sued to me); and
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and		
3. la:	m 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	g is correct.	
becau interes genera	ication instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transfer paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification, actions on page 3.	actions, item 2 doe o an individual reti	es not apply. For mortgage rement arrangement (IRA), and
Sign Here	Organization of the state of th	nte ► <i>[0 - i 0</i>	-2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. $\label{eq:code_condition}$

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 (TTN), 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.



Oakdale Neighborhood Association P.O. Box 21833 4440 Crittenden Drive Louisville, KY 40221 oakdaleneighborhoodassociation@yahoo.com

To Our Business Partners,

In December 2011 the Oakdale Neighborhood Association showcased the 1st Annual "Christmas in Oakdale" event. Through donations, we provided a hot meal for all three hundred attendees and provided a toy for each child in attendance. Dinner consisted of turkey & dressing, mashed potatoes and gravy, and green beans. After everyone got their belly full, each child went into a room and was able to receive a toy of their choice. To see the look in the children's eyes was truly worth all the hard work and effort. In the past three years, over 700 children have gone home with a gift, and over 1,000 attendees have received a free and hot home-cooked meal.

This year, the 4th Annual Christmas in Oakdale will take place in December at the Salvation Army Boys and Girls Club located at 1010 Beecher Street. These gatherings have always been a wonderful venue to meet our neighbors and develop positive relationships.

Today's tough economic conditions make it difficult for us to have this type of gathering without the help of organizations like yours. Our community and business partner's efforts make the "Christmas in Oakdale" truly a huge success.

I hope you will consider participating in this year's event. Any donation would be greatly appreciated and is tax-deductible. Our IRS tax identification number is 61-1056985.

Please feel free to contact me if you have any questions.

Thank you,

Barbara Devereaux
Oakdale President
502-384-5831
Barbara.devereaux@outlook.com



The Acorn

Published by The Oakdale Neighborhood Association P.O. Box 21833, 4440 Crittenden Drive Louisville, KY 40221 (502) 384-5831 oakdaleneighborhoodassociation@yahoo.com

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Diversity Statement: The Oakdale Neighborhood Association is committed to celebrating the rich diversity of people who live and work in our neighborhood. We believe that our environment must foster mutual respect and understanding for all people. We believe that all of our lives are enriched by accepting each other as we are and by celebrating our uniqueness as well as our commonali-

Letter from the President:

Hello all. I hope you will make note of all these upcoming events listed throughout the newsletter. Another event coming up very soon is our annual Christmas in Oakdale. This is the time to think which businesses in the neighborhood we can approach for donations: food, gifts, or money to help with incidentals. This is a very important event that serves the very families in our communities that need it the most. Also, if you can spare a few hours of volunteer time either leading up to the event, or help serve food during the event, please contact me at Barbara.devereaux@outlook.com. The joy of the children's faces when they see Santa Claus is a sight to behold and truly worth every effort we can give to make Christmas in Oakdale a huge success.

- Barbara

Upcoming Event in the Neighborhood Association:

National Night Out August 4th, 2015 5-8pm.

Hosted by 4th District LMPD, this is a nationally recognized event. Louisville was in the top 10 cities last year. There will be distribution of school supplies, free food, and great information on a lot of different topics. This event grows exponentially every year, and this year will be bigger than ever. Please come out and enjoy yourselves!! This event will be held at Wyandotte Park by the picnic table pavilion. Oakdale Neighborhood Association will also hand out school supplies. If you can help man the tables during this event, please contact Barbara at 502-384-5831. See you on the 4th!

POINTS TO REMEMBER:

- *** ALL MEETINGS ARE CONDUCTED AT THE SALVATION ARMY, 1010 BEECHER STREET.**
- * GENERAL MEETINGS ARE ON THE FIRST TUESDAY OF EVEN NUMBERED MONTHS (I.E. FEB/APRIL/JUNE, ETC.)
- * BOARD MEETINGS ARE ON THE FIRST TUESDAY OF ODD NUMBERED MONTHS (I.E. JAN/MARCH/MAY, ETC.)
- * EVERYONE IS DIFFERENT ... EVERYONE IS NECESSARY. IT DOESN'T MATTER HOW YOU IDENTIFY YOURSELF OR HOW OTHERS PERCEIVE YOU. WE WELCOME YOU IN OUR COMMUNITY.

Communities exist for the health and enjoyment of those who live in them, and not for the convienence of those who drive through them, fly over them or exploit their real estate for profit.

-Theodore Roszak

As our regularly scheduled meeting will be August 4th, during National Night Out, we will postpone the general meeting until the Tuesday after, to August 11th, 2015. It will be held at Salvation Army at 6:30pm.

PUBLIC HEALTH

Mosquito Fogging

Fogging is usually conducted with a 7-10 day period. If & WELLNESS fogging activities are cancelled due to weather conditions, they will usually be rescheduled for the following weekday evening. During fogging, please keep children away from the fogging vehicle; park your car off the street if possible; do NOT tailgate, follow or stop the vehicle while it is fogging; and remain inside while fogging vehicle is in the neighborhood. Fogging is done between dusk to dawn. Fogging cannot be done if it is raining, if wind speeds exceed 10 mph, or if evening temperatures are above 85°F. Workers will be spraying Zenivex, a synergized synthetic pyrethoid. This product offers a very low toxicity and odor. Pyrethoid can be used for public health mosquito control programs without posing unreasonable risks to human health. It is registered by the U.S. Environmental Projection Agency and the Kentucky Department of Agriculture for use in adult mosquito control programs. This product is biodegradable. For more information please call the Louisville Metro Department of Public Health and Wellness' Mosquito Control program at 502-574-6650 or at https://louisvilleky.gov/government/health-wellness/mosquito-fogging.

To clarify questions regarding alleys, right of ways and sidewalks, the person owning or occupying the property holds the responsibility of removing all rubbish, weeds, trash, waste or litter from the center line of the alley or easement that borders the property to the property line. Weeds or plant growth must be under 10 inches. Fines and violations run from \$100-\$1,000.



Oakdale Neighborhood Association P.O. Box 21833, 4440 Crittenden Dr. Louisville, KY 40221 (502) 384-5831

James Erwin 1120 Camden Ave. Louisville, KY 40215

RENEW YOUR MEMBERSHIP FOR 2015

(The only way to make sure you get a newsletter!)

OAKDALE NEIGHBORHOOD ASSOCIATION

Annual Dues: \$10 Household; \$20 Business.

Address	Zip402
Phone	·
e-mail:	
Number in Family	Amount enclosed
can hand deliver n	ewsletters YES () NO ()
would like to serve	on a committee concerning:

OAKDALE NEIGHBORHOOD ASSOCIATION, INC. PO Box 21833, 4440 Crittenden Dr., Louisville, KY 40221

oakdaleneighborhoodassociation@yahoo.com (502) 384-5831
President-Barbara Devereaux
Vice President-George Manley
Secretary-Catherine Brown-Dean

RENEW YOUR BUSINESS AD FOR 2015

Oakdale Neighborhood Association uses revenue from business ads to continually provide materials and subsidies for meetings and speakers. Continued support allows us to focus on our neighborhood and empowers us to do more for our neighbors. Ads prices are based on size. Ads of a quarter page are \$10.00 per issue or \$60 for the year. Ads of a half page are \$20 an issue, or \$120 for the year.

Please contact oakdaleneighborhhodassocation@yahoo.com to place an ad.