

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

Applicant/Program: Cloverleaf Neighborhood Association

Executive Summary of Request:

Funding requested is to increase neighborhood association participation through newsletter publications.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ 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

District #

Marianne Butler

Council Member Signature

\$4,000

Amount

4-6-16

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: _____

Hughes, Susan

From: Butler, Marianne
Sent: Tuesday, April 05, 2016 4:18 PM
To: Hughes, Susan
Cc: Helton, Jessamyn
Subject: RE: New Business Deadline for the April 14, 2016 Metro Council Meeting

Susan - please sign cloverleaf NDF - thanks - Marianne _____

From: Hughes, Susan
Sent: Tuesday, April 05, 2016 3:17 PM
To: Butler, Marianne
Cc: Helton, Jessamyn
Subject: FW: New Business Deadline for the April 14, 2016 Metro Council Meeting

Please submit permission for signature authority for \$4,000/NDF to Cloverleaf Neighborhood Association.

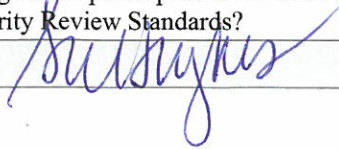
Susan W. Hughes
Legislative Assistant to
Councilwoman Marianne Butler
District 15
502-574-1115

From: Helton, Jessamyn
Sent: Tuesday, April 05, 2016 2:21 PM
To: Ackerson, Brent; Benson, Stuart; Blackwell, Rick; Boles, Brian; Bowman, Michael; Brothers, Cameron; Butler, Marianne; Carroll, Debbie; Chapman, Lisa E.; Clark, Steve; Cowherd, Ruth D; Dearing, Jared; Denton, Julie; Derouen, Andrea; Downard, Kelly; Eatherly, Kip; Engel, Robin; Ernest, Edwin; Ethridge, Kyle; Flood, Madonna; Fowler, Cindi; Franklin Gray, Lisa A.; Friend-Ellis, Myra; Gaines, Tracy; Green, Jessica; Haag, Steve; Hamilton, Cheri; Harrington, Scott; Hinson, Erin; Hodge, Monica; Hoffman, Elizabeth K; Hollander, Bill H.; Hughes, Susan; Hyatt, Tony W; James, David A; Johnson, Dan D; Kennedy, Liz; King, Keidra; Kramer, Kevin; Leet, Angela; Lewis, Chris W; Long, Terra L; Luckett, Daniel R; Maddox, Norma P; Mathews, Bryan L; Nichols, Barbara J; Noble, Jeffrey T; Oliver, Allison N; Owen, Tom; Parker, Marilyn; Peden, James; Philpott, Linda; Sanders, Donna; Schuhmann, Paul; Shanklin, Barbara; Smith, Chanelle Emily; Smith, Sherman H.; Smith, Wanda M; Stenberg, Beth; Stuckel, Glen; Tandy, David; Thieneman, Cindy L; Torsky, John N; Triplett, Kevin D; Turner, Erica; Weathers, Charles; Webster, Angela; Welch, Vicki A; White, Sophia L.; Woolridge, Mary; Yates, David; Metro Directors; Baker, Jonathan; Martin, Sarah J; Newman, Brian; Adams, Harold; Brosko, Margaret A; Cain, James; Cates, Janice E.; Chen, Julianne; Daffin, Priscilla; Dailinger, Katie; Duncliffe, Jeanine; Elliott, Babs; Erny, Joanna H; Frank, Brenda S; Gitschier, Greg M; Greg Fischer_(Mayor); Hamilton, Doug; Handlon, Sarah F; Harris, Margaret L; Hatchett, Lauren E; Heslen, Ellen M; Jackson, Althea; Lundin, Emalee G.; Mackey, Kara L; Maloney, Mike; Massey, Sara; Mays, Marcia; Miller, Phil; Parrott, Ashley M; Poynter, Chris D; Radican, Julie R.; Reno-Weber, Theresa; Reynolds, Sadiqa N.; Scott, Leah C.; Sheckles, Monica; Sims, Corey M; Smith, Ted R; Watson, Kellie R.; Wiederwohl, Mary Ellen; Yates, Nicole; Young, Daniel; Mulvihill, Patrick; Wohl, Geoff; Horner, Aaron P.
Cc: Harmon, Monica L; Steele, Joshua; Allen, Mary L; Swan, Christine; Sapp, Aimee R; Hunter, Nicholas; Manning, Danielle; Dunlap, Jeana E; Sundberg, Sandy; Hicks, Cynthia A; OMB Fiscal Admin All; Posey, Tina; Brown, Darry L; Mosley, Jeff; Ott, Stephen; Wagner, David B; Whitlock, Mary
Subject: New Business Deadline for the April 14, 2016 Metro Council Meeting
Importance: High

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Cloverleaf Neighborhood Association

Program Name and Request Amount: \$4,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="No"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="N/A"/>
Prepared by: 	Date: April 1, 2016



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: <u>Clowerleaf Neighborhood Association</u> <u>P.O. Box 16008 Lou. Ky 40216</u>			
Website:			
Applicant Contact:	<u>Shirley Buntain</u>	Title:	<u>President</u>
Phone:	<u>502-693-5367</u>	Email:	<u>clowerleafneighborhood@gmail.com</u>
Financial Contact:	<u>Gail Klotz</u>	Title:	<u>Treasurer</u>
Phone:	<u>502-550 6785</u>	Email:	<u>gklotz@gmail.com</u>
Organization's Representative who attended NDF Training: <u>Shirley Buntain</u>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	<u>Clowerleaf Subdivision</u>		
Council District(s):	<u>15</u>	Zip Code(s):	<u>40216</u>
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:			
Total Request: (\$)	<u>\$4000.00</u>	Total Metro Award (this program) in previous year: (\$)	<u>0</u>
Purpose of Request (check all that apply): <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	<u>N/A</u>	Amount: (\$)	
Source:	<u>N/A</u>	Amount: (\$)	
Source:	<u>N/A</u>	Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

please see attached
mission statement
+
calendar of events

50B



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

This began 10/2015 with our Feet on the street program. Where we walked to each house to raise involvement in our neighborhood. It continues through this year. We are seeing increased membership, lower crime stats, & increased attendance.

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

This grant will subsidize our 15/16 budget. We will strive to use our calendar of events and new quarterly newsletter to raise awareness & membership. It is our goal to become self-funded in the next 2 fiscal years.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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

SLB



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

We will build and track membership and participation. The outcome will be a larger member base, higher awareness of neighborhood needs, and an overall community that will become neighbors in the truest sense. This has the potential to increase property values, and lower crime.

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.

One of our goals is to build on our relationship with Gutermyth Elementary. Inviting student participation at our events. Also, we are re-vamping our Scholarship Program to target Gutermyth Teachers/Students



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SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials (Quarterly newsletter)	4000.00	2000-	6000-
I: Community Events & Festivals (Attach Detail List)	0	4160-	4160
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)	0	2990-	2990-
*TOTAL PROGRAM/PROJECT FUNDS	4000-	9150	13150
% of Program Budget	31 %	69 %	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)	
Fees Collected from Program Participants Dues	\$ 5300.00
Other (please specify) t-shirt sales - Ads - tickets	\$ 3850.00
Total Revenue for Column 2 Expenses **	\$ 9150.00

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

**Must equal or exceed total in column 2.

Please See Attached Budget

SLB



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
	N/A	
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: 10-1-15

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

If YES, please explain:

We are focusing on membership. We have over 1400 homes. We currently have less than 50% membership. With a 20-30% increase we can fund our budget for the next year.

5LB



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Shirley R. Bunkert</i>	Date:	3-8-16
Legal Signatory: (please print):	Shirley R. Bunkert	Title:	President
Phone:	502-693-5367	Extension:	
Email:	cloverleafneighborhood. @gmail.com		

SRB

Internal Revenue Service
District Director

Department of the Treasury

Date: APR 21 1987

See attached

Employer Identification Number:

[REDACTED]

310032277

Person to Contact:

Helen Miley

Contact Telephone Number:

513-684-3578

Caveat Applies:

No

▷ Cloverleaf Neighborhood Association, Inc.
1551 Glenrock Road
Louisville, KY 40216

— Dear Sir or Madam:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(2).

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status: 509(a)(2).

This supersedes our letter dated January 16, 1987.

If the above heading indicates that a caveat applies, the caveat below is an integral part of the letter.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


District Director

Change of Address or Responsible Party — Business

▶ Please type or print.

- ▶ See instructions on back. ▶ Do not attach this form to your return.
▶ Information about Form 8822-B is available at www.irs.gov/form8822b.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here ☒

Check **all** boxes this change affects:

- 1 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 ☐ Business location

4a Business name Cloverleaf Neighborhood Association, Inc		4b Employer identification number [REDACTED]
5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 4321 Leaf Drive Louisville, Ky 40216		
Foreign country name	Foreign province/county	Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. P.O. Box 16008 Louisville, Ky 40256		
Foreign country name	Foreign province/county	Foreign postal code
7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.		
Foreign country name	Foreign province/county	Foreign postal code
8 New responsible party's name Shirley Buntain		
9 New responsible party's SSN, ITIN, or EIN 406085218		
10 Signature Daytime telephone number of person to contact (optional) ▶ 502-693-5367		
Sign Here Signature of owner, officer, or representative Shirley R Buntain President		Date 2-1-16

Where To File

Send this form to the address shown here that applies to you.

IF your old business address was in . . .

THEN use this address . . .

Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
Cincinnati, OH 45999-0023

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States

Internal Revenue Service
Ogden, UT 84201-0023

FOR OFFICIAL USE ONLY

2016 CLOVERLEAF NEIGHBORHOOD ASSOCIATION

BOARD MEMBER CONTACT SHEET

Please note ALL positions are 1 year Terms / We currently have NO Term Limits

NAME	ADDRESS	Private Phone	PUBLIC PHONE	EMAIL	POSITION
Shirley Buntain			502-693-5367		President
Sheila Sheehan			502-435-5577		1s Vice President
Dave Shepherd			502-751-2040		2nd Vice President
Gail Klotz			502-550-6785		Treasurer
Dawn Heck					Secretary
Jesse Frazier			502-386-8199		Board Member
Linda Green			502-742-7383		Board Member
Vonnie Lewis					
Shirley Macy			502-290-4544		Board Member
Dot Nunn			502-366-5434		Board Member
Emily Puckett					Board Member
Randy Puckett					Board Member
James Thomas					Board Member
Joyce Wilson					Board Member

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2016 - 100.00

2016 CNA BUDGET - (PROPOSED)

		Expense	Income
OPERATING EXPENSES	Donation to Cumberland Presby. Church (Annual)	150	
	Annual 501c(3) filing	15	
	Lock Box	15	
	P.O. Box Rental	60	
	Paper Supplies and Copies	60	
MEMBERSHIPS	Postage (stamps)	100	
	Miscellaneous	200	
	Proposed NDF Grant		4000
MEETINGS	Goal of 530 homes at \$10 each		5300
	General Meetings - Door Prizes	90	
	Hospitality Fund	250	
	Christmas Party		
	Janitor Services	50	
	Food	600	
	Entertainment	100	
	Centerpieces/door prizes	100	
	Tableclothes	50	
	Tickets		600
	Chili Cook-off		
	Aprons (CNA imprinted)	75	
	Prizes (3 x \$50)	150	
	Bowls, Spoons, etc.	30	
	Miscellaneous		
	Movie Night		
	Screen/Movie Rental	800	
	Refreshments		
	Miscellaneous	180	
	Signs	140	
	Music Festival		
	Entertainment	800	
	Signs	140	
	Miscellaneous	100	
	Scholarship Award Night		
	Scholarship	700	
	Paper plates, cutlery, etc.	30	
	Miscellaneous		
	Wellness Fair		
	Heart Healthy Refreshments	50	
	Mini Hand Sanitizers	30	
	Tableclothes	10	
	Door Prizes & prizes for Bingo game	25	
NEWSLETTERS			
	Quarterly CNA newsletter (\$1,500 x 4 times a year)	6,000	
	Newsletter Advertisements		2,000
MISCELLANEOUS			
	Tshirt Sales	1000	1250
	Lawn care for Cloverleaf sign areas	700	
	New Meeting Signs (20)	280	
	Wire Shelving for Storage Room at Church	70	
		\$13,150	\$13,150



Cloverleaf Neighborhood Association

P.O. Box 16008

Louisville, KY 40256

TREASURER'S REPORT

February, 2016

1/31/2016	Beginning Checking Balance	\$ 4,917.88	
	Deposits:		
	Memberships	<u>440.00</u>	\$ 5,357.88
	Checks:		
	Sec. of State - address change	20.00	
	USPS – P.O. box annual fee	96.00	
	CNA logo design	90.00	
	Newsletter printing	1,154.17	
	Postage	146.85	
	CNA t-shirts	160.00	
	Wellness Fair	<u>138.56</u>	<u>(1,805.58)</u>
	Checking Account Balance		\$ 3,552.30
	Certificates of Deposit (2)	24,762.48	<u>\$24,762.48</u>
2/29/2016	Total Assets		\$28,314.78

Prepared and submitted by: _____, CNA Treasurer



Cloverleaf Neighborhood Association
P.O. Box 16008
Louisville, KY 40256

REVISED

3/1/2016


TREASURER'S REPORT

January, 2016

12/31/2016	Beginning Checking Balance	\$ 4,687.88	
	Deposits:		
	Ad revenue	60.00	
	Memberships	<u>170.00</u>	
	Checking Account Balance		\$ 4,917.88
	Certificate of Deposit #1	8,716.77	
	Certificate of Deposit #2	15,995.88	
	Dividends	<u>49.83</u>	<u>\$24,762.48</u>
1/31/2016	Total Assets		\$29,680.36

Prepared and submitted by: _____, CNA Treasurer

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-EZOMB No.
1545-2085**2014**Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning 10/1/2014, and ending 9/30/2015.**B** Check if applicable
☐ Terminated, Out of
Business☒ Gross receipts are normally
\$50,000 or less**C** Name of organization: CLOVERLEAF NEIGHBORHOOD
ASSOCIATION INC
d/b/a:4321 Leaf Dr
Louisville, KY, US, 40216**D** Employer
Identification
Number
**E** Website:**F** Name of Principal Officer: Dot Nunn4321 Leaf Dr
Louisville, KY, US, 40216

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 1/31/2016.

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT,
KENTUCKY

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

I, **FRANCES JONES MILLS**, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of

CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

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

JOHN ALAN LANNING

NAME

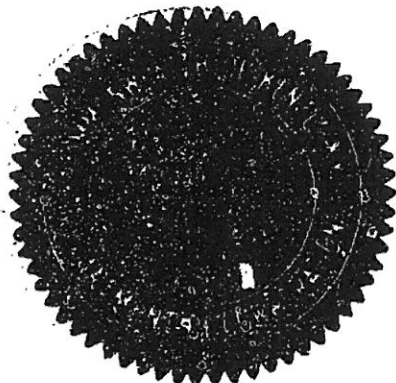
1551 GLENROCK ROAD

STREET ADDRESS

LOUISVILLE, KENTUCKY

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.



SECRETARY OF STATE

Issued this 24TH day of SEPTEMBER, 19 81,
at Frankfort, Kentucky.

Frances Jones Mills

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ARTICLES OF INCORPORATION OF
CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
LOUISVILLE, KENTUCKY

SEP 24 1981

I, John Alan Lanning, 1551 Glenrock Road, Louisville, Kentucky 40216, acting as sole incorporator, do hereby adopt these articles of incorporation for a nonstock, nonprofit corporation in accordance with Chapter 273 of the Kentucky Revised Statutes.

ARTICLE I

226446

The name of the corporation shall be Cloverleaf Neighborhood Association, Inc.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The purpose of the Cloverleaf Neighborhood Association, Inc. shall be to provide an opportunity for the residents of the Cloverleaf Neighborhood Association to better their neighborhood; provide or arrange for others to provide programs and activities that will foster human growth; to help the community develop resources to alleviate problems encountered by the residents regardless of race, color, creed or national origin.

ARTICLE IV

The corporation shall be operated as a non-profit corporation, exclusively for charitable and educational purposes within the meaning of Section 501 (C.) (3) of the Internal Revenue Code of 1954, as from time to time amended, and shall have and may exercise all powers given to non-profit corporations under the provisions of KRS 273, subject only to the limitation that not withstanding any other provisions of these articles the corporation shall have only such power as may be exercised by an organization for purposes similar to those of this corporation, exempt under Section 501 (C.) (3) of the Internal Revenue Code.

ARTICLE V

Any resident of Cloverleaf, the area boundaries as follows; Watterson Expressway - North, Gagel Avenue-South, Manslick Road - East, and Illinois Central Railroad - West shall be considered a member. Those owning property or business in the area but do not live in the area are also considered members. Members must be 18 years of age or older to be eligible to vote.

ARTICLE VI

The affairs of the corporation shall be managed by an Executive Board. The Board shall consist of the officers of the Association and chairpersons of all committees. The qualifications of the

members of the Executive Board, together with their terms of office, manner of election, removal, change of numbers, filling of vacancies and of newly created directorships, powers, duties, and liabilities, shall except as otherwise provided in these articles or by the laws of the State of Kentucky, be as prescribed by the By-Laws. The names and post office address of the persons who shall serve as members of the executive board until their successors are duly qualified, are as follows (being the 4 initial Directors of the Corporation):

<u>NAME</u>	<u>ADDRESS</u>
Ronald L. Hollenkamp, Sr.	1409 Anna Lane Louisville, KY 40216
Joseph D. Clark, Sr.	4306 Dana Drive Louisville, KY 40216
John A. Lanning	1426 Anna Lane Louisville, Ky 40216
John Alan Lanning	1551 Glenrock Road Louisville, KY 40216

The officers and committee chairpersons shall serve on the Board without compensation.

ARTICLE VII

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 (C.) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

ARTICLE VIII

In the event of dissolution, winding up, or other liquidation of the assets of this corporation, its assets shall be distributed to

non-profit and charitable corporations or institutions as may qualify for exemption under the provisions of Section 501 (C.) (3.) of the Internal Revenue Code and as may be designated by the Executive Board to be used for the purposes similiar to those of this corporation. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principle office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.


ARTICLE IX

The address of the initial registered office of the corporation is 1551 Glenrock Road, Louisville, Kentucky, 40216 and the name of its initial registered agent at such address is John Alan Lanning

ARTICLE X

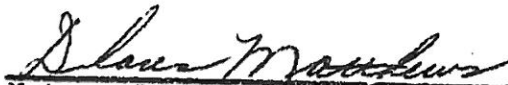
These articles of incorporation may be amended, by the majority vote of the members of the Executive Board, having the right to vote, present at a duly called meeting of the Executive Board, at which a quorum is present, and of which at least ten (10) days written notice has been given.

IN WITNESS WHEREOF, I have hereunto set my hand this 23RD day of SEPTEMBER, 1981.


JOHN ALAN LANNING
1551 Glenrock Road
Louisville, Kentucky 40216

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public, in and for the State and County aforesaid, do certify that the foregoing Articles of Incorporation were this day produced to me by the said John Alan Lanning, party thereto, in said county and state and there by acknowledged by him to be his act and deed this 23rd day of September, 1981.


Notary Public, Jefferson County,
Ky. My Commission expires
May 5, 1985

THIS DOCUMENT PREPARED BY:



JOHN ALAN LANNING
1551 Glenrock Road
Louisville, Kentucky 40216

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

Organization Number	0160128
Name	CLOVERLEAF 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	9/24/1981
Organization Date	9/24/1981
Last Annual Report	4/28/2015
Principal Office	P.O. BOX 16008 LOUISVILLE, KY 40256
Registered Agent	SHIRLEY R. BUNTAIN 4430 MALCOLM ROAD LOUISVILLE, KY 40216

Current Officers

Vice President	<u>Shirley Buntain</u>
Treasurer	<u>Darlene Stoddard</u>
Director	<u>Burnett Baker</u>
Director	<u>Jesse Frazier</u>
Director	<u>Shirley Macy</u>
Director	<u>Sue McCormack</u>
Director	<u>Sheila Sheehan</u>
Director	<u>Susan Lawson</u>
Director	<u>Dawn Heck</u>

Individuals / Entities listed at time of formation

Director	<u>JOHN ALAN LANNING</u>
Director	<u>JOHN A LANNING</u>
Director	<u>RONALD L HOLLENKAMP SR</u>
Director	<u>JOSEPH D CLARK SR</u>
Incorporator	<u>JOHN ALAN LANNING</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Registered Agent</u>	2/1/2016 11:42:26 AM 1 page	<u>PDF</u>
<u>name/address change</u>		
<u>Principal Office Address</u>	2/1/2016 11:38:32 AM 1 page	<u>PDF</u>

Change

<u>Annual Report</u>	4/28/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/24/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/20/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/22/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/10/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/18/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/26/2009	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	1/30/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/16/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	11/1/2006	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/17/2005	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/10/2003	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/22/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/4/2001	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/24/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/21/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/11/1998	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	10/5/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1993	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/17/1992	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Sixty Day Notice</u>	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	9/24/1981	5 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Registered agent address change	2/1/2016 11:42:26 AM	2/1/2016 11:42:26 AM	
Principal office change	2/1/2016 11:38:32 AM	2/1/2016 11:38:32 AM	
Annual report	4/28/2015 1:14:56 PM	4/28/2015 1:14:56 PM	
Annual report	4/24/2014 11:25:57 AM	4/24/2014 11:25:57 AM	
Annual report	3/20/2013 9:24:13 AM	3/20/2013 9:24:13 AM	
Annual report	2/22/2012 3:34:55 PM	2/22/2012 3:34:55 PM	
Annual report	3/10/2011 9:01:17 AM	3/10/2011 9:01:17 AM	

Annual report	3/18/2010 8:56:09 AM	3/18/2010 8:56:09 AM
Annual report	3/26/2009 6:19:46 PM	3/26/2009
Annual report	1/30/2008 4:40:02 PM	1/30/2008 4:40:02 PM
Annual report	3/16/2007 3:01:48 PM	3/16/2007
Annual report	11/1/2006 3:29:05 PM	11/1/2006 3:29:05 PM
Registered agent address change	10/5/1995	10/5/1995
Principal office change	10/4/1995	10/4/1995
Principal office change	9/22/1995	9/22/1995

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	3/1/2005	1 page
Annual Report	4/9/2004	1 page
Annual Report	6/10/2003	1 page
Annual Report	4/22/2002	1 page
Annual Report	4/4/2001	1 page
Annual Report	4/24/2000	1 page
Annual Report	4/21/1999	1 page
Annual Report	5/11/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Statement of Change	10/5/1995	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	3/17/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	9/1/1990	1 page
Sixty Day Notice	9/1/1990	1 page
Annual Report	7/1/1989	2 pages
Articles of Incorporation	9/24/1981	5 pages

0160128 - CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.**Your filing is complete**

Your Statement of Change of Registered Agent/Office has been filed, and the changes have been recorded in the Secretary of State's database. You can print this page to keep as a receipt for your filing.

Company Name: CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

Company ID: 0160128.09.99999

Filing Date: 2/1/2016 11:42:26 AM

KI TPE Cart ID: 9b335a24-fdb4-4abb-a2b7-3cfeb28b2912

KI TPE Order ID: 13348490

Filing Fee: \$10.00

Signature: SHIRLEY R. BUNTAIN

Title: PRESIDENT

Registered Agent Signature: SHIRLEY R. BUNTAIN

You can view and print copies of your filing from the link below, and you can also search for your organization at any time and this filing can be found in the images section.

[Link to the image of your filing](#)

[Continue to Business Entity Search](#)

2/1/2016
0160128

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

N601

0160128
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
2/1/2016 11:42:26 AM
Fee receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Statement of Change of
Registered Office, Registered
Agent, or Both**

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

CLOVERLEAF NEIGHBORHOOD ASSOCIATION, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

DOT NUNN

2. Registered agent is hereby changed to:

SHIRLEY R. BUNTAIN

3. Address of current registered office

4321 LEAF DRIVE
LOUISVILLE, KY 40216

4. Registered office is hereby changed to:

4430 MALCOLM ROAD
LOUISVILLE, KY 40216

5. Signature of officer or chairman of the board

SHIRLEY R. BUNTAIN, PRESIDENT

Signature and Title

Type or print name and title

2/1/2016 11:42 AM

Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.

SHIRLEY R. BUNTAIN

Signature and Title

Type or print name and title

**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.
Cloverleaf Neighborhood Association, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 501(c)3
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P.O. Box 16008

6 City, state, and ZIP code
Louisville, Ky 40236

7 List account number(s) here (optional)

Print or type
See Specific Instructions on page 2.

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.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** Shirley Buckley **Date ▶** 3/8/16

President

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/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 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.



Cloverleaf Neighborhood Association

P.O. Box 16008









Louisville, KY 40256

MISSION STATEMENT

The Cloverleaf Neighborhood Association's mission is to help build and support a thriving, diverse community by providing a forum for sharing information, connecting neighbors, promoting activities and fostering civic involvement.

- We are a volunteer board and association striving to make the Cloverleaf neighborhood a better place to live.
- We operate as a conduit of information to our neighbors. By providing speakers at our meetings, maintaining a membership e-mail list and a neighborhood Facebook page, and distributing a bi-annual newsletter we keep our neighbors aware of city operations, community organizations and events, and potential developments and changes in the neighborhood.
- We offer an opportunity for neighbors to bring forth their concerns and problems, providing information and connecting them to resources.
- We are responsive to our community's needs through the relationships we build with our neighbors, neighborhood businesses, community organizations and Metro Louisville.
- We promote activities within our neighborhood such as health fairs, music festivals, chili cook-offs and holiday parties.

2016 CALENDAR OF EVENTS

Date	Time	Place	Description
Thursday February 18	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting and Wellness Fair . Get your body mass index measured and your blood pressure checked. Visit the various displays to learn more about being "Heart Healthy." 
Thursday March 17	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting and St. Patrick's celebration . Join us in the "Wearin' o' the Green." Bring your favorite green dessert, snack chips & dip, or beverage to share! 
Thursday April 21	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting & guest speaker, Terry Gibson, who will share Gardening Tips & Advice . 
Thursday May 19	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting and Metro Government Summit . Metro government officials will address the group and be available for questions.
Thursday June 16	7:00 pm	Guttermuth Elementary 1500 Sanders Lane	CNA Meeting and Scholarship awards night . Be sure to look for the scholarship application in the Spring CNA newsletter. 
Thursday July 21	7:00 pm	To be announced	CNA Meeting and Movie Night . Bring the family (and bug spray) and join us for fun, refreshments and an outdoor family-friendly movie. 
Saturday September 17	TBA	To be announced	CNA Music Festival Join us for fun, food, festivities and great music. Details to be provided in the Spring CNA newsletter. 
Thursday October 20	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting and Crime/Block Watch Summit . Let's get together and talk about ways to make our neighborhood a safer place to live.
Thursday November 17	7:00 pm	Cumberland Presbyterian Church 4610 Manslick Road	CNA Meeting, Board Elections and Chili Cook-off . Cash prizes awarded in several categories (tastiest, spiciest, etc.). 
Thursday December 8	6:30 pm	Cumberland Presbyterian Church 4610 Manslick Road	Christmas Party Everyone is welcome! Come join your neighbors for dinner and holiday entertainment. Mark your calendar now! 

Neighborhood Association or HOA?

The Cloverleaf Neighborhood Association is a *neighborhood* association – *not* a homeowners association (HOA) – and there is a huge difference between the two!

A neighborhood association, like the Cloverleaf Neighborhood Association, is a collection of residents who voluntarily join the association and meet for the betterment of the neighborhood.

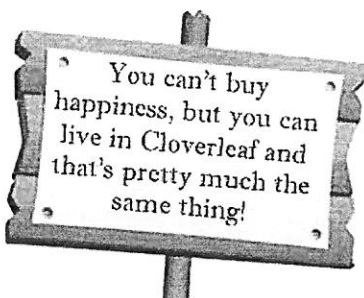
They are generally focused on social activities, serving as a conduit of information for members and, as needed, serving as a liaison between and representing the interests of the residents with the local government. They have *no* power to assess fees, fine residents, or to control the use of property.

CNA *not* an HOA

On the other hand, an HOA makes it mandatory for all property owners in a defined area to be join the HOA.

Members are subject to a strict set of rules and guidelines that impose restrictions on everything from the size and shape of mailboxes and acceptable residential paint colors to how many and what kinds of trees can be planted in yards.

The association can (and normally does) impose mandatory fees on members in order to care for the neighborhood's public areas and sometimes even for the exterior of the members' homes.



Our Mission



The Cloverleaf Neighborhood Association's mission is to help build and support a thriving, diverse community by providing a forum for sharing information, connecting neighbors, promoting activities and fostering civic involvement.

- ✿ Our board and association members are all volunteers striving to make the Cloverleaf neighborhood a better place to live.
- ✿ We operate as a conduit of information to our neighbors. By providing speakers at our meetings, maintaining a membership e-mail list and a neighborhood Facebook page, and distributing a quarterly newsletter we

keep our neighbors aware of city operations, community organizations and events, and potential neighborhood developments and changes.

- ✿ We offer an opportunity for neighbors to bring forth their concerns and problems and be heard, providing information and connecting them to resources.
- ✿ We are responsive to our community's needs through the relationships we build with our neighbors, neighborhood businesses, community organizations and Metro Louisville.
- ✿ We promote activities within our neighborhood such as health fairs, music festivals, chili cook-offs and holiday parties.

What can you do to help make Cloverleaf a better place to live?

Join us! Please join us for our next CNA meeting on Thursday, February 18, at 7pm in the community room of the Cumberland Presbyterian Church, 4610 Manslick Road (back entrance). We'll be celebrating National Heart Health month with a community wellness fair.

Normally, we meet every third Thursday of the month (there are a few exceptions so be sure to take a look at the Calendar of Events on page 5).