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

Applicant/Program: Fairdale Lions Club, Inc.
Applicant Requested Amount: \$3,000
Appropriation Request Amount: \$3,000
Executive Summary of Request
District 13 NDF to the Fairdale Lions Club, Inc. in support of their Scholarship Program, awarded to qualified
JCPS students, to be used towards college tuition and expenses. Students will qualify based on scholastic
achievement, attendance and community service.
Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization?
Does this application include funding for sub-grantee(s)?
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.
purpose is regimmate. Thave also completed the discrosure section below, if required.
District # Primary Sponsor Signature \$3,000 Amount Date
District # Primary Sponsor Signature \$3,000 Amount Date
District # Primary Sponsor Signature Amount Date
Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this
organization, its volunteers, its employees or members of its board of directors.

Approved by:
Appropriations Committee Chairman Date
Appropriations Committee Chairman Date
Final Appropriations Amount:

Legal Name of Applicant Organization Fairdale Lions Club, Inc.

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ì	Program Name and Request Amount	Fairdale Lions	Club Scholarchia Program
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Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes/No/NA
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?	Yes
Will all of the funding go to programs and if it is the first of the funding go to programs and if it is the funding go to programs and if it is the funding go to programs and if it is the funding go to programs and if it is the funding go to programs and it is the funding go to program and it is the funding go to pr	Yes
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
Is the application properly signed and dated by authorized signatory?	Yes
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 the legal responsibility of that taxing district? Is the entity in good standing with:	N/A
 ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	Yes
	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes
s the most recent annual audit (if required by organization) included?	Yes
s 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 faith-based) included?	Yes
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
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 equired to do so)?	N/A N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	N/A
repared by: Kevin Trip ett, Legislative Assistant Date: May 22, 2017	***************************************

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		CECTION 1 ADD	PLICANT INFORMATION		
Legal Name of Applic	rant Orga		FICHAL MACMINATIO	<u> </u>	
(as listed on: http://www.	_	Fairdale I	ions Club, Inc.		
		Address: 10101 Mitche	ll Hill Rd fairdale KV	40118	
Website: N/A				10110	
Applicant Contact: Pam Shofner-Daniels Title: Past President/Scholarship C					
Phone:	502-38	7-4375	Email:	PShofner12@gmail.com	
Financial Contact: Brenda Powell Title: Treasurer					
Phone: 502-955-8238 Email: BPowell30@aol.com					
Organization's Repre	sentative	who attended NDF Tra	ining:Pam Shofner-Da		
		AL AREA(S) WHERE PRO			
Program Facility Loca		10101 Mitchell Road,			
Council District(s):		13	Zip Code(s):	40118	
	SECT	ION Z – PROGRAM REQ	UEST & FINANCIAL INF	ORNIATION	
PROGRAM/PROJECT	NAME:20	17 Fairdale Lions Club/	Metro Govt Scholarshi	ps	
Total Request: (\$)	3,000	Total Metro	Award (this program)	in previous year: (\$) 3,000	
Purpose of Request (check all	that apply):			
☐ Operating F	unds (ger	erally cannot exceed 33	3% of agency's total ope	erating budget)	
		es/events for direct beni			
		organization (equipme			
The Following are Rec	quired At	tachments:		ż	
IRS Exempt Status De	terminatio	on Letter-	Signed lease if rem	t costs are being requested	
Current year projecte	d budget		IRS Form W9		
Current financial state	ement		Evaluation forms in	f used in the proposed program	
Most recent IRS Form	990 or 11	20-H	Annual audit (if re	quired by organization)	
Articles of Incorporat	ion (curre	nt & signed)	Faith Based Organ	ization Certification Form, if applicable	
Cost estimates from p capital expense	proposed v	rendor if request is for			
Government for this o	r any oth	er program or expense,	including funds receive	received from Louisville Metro ed through Metro Federal Grants, oment Funds). Attach additional	
Source:]	Louisville	Metro Govt	Amount: (\$) 3	3,000	
Source:			Amount: (\$)	,	
Source:			Amount: (\$)		
Has the applicant cont	acted the	BBB Charity Review for	participation? Yes	s m No	
Has the applicant met	the BBB (Charity Review Standard	ls? Yes No		

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	SECTION 3 - AGENCY DETAILS		
Describe Agency's Vision, Mission and Services: The Lion's Club is dedicated to services for the blind and visually impared. We support the world's eye banks, linics, hospitals and eye research centers. We also provide charitable services in the community such as food askets, scholarships, quality eye care and testing, eye glasses, braill writers, guide dogs, glacoma screening and ther community oriented events for education and socialization.			
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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF		
Board Member		Term End Date
We do not have any paid Board Members or employees!		
	,	William I
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Describe the Board term limit policy:		
bescribe the board term with policy:		E
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Three Highest Paid Staff Names	A 3 - *	
Timee Trigitest Falu Stall Names	Annual Sala	ry

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SECTION 5 - PROGRAM/PROJECT NARRATIVE 1: 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, lesigns, event permits, proposals for services/goods, etc.): 2: Excises for direct benefit to the community for qualified individuals. Scholarships will be awarded, typically, in the onth of May and the actual payment to the colleges typically occur in August or September. 3: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 3: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 3: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 3: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 3: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 4: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 5: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 6: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 7: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 8: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 8: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 8: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 8: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): 8: Describe specifically how the funding will be spent including ide			
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Applicant's Initials

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

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	efits to those being served (measurable outcomes). I the indicators that will be tracked to measure the be	
Ve request each recipient of our s	scholarships to keep us informed of their progress as the	ney continue through college.
_	ommunicate their progress we have no way to moitor f	
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-	collaborative relationships the organization has wit lose partners are bringing to the relationship in gene	
orogram/project specifically.	ost paratets are simping to the relationship in gene	to the terms
	l community organizations such as the Fairdale Comm	unity Club Fairdale
	ocation, etc. We are also part of th International Lion	
·	beation, etc. We are also part of in international Elon	is Club Organization as our
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SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column Z	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Wetro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	, 0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (See Detailed List on Page 8)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	Ô
L: Other Expenses (See Detailed List on Page 8)	3,000	1,500	4,500
*TOTAL PROGRAM/PROJECT FUNDS	3,000	1,500	4,500
% of Program Budget	66.667 %	33.333 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants	0
Other (please specify)	1,500 (Club donation)
Yarel Revenue for Columns 7 Supposi	1,500

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

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

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
territe one and use manaple sneets in necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Scholarships	3,000	1,500`	4,500
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Total	3,000	1,500	4,500

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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** Scholarships N/A N/A Total Value of In-Kind (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: July 1st 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:

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Effective	May	2016



SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 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.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 8 - CERTIFICATIONS & ASSURANCES

(Yan Shofner Lands

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						1	
falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be							
repaid. I fo	urther certify that I am legally	authorized to sign this	Application for	r the applying	organization an	d have initialed each page of the	1.
application	l.	11/0			0	<i>i i</i>	
Signature of Legal Signatory: MIN Shot - Much Date: 5/1/17 5/16			19/17				
Legal Sig	natory: (please print):	Pam Shofner-Dan	i # ls	7	Title:	Past President/Scholarship	./ /
Phone:	502-387-4375	Extension:	N/A	Email:	il: PShofner12@gmail.com		
					•		

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Officers of Fairdale Lions Club, Inc.

2016 - 2017

Officer	Member Name	Length of Office
President	Anna Daniels	1 year
Secretary	Bob Warren	1 year
Treasurer	Brenda Powell	1 year
1 st Vice President	Kathy Neagle	1 year
2 nd Vice President	Pam Shofner-Daniels	1 year
3 rd Vice President	Sue Collins	1 year
Lion Tamer	William Collins	1 year
Tail Twister	Karen Hayse	1 year
3 rd Year Director	Brenda Simpson	1 year
3 rd Year Director	Kim Durden	1 year
2 nd Year Director	Carolyn Hobart	1 year
2 nd Year Director	Juanita Giltner	1 year
1 st Year Director	Tammy Skinner	1 year
1 st Year Director	Scott Skinner	1 year
Membership Chair	Bill Neagle	1 year
Co-Membership Chair	Kathy Neagle	1 year
Past President	Sue Collins	1 year
Past President	Pam Shofner-Daniels	1 year
Past President	Kathy Neagle	1 Year

Note: All are volunteers. We have no paid staff.



TREASURY DEPARTMENT

WASHINGTON

OFFICE OF COMMISSIONER OF INTERNAL REVENUE

Address Reply To Countessation of Saternal, Sevense And Gefer To

> IT2P:T2l LJ.A

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

Sirs:

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

The records of the Bureau disclose that under date of December 20, 1926, you were held exampt from Federal income tax under the provisions of section 251(9) of the Revenue Act of 1926 and the corresponding provisions of prior revenue acts.

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

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

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

DEC 4 1940



Louiselle Moire Contractant Office of Management and Relact

Heighborhood Davelspment Fund Training Attestation

Organization Name: FAIT CARLE LION'S Club

Participant Name: PAM Shofner - DAniels

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

Participant Signature

Date

Form 990-N	Electronic Notice (e-Postcard)	OMB No. 1545-2085
Department of the Treasury Internal Revenue Service	for Tax-Exempt Organization not Required to File Form 990 or 990-EZ	2015
		Open to Public Inspection
A For the 2015 Calendar year, or	A For the 2015 Calendar year, or tax year beginning 2015-07-01 and ending 2016-06-30	D Employee Identification
B Check if available ☐ Terminated for Business	C Name of Organization: INTERNATIONAL ASSOCIATION OF LIONS CLUBS	D Employee Identification Numbe
☑ Gross receipts are normally \$50,000 or less	PO BOX 528, FAIRDALE, KY,	
	<u>US, 40118</u>	
E Website:	F Name of Principal Officer: PAM SHOFNER	
	8900 BROWN AUSTIN	
	ROAD, FAIRDALE, KY, US,	
	1	

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

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

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

your Form 990-N (e-Postcard) electronically. 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

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FAIRDALE LIONS CLUB, INC.

General Information

Organization Number 0181426

Name FAIRDALE LIONS CLUB, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY
File Date 9/8/1983
Organization Date 9/8/1983
Last Annual Report 3/24/2017
Principal Office P O BOX 528

FAIRDALE, KY 40118

Registered Agent ROBERT M. KAERCHER

1410 KENTUCKY HOME LIFE BLDG.

LOUISVILLE, KY 40202

Current Officers

President <u>ANNA DANIELS</u>

 Vice President
 KATHY NEAGLE

SecretaryRobert WarrenTreasurerBrenda Powell

DirectorBRENDA SIMPSONDirectorCAROLYN HOLBERTDirectorIUANITA GILTNERDirectorSCOTT SKINNER

Individuals / Entities listed at time of formation

Director GARY PARKS

DirectorCHARLES TERRYDirectorEDWARD LIMBERDirectorDANNY S JONES

Incorporator <u>GARY PARKS</u>

Incorporator <u>CHARLES TERRY</u>

IncorporatorEDWARD LIMEIncorporatorDANNY S JONES

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 crea-

Of P. D. addaments December 111	p		_	£
Annual Report	3/24/2017	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/9/2016	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	4/16/2015	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/27/2014	1 page	tiff	<u>PDF</u>
Annual Report	2/28/2013	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/17/2012	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/22/2011	1 page	tiff	<u>PDF</u>
Annual Report	4/1/2010	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	2/27/2009	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	1/18/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	1/22/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/24/2006	1 page	tiff	<u>PDF</u>
Annual Report	3/24/2005	1 page	tiff	PDF
Annual Report	10/30/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/2/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/15/2001	1 page	<u>tiff</u>	PDF
Annual Report	6/19/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/8/1999	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/28/1998	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	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1993	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1992	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1991	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	10/29/1990	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	10/2/1990	1 page	<u>tiff</u>	<u>PDF</u>
Sixty Day Notice	9/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1984	1 page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	9/8/1983	5 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing Annual report **File Date** 3/24/2017 9:55:16 AM **Effective Date**

Org. Referenced

3/24/2017

Annual report	3/9/2016 3:41:21 PM	3/9/2016
Annual report	4/16/2015 10:41:55 AM	4/16/2015
Annual report	2/27/2014 4:56:56 PM	2/27/2014
Annual report	2/28/2013 1:47:45 PM	2/28/2013
Annual report	2/17/2012 10:53:07 AM	2/17/2012
Annual report	2/22/2011 3:59:42 PM	2/22/2011
Annual report	4/1/2010 3:06:34 PM	4/1/2010
Annual report	2/27/2009 10:26:31 AM	2/27/2009
Annual report	1/18/2008 9:38:27 AM	1/18/2008
Annual report	1/22/2007 11:51:20 AM	1/22/2007
Annual report	3/24/2006 9:15:55 AM	3/24/2006
Principal office change	9/15/2003 12:05:36 PM	9/15/2003

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	3/9/2005	1 page
Annual Report	3/24/2004	1 page
Annual Report	10/30/2003	1 page
Annual Report	5/2/2002	1 page
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Annual Report	. 7/1/1994	1 page
Annual Report	7/1/1993	1 page
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Annual Report	7/1/1984	1 page
Articles of Incorporation	9/8/1983	4 pages

Form (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.

Fairclate Lions Club, Lnc. 2 Business name/disregarded entity name, if different from above	
\mathbf{N} 1	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Seventhal Se	iduals; see
single-member LLC Exempt payee code (if an Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	ıy)
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for	reporting
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. Violer (see instructions)	unteide the US1
The deliver (see instructions) ▶ Visit Continue	
5 Address (number, street, and apt. or suite no.)	
10101 Mitchell Hill Mai	
Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate Individual/sole proprietor or C Corporation S Corporation Partnership Exempt payee code (if an instructions on page 3): Exempt payee	
7 List account number(s) here (optional)	
Part I Taxpayer Identification Number (TIN)	<u> </u>
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number Social security number	
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. Employer identification number	
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for	
guidelines on whose number to enter.	
Part II Certification	
Under penalties of periury, 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	
to the least a with a first because to tame every from backup with white 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 of dividends, of (c) the IRS has holding	ne 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 to because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mort interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. instructions on page 8.	IRA), and
Sign Signature of AM WHO - CAMIDALLE PORTO 4/10/2017	
Here U.S. person Will Will Will Use Date // /	
General Instructions • Form 1098 (home mortgage interest), 1098-E (student loan interest (tuition)), 1098-T
General Instructions • Form 1098 (home mortgage interest), 1098-E (student loan interest)), 1098-T

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 (TiM) which may be your social security number (SSN), individual taxpayer identification number (ATIM), adoption taxpayer identification number (ATIM), or employer identification number (EIM), 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)

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:

- 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.

BATTICE OF THOUSANDERS

SEP X8 E83

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PATRODER LICES CLUB, IEC.

In July

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the unforcined, cast bases, consists them, means limit, and named S. 2000s, do hereby from a semprofit comporation under the laws of the Communication of Heatherty.

APPICIE I

The new of the composition shall be:

"EXTENSES LINES CLUB, ZEC."

· MERCE III

The describes of the componenties shall be perpetual.

ARTACLES VEV

The purpose of the composition shall be to presente, sustain, sid, and assist civic and derivable activities in the Pairthle Community, and to do any and all leaful business for which compositions may be incomposited under KDS 273.

DEFICIE IV

The address of the registered office shall be 715 Marion B. Taylor Building, Louisville, Contacty 40202; and the resident agent will be minut H. MARIERE, at Such address.

ARTICLE V

consist of four (4) directors; and the directors who are to serve until the iffest annual meeting of the numbers of the comporation, or until their successors are elected and qualified are:

CHANGE THREE, 7408 Hing William Ct., Zonisville, NY 40214
CHANGE THREE, 668 Kirsch Emy, Feirchle, Hentucky 40118
BREAND LINEA, 8407 FOR Ridge Court, Zonisville, NY 40272
DRESH S. JOHES, 11202 Ediscles Hill Ed., Pointele, NY 40118

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

corporation may, fixe then to time, provide.

AMERICAN VI

The names and addresses of the incorporates are:

KDENKO LIEBA,

GARY PARKS, 7408 King Silliams Ct., Louisville, KY 40214 CMANUAS TERSY, 698 Kinsch May, Paindale, Kentucky 40118 RDSAND LIMIN, 8407 For Ridge Court, Louisville, KY 40272 Damer S. Justs, 11202 Episciss Hill Rd., Painbale, Ry 40118

Under the news of the corporation It may adopt a corparate seal, and it has the poset to contract and he contracted with, to use end be smal, and it may receive, eccept, purchase or acquire and hold in any other leaful sensor, well and personal property, and it may dispuse of some by gift, deed, or in any other lawful manner, for the benefit of the emporation, its sembors, associates, or any other same or cames or a tivic, edecational or charitable mature.

ARTICLE VIII

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

ARTICLE IX

The corporation formed hereby shall have no capital stori, and shall be composed of scaners rether than characteristics.

ARTICLE X

Hembers, Directors, and Officers of the corporation shall

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

IN EXPLOSE WHERE, we, the laconycretom, have becomes set our bands this 1^{g} day of 1000000, 1983.

CHARLES TOWN TOWN TOWN TO THE PARTY OF THE P

David & Jones

STATE OF RESTUCKY SS

I, a Motory Public in and for the State and County aforesaid, hereby certify that the foregoing persons, CARY PARKS, CHARLES THORY, HUMBED LIMBE, and DARMY S. JURES, all of Jefferson County, Kentucky, appeared before no personally and acknowledged that they and each of them signed the foregoing Arricles of Incorporation as their free act and deed for the purposes there stated.

Witness my signature and smal of office this 1 day

My commission empires:

3/13/87

RANK THE A

This Instrument Prepared By: COMMELLY, KAERCHER & STAMPER

Robert M. Karekan

Attorney at Law '
715 Marion E. Taylor Bldg.
Louisville, Kentucky 40202
Phone: (502) 589-2100

is "Pape

Mos Fentucky SECRETARY OF STATE

FRANCES JONES MILLS Secretory

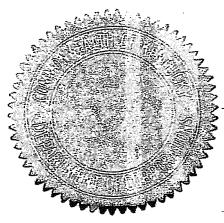


FRANKFORT,

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

I, FRANCES JC Kentucky certify	NES MILLS, Secretary of State of the Commonwealth o that there has been delivered to my office articles o	f f
incorporation of	FAIRDALE LIONS CLUB, INC. ess of the registered agent of this corporation is	-
NAME NAME	715 MARTON E. TAYLOR BUTDLING	-
STREET ADDRESS	LOUISVILLE, KENTUCKY 40202	-

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



Issued this ____8TH_ day of_ at Frankfort, Kentucky.

Jones Mills

SECRETARY OF STATE

assistant secretary of State

ranuare Living Cius, inc.

Operating Budget 2015-2016

A.	Personnel Costs:	(All volunteers. No paid Staff)	\$	0.00
В.	Rent/Utilities:			
	 Gas & Electric 			3,877.00
	 Water & Sewers 			1,162.00
	∍ Garbage			540.00
	Cable/Phone			1,598.00
	 PO Box Rental 			58.00
		Total:	\$	7,235.00
C.	Office Supplies:			
	PO Stamps		\$	98.00
	 Misc Office Suppl 	ies		00.00
		Total:	\$	98.00
Ď.	In-Town Travel: (Volunt	eers pay own expenses)	\$	0.00
-	•	Total:	\$	0.00
E.	Client Assistance:			
	 Eye Glasses purch 	nased by Club for Needy	\$	560.00
	 Scholarships to Fl 			5,500.00
	Flowers Sick/Fund	eral	<u> </u>	170.00
		Total:	\$	6,230.00
F.	Professional Service Co	ntracts:		
	⇒ CPA – Form 990 f	iling	\$	00.00
G	. Program Materials:		\$	0.00
		Total:	\$	0.00
Н	. Community Events & Fe	estivals:	\$_	10,485.00
	(See "Fundraiser Expen			
	·	Total:	\$	10,485.00

Fairdale Lions Club, Inc. Operating Budget 2015-2016

1.	Small Equipment:		
	 Lawn Mower Service 	\$	285.00
	 Lowes for Bulbs & Filters 		61.00
	 Office Supplies 		63.00
	Snow Removal		00.00
	Hall Maintenance		00.00
	 Kitchen Supplies & Equipment 		00.00
	• Furnace Repairs	-	508.00
	Copier Service		302.00
	Gas for Mower		100.00
	 Electrical/Concrete Work/Parking lot 		1,650.00
٠,	 Hardware Supplies 		22.00
· ·	Total:	\$	2,991.00
J.	Capital Equipment:		
	No Capital Equipment	\$	0.00
	Total:	\$	0.00
K.	Other Expenses:		
	 See detailed list "Club Ongoing Expenses" 	\$	9,277.00
	(Designated with an "O" beside amount)		
	Total:	\$	9,277.00

Fairdale Lions Club, Inc. Income & Expenses 2015-2016

income:			
•	Regular Income	\$	20,816.00
0	Fundraiser Income		30,868.00
	Total Gross Income:	\$	51,684.00
Expense		\$	9,277.00
	Ongoing Expenses	¥	10,485.00
9	Fundraiser Expenses	\$	19,762.00
. ś	Total Gross Expenses:	Ş	13,/02.00
	Gross Income:	\$	51,684.00
	Gross Expenses:	\$ £	- TCO 00

Net income:

31,922.00

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	CREDIT	LI		ခ			(3,000,5									<u> </u>				0		e	O		12'000'E+\$
2-thal-	DEBIT	\$ 560.00	\$ 200.00	&	, 69	\$ 500.00	\$ 300.00	\$ 300.00	\$ 5,500.00		\$ 100.00	\$ 500.00	\$ 100.00	\$ 200.00	\$ 250.00	,		\$ 100.00		\$ 25.00		\$ 200.00		\$ 200.00 ⁽⁽	\$ 81.69	_	
	REASON (DONATIONS GIVEN)		KID SIGHT (GC)	YOUTH CAMP (GC)	CAMP CRESENDO DEBIT	CAMP CRESENDO (GC)	ALL STATE BAND (GC)	YOUTH SPORTS	SCHOLORSHIPS (SCPS SHUGAE)	CANDY DAYS (GC)	KLEF (GC)	LCIF (MELVIN JONES)	PATRON FUND (GC)	LEADERDOG FOUNDATION (GC)	VISION VAN (GC)	HI TECH (GC)	DRUG/DIABETES (CG)	TAPPS PHOOH CORNER	CHRISTIAN ACADAMY	NEW CLUB DONATIONS	FAIRDALE MINISTRIES	SENIOR CITIZENS	SPECIAL OLYMPICS	CRUSADE FOR CHILDREN	FOOD BASKET	FLOWERS FOR SICK -Clien+ 4556	TOTALS
5																											
ILDING ACCO																			-					•	/ Net.	\$-61,236.74)	(' /
AND BUILDING ACCOUNTS	CREDIT									>	1,625.00						3 245.19			159.30			7.00	135.00,	Net.	+ 2,171,49 \\$-11,000.7	
2015-2016 ADMINISTRATION, CHARITY, TARES AND BUILDING ACCOU		.93) '	\$ (1,598.11)	\$ (1,162.04)	\$ (540.00)	\$ (1,921.48)	\$ (1,496.26)	\$	\$ (60.00)	\$	\$ 2,094.50 \$ 1,625.00	\$ 255.00 0	\$ 120.00 Ø	\$ 15.00	\$ 152.70	· \$	\$ 245.19	9	\$ 34.00 0	\$ 343.18 \$ 159.30	, .	· •		\$ 240.00 \$ 135.00.	s . Net:	2,171,49	\ \ \

4. 11,835,711 (6,977,38

L		1	- Sec. 1		_=1	<u> </u>	<u> </u>	L			I		Ł				5	t.		
												`							\$ 2,894.95	Ja3491.85
2015-2016	CREDIT			Hardware			Small sant	-						School pment	\sim			=	\setminus	85
SUPPLIES	DEBIT	\$ (1,650.00)	\$ (507.77)	\$ (61.48)) ·	G	\$ (285.37)	, , ,	· &	, 69	ı Gə	ج	ر م	\$ 302.23	\$ 100,00	es S	\$ (21.96)	\$ (63.04)	\$ 2,894.85	2941.85
BUILDING MAITANCE/SUPPLIES	REASON (CLUB OPERATIONS)	ARKING LOT	:URNACE REPAIRS	OEWS BULBS/FILTERS	CHOATES FIRE PROT.	REFRIGERATOR/ICE MAKER REP	AWN EQUIPMENT	JIRT, GRAVEL & SPREADING	SNOW REMOVAL	HALL EQUIPMENT	HALL MAINTANCE	JINES(KIT, SUPPLIES & EQUIP.	HOOD CLEANING	COPIER /SERVICE	GAS FOR MOWER	ELECTRICAL WORK	HARDWARE SUPPLIES	OFFICE SUPPLIES	TOTALS	

13,925.00 7 PACHOROPORT

FUND RAISER AND DONATIONS RECEIVED

DEBIT

INCOME

345.98

4,630.00

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49 49 49

5,942.32

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GUM BALL MACHINES
PRP BANK INTEREST

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PROPERTY EASMENT SOLD
LION BANK! XMAS JAK. 16TO DEC. 16

(TIPS)/XMAS JAN. 18 -DEC. 15

HALL RENTALS

FISH FRY

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QUILT GIVE AWAY
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701.00

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1,484.84

1,545.00

580.00

H

\$ 1,499.18 \$ \$ 2,029.05 \$

EASTER

GROSS NET TOTAL	17.555,71	\$ \$ 27,833.48	\$ \ 9,299.77
NET PROFIT	,		

\$ 11,542.64 | \$ \$ 39,376.12 | \$ + 27,833.48

TOTALS

HOLLOWEEN STREET

CHRISTMAS

						l	
FISH FRY BREAK DOWN	REAK	DOWN				(0)	SCH
DRINK FUND	49	113.50 \$	es-	113.50			FISH
ADMINISTRATION			60 -	13,462.28			7
CHARITY			es	2,440.50	- <u>c</u>		NOO
SCHOLARSHIP			so	750.50	-	- 07	SCH
TIPS			₩	417.36			GRA
EXSPENSE	₩	5,828.82					FOR
	49	5,942.32 \$	€9-	17,184.14	17,184.14 \$ 11,241,82		

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SCHOLARSHIPS		DEBIT	S	CREDIT	-	
FISH FRY SWEETS			₩	750.50		
TV GIVE AWAY			₩.	217.00		
DONATIONS			()	1,000.00		
SCHOLARSHIPS GIVEN (4)	₩.	\$ 5,500.00				
GRANT		٠	₩	3,000.00		
FORCHT BANK INTEREST			₩.	3.73		
TOTALS	\$	\$ 5,500.00 \$		4,971.23	\$ 528.77	

540.83 \$ 328.39 \$
.81 \$ 732.50 \$
3 764.93 \$
FUND RAISERS \$ 481.43 \$
862.63 \$ 360.21
862

MAY APR MAR FEB JAN DEC <u>8</u> OCT SEPT AUG JULY

SUNE

E.E.