

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

RECEIVED  
DATE 11-19-14 TIME: 9:51am

**Applicant/Program:** Eastwood Recreation Center, Inc./Eastwood Recreation Remodel Phase 2

**Executive Summary of Request:**  
To make the following repairs to the Eastwood Recreation Center (Phase 2):  
1. repair roof leak  
2. repair back porch  
3. electric service repairs  
4. replace bathroom fixtures  
5. replace 2 front windows  
6. grading work

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.

19 District #       Council Member Signature      \$25,005 Amount      11-18-14 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: \_\_\_\_\_

DATE 12-12-14 TIME 1:39pm

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Eastwood Recreation Center, Inc.		
Program Name:	Request Amount:	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		equal
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Y
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Y
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Y
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Y
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Y
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		Y
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Y
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?		Y
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		Y
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?		Y
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		N/A
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		N/A
<b>Rent Requests:</b> Is a copy of signed lease included?		N/A
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Y
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Y
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		N/A
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		Y
Prepared by: <i>Scott Hamington</i>		Date: <i>11-18-14</i>



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>Eastwood Recreation Center, Inc</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> po box 51 Eastwood Ky 40018			
<b>Website:</b>			
<b>Applicant Contact:</b>	Brent Davenport	<b>Title:</b>	Board member
<b>Phone:</b>	502-376-7701	<b>Email:</b>	bdavenport@eastwoodfire.com
<b>Financial Contact:</b>	Same	<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Organization's Representative who attended NDF Training:</b> Brent davenport			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	po box 51 eastwood ky		
<b>Council District(s):</b>	Jerry Miller	<b>Zip Code(s):</b>	40245
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> eastwood recreation remodel phase 2			
<b>Total Request: (\$)</b>	\$25,005	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$10,000
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" 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 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	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	NDF	<b>Amount: (\$)</b>	\$10,000.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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:**

Eastwood Recreation Center is a planned youth sports facility and community hall that is in constant use by the residents of the area. We rent the facility out for community events and for our local youth sports teams for use. We also hold neighborhood meetings and local club events as well. We are a strictly a volunteer center where all maintenance and upkeep is done by people from the community who volunteer their time to make this place work. We are dedicated to keeping Eastwood up and running and we are well on our way to standing on our own thanks to the help from the last NDF grant. The community focus of our center is our main priority and to help serve the needs of the people in our area is and will continue to be our goal.



## 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.):**

Start date November 2014 or when funds are available.

Our goal is to get the community center which is in some disrepair, due to its age, cleaned up and maintained to continue to be used by local families and groups.

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

We need spotlights added to the building and shed. We had a mower, scoreboard and other tools stolen from behind the building a few weeks ago this would cut down any criminal mischief around building.

We need to repair the siding to the building-frankly it is cracked and old and only a matter of time before water has its way and gets in foundation.

We need to repair rotting posts on front of building so the peak does not collapse that is over the door.

We need to repair roof where the flashing is broken to prevent ceiling leaks.

We need to fix toilets so they are able to be used by all the teams and people of the community who use and rent building.

A fresh coat of paint on inside also is probably necessary as well.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

**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.



## 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:**

Since our first grant last year Eastwood Recreation has really turned around.

We have the baseball/softball field being rented by up to 8 teams year round. That helps us generate income to pay for daily maintenance, insurance and basic upkeep.

We have also tripled the amount of rentals of the community center since the remodel has started. Rentals include weddings, parties, fish fry, fundraiser, HOA meetings, Zumba classes, and other events.

Within the next 2 years we should be a self sustained operation with enough incoming revenue to be responsible for our own upkeep and sustainability. We will not be an endless pit of funds- The NDF grant from councilman Miller has set us up to be successful for years to come and to be used by our community for years to come.

We do need to get the building fixed up to help keep us on track for phase 2.

PHASE 3 WILL BE REPLACING BLEACHERS IN BASEBALL PARK AND WE SHOULD BE FINISHED AFTER THAT.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

We have strong community ties. We have a painting company who has donated services to us, Lowe's home Improvement, Wagner electric, Elite Homes, and many others have contributed and will continue to help out in times of need.

We cut all the grass, weeds, remodeling, garbage pickups, etc..

We will also be able to bring some funds in kind. The collaborative relationships in volunteer hours alone is worth upwards of \$13,000.00.

Between Board members, teams, and community groups we donate about 1300 hours of community service to this place year round.

1300 hours X 10.00/hr= 13,000.00

The commitment is strong and our results will be too. We will be great stewards of our funds for Phase 2 as we have been during Phase 1.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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
<b>A: Personnel Costs Including Benefits</b>	00	00	00
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	0	0	0
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (Attach Detailed List)</b>	0	0	0
<b>G: Professional Service Contracts</b>	0	0	0
<b>H: Program Materials</b>	0	0	0
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	0	0	0
<b>J: Small Equipment</b>	0	0	0
<b>K: Capital Equipment</b>	25,005	0	25,005
<b>L: Other Expenses (Attach Detail List)</b>	0	0	0
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	25,005	0	25,005
<b>% of Program Budget</b>	100 %	100 %	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	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	

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

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





**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail 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
volunteer	13000	1300 hours X 10.00 /hr=13000
donations of labor and equipment	2000	based on previous year donations
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	15000	volunteer hours and donations from community

\* 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:

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

If YES, please explain:



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 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.

<b>Signature of Legal Signatory:</b>	brent davenport <i>[Signature]</i>	<b>Date:</b>	11-18-14
<b>Legal Signatory: (please print):</b>	brent davenport	<b>Title:</b>	board eastwood recreation
<b>Phone:</b>	502-376-7701	<b>Extension:</b>	
<b>Email:</b>	bdavenport@eastwoodfire.com		



# EASTWOOD RECREATION CENTER

EASTWOOD, KENTUCKY 40018

## 2014 Eastwood Recreation Board of Directors

### Officers

### Expiration of Term

*4 yr term*

President	Seth Akers	12-31-14
Secretary	Gary Cook	12-31-14
Treasurer	Denise Murphy	12-31-14

### Trustees

Brent Davenport	12-31-15
Vic Vrbancic	12-31-15
Jonathon Minuccio	12-31-15

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

DEPARTMENT OF THE TREASURY

Date: SEP 11 2014

EASTWOOD RECREATION CENTER INC  
PO BOX 51  
EASTWOOD, KY 40018

Employer Identification Number:

DLN:

17053183328023

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

June 27, 2013

Contribution Deductibility:

Yes

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

Sincerely,



Director, Exempt Organizations

EASTWOOD RECREATION CENTER INC

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is the postmark date of your application.

**ARTICLES OF INCORPORATION**

**OF**

**EASTWOOD RECREATION CENTER**

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We, the undersigned incorporators, for the purpose of forming a corporation under and pursuant to Chapter 273 of the Kentucky Revised Statutes, do certify as follows:

I. The name of the corporation is:

**"EASTWOOD RECREATION CENTER"**

II. The location of the principal office of the corporation, and the principal place of business is Eastwood, Jefferson County, Kentucky.

III. The purposes for which the corporation is formed are:

(a) To purchase or lease a tract or tracts of land in Eastwood, Kentucky, or its vicinity; to develop same into a playground and community center; to improve same by erecting playground equipment and suitable buildings in order to provide social diversion and recreational facilities for the members and their families, and to further provide suitable playgrounds for the children of Eastwood and the surrounding community, and

to further promote social intercourse between the members, and to encourage participation in the various programs instituted by them and the members of their families.

(b) To receive and hold such other property, real and personal, whether obtained by purchase, gift, devise, lease or otherwise, as may be necessary to carry on or promote the objects of the corporation, and to lease, mortgage, sell or otherwise dispose of such property at pleasure, unless the property has been received as a gift or devise for some special purpose, and, if so received, it shall be used and applied only for such purpose.

(c) To adopt such by-laws and rules for its government and operation not inconsistent with law as its trustees from time to time deem proper.

(d) To have and possess generally all powers incidental to its purposes herein set out, and all such incidental powers as may be permitted by the laws of the State of Kentucky to corporations formed under the Chapter referred to in the caption hereof, or any subsequent amendments thereto.

IV. The corporation shall have no capital stock, and no private pecuniary profit is to be derived by it, its trustees, its members, or any other persons.

V. The corporation shall begin business when its certificate is issued by the Secretary of the State of Kentucky, and shall continue perpetually unless dissolved by the action of two-thirds of its trustees.

VI. The affairs of the corporation shall be conducted and managed by a Board of five (5) trustees, which Board, by its own action, is hereby empowered to increase the number of trustees or to decrease such number, but not to less than three (3).

The first Board of Trustees shall be elected by the incorporators hereof within thirty (30) days after the said Charter is granted, and for a period of one (1) year; thereafter, the Board of Trustees shall be elected in a manner and for a period of time as shall be provided in its by-laws.

The officers of the corporation shall be such as its by-laws provide, and shall be elected as therein provided.

VII. The agent for this corporation upon whom process may be served is VIRGIL L. LLOYD, SR., Eastwood, Kentucky.



VIII. The private property of the trustees, officers, and members shall not be subject to the corporate debts to any extent whatsoever.

IN TESTIMONY WHEREOF, WITNESS our signatures this  
17th day of February, 1947.

Charles E. Waits  
~~E. H. Waits~~  
John G. Pope  
Paul W. Long  
Christine Stocker

Virgil L. Lloyd  
W. O. Morgan  
E. M. Hedges  
H. L. Davenport  
George Irwin, Jr.

STATE OF KENTUCKY  
COUNTY OF JEFFERSON

I, CHARLOTTE R. PARRINE hereby certify that the foregoing Articles of Incorporation of the EASTWOOD RECREATION CENTER were this day produced to me in my office by VIRGIL L. LLOYD, SE., W. O. MORGAN; E. M. HEDGES; H. L. DAVENPORT; GEORGE IRWIN, JR; CHARLES E. WAITS; E. H. WAITS; JOHN G. POPE; PAUL W. LONG, and CHRISTINE STOCKER, and acknowledged and delivered by said parties to be their act and deed.

WITNESS my hand this 17th day of February, 1947.

My commission expires May 19, 1949.

Charlotte R. Parrine

NOTARY PUBLIC, JEFFERSON COUNTY, KENTUCKY.

## Eastwood Recreation Center Budget

1-01-14 to 12-31-14

### INCOME:

<b>Fish Fry</b>	<b>4000.00</b>
<b>Donations</b>	<b>5900.00</b>
<b>Total</b>	<b>9900.00</b>

### EXPENSES:

<b>Utilities</b>	<b>3283.00</b>
<b>Insurance</b>	<b>2482.40</b>
<b>Fish Fry</b>	<b>2000.00</b>
<b>Dumpster</b>	<b>800.00</b>
<b>Plumbing Repairs</b>	<b>500.00</b>
<b>Ky Treasurer</b>	<b>25.00</b>
<b>Post Office</b>	<b>49.00</b>
<b>Exterminating</b>	<b>125.00</b>
<b>Tractor Repairs</b>	<b>500.00</b>
<b>Total</b>	<b>9764.40</b>

<b>Balance Forward 2013</b>	<b>1500.00</b>
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<b>Income</b>	<b>9900.00</b>
<b>Expenses</b>	<b>9764.40</b>

<b>Balance 1-1-2014</b>	<b>880.75</b>
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**EASTWOOD RECREATION CENTER, INC.****General Information**

<b>Organization Number</b>	0015265
<b>Name</b>	EASTWOOD RECREATION CENTER, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/19/1947
<b>Organization Date</b>	2/19/1947
<b>Last Annual Report</b>	7/25/2014
<b>Principal Office</b>	P. O. BOX 51 EASTWOOD, KY 40018
<b>Registered Agent</b>	DENISE MURPHY 109 JOHNSON RD LOUISVILLE, KY 40245

**Current Officers**

<b>President</b>	<u>DAN SHIRLEY</u>
<b>Secretary</b>	<u>Cheryl Scales</u>
<b>Treasurer</b>	<u>Denise Murphy</u>
<b>Director</b>	<u>Bob McGary</u>
<b>Director</b>	<u>H B Davenport</u>
<b>Director</b>	<u>JUSTIN ROBERTS</u>
<b>Director</b>	<u>SETH AKERS</u>

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

<b>Director</b>	<u>CHARLES E. WAITS</u>
<b>Director</b>	<u>CHRISTINE STUCKER</u>
<b>Director</b>	<u>E. M. HEDGES</u>
<b>Director</b>	<u>H. L. DAVENPORT</u>
<b>Incorporator</b>	<u>CHARLES E. WAITS</u>
<b>Incorporator</b>	<u>CHRISTINE STUCKER</u>
<b>Incorporator</b>	<u>E. M. HEDGES</u>
<b>Incorporator</b>	<u>H. L. DAVENPORT</u>

**Images available online**

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

<u>Annual Report</u>	7/25/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/5/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/29/2012	1 page	<u>tiff</u>	<u>PDF</u>

<a href="#">Annual Report</a>	7/5/2011	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	7/7/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/30/2010	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/16/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/8/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/5/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/28/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/6/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/4/2004	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/28/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/2/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/12/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/30/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/7/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1988	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amendment</a>	8/11/1987	4 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/1/1986	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	7/25/2014 3:57:48 PM	7/25/2014	
Annual report	7/5/2013 11:13:16 AM	7/5/2013	
Annual report	6/29/2012 3:59:16 PM	6/29/2012	
Annual report	7/5/2011 9:32:22 AM	7/5/2011	
Registered agent address change	7/7/2010 11:46:18 AM	7/7/2010	
Annual report	6/30/2010 12:06:07 PM	6/30/2010	
Annual report	7/16/2009 2:41:40 PM	7/16/2009	
Annual report	7/8/2008 9:27:43 AM	7/8/2008	
Annual report	7/5/2007 2:28:25 PM	7/5/2007	

Annual report	6/28/2006 9:23:26 AM	6/28/2006	
Amendment previous name	8/11/1987	8/11/1987	<u>EASTWOOD RECREATION CENTER</u>

### Microfilmed Images

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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.

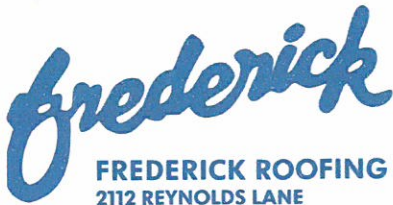
Annual Report	10/11/2004	1 page
Annual Report	8/28/2003	1 page
Annual Report	10/2/2002	1 page
Annual Report	9/12/2001	1 page
Annual Report	8/10/2000	1 page
Annual Report	8/30/1999	1 page
Annual Report	7/7/1998	1 page
Annual Report	7/1/1997	1 page
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Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	1 page
Annual Report	7/1/1988	1 page
Amendment	8/11/1987	4 pages
Statement of Change	9/17/1986	1 page
Annual Report	9/1/1986	1 page
Statement of Change	10/4/1948	2 pages
Annual Report	7/1/1948	33 pages
Articles of Incorporation	2/19/1947	5 pages

## EASTWOOD RECREATION CENTER (Phase 2)

### ACTUAL COSTS

#### Needed Improvements

Roof Leak --- Frederick Roofing	\$2,054.00
Back Porch Repairs ---Wayne Tapp Builders	5,000.00
Electric Service Repairs ---Wagner Electric	9,606.00
Men's & Women's Bathroom Fixture Replacement--- O'Mary Bros.	4,850.00
Front Windows Replaced --- HKC Windows (2)	1,900.00
Grade Work & Stone	1,595.00
	<hr/>
<b>TOTAL</b>	<b>\$25,005.00</b>



**FREDERICK ROOFING COMPANY**  
 2112 REYNOLDS LANE Ph - 451-3992  
 LOUISVILLE, KY 40218 Fax - 451-7663

ROOF LEAK

# Proposal

Date	Proposal No.
7/21/2014	0567

**Customer Name/Address**

Eastwood Recreation  
 16300 Eastwood Cut off Road  
 Louisville ,Ky. 40245  
 c/o Brent Davenport

Job Name
FRONT PARAPET WALL

Item	Roofing Services
1.	Clean and prime surface
2.	Apply new SBS Modified flashing at wall
3.	Install new custom prefabricated Metal coping cap.
4.	Clean up our debris and haul away .
WE PROPOSE hereby to furnish material and labor - complete in accordance with above specifications for the sum of <span style="float: right;">\$2,054.00</span>	

**Payment to be made as follows: PAYMENT DUE UPON COMPLETION**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard procedures. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

NOTE: This proposal may be withdrawn by us if NOT accepted within 30 days.

Authorized Signature

GLF

ACCEPTANCE OF PROPOSAL - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_

Please sign both copies of the contract and return one signed copy to G. Frederick Roofing & Sheet Metal.

Wayne Tapp Builder  
P.o.Box 13 Finchville Ky 40022  
502-552-9046

Estimate to: Eastwood Recreational Center  
16300 Eastwood Cutoff  
Eastwood Ky.  
7-20-14

Scope of work: I propose to construct a new deck attached to rear of existing recreation center  
Deck will be 8'x33' with steps egressing from both ends.  
Deck will be constructed of treated yellow pine materials.  
6x6 posts will be set in concrete at outer edge with 2x10 joists @ 16" centers with 2x10 band attached to existing structure, joist hangers to be used to secure joist.  
5/4x6 treated decking to be installed for flooring  
rails shall be attached to 6x6 posts with a 2x8 top rail and 2x2 ballisters secured  
Stairs will be width of deck constructed of 2x12 carriages and 2x6 treads with a hand rail on the outer edge of proposed deck.

I will construct proposed deck at a cost of 5000.00 (five thousand usd)

Note: price does not include removal of 12 inches minimum of existing concrete top and foundation

\* PERMITS TO BE OBTAINED BY EASTWOOD REC. CTR.

Thank you

*Wayne Tapp* 7-20-14





Hilton Kennedy Roofing Company  
 5061 Poplar Level Road  
 Louisville, KY 40219  
 Office: 502-212-1081  
 Fax: 502-333-0366

Proposal ORIENT DAVEYPORT

Windows Estimate and Contract

Proposal submitted to <u>EASTWOOD REZ CENTER</u>	Phone <u>376-7701</u>	Date <u>7/21/14</u>
Street <u>116300 EASTWOOD CUTOFF</u>	Job Name	
City, State and Zip Code <u>Covington KY 40245</u>	Job Location <u>SAME</u>	
Email Address		

We hereby submit Specifications and Estimates for:

o Access?  YES  NO

All windows come standard with low E coating and Argon gas filled

Type of windows being installed

Professional series double hung

Premium series double hung

Triple pane with double low E

Picture window

Oversized picture (over 120un)

2 lite Slider

3 lite Slider

Swing and clean Slider

Casement / Awning

Twin casement

3 lite casement

Bay / Bow window

Garden window

Window Options

Half screens

Full screens

Double locks (over 30" wide)

Foam insulated window frame

Lifetime glass breakage warranty

color interior: WHITE

color exterior: WHITE

Flat grids

Sculptured grids

Aluminum widow wrap: \_\_\_\_\_ color

Tempered sash

obscured glass

Custom Exterior trim

Custom Interior trim

Custom grilles

Regal colonial  Regal Florentine

Regal Perimeter  Regal Florentine long

Architectural Shaped Windows

Half Round

Extended Half Round

Full Round

Quarter Round

Extended Quarter Round

Eyebrow

Extended Eyebrow

Quarter Eyebrow

Extended Quarter Eyebrow

Ellipse

Full oval

Gothic Eyebrow

Extended Gothic

Octagon

Extended Octagon

Hexagon

Extended Hexagon

Trapezoid left or right

Clipped Trapezoid

Pentagon

Pentagon Equilateral

Right angle Triangle

Isosceles Triangle

Classic Diamond

Classic Perimeter

Narrow Brass

Star beveled

Ceylon

La Parisienne

Charleviox

Bratenahi

Sheffield

Work Detail

All project-related debris will be cleaned up and removed

All windows and doors will be inspected with homeowner

Sweep project area for nails with a high-powered magnet

Haul away old windows

Warranties

3 year workmanship warranty

Lifetime manufacturer's warranty

Homeowners, Please be sure to cover, protect or remove any objects around the home that could be damaged by falling debris. \_\_\_\_\_ X

Special Instructions:

14 WINDOWS TOTAL - 9 DOUBLE HUNG, 5 HOPPERS  
(2) Windows @ \$1960.00 FRONT

We propose hereby to furnish materials and labor - complete in accordance with above specifications for the sum of:

Financing option: \_\_\_\_\_

Estimated monthly payment: \$ \_\_\_\_\_ Total Amount \$ \_\_\_\_\_ upon approved credit

Cash amount \$ 7,900.00

Payment as follows UPON COMPLETION

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. Contract subject to reasons for delay cause

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as specified above.

Hilton Kennedy Company  
 Quote good for 30 days

Purchaser's Signature \_\_\_\_\_

Purchaser's Signature \_\_\_\_\_

Date \_\_\_\_\_

# O'Mary Bros. Plumbing, Inc.

18100 Shelbyville Road • Fisherville, KY 40023

**254-9673**

817-0254

## ESTIMATE AND AGREEMENT

Date 9/18/14

Proposal

Submitted To East wood Recreation Center Lot \_\_\_\_\_ Street \_\_\_\_\_

Address 16300 Eastwood Cut off Rd. Subdivision \_\_\_\_\_

Louisville Ky, 40245 Phone 367-7701

Bid: We hereby propose to furnish material and labor to install plumbing in home as outlined herein for the sum of \$ 4,850.00

Bath No. 1	<del>Tub</del> (Lady's Bath)	Bath No. 4	<del>Tub</del> (Men's Bath)
	3 Water Closet mansfield Elongated toilets		2 Water Closet mansfield Elongated
	2 Lavatory mansfield sink + Faucets		2 Lavatory mansfield wall hung
	<del>Shower</del>		<del>Shower</del>
	Special Fixture 0		2 Special Fixture Urinal's mansfield
	Trim Chrome Delta Faucets		Trim Chrome Delta Faucets
Bath No. 2	<del>Tub or Shower</del>	Bath No. 5	<del>Tub or Shower</del>
	<del>Water Closet</del>		<del>Water Closet</del>
	<del>Lavatory</del>		<del>Lavatory</del>
	<del>Trim</del>		<del>Trim</del>
Bath No. 3	<del>Tub or Shower</del>	Bath No. 6	<del>Tub or Shower</del>
	<del>Water Closet</del>		<del>Water Closet</del>
	<del>Lavatory</del>		<del>Lavatory</del>
	<del>Trim</del>		<del>Trim</del>

<del>Kitchen Sink</del>	<del>Refrig. Water Box Only</del>
<del>Bar Sink</del>	<del>Dishwasher Others</del>
<del>Laundry Sink Single Double</del>	<del>Disposal By Us Others</del>
<del>Automatic Washer Sill Faucets</del>	<del>Sump Pump or Gravity Drain Radon Vent</del>
<del>Sewer Lift Yes No</del>	<del>A.C. Drain/Basement Other</del>
<del>Water Heater Make Size Type</del>	<del>Elect. Gas LP Wall Vent</del>
<del>Gas Service Yes No Size</del>	<del>Drain Pan Under Washer</del>
<del>House Line Furnace Water Heater</del>	<del>Log Lighter Range Grill</del>
<del>PVC Sewer Yes No</del>	<del>Length Size Insulation</del>
<del>Sewage Disposal</del>	

Terms: 60% on plumbing rough. 40% on completion of plumbing work. 1 1/2% per month service charge on accounts over 30 days.

Clause: The cost of removal of rock in basement or other excavations by us, or damage to any underground cables will be the financial responsibility of the builder or owner.

Warranty: One year warranty on workmanship and material; not on stop-ups, washers or maintenance of any kind.

PLEASE SIGN AND RETURN WHITE COPY. O'MARY BROTHERS PLUMBING, INC.

Date Accepted \_\_\_\_\_ Signed \_\_\_\_\_

Date: Sept 17, 2014

Eastwood Recreation  
Mr. Brent Davenport  
Eastwood Cutoff Rd  
Louisville, KY

Ref: Replace defective Service feeding building.

Dear Brent:

Wagner Electric will provide Labor and Materials to remove all existing electrical service and pole next to the recreation building. We will install (1) new wood pole and install new 200 Amp service on the outside of the building. We will utilize the old panel as a junction box and extend wiring to the new panel. We will rework the A/C disconnect into the new exterior panel.

Labor: \$7056.00

Material: \$1950.00

Auger Truck: 450.00

Inspection Fee: 150.00

**Total: \$ 9606.00**

We appreciate your consideration of our firm and look forward to working with you on this, as well as, future projects. This proposal is predicated on executing an agreement with mutually acceptable terms and conditions.

Sincerely,

**John Murphy**

P.O. Box 24373  
Louisville, KY 40224-0373  
502.267.8384  
502.266.5881 FAX  
[www.wagnerelectric.com](http://www.wagnerelectric.com)

*Wagner Works.*

Davenport Excavating and Trucking

6610 Rockview Way  
Louisville, KY 40299

# Invoice

Date	Invoice #
11/7/2014	411

<b>Bill To</b>
Eastwood Recreation 16300 Eastwood Cutoff Eastwood Kentucky

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
2	Hauling Single Axle	65.00	130.00
14	Excavation	65.00	910.00
10	Helper	18.00	180.00
3	Haul off debris disposal	125.00	375.00
Cut out new parking lot for Eastwood recreation , made sure was grade level for paving, hauled in single axle loads rock , and hauled off debris and disposed it from cut out of lot.			
It's been a pleasure working with you!		<b>Total</b>	\$1,595.00

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning 2013, and ending 2013

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization

EASTWOOD RECREATION INC

Number and street (or P.O. box, if mail is not delivered to street address)

16300 EASTWOOD CUT-OFF

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EASTWOOD KY 40018

**F** Group Exemption Number ▶

502-245-0490

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																1	40,000.00										
	2	Program service revenue including government fees and contracts . . . . .																2											
	3	Membership dues and assessments . . . . .																3	NONE										
	4	Investment income . . . . .																4											
	5a	Gross amount from sale of assets other than inventory . . . . .																5a	0										
	b	Less: cost or other basis and sales expenses . . . . .																5b											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																5c											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																6a											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																6b											
c	Less: direct expenses from gaming and fundraising events . . . . .																6c												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																6d												
7a	Gross sales of inventory, less returns and allowances . . . . .																7a												
b	Less: cost of goods sold . . . . .																7b												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																7c												
8	Other revenue (describe in Schedule O) . . . . .																8												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																9												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																10											
	11	Benefits paid to or for members . . . . .																11											
	12	Salaries, other compensation, and employee benefits . . . . .																12											
	13	Professional fees and other payments to independent contractors . . . . .																13											
	14	Occupancy, rent, utilities, and maintenance . . . . .																14	49,000.00										
	15	Printing, publications, postage, and shipping . . . . .																15											
	16	Other expenses (describe in Schedule O) . . . . .																16											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																17												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																18											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																19											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																20											
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																21											

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47**  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NO PAY				
VOLUNTEER				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NO PAY		
VOLUNTEER		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Brent Davenport Date: 9-20-14  
 Type or print name and title: BRENT DAVENTPORT, President

**Paid Preparer Use Only** Print/Type preparer's name: Brent Davenport Preparer's signature: Brent Davenport Date: 9-20-14 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	4,800.00	800.00
23 Land and buildings . . . . .	100,000.00	100,000.00
24 Other assets (describe in Schedule O) . . . . .		
25 <b>Total assets</b> . . . . .	100,000.00	100,000.00
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? To provide Recreation

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>LITTLE LEAGUE Baseball Practice</u> <u>2 comba Jamer class Adult</u> <u>Buildin FOR community use</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Brian Davenport President</u>	<u>6</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
<u>Denis Murphy Treasurer</u>	<u>4</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
<u>Gary Cook Secretary</u>	<u>2</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
<u>Paul McGary Trustee</u>	<u>2</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
<u>Scott Abus Vice President</u>	<u>2</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
<u>Josephine Murrell</u> <u>VICE PRESIDENT</u>	<u>2</u>	<u>0</u>	<u>NONE</u>	<u>0</u>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
41	List the states with which a copy of this return is filed ▶ <u>DELAWARE MARYLAND</u>		
42a	The organization's books are in care of ▶ <u>DEMMIS MURPHY</u> Telephone no. ▶ <u>502-245-0490</u> Located at ▶ <u>ED STUWOL Fy</u> ZIP + 4 ▶ <u>19028</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		<input checked="" type="checkbox"/>



Form **W-9**  
(Rev. August 2013)  
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.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above  
**EASTWOOD RECREATION CENTER INC**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see Instructions) ▶ **501(c3)**

Exemptions (see instructions):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**P.O. Box 51**

City, state, and ZIP code  
**EASTWOOD KY 40018**

List account number(s) here (optional)

Requester's name and address (optional)

#### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number								
				-				

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

#### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 ▶ *Brent Carpenter*    Date ▶ 12-16-14

#### General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.