

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

Applicant/Program: Military Officers Association of America - Greater Louisville Eagles Chapter/Veteran's Appreciation & Recognition Program

Executive Summary of Request:

Funds will be used to thank veterans who severed from WWII to the present at an event scheduled for Wednesday, November 11, 2015 at Audubon County Club. Gold Star mothers and fathers will also be honored. Lunch will be served as part of the ceremony.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<u>23</u> District #	<u><i>James P. ...</i></u> Council Member Signature	<u>\$2,000</u> Amount	<u>10-30-15</u> Date
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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:

_____ Date
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program:

Military Officers Association of America - Greater Louisville Eagles Chapter/Veteran's Appreciation & Recognition Program

Additional Disclosure and Signatures**Additional Council Office 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.

_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date
_____ District #	_____ Council Member Signature	_____ Amount	_____ Date

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Military Officers Association of America - Greater Louisville Eagles Chapter

Program Name and Request Amount: Veteran's Appreciation & Recognition Program - \$4500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> N/A
Is the current Fiscal Year Budget included?	<input type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>Jr M. 2/11</i>	Date: <i>10-30-15</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		MOAA-Greater Louisville Eagles Inc.	
<small>(as listed on: http://www.sos.ky.gov/business/records/)</small>			
Main Office Street & Mailing Address: P.O.Box 32012, Louisville, KY 40232-2012			
Website:			
Applicant Contact:	Clinton Gray	Title:	MOAA-GLEC, Inc., President
Phone:	502.541-9251	Email:	bfraybeard@aol.com
Financial Contact:	C.M. Smrt	Title:	Sec. / Treas.
Phone:	502.639-9655	Email:	atlsam2@aol.com
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Audubon Country Club, 3625 Robin Road, Louisville, KY 40213		
Council District(s):	All	Zip Code(s):	All
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: MOAA-GLEC Veterans Appreciation & Recognition			
Total Request: (\$)	\$4500.00	Total Metro Award (this program) in previous year: (\$)	- \$0 -
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (Include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision: Pursuant to National MOAA criteria --Achieve and Maintain the highest level of Excellence (A National Chapter Status Award to the Very Best Chapters)

Goals: 1. Support current and retired veterans regarding -- special events, hospital visits and in-school programs.

2. Advocate for JROTC/ROTC in relations to adopt-a-school program and Mentoring.

3. Pursue appropriate legislation at state level and coordinate, with MOAA, a National Level visibility.

4. Champion objective and accurate U.S. History in both classroom and community programs.

5. Participate in patriotic community activities at times such as: Memorial Day, Independence Day, Liberty Day, Flag Day, Constitution Day, Veterans Day, etc.



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.):

11 NOV 2015 (Veterans Day Actual)

Host the 11th Annual Veterans Appreciation & Recognition Program. As in years past, a "Community Thank-You" open to area/community veterans from WWII to the Present. The event will feature a prominent public speaker. The event will celebrate the service of our Nation's men and women who have selflessly given of themselves in uniformed service to our country; their spouses, who are former service members of all the Nation's uniformed service organizations from military conflicts which the United States has participated or is presently participating. This will include "Gold Star" Mothers and Fathers whose children gave the ultimate sacrifice.

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

Under Program Expenses, Para. "I" Community Events & Festivals (Separate Attach.)
Design, Printing of Event Programs, Certificates, Envelopes, Posters, Invitations, etc. - \$1000.00
Photography - \$200.00
Event Adv/Promotions - \$150.00
Signage - \$150.00
Misc. Event Supplies/CleanUp - \$400.00
USPS Postage - \$500.00
USPS Shipping/Packaging - \$100.00
Refreshments/ Decorations / Bunting / Entertainment - \$1850.00
Presentation Books/Plaques, etc. - \$150.00



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

- NA - Event in not a Fundraiser

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.

Items and Expenses as listed in Section "B" Above



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

We do not collect quantitative data form invited Veteran Attendees at the event.

We do obtain feedback from:

- Chapter members who assess our event, in preparation for making our next annual event better.
- We encourage spontaneous commentary form any and all attendees, on that day, encouraging them to tell us what they think and to follow up with a written response/suggestion/critique for areas of improvement
- Attendees have provided, on the spot, comments and expressions of gratitude, as well as thank you cards by mail.

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 none with other community Organizations.



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
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	\$4500.00	\$3500.00	\$8000.00
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	56.2 %	43.8 %	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)	\$3500.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	

*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
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$3800.00	Number of Hours of Chapter Volunteers

* 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: 1 April

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.

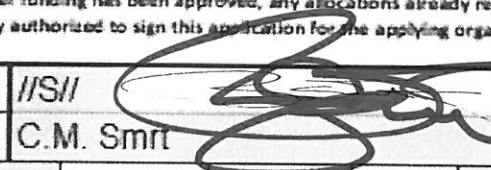
Standard Certifications

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.

Signature of Legal Signatory:		Date:	28 Oct 2015
Legal Signatory: (please print):	C.M. Smrt	Title:	Sec. / Treas.
Phone:	502.639-9655	Extension:	
Email:	atlsam2@aol.com		


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NDF Letter of Request:



Lawrence E. Gravely

Office: 5507 Beth Road, Louisville, KY 40219

Cell: (502) 468-2024

October 2015

Metro Councilman, District 23, James Peden
Metro Councilwoman, District 18, Marilyn Parker
Louisville Metro Council

Dear Metro Council:

This is our Chapter's request that you and your fellow Metro Council members consider supporting our GLEC Veterans Appreciation and Recognition, scheduled for Wednesday 11 November, 2015 at the Audubon Country Club, city of Audubon Park. (formal NDF Application Form and Request Attached in this .PDF).

You and several of your associates have supported our event in years past and have been doing so since 2005. Our Chapter's entire membership extends our thanks for your commitments and participation. We know that we are impacting those veterans attending this event, for many have told us so thru direct calls and referrals of others to attend. We think that we are also impacting the community in a fashion that makes us a better community.

Our success is impacted in large measure by the Council's steadfast support along with a few other supporters from the Greater Louisville Business Community. We are thankful for all of this from each and every source. We continue to be pleased to see Council Members who support us at our annual event and hope that all of you are able to continue to join us in this appreciation event. The Council and its members are welcome at any Chapter meeting which are held the second Wednesday of each month, (Holidays excluded) wherein a speaker/luncheon program presents a unique aspect of the Kentuckiana Area.

Again, this year our Appreciation/Recognition will take place at 11:30 a.m., Wednesday 11 November, 3265 Robin Road, Louisville, KY 40213 (District 10). We're counting on seeing you there. Whether NDF support is directed or not, we hope to see members of the Metro Council attending to honor our community veterans and their families.

Thank you, in advance, for your consideration and continued support.

Sincerely,

A handwritten signature in black ink that reads "Lawrence E. Gravely". The signature is fluid and cursive.

Lawrence E. Gravely, COL, USA, (Ret.)
Past Chapter President
Project Assistant 502.468-2024

2015- MOAA-GLEC Inc. Annual Veterans Appreciation

Cost Estimate – Summary

Professional Services:

Design of Event Materials, Invitations, Envelopes, Posters, Certificates, Program, etc.	\$1,000.00
Photography	\$ 200.00
Event ADV/Promo	\$ 150.00
Signage	\$ 150.00
<u>Subtotal</u>	<u>\$1500.00</u>

Office Supplies

Miscl. Event Supplies/Clean Up	\$ 400.00
USPS Postage	\$ 500.00
USPS Shipping/Packing	\$ 100.00
Refreshment/Decorations /Bunting/ Entertainment	\$ 1850.00
Presentation Books/Plaques, etc.	\$ 150.00
<u>Subtotal</u>	<u>\$3000.00</u>

Other Expenses (Non Metro FUNDS used for these Expenses)

Veterans Emergency Support/ Assistance	\$3500.00
<u>Subtotal</u>	<u>\$3500.00</u>

TOTAL \$8000.00

PREAMBLE

- TO INCUCCATE AND STIMULATE LOVE OF OUR COUNTRY AND THE FLAG;
- TO DEFEND THE HONOR, INTEGRITY, AND SUPREMACY OF OUR NATIONAL GOVERNMENT AND THE CONSTITUTION OF THE UNITED STATES;
- TO ADVOCATE MILITARY FORCES ADEQUATE TO THE DEFENSE OF OUR COUNTRY;
- TO FOSTER FRATERNAL RELATIONS BETWEEN ALL BRANCHES OF THE VARIOUS SERVICES FROM WHICH OUR MEMBERS ARE DRAWN;
- TO FURTHER THE EDUCATION OF CHILDREN OF SERVICE PERSONNEL;
- TO AID ACTIVE AND RETIRED PERSONNEL OF THE VARIOUS SERVICES FROM WHICH OUR MEMBERS ARE DRAWN, AND THEIR DEPENDENTS AND SURVIVORS, IN EVERY PROPER AND LEGITIMATE MANNER; AND
- TO REPRESENT THEIR RIGHTS AND INTERESTS WHEN SERVICE MATTERS ARE UNDER CONSIDERATION.

WE UNITE TO FORM THE
MILITARY OFFICERS ASSOCIATION OF AMERICA.

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

DEPARTMENT OF THE TREASURY

Date:

MAR 29 2007

MILITARY OFFICERS ASSOCIATION OF
AMERICA GREATER LOUISVILLE EAGLES
PO BOX 32012
LOUISVILLE, KY 40232-2012

Employer Identification Number:

[REDACTED]

DLN:

17053318058006

Contact Person:

JOAN C KISER

ID# 31217

Contact Telephone Number:

(877) 829-5900

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Effective Date of Exemption:

May 4, 2006

Contribution Deductibility:

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)(19) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

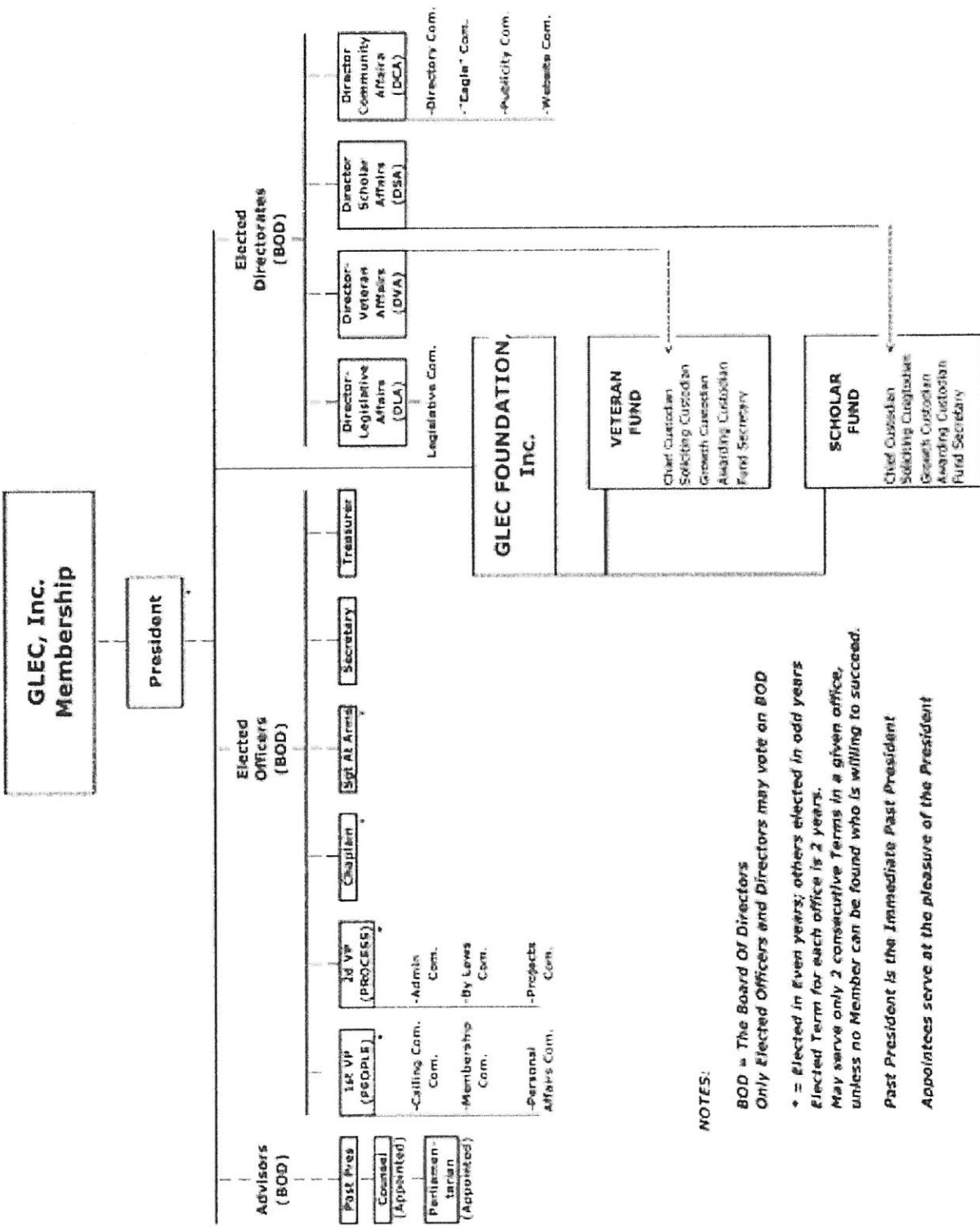
Please see enclosed Information for Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

This determination is based on your representation that at least 75 percent of your members are past or present members of the Armed Forces of the United States defined under section 501(c)(19) of the Code. It is also based on your representation that substantially all of your other members, if any, are individuals who are cadets, or are spouses, widows, or widowers of past or present members of the Armed Forces of the United States or of cadets.

Based on your representation that at least 90 percent of your members are war veterans and that you are organized and operated primarily for purposes consistent with your current status as a war veterans organization, donors can deduct contributions made to or for the use of your organization.

If, in the future, your organization does not meet this membership test or if your purposes, character, or method of operation changes, donors cannot deduct contributions to or for the use of your organization, as provided by section 170.

GLEC, Inc. ORGANIZATION CHART



NOTES:
 BOD = The Board Of Directors
 Only Elected Officers and Directors may vote on BOD
 * = Elected in Even years; others elected in odd years
 Elected Term for each office is 2 years.
 May serve only 2 consecutive Terms in a given office, unless no Member can be found who is willing to succeed.
 Past President is the Immediate Past President
 Appointees serve at the pleasure of the President

ARTICLES OF INCORPORATION
MILITARY OFFICERS ASSOCIATION OF AMERICA,
GREATER LOUISVILLE EAGLES CHAPTER, INC.
Nonprofit Corporation

For the purposes of forming a nonprofit corporation in Kentucky Pursuant to KRS Chapter KRS 273, the undersigned incorporator(s) hereby submit(s) the following Articles of Incorporation to the Secretary of State for filing:

ARTICLE I

The name of the Corporation is "Greater Louisville Eagles Chapter, Inc."

ARTICLE II

The purpose for which the corporation is organized is:

- a. Promoting the social welfare of the community,
- b. Assisting needy and disabled veterans, widows, or orphans of deceased veterans,
- c. Providing entertainment, care and assistance to hospitalized veterans or members of the Armed Forces of the United States,
- d. Perpetuating the memory of veterans and comforting their survivors,
- e. Conducting programs for religious, charitable, scientific literary, or educational purposes,
- f. Sponsoring or participating in patriotic activities,
- g. Providing insurance benefits to members or members dependents, and
- h. Providing social and recreational activities for members.
- i. To engage in any and all lawful activities incidental to the foregoing purposes except as restricted herein.

ARTICLE III

The street address of the corporation's initial registered office in Kentucky is 1700 UPS Drive, Suite 106, Louisville, Kentucky 40223 and the name of the initial registered agent at that office is Jerry McGraw.

ARTICLE IV

The duration of the corporation is perpetual. /

ARTICLE V

The mailing address of the corporation's principal office is P.O. Box 32012, Louisville, KY 40232-2012.

ARTICLE VIII

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable

to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(19) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. "Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation,"

ARTICLE VI

The number of directors constituting the initial board of directors is four (4). The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Col. M. Courtland Clayton,	P.O. Box 32012,	Louisville, KY 40232-2012
Col. Christopher M. Smrt,	P.O. Box 32012,	Louisville, KY 40232-2012
Col. Lawrence E. Gravely,	P.O. Box 32012,	Louisville, KY 40232-2012
Capt. Gregory R. Reinhardt,	P.O. Box 32012,	Louisville, KY 40232-2012

ARTICLE VI


The name and mailing address of each incorporator is:


Col. M. Courtland Clayton,	P.O. Box 32012,	Louisville, KY 40232-2012
Col. Christopher M. Smrt,	P.O. Box 32012,	Louisville, KY 40232-2012
Col. Lawrence E. Gravely,	P.O. Box 32012,	Louisville, KY 40232-2012
Capt. Gregory R. Reinhardt,	P.O. Box 32012,	Louisville, KY 40232-2012


ARTICLE VII


Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) or 501(c)(19) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Executed by the Incorporator(s) on 27 APRIL 2006

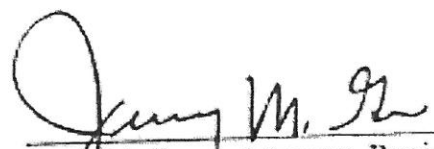

M. Courtland Clayton, Incorporator


Christopher M. Smrt, Incorporator

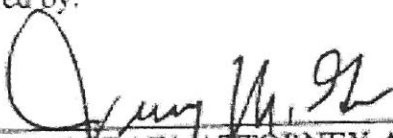

Lawrence E. Gravely, Incorporator


Gregory R. Reinhardt, Incorporator

I, Jerry McGraw, Attorney, consent to serve as the registered agent on behalf of the corporation.


Jerry McGraw, Attorney, Registered Agent

Prepared by:


JERRY MCGRAW, ATTORNEY AT LAW
THE MCGRAW LAW OFFICE, PLLC
1700 UPS Drive, Suite 106
Louisville, KY 40223
Phone: (502) 423-1075

**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)
The Greater Louisville Eagles Chapter, Inc.

Business name, if different from above

Check appropriate box: Individual sole proprietor Corporation Partnership
 Limited liability company. Enter the box classification (D-disregarded entity, C-corporation, P-partnership) ▶ Exempt payee
 Other (see instructions) ▶ *501(c)3*

Address (number, street, and apt. or suite no.)
P.O. Box 32012

City, state, and ZIP code
Louisville Ky. 40232-2012

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) *EIN*

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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
[REDACTED]
NA

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).

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 4.

Sign Here Signature of U.S. person *Jawrence E. Hardy* Date *11-7-11*

General Instructions

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

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, 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.

Note: If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.





The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

990n ORG Search Data:

Form 990-N E-filing Receipt - IRS Status: Accepted

epostcard to you [show details](#) ▾

   
2 hrs ago

Organization: MILITARY OFFICERS ASSOCIATION OF AMERICA GREATER LOUISVILLE
EAGLES

EIN: ██████████

Submission Type: Form 990-N

Year: 2014

Submission ID:

7800582015267cj37459

e-File Postmark: 9/24/2015 1:15:18 PM

Accepted Date:

9/24/2015

The IRS has accepted the e-Postcard described above. Please save
this receipt for your records.

Thank you for
filing.

e-Postcard
technical support
Phone: 866-255-0654 (toll
free)
email:ePostcard@urban.org

MILITARY
OFFICERS ASSOCIATION OF
AMERICA GREATER LOUISVILLE EAGLES
PO
Box32012
Louisville, KY 40222-2012

[ORG Search](#)

[SoS Fast Track ORG Search Data:](#)

GREATER LOUISVILLE EAGLES CHAPTER, INC.

C1.Web.UI.Controls.3, 3.5.20103.194 <http://www.componentone.com/>

- [Printable Forms](#)
- [Additional Services](#)
- [Certificates](#)

General Information

Organization Number	0638032
Name	GREATER LOUISVILLE EAGLES CHAPTER, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/4/2006
Organization Date	5/4/2006
Last Annual Report	7/7/2015
Principal Office	P.O. BOX 32012 LOUISVILLE, KY 40232-2012
Registered Agent	CHRISTOPHER M. SMART 1304 TYCOON WAY LOUISVILLE, KY 40213-1512

Current Officers

President	<u>CLINTON GRAY</u>
Vice President	<u>GUY JOLLY</u>
Secretary	<u>CHRISTOPHER SMRT</u>
Treasurer	<u>CHRISTOPHER SMRT</u>
Director	<u>WELLER HEAD</u>
Director	<u>CHRISTOPHER M. SMART</u>
Director	<u>GREGORY R. REINHARDT</u>

Individuals / Entities listed at time of formation

Director	<u>COL M COURTLAND CLAYTON</u>
Director	<u>COL CHRISTOPHER M SMART</u>
Director	<u>COL LAWRENCE E GRAVELY</u>
Director	<u>CAPT GREGORY R REINHARDT</u>
Incorporator	<u>COL M COURTLAND CLAYTON</u>
Incorporator	<u>COL CHRISTOPHER M SMART</u>
Incorporator	<u>COL LAWRENCE E GRAVELY</u>
Incorporator	<u>CAPT GREGORY R REINHARDT</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 become available as the images are created.

<u>Annual Report</u>	7/7/2015	1 page
<u>Annual Report</u>	6/27/2014	1 page
<u>Annual Report</u>	7/1/2013	1 page
<u>Registered Agent name/address change</u>	9/26/2012	1 page
<u>Annual Report</u>	6/27/2012	1 page
<u>Annual Report</u>	3/14/2011	1 page
<u>Annual Report</u>	9/17/2010	1 page
<u>Annual Report</u>	4/15/2009	1 page
<u>Annual Report</u>	4/14/2008	1 page
<u>Annual Report</u>	3/8/2007	1 page
<u>Articles of Incorporation</u>	5/4/2006	3 pages

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Refere
Annual report	7/7/2015 12:56:38 PM	7/7/2015	
Annual report	6/27/2014 3:29:00 PM	6/27/2014	
Annual report	7/1/2013 8:59:34 AM	7/1/2013	
Registered agent address change	9/26/2012 10:38:36 AM	9/26/2012	
Annual report	6/27/2012 11:22:57 AM	6/27/2012	
Annual report	3/14/2011 8:30:08 AM	3/14/2011	
Annual report	9/17/2010 11:07:45 AM	9/17/2010	
Annual report	4/15/2009 12:00:03 PM	4/15/2009	
Annual report	4/14/2008 10:01:03 AM	4/14/2008	
Annual report	3/8/2007 2:49:57 PM	3/8/2007	
Add	5/4/2006 11:20:06 AM	5/4/2006	

Current Greater Louisville Eagles Chapter Board Members

(All Terms are Indefinite)

President	<u>Clinton Gray</u>
1st VP President	<u>Guy Jolly</u>
2d VP President	<u>M. Courtland Clayton</u>
Secretary	<u>C. M. Smrt</u>
Treasurer	<u>C.M. Smrt</u>
Director	<u>Lawrence Gravely</u>
Director	<u>Gerald D. Clark</u>
Director	<u>Gregory R. Reinhardt</u>
Director	<u>Robert 'Bob' Watkins</u>
Director	<u>Nick McIntosh</u>

MOAA- GLEC, Inc., SYB Account (1807331) is dedicated solely for the Veterans Day Appreciation Program; The Acct. is semi-dormant until Fall each year to support the VET Day event at the Audubon Country Club, Held the 2d Wednesday of each November, yearly.
 CM Smrt, COL, USA (Ret.) elected Secretary/Treasurer



P.O. Box 32890
 LOUISVILLE, KY 40232-2890

Page: 1 of 1
 Statement Date: 08/31/2015
 Primary Account: [REDACTED]
 Documents: 0

Return Service Requested

Period: 07/31/15 to 08/31/15



YARD
 GREATER LOUISVILLE EAGLES
 CHAPTERS INC
 MILITARY OFFICERS ASSOCIATION
 VETERANS DAY
 P O BOX 32012
 LOUISVILLE, KY 40232-2012

0
 0



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 Contact us at 502-582-2571 if you have any questions.

FREE BUSINESS CHECKING ACCOUNT

Account: [REDACTED]

Last Statement	Previous Balance	Total Credits	Total Debits	This Statement	Current Balance
07/31/15	16.93	0.00	0.00	08/31/15	16.93

Minimum Balance 16.93
 Avg Available Balance 16.93
 Average Balance 16.93

YARD-001-011706-001-000-150902 011207 K03
 40232201212

Helton, Jessamyn

From: Peden, James
Sent: Friday, October 30, 2015 3:21 PM
To: Helton, Jessamyn
Subject: NDF - MOAA - Greater Louisville Eagle's Chapter

Ms. Helton,

John Torsky has my permission to sign my name to the Military Officers Association of America – Greater Louisville Eagle’s Chapter NDF for their Veterans Application and Recognition program.

Please let me know if you have any questions.

Thank you,
James Peden

JAMES PEDEN

METRO COUNCILMAN, DISTRICT 23

601 W. JEFFERSON STREET

LOUISVILLE, KY 40202

(502) 574-1123