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

Applicant/Program: MOAA - Greater Louisville Eagles Chapter Applicant Requested Amount: \$5,000 Appropriation Request Amount: 1,000
Executive Summary of Request
Funds will be used to help pay expenses for the 2017 Veterans Appreciation and Recognition program put on by the Military Officers Association of America - Greater Louisville Eagles Chapter. The Event is open to all area veterans from WWI to the present. A special invitation is extended to Gold Star Families.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No 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. 23 District # Primary Sponsor Signature Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Appropriations Committee Chairman Date Final Appropriations Amount:

Applicant/Program:		
Add	ditional Disclosure and Signatures	
Additional Council Office Dis List below any personal or busine		ve assistant have with this
Council Member Signature a	nd Amount	
District 1	\$	
District 2	\$	
District 3	\$	
District 4	\$	
District 5	\$	
District 6	\$	
District 7	\$	
District 8		
District 9	\$\$	
District 10 Lamon	Malvillill \$ 500 -	
District 11	\$\$	
District 12	\$	
District 13	\$	
District 14	\$	
District 15	¢	

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Applicant/Program:		
Additional Disc	losure and Signatures	
Additional Council Office Disclosure List below any personal or business relationship yo organization, its volunteers, its employees or memi	ou, your family or your legislat	ive assistant have with this
District 16	\$	-
District 17	\$	-
District 18	<u> </u>	
District 19	<u> </u>	
District 20	\$	
District 21	\$	
District 22	\$	
District 23	<u> </u>	
District 24	<u> </u>	
District 25	\$	

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District 26

Legal Name of Applicant Organization Greater Louisville Eagles Chapter

Program Name and Request Amount Veterans Appreciation Lunch - \$5000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	N/A
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes▼
Is the proposed public purpose of the program viable and well-documented?	Ye€
Will all of the funding go to programs specific to Louisville/Jefferson County?	Ye₫ヱ
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Ye€
Has prior Metro Funds committed/granted been disclosed?	Ye€▼
Is the application properly signed and dated by authorized signatory?	Ye₅
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes∎
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	No 🗷
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	N/A
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes▼
Is recommended funding less than 33% of total agency operating budget?	No 🖃
Does the application budget reflect only the revenue and expenses of the project/program?	Ye€▼
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	No 🔀
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Ye€▼
Is the IRS Form W-9 included?	Ye€▼
Is the IRS Form 990 included?	Yes▼
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	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?	N/A
Prepared by: John Torsky Date: 11-3-17	The state of the s

		SECTION 1 - APP	LICANT INFORMATIO	DN			
Legal Name of Applic		MOAA- G	reater Louisville Eag	gles INC.			
Main Office Street &	Mailing /	Address: P.O. Box 3201	2; Louisville, Kennx	iky 40232			
Website: None							
Applicant Contact:	Clinton	Gray	y Title: MOAA-GLEC, President				
Phone:	502.54	1-9251	Email:	bgraybeard@aol.com			
Financial Contact:	CM Sn	rt	Title:	Secretary / Treasurer			
Phone:	502.639) 9 655	Email:	atisam2@aoi.com			
Organization's Repre	sentative	who attended NOF Tra	ning:CM Smrt Onlin	ne / PDF Self Pace			
GEO	GRAPHIC/	AL AREA(S) WHERE PRO	GRAM ACTIVITIES A	RE (WILL BE) PROVIDED			
Program Facility Loca	ition(s):	Andubon Country Chai	o, 3625 Robin Road,	Louisville, KY 40213			
Council District(s):		All	Zip Code(s):	All			
	SECT	ION 2 - PROGRAM REQ	UEST & FINANCIAL II	NFORMATION			
PROGRAM/PROJECT	ME:MAM	OAA-GLEC Veterans A	ppreciation and Reco	enition			
Total Request: (\$)	5,000	Total Metro	Award (this program	n) in previous year: (\$) 4000			
Programmi	iunds (ger ng/service	that apply): nerally cannot exceed 33 es/events for direct bene organization (equipmer	fit to community or	qualified individuals			
The Following are Re	quired At	tachments:					
IRS Exempt Status De	terminatio	on Letter	Signed lease if n	ent costs are being requested			
Current year projects	ed budget		■ IRS Form W9				
Current financial stat	rement		Evaluation forms if used in the proposed program				
Mast recent IRS Form	n 990 or 11	20-H	Annual audit (if required by organization)				
■ Articles of Incorporat Cost estimates from capital expense	•	rit & signed) vendor if request is for	Faith Based Org	anization Certification Form, if applicable			
Government for this	or any oth	er program or expense,	including funds rece	r received from Louisville Metro ived through Metro Federal Grants, opment Funds). Attach additional			
Source:			Amount: (\$)				
Source:			Amount: (\$)				
Source:			Amount: (\$)				
• •		e BB8 Charity Review for	Antimonists:	Yes No			
Has the applicant met	the BBB	Charity Review Standard	k? Tyes B No				

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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(s) and mentoring.
3. Pursue appropriate legislation at local and state level and coordinate with MOAA for actions that or of a National level of visibility.
4. Champion objective and accurate U.S. History in both classroom and community programs.
 Participate in patriotic community events and activities at times such as Memorial Day, Independence Day, Liberty Day, Flag Day, Constitution Day, Veterans Day, etc.

Applicant's Initials ____

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Lawrence Gravely, Colonel, USA, Retired	Oct. 2017
Gerald D. Clark, Captain, USN, Retired	Oct. 2017
Gregory R. Reinhardt, Captain, USN, Retired	Oct. 2018
Robert Watkins, Major, USAF, Retired	Oct. 2018
Nick McIntosh, 1 Lieutenant, USMC, Former	Oct. 2019
Clinton Gray, Chief Warrant Officer 4, USA, Retired	Oct. 2o19

Macerika	+	Roard term	Norman in	naline
	£ 1.7500	BANK THE TANK THE	EXCELS 20 E.S.	7 2 5 3 3 3 5 7 7 7

2 ea. Directors are elected annually at the October MOAA-GLEC Business meeting for a staggered Three-Year Term. All members of the MOAA-GLEC are Retired or Former Officers of the U.S. Uniformed Services and are volunteers who accept no pay nor compensation.

Three Highest Paid Staff Names	Annual Salary			
N/A				

Applicant's Initials ____

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

The 2017 Veterans Appreciation and Recognition was conducted as the 13th Annual program of its kind. As in years past, a Community Thank-you was presented – open to all area Veterans from WWII to the Present Conflict. The event featured a prominent speaker, patriotic recognition of service, and patriotic entertainment. The event celebrates the service of our Nation's men and women who have selflessly given of themselves in uniformed service to our Country.

Veterans and Veteran spouses of former service members of the Nation's Uniformed Service organizations from military conflicts which the United States has participated or is presently participating are highlighted.

This includes 'Gold Star' Mothers, Fathers, and children whose family members gave the ultimate sacrifice.

8:	Describe specifically	v how the funding	e will be spen	t includini	z identification o	f fund	ing to su	b grantee(s):
			Research of the continuous continuous	Carrio como como o medicalidad				

<u>Professional Services:</u>		
Certificates, Program, etc.		
Promotional Services PR/Photography	\$ 400.00	
Other Expenses (Non Metro FUNDS used for these Expenses)	<u>enses)</u>	
Design / Printing of Event Materials,	\$ 225.00	
Event ADV/Promo	\$ 250.00	
Presentation Books / Plaques, etc.	\$ 125.00	
Event Entertainment	\$ 400.00	
Subtotal	\$ 1400.00	
<u>Event Service - Supplies</u>		
Event Audio Visual	\$ 150.00	
Room Rental [150-175 pax]	\$ 650.00	
Event Tables	\$ 350.00	
Event Chairs	\$ 650.00	
Event Linens	\$ 150.00	
Event Set UP	\$ 550.00	
Event SVC/ & Tax	\$ 850.00	
Event Decorations	\$ 250.00	
Subtotal	\$3600.oo	
NDF: Para "I" Community Event & Festival I	BudgetEstimate \$5000.	00

C: If this request is a fundraiser, please detail how the proceeds will be spent:
N / A Event is not a Fund Raiser
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
This is considered as the initial NDF Application prior to the event, but likely approval of NDF
Grant will happen near or after date of Event (8NOV2017) Coordination with Council Members Peden [D23] and Parker [D18] was conducted to ensure compliance with all procedures to
download the correct NDF Form [Effective May 2016], and complete/resubmit a corrected NDF
request.
Reimbursements should not be made before application date unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan. **The limit is a second of the limit is a secon
 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.

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
The MOAA-GLEC does not collect quantitative data from invited Veteran attendees at the event.
We do obtain feedback from: -Chapter members who assess the event, in preparation for making the next MOAA-GLEC Veterans Appreciation and Recognition better.
-We encourage spontaneous commentary from any and all attendees, on the day of the event, and encourage them to tell us what they think in the form of a written response / suggestion / critique for ways to improve.
-Attendees have provided on-the-spot comments and expressions of gratitude, as well as thank you cards.
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.
The MOAA-GLEC has no collaborative relationships with other community organizations.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	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	Object of the season of the se	and the second s	
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			20.05%
I: Community Events & Festivals (See Detailed List on Page 8)	\$5000.00	\$2500.00	\$7500.00
J: Machinery & Equipment	The second secon		version team word (EV) (45 (1944) of 25 (1954) (1945) (1945) (1945) (1945) (1945) (1945) (1945) (1945) (1945)
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$5000.00	\$2500.00	\$7500.00
% of Program Budget	66.7 %	33.7 %	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)	\$2500.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

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



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

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3	
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds	
Professional Services	1,400		1,400	
Event Services and Supplies	3,600		3,600	
Private Donations for Direct Veteran Support		2,500	2,500	
Total	5,000	2,500	7,500	

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	Value of Contribution	Method of Valuation
MOAA-GLEC Members Volunteer Time	\$3800.00	Value of Labor
	\$3800.00	Value of Hours of GLEC
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		Chapter Volunteers
NOR INFORMATION REFERS TO WHO MADI D INDIVIDUALLY, BUT GROUPED TOGETHER ON PER WEEK		
cy Fiscal Year Start Date: 1 April of each Y	est	
your Agency anticipate a significant increase t projected for next fiscal year? NO	se or decrease in your budget YES []	from the current fiscal year
s, please explain: IE: The MOAA-GLEC does not have a prof	essional staff as the GLEC is	an all volunteer 'Officer' oran

Applicant's Initials

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SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 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 8 — CERTIFICATIONS 8. ASSURANCES 1 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:

Legal Signatory: (please print):

CM Smrt

Title: Sec. / Treas.

Phone: 502.639-9655

Extension: Email: atlsam2@aol.com

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Effective May 2016

C.A. SWOT ENOTA

Applicant's Initials

Christopher M. Smrt

Office: Box 32012; Louisville, KY 40219

Cell: (502) 639-9655

23 October 2017 NDF Application

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

Dear Metro Council:

This is our Chapter's request the you and your fellow Metro Council members consider reimbursement of the GLEC Veterans Appreciation and Recognition, conducted on November, 2017 at the Audubon Country Club, city of Audubon Park. (formal NDF Application Form and Request Attached in this .PDF) Filed by the MOAA-GLEC Sec. / Treas., CM Smrt.

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.

Our Appreciation/Recognition took place at 11:30 a.m., 2d Wednesday of November, 3265 Robin Road, Louisville, KY 40213 (District 10). We're proud to support. Whether NDF support is directed or not, we hope members of the Metro Council, to honor our community veterans and their families will support the event.

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

Sincerely

CM Smrt, COL, USA Event Director

Project Assistant 502-639-965

JOEL 24 OCT 17

EXHIBIT B

AMENDED NDF PROGRAM BUDGET

AMENDED NDF	GRANT PRO	OGRAM BU	DGET
Budget Category	Metro Funds	Non-Metro Funds	Total
Personnel Costs, including benefits:			
Rent / Utilities:			
Office Supplies:			
Telephone:			
In-Town Travel:			
Client Assistance, Attach Detailed List:			
Professional Services Contracts:			
Program Materials:			
Community Events and Festivals, Attach Detailed List:	\$5000.00	\$2500.00	\$7500.00
Machinery and Equipment:		, <u> </u>	
Capital Project:			
Other Expenses, Attach Detailed List:	·		
TOTAL:	\$5000.00	\$2500.00	\$7500.00



2o16- MOAA-GLEC Inc. Annual Veterans Appreciation Revised Budget

Community Event Reimbursement- Detailed Summary

Professional Services:			
Certificates, Program, etc.	\$ 400.00		
Promotional Services PR/Photography	\$ 400.00		
Other Expenses (Non Metro FUNDS used for these Expenses)			
Design / Printing of Event Materials,	\$ 225.00		
Event ADV/Promo	\$ 250.00		
Presentation Books / Plaques, etc.	\$ 125.00		
Event Entertainment	\$ 400.00		
Subtotal		\$ 1400.00	
Subtotal	*****	\$ 1100.00	
Event Service - Supplies			
Event Audio Visual	\$ 150.00		
Room Rental [150-175 pax]	\$ 650.00		
Event Tables	\$ 350.00		
Event Chairs	\$ 650.00		
Event Linens	\$ 150.00		
Event Set UP	\$ 550.00		
Event SVC/ & Tax	\$ 850.00		
Event Decorations	\$ 250.00		
Subtotal		\$3600.00	
NDF : Para "I" Community Event & Festival Budge	et	Estimat	e \$5000.oo
NDI ITUIU I Community Brone as I contras Bunge			
Subtatal Abaya			\$5000.00
Subtotal Above:			<u> </u>
Humana Donation Veterans Support/ Assistance		\$2000.00	
Humana Donation Veterans Support/ Assistance		\$ 500.00	
Subtotal:			\$2500.00

<u>\$7500.00</u>

Christopher M. Smrt, GLEC, Sec./Treas:

TOTAL

PREAMBLE

- . TO INCULCATE 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 F. O. BOX 2508 CINCINNATI, OH 45201

Date

MAR 2 9 2007

MILITARY OFFICERS ASSOCIATION OF AMERICA GREATER LOUISVILLE EAGLES PO HOX 32012 LOUISVILLE, KY 40232-2012 Employer Identification Number:

DIN:

17053318068006 Contact Person:

JOAN C KISER

ID# 31317

Contact Telephone Number:

(877) 829-5500

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 taxexempt status we have determined that you are exempt from Federal income tex 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.

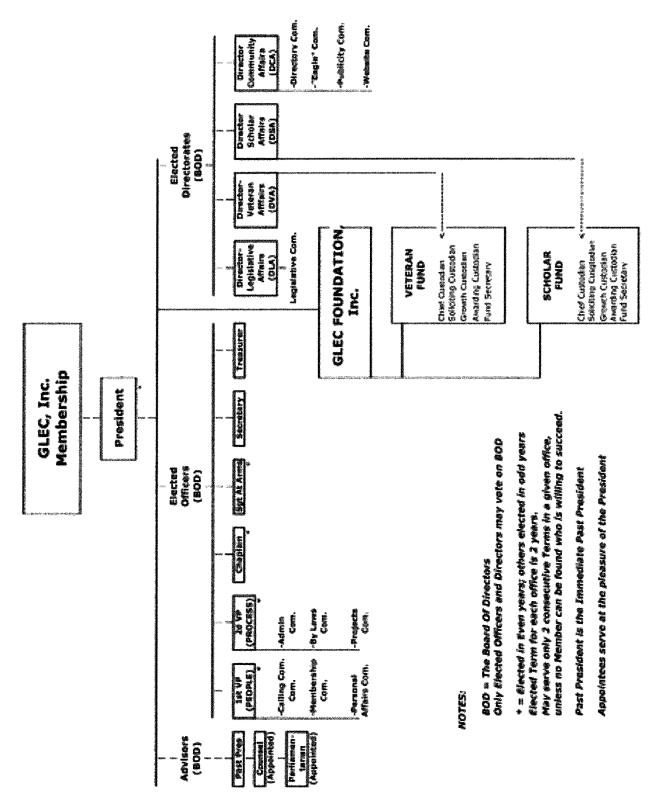
This determination is based on your representation that at least 75 percent of your members are past or present members of the Armed Forces of the United States defined under section 501(c)(19) of the Code. It is also based on your representation that substantially all of your other members, if any, 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, dunors cannot deduct contributions to or for the use of your organization, as provided by section 170.



GLEC, Inc. ORGANIZATION CHART





Trey Grayson Secretary of State Received and Filed 05/04/2006 11:20:06 AM Fee Receipt: \$8.00

ARTICLES OF INCORPORATION MILITARY OFFICERS ASSOCATION 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) herby submit(s) the following Articles of Incorporation to the Secretary of State for filing:

ARTICLEI

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

ARTICLEJI

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,
- 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.

ARTICLEIV

The duration of the corporation is perpetual.

ARTICLEY

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

ARTICLEYI

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

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

Prepared by:

JERRY MCGRAW, ATTORNEY AT LAW THE MCGRAW LAW OFFICE, PLLC

1700 UPS Drive, Suite 106

Louisville, XY 40223 Phone: (502) 423-1075 McGraw, Attorney, Registered Agent

Form **W-9**(Rev. December 2014)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Military Officers Association of America Greater Louisville Ea	gles, Inc	
ge 2.			
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor C Corporation S Corporation Partnership single-member LLC	☐ Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box ir the tax classification of the single-member owner.		code (if any)
F 7	X Other (see instructions) ► 501 (C) (3)		(Applies to accounts maintained outside the U.S.)
Ħ	5 Address (number, street, and apt. or suite no.)	Requester's name	e and address (optional)
ě	Post Office Box 32012		
9	6 City, state, and ZIP code		
S	Louisville, KY 40232-2012		
	7 List account number(s) here (optional)		
Pa	rt I Taxpayer Identification Number (TIN)		
	r your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social s	ecurity number
back resic entit	kup withholding. For individuals, this is generally your social security number (SSN). However, for lent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ies, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> on page 3.	or a	
	 If the account is in more than one name, see the instructions for line 1 and the chart on page 	Г 	er identification number
	elines on whose number to enter.	4101	,
Pa	rt II Certification		
Und	er penalties of perjury, I certify that:		
1. T	he number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be	issued to me); and
S	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o longer subject to backup withholding; and) I have not beer or dividends, or	n notified by the Internal Revenue (c) the IRS has notified me that I am
3. 1	am a U.S. citizen or other U.S. person (defined below); and		
4. Tr	ne FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.	
	ification instructions. You must cross out item 2 above if you have been notified by the IRS th nuse you have failed to report all interest and dividends on your tax return. For real estate trans:		

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

General Instructions

Signature of

U.S. person ▶

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

instructions on page 3.

Sign

Here

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

25 JUL 2017

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

Date ▶

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), $\,$
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

990n ORG Search Data:

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

D Employee Identification

Number

A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31

B Check if available

Terminated for Business Gross receipts are normally \$50,000 or less C Name of Organization: MILITARY OFFICERS ASSOCIATION

OF AMERICA GREATER LOUISVILLE EAGLES

PO Box32012, Louisville, KY.

US, 40232

E Website: F Name of Principal Officer: CM Smrt

PO Box32012, Louisville, KY,

US, 40232

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

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

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

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



Confirmation

Home | Security Profile | Logout

e-Postcard Profile	Select EIN	Organization Details	Contact Information	Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- Organization Name: MILITARY OFFICERS ASSOCIATION OF AMERICA GREATER LOUISVILLE EAGLES
- Tax Year: 2016
- Tax Year Start Date: 01-01-2016 Tax Year End Date: 12-31-2016
- Submission ID: 10065520172061336101
- Filing Status Date: 07-25-2017
- Filing Status: Accepted

MANAGE FORM 990-N SUBMISSIONS



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

StatusA - ActiveStandingG - Good

State KY

 File Date
 5/4/2006

 Organization Date
 5/4/2006

 Last Annual Report
 6/29/2016

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 GUY JOLLY

Secretary <u>CHRISTOPHER SMRT</u>

Treasurer CHRISTOPHER SMRT

Director WELLER HEAD

DirectorCHRISTOPHER M. SMARTDirectorGREGORY R. REINHARDT

Individuals / Entities listed at time of formation

Director COL M COURTLAND CLAYTON

Director <u>COL CHRISTOPHER M SMART</u>

Director <u>COL LAWRENCE E GRAVELY</u>

DirectorCAPT GREGORY R REINHARDTIncorporatorCOL M COURTLAND CLAYTON

Incorporator COL CHRISTOPHER M SMART

Incorporator COL LAWRENCE E GRAVELY

Incorporator CAPT GREGORY R REINHARDT

Images available online

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

Annual Report	6/29/2016	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/7/2015	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/27/2014	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/2013	1 page	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	9/26/2012	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/27/2012	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/14/2011	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/17/2010	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/15/2009	1 page	tiff	<u>PDF</u>
Annual Report	4/14/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/8/2007	l page	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	5/4/2006	3 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

File Date	Effective Date	Org. Referenced
6/29/2016 2:23:43 PM	6/29/2016	
7/7/2015 12:56:38 PM	7/7/2015	
6/27/2014 3:29:00 PM	6/27/2014	
7/1/2013 8:59:34 AM	7/1/2013	
9/26/2012 10:38:36 AM	9/26/2012	
6/27/2012 11:22:57 AM	6/27/2012	
3/14/2011 8:30:08 AM	3/14/2011	
9/17/2010 11:07:45 AM	9/17/2010	
4/15/2009 12:00:03 PM	4/15/2009	
4/14/2008 10:01:03 AM	4/14/2008	
3/8/2007 2:49:57 PM	3/8/2007	
5/4/2006 11:20:06 AM	5/4/2006	
	6/29/2016 2:23:43 PM 7/7/2015 12:56:38 PM 6/27/2014 3:29:00 PM 7/1/2013 8:59:34 AM 9/26/2012 10:38:36 AM 6/27/2012 11:22:57 AM 3/14/2011 8:30:08 AM 9/17/2010 11:07:45 AM 4/15/2009 12:00:03 PM 4/14/2008 10:01:03 AM 3/8/2007 2:49:57 PM	6/29/2016 2:23:43 PM 6/29/2016 7/7/2015 12:56:38 PM 7/7/2015 6/27/2014 3:29:00 PM 6/27/2014 7/1/2013 8:59:34 AM 7/1/2013 9/26/2012 10:38:36 AM 9/26/2012 6/27/2012 11:22:57 AM 3/14/2011 8:30:08 AM 3/14/2011 9/17/2010 11:07:45 AM 9/17/2010 4/15/2009 12:00:03 PM 4/15/2009 4/14/2008 10:01:03 AM 3/8/2007 2:49:57 PM 3/8/2007



Current Greater Louisville Eagles Chapter Board Members

(All Terms are Indefinite)

President

Clinton Gray

1st VP President

Guy Jolly

2d VP President

M. Courtland Clayton

Secretary

C. M. Smrt

Treasurer

C.M. Smrt

Directors elected for three year 'staggered' term...

Director

Lawrence Gravely [Elected Oct. 2014]

Director

Gerald D. Clark [Elected Oct. 2014]

Director

Gregory R. Reinhardt [Elected Oct. 2015]

Director

Robert 'Bob' Watkins [Elected Oct. 2015]

Director

Nick McIntosh [Elected Oct. 2016]

Director

Clinton Gray [Elected Oct. 2016]

MOAA- GLEC, Inc., SYB Account (

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 annually the 2d Wednesday of each November, .

CM Smrt, COL, USA (Ret.); MOAA-GLEC elected Secretary/Treasurer

015740

Stock Bank & Trust SINCE 1904

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

Return Service Requested

Page:

09/29/2017

Statement Date: Primary Account:

Documents:

Period: 08/31/17 to 09/29/17



իհարկցրիոցվիարկիիայնդներկցիցցիլկցներ

ARD

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

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Privacy Notice:

Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at https://syb.com/privacy-policy or we will mail you a free copy upon request if you call us at 1-800-625-9066.

NO MINIMUM BUSINESS CHECKING ACCOUNT Account:					
Last Statement	Previous Balance	Total Credits	Total Debits	This Statement	Current Balance
08/31/17	78.30	0.00	0.00	09/29/17	78.30

Minimum Balance 78.30 Avg Available Balance 78.30 Average Balance 78.30

K06 YARD-001.016211-001-000-170930 015740 40232201212





MOAA-GLEC Inc. Annual Budget

Summary

<u>Professional Services:</u>	
Design / Printing of Membership Materials	\$ 200.00
Event ADV/Promo	\$ 100.00
Presentation Books / Plaques, etc.	\$ 150.00
Postage	\$ 200.00
JROTC/ROTC Certificates & Awards	\$ 350.00
Chapter Business Meeting(s)	\$ 200.00
Annual Community Event Service - Supplies Community Event & Festival BudgetEstimate	\$5000.00
Other: Humana Donation Veterans Support/ Assistance Charitable	\$2000.00
TOTAL	\$8200.00

