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

Executive Summary of Request This funding will repair two doors at the Eastwood Recreation Center that are falling apart, rusting, have been vandalised and not up to code. Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required. 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	Applicant/Program: Eastwood Village Council Applicant Requested Amount: \$1,954.22 Appropriation Request Amount: \$1,954.22
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Appropriations Committee Chairman Date	
Appropriations Committee Chairman Date	
Appropriations Committee Chairman Date	F
	Approved by:
	Appropriations Committee Chairman Date
Final Appropriations Amount:	Final Appropriations Amount:

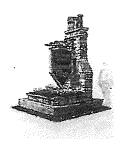
Program Name and Request Amount Eastwood Recreation Center Door Replacement - \$1,95	4.22
	Yes/No/NA
s the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
s the funding proposed by Council Member(s) less than or equal to the request amount?	Yes✓
s the proposed public purpose of the program viable and well-documented?	Yes▼
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes ✓
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes▼
las prior Metro Funds committed/granted been disclosed?	No 🗵
s the application properly signed and dated by authorized signatory?	- Not-rel-residing reports
s proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
f Metro funding is for a separate taxing district is the funding appropriated for a program outside the egal responsibility of that taxing district?	N/A
s 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?	Ye€
s the current Fiscal Year Budget included?	N/A
s the entity's board member list (with term length/term limits) included?	Yes▼
s recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes▼
the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes▼
s the most recent annual audit (if required by organization) included?	N/A
s a copy of Signed Lease (if rent costs are requested) included?	N/A
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	N/AS
re the Articles of Incorporation of the Agency included?	Ye€
s the IRS Form W-9 included?	Yes
the IRS Form 990 included?	Yes
re the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	Ye⁴▼
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards? Trepared by: The Charles Hand Charles The Control of the BBB Charity Review Program of the BBB Charity Review Program of the BBB Charity Review Program of the BBB Charity review program? If so, has the applicant net the BBB Charity review program? If so, has the applicant net the BBB Charity review program? If so, has the applicant net the BBB Charity Review Program of the BBB Charity review program? If so, has the applicant net the BBB Charity Review Program of the BBB Charity review program? If so, has the applicant net the BBB Charity Review Program of the BBB Charity Review	Yes

	SECTION 1 – APPLI	CANT INFORMATION
Legal Name of Applica		
(as listed on: 30 30	as.ky.gov/business/records East	wood Village Council
Main Office Street & N	Mailing Address: PO Box 9	2, Eastwood KY 40018
	eastwoodvillagecou	ancil. com
Applicant Contact:	Dennis Benzel	Title: Chair
Phone:	905-2037	Email: dennisbenzel@amail
Financial Contact:	Same	Title: Same
Phone:	same	Email: Same
Organization's Represe	entative who attended NDF Train	
GEOG	RAPHICAL AREA(S) WHERE PROGR	RAM ACTIVITIES ARE (WILL BE) PROVIDED
Program Facility Locat	ion(s): Eastwood Red	c Center - 14300 Eastwood Cutoff Rd
Council District(s):	19	Zip Code(s): 40245
	SECTION 2 - PROGRAM REQUE	EST & FINANCIAL INFORMATION
PROGRAM/PROJECT N	IAME: Eastwood Rec	Center Door Replacement
Total Request: (\$)	1954. 22 Total Metro Av	ward (this program) in previous year: (\$)
Purpose of Request (ch	neck all that apply):	
Operating Fu	nds (generally cannot exceed 33%	of agency's total operating budget)
Programming	g/services/events for direct benefit	t to community or qualified individuals
Capital Proje	ct of the organization (equipment,	, furnishing, building, etc)
The Following are Requ	uired Attachments:	
√IRS Exempt Status Dete	ermination Letter	N Signed lease if rent costs are being requested
NA Current year projected	budget	√IRS Form W9
Current financial states	ment	$\mathbb{N}/\!\!\!\!/_{\!$
Most recent IRS Form S	i i	N/A Annual audit (if required by organization)
√Articles of Incorporatio	n (current & signed)	N/A Faith Based Organization Certification Form, if applicable
✓Cost estimates from pr capital expense	oposed vendor if request is for	
For the current fiscal ye	ear ending June 30, list all funds ap	ppropriated and/or received from Louisville Metro
from any department o	r Metro Council Appropriation (Ne	cluding funds received through Metro Federal Grants, eighborhood Development Funds). Attach additional
sheet if necessary.		and of the second secon
Source:		Amount: (\$)
Source:		Amount: (\$)
Source:		Amount: (\$)
Has the applicant conta	cted the BBB Charity Review for pa	articipation? Yes No
Has the applicant met t	he BBB Charity Review Standards?	

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The second secon	SECTION 3 - AGENCY DE	ETAILS	
Describe Agency's Vision, Mission and Sei			AND THE PERSON NAMED OF TH
See attach Statement	ed our	mission	
Statement	•		

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Eastwood Village Council

P.O. Box 92
Eastwood, KY 40018-0092
www.eastwoodvillagecouncil.com

OUR MISSION STATEMENT

The mission of the Eastwood Village Council is to build community by providing a forum for sharing information, connecting neighbors, promoting activities, and fostering civic involvement in our diverse community. The EVC facilitates community inclusiveness, sustainability, awareness, investment, and involvement to promote a safe vibrant neighborhood.

OUR VISION AND VALUES

- ❖ We are a volunteer association striving to make our neighborhood a better place to live, with membership being open to everyone residing in or working in the Eastwood Village neighborhood.
- ❖ We are responsive to our community's needs through the relationships we build with our neighbors, neighborhood businesses, home owner associations, and Metro Louisville.
- ❖ We operate as a conduit of information for our neighbors. By providing speakers at our meetings, and maintaining a membership e-mail list, Facebook page, and web site, we keep our neighbors aware of city operations, community organizations and events and potential developments and changes in the neighborhood.
- ❖ We advocate for much needed infrastructure improvements for our fast-growing community.
- ❖ We promote activities within our neighborhood, such as beautification projects, care and restoration of historic landmarks, summer and winter farmers' markets, an annual Arts & Crafts Fair, and an annual Farm to Fork Dinner.
- ❖ We help promote, advocate for, and maintain our community gem, The Eastwood Rec Center. The Center serves as a gathering place for many community, family centered, and sporting events throughout the year.
- We offer an opportunity for neighbors to bring forth their concerns and problems, providing direction and connecting them to resources for further investigation of their issues.

OUR PRIMARY GOALS

- ❖ Build interest of residents in the welfare of the neighborhood.
- Support the improvement of the neighborhood.
- Create awareness of issues that affect all residents of the neighborhood.
- Encourage participation of residents in neighborhood gatherings and initiatives.
- * Represent our neighborhood and its residents in the Metro Louisville area.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF	
Board Member	Term End Date
See Attached	
Describe the Board term limit policy:	
Commit to one year but there are No limits.	o term
Three Highest Paid Staff Names Annual Sala	ary

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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.):

Replace and repair two rear doors at the Eastwood Rec Center.

See a Hacked for more details

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

Funding will be used to replace, repair and bring doors up to code. Attached is a detailed budget.

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una request is a fundrai	ser, please detail how the proceeds will be spent:
	•
N 1 1 A	•
NIA	
1	•
For Expenditure Reimburse	ment Only – The grant award period begins with the Metro Council approval date
de to be appeal to 6	iscal year in which the grant is approved. If any part of this funding request is for ant award period, identify the applicable circumstances.
as to be spent before the gra	ant award period, identify the applicable circumstances:
The funding request is a rei	imbursement of the City
The funding request is a rei	mbursement of the following expenditures that will probably be incurred after the
The funding request is a rei application date, but prior to selecting this option, the application.	mbursement of the following expenditures that will probably be incurred after the other than the execution of the grant agreement: Invoice, receipt and payment documentation should not be available as of the data of the content of the data of the data.
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Effective May 2016

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:

This will bring the doors up to Code and keep all individuals using the facility safe. The current doors are deteriorating and have vandalism

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.

NIA

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SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro	Total Funds
A: Personnel Costs Including Benefits		Funds	
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
: Community Events & Festivals (See Detailed List on Page 8)			
: Machinery & Equipment			
C: Capital Project	1 0-11 -0		
: Other Expenses (See Detailed List on Page 8)	1,954,22	0	
*TOTAL PROGRAM/PROJECT FUNDS			
6 of Program Budget	1.00		1
	100 %	17 %	100%

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

Other State, Federal or Local Government	o Funds:
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	4.1.0
otal of Column 1 MUST match "Total Request on Page 1, Section 2"	\$1,954.22

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

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

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
in including the same of the s	Proposed Metro Funds	Non- Metro	Total Fund
	Funds	Funds	
			· · · · · · · · · · · · · · · · · · ·
·			
Total			

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Donor*/Type of Contribution	Value of Contribution	Method of Valuatio
		I Talubelo
Total Value of In-Kind		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	
(to match Program Budget Line Item.		
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind) OR INFORMATION REFERS TO WHO MADE INDIVIDUALLY, BUT GROUPED TOGETHER I PER WEEK	THE IN KIND CONTRIBUTION. V ON ONE LINE AS A TOTAL NOTIN	OLUNTEERS NEED NOT B IG HOW MANY HOURS P
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Volunteer Contribution & Other In Kind) OR INFORMATION REFERS TO WHO MADE INDIVIDUALLY, BUT GROUPED TOGETHER I PER WEEK Fiscal Year Start Date: ur Agency anticipate a significant increase	ON ONE LINE AS A TOTAL NOTIN	IG HOW MANY HOURS P
Volunteer Contribution & Other In Kind) OR INFORMATION REFERS TO WHO MADE INDIVIDUALLY, BUT GROUPED TOGETHER I PER WEEK Fiscal Year Start Date: ur Agency anticipate a significant increase	ON ONE LINE AS A TOTAL NOTIN	IG HOW MANY HOURS P
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Volunteer Contribution & Other In Kind) R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK Fiscal Year Start Date: ur Agency anticipate a significant increase projected for next fiscal year? NO	or decrease in your budget from	IG HOW MANY HOURS P
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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

- 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.
- 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.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee). 4.
- 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.
- 7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant 8. 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 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

- 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 4. activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 8 – CERTIFICATIONS & ASSURANCE	S	
I certify under the penalty of law the information in this application (including, without limitation accurate to the best of my knowledge. I am aware my organization will not be eligible for funding falsification. If falsification is shown after funding has been approved, any allocations already receive repaid. I further certify that I am legally authorized to sign this application for the applying organization.	g if investigation	n at any time shows
Signature of Legal Signatory:	Date:	11/16/16
Legal Signatory: (please print): DENNIS M. BENZEZ	Title: (CHAIR
Dhana, A A A A A A A A A A A A A A A A A A A	nnisben	zelagmail. com

Page 10 Effective May 2016

To:

Chanelle Smith | Legislative Assistant Office of Councilwoman Julie Denton 601 W. Jefferson Street | Louisville, KY 40202

From: Dennis M. Benzel, Chair **Eastwood Village Council**

Date: 11/16/18

Page: 1 of 2

Dear Chanelle,

The rear entries/exits of the Eastwood Rec Center are suffering from deterioration and vandalism. As you are aware, the Rec Center is a very important asset to our community. The Eastwood Village Council and the Eastwood Rec Center, though separate entities, work very closely together in serving our community. The Council would like to see that the rear entry problems at the Center get solved.

Both doors are fire exits and require special materials and hardware to be compliant. On page 2 is a description of the materials needed to bring the exits to code. The Council and Center are both 501c3 non-profit organizations and do not have the advantage of collecting any tax revenue. We would like for your office to please consider helping us with the costs of all materials and labor. I've also attached in the email photos of the doors in question.

We greatly appreciate your consideration in helping us make the Rec Center more safe and secure.

Sincerely, Dennis Benzel, Chair **Eastwood Village Council** 502.905.2037 (cell) dennisbenzel@gmail.com www.eastwoodvillagecouncil.com

Material & Labor List for Eastwood Village Council Community Project:

Project Name: Eastwood Rec Center Door Replacement

Project Address: 16300 Eastwood Cut Off Rd., Louisville, KY 40245

MATERIALS:

\$583.74
\$257.90
\$110.88
\$39.98
\$61.72
\$150.00
\$1204.22
Ć150.00
\$150.00
\$150.00 \$75.00
\$75.00
\$75.00 \$150.00
\$75.00 \$150.00 \$100.00
\$75.00 \$150.00 \$100.00 \$100.00

NARP

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

Alison Lundergan Grimes KY Secretary of State Received and Filed

0629183

6/30/2018 5:57:11 PM Fee receipt: \$15.00

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

Annual Report Online Filing

ARP

Company:

EASTWOOD VILLAGE COUNCIL, INC.

Company ID:

0629183

State of origin: Formation date:

Kentucky

Poto filed:

1/9/2006 12:00:00 AM

Date filed:

6/30/2018 5:57:11 PM

Fee:

\$15.00

Principal Office

PO BOX 92

EASTWOOD, KY 40018-0092

Registered Agent Name/Address

BETH HENDERMAN 604 FLAT ROCK ROAD LOUISVILLE, KY 40245

Current Officers

President Secretary Treasurer	Dennis Benzel Beth Henderman Ken Long	PO Box 92, Eastwood, KY 40018-0012 PO Box 92, Eastwood, KY 40018-0012 PO Box 92, Eastwood, KY 40018-0012	No Term Limits
Director Director Director Director Director Director Director Director Director	Shirley Beierle Deb DeLor John Darling Pam Holbrook Kathy LaGreek Ralph Langdon Liza Marret Maurice Sweeney Stephen Beville	PO Box 92, Eastwood, KY 40018-0012 PO Box 92, Eastwood, KY 40018-0012	No Term Limits

County:

Jefferson

Business size:

Small

Business type:

Other

Signatures

Signature Title

Dennis Benzel

Chair

Form W-9 (Rev. November 2017)

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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 lir	e' do not leave this line blank	or intormation.		
	EASTWOOD VILLAGE COUNCIL 2 Business name/disregarded entity name. If different from show	io, do not leave this line Diank.			
	2 Business name/disregarded entity name, if different from above				
က္ခ	3 Check appropriate hox for federal tax classification of the				
page	3 Check appropriate box for federal tax classification of the person whose following seven boxes.	name is entered on line 1. Ch	eck only one of the	4 Exemptions (codes apply only	v to
Ω.			· .	Certain entities, not individuale.	see
. 0	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ S Corporation	tion Partnership	☐ Trust/estate	instructions on page 3):	
Print or type. c Instructions				Exempt payee code (if any)	
존절		n, S=S corporation, P⊕Partner	ship) ►		
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듣흑	another LLC that is not disregarded from the current for LLC that is not disregarded	to from the owner unless the o	wner of the LLC is	Exemption from FATCA reporting	g
F 6		ix purposes. Otherwise, a singli he tax classification of its owns	le-member LLC that	code (if any)	
ğ l	Uther (see instructions) ▶			(Applies to account	
Print or type. See Specific Instructions on	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name	(Applies to accounts maintained outside the U and address (optional)	(S.)
တ္တ	P.O. Box 92			and address (optional)	
1	6 City, state, and ZIP code				
-	EASTWOOD, KY 40018				
1	7 List account number(s) here (optional)				
Part					
Enter ye	our TIN in the appropriate box. The TIN provided asset as the	ame diven on line 1 to ave	: J Coolel -		
backup	withholding. For individuals, this is generally your social security n	umber (SSN). However, for	ra Social sec	curity number	
entities.	t alien, sole proprietor, or disregarded entity, see the instructions for its sour employer identification purchased [5].	or Part I, later. For other	.		
				J	
Note: If	the account is in more than one name, see the instructions for line To Give the Requester for guidelines on whose numbers are	1 Alea coo Milat Mana	or		~~~
Numbel	To Give the Requester for guidelines on whose number to enter.	1. Also see What Name ar	10 Employer	dentification number	
			- <u>-</u> -	00 000	
Part	Certification		52	09114240	
Under p	enalties of perjury, I certify that:				
1. The n	umber shown on this form to way a sure				
2. l am r	not subject to backup withholding because: (a) I am exempt from b be (IRS) that I am subject to backup withholding as a result of a failt	niber (or I am waiting for a I	number to be issu	ued to me); and	
Servic	ce (IRS) that I am subject to backup withholding as a result of a failinger subject to backup withholding as a result of a failinger subject to backup withholding; and	ure to report all interest or	nave not been no dividende or (a) t	tified by the Internal Revenue	
Q Lama	at Continue and the state of th	,	dividends, or (c) t	ne ind has notified me that I ar	m
/ The E	t U.S. citizen or other U.S. person (defined below); and				
	ATCA code(s) entered on this form (if any) indicating that I am exen	npt from FATCA reporting i	is correct.		
vou have	tion instructions. You must cross out item 2 above if you have been it failed to report all interest and dividends on your tax return. For real e	notified by the IRS that you a	are currently subje	of to book an intelligence	
					\$ 0
other tha	on or abandonment of secured property, cancellation of debt, contribut interest and dividends, you are not required to sign the certification,	tions to an individual retirem	ent arrangement (IRA), and generally, payments	
Sign		but you must provide your o	correct TIN. See th	e instructions for Part II, later.	
Here	Signature of U.S. person Konna of A. Fall Toron				
	U.S. person Remoth D Fary, Treo.	Surer Date	er May 9	2010	
Gene	eral Instructions	• Form 1009_DN /divide			_
	eferences are to the Internal Revenue Code unless otherwise	funds)	erios, including th	ese from stocks or mutual	
oted.	at the internal nevenue Gode unless otherwise	• Form 1099-MISC (var	ious types of ince	ome, prizes, awards, or gross	
uture d	evelopments. For the latest information about developments				
JIMIOU EU	' Com vy-8 and its instructions, such as logiciation	Form 1099-B (stock of transactions by brokers)	r mutual fund sale	BS and certain other	
iter aley	were published, go to www.irs.gov/FormW9.)		
urpo	se of Form	• Form 1099-S (proceed	ds from real estate	e transactions)	
		Form 1099-K (mercha	nt card and third	narty notwork trans	
formatic	dual or entity (Form W-9 requester) who is required to file an on return with the IRS must obtain your correct taxpayer	10111 Bittotil neor more littot	tgage interest), 1	098-E (student loan interest),	
ioi illilloai	Uti flufficer (TIN) Which may be your social acquist, much	(
· · · · · · · · · · · · · · · · · · ·	avioual taxpavel (defittication himber (ITIN) adoption	• Form 1099-C (cancele	a debt)		
whater	denuication number (ATIN) or employer identification and	• Form 1099-A (acquisiti	on or abandonme	ent of secured property)	
	eport on an information return the amount paid to you, or other eportable on an information return. Examples of information	Use Form W-9 only if	VOU are a LIC no	rson (including a resident	
turns in	clude, but are not limited to, the following.	Provide your of	MICCELLIA"		
Form 10	99-INT (interest earned or paid)	ii you do not return Fo	m W-9 to the req	juester with a TIN, you might	
	/	later	molaing. See Wi	nat is backup withholding.	

COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



STATEMENT OF CONSENT OF REGISTERED AGENT

Pursuant to the provisions of KRS Chapter 271B, 273, 275 or 362, the undersigned hereby consents to act as registered agent on behalf of the business entity named below and for that purpose submits the following statements:

1.	The business entity is a corporation (KRS 271B or KRS 273) a limited liability company (KRS 275) a limited partnership (KRS 362)
2,	The name of the business entity is EASTWOOD VILLAGE COUNCIL, INC.
3.	The state or country of incorporation, organization or formation is KENTUCKY
4.	The name of the initial registered agent is MAURICE A. BYRNE, JR.
5.	The street address of the registered office address in Kentucky is One Riverfront Plaza, 401 W. Main Street, Suite 2150, Louisville, Kentucky 40202
	Signalura (registered agend MAURICE A. BMRNE, JR. Typa or Print Name & Yide, if applicable December 15, 20 05

SSC-109 (7/98)

(See attached sheet for instructions)

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

Date: MAY 1 4 2015

EASTWOOD VILLAGE COUNCIL PO BOX 92 EASTWOOD, KY 40018-0092

Employer Identification Number: 55-0914240 DLN: 26053520001415 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: May 15, 2010 Contribution Deductibility: Addendum Applies: Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted on your application, we approved your request for retroactive reinstatement under Section 4 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

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

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning	nning <u>2017-01-01</u> and ending <u>2017-12-31</u>	8
B Check if available Terminated for Business Gross receipts are normally \$50,000 or less	C Name of Organization: EASTWOOD VILLAGE COUNCIL P O Box 92, Eastwood, KY. US, 40018	D Employee Identification Number 55-0914240
E Website:	F Name of Principal Officer: Dennis Benzel	
	P O Box92, Eastwood, KY, US, 40018	
	03. 400 10	

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.

Trey Grayson Secretary of State Received and Filed 01/09/2008 11:33:10 AM

Fee Receipt: \$8.00

ARTICLES OF INCORPORATION OF

EASTWOOD VILLAGE COUNCIL, INC

The undersigned incorporator executes these articles of incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky, 273.161 et seq., in accordance with the following provisions.

I. NAME

The name of the corporation is:

EASTWOOD VILLAGE COUNCIL, INC.

II. DURATION

The period of duration of the corporation shall be perpetual.

III. PURPOSE

The corporation is organized to work for the development of the community of EASTWOOD VILLAGE and other educational, charitable, public interest and community purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. In carrying out its corporate purposes, the corporation shall have all the powers allowed corporations by Chapter 273 of the Kentucky Revised Statutes.

IV. USE OF FUNDS AND ACTIVITIES

No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to any private individuals, 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 III above. 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)(3) 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)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

V. DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to a state, a subdivision of the state, or local government, the federal government, or 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.

XI. INCORPORATOR

The name and address of the incorporator is Maurice A. Byrne, Jr., Suite 2150, One Riverfront Plaza, Louisville, Kentucky 40202

IN TESTIMONY WHEREOF, witness the signature of the incorporator below on this December 15, 2005. MAURICE A. BYRNE, JR., Incorporator STATE OF KENTUCKY SS: **COUNTY OF JEFFERSON**

I, the undersigned, a Notary Public in and for the State and County aforesaid, do hereby certify that on this day the foregoing Articles of Incorporation of EASTWOOD VILLAGE COUNCIL, INC. were produced before me and were signed, acknowledged and delivered by Maurice A. Byrne, Jr. the incorporator thereof, to be his true act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my name and affixed my seal of office this December 15, 2005.

State at Large, Kentucky

My commission expires:

DAVEN, 25, 2001

2150 One Riverfront Plaza 401 W. Main Street, Suite 2150 Louisville, Kentucky 40202-4241 Phone: (502) 583-8376

Page 5 of 5

EASTWOOD VILLAGE COUNCIL

DATE	TRANS.	NAME/VENDOR
		en e
10/03/18	Dep.	Century Mortgage
10/03/18	Dep.	Walnut Grove Nursery
10/03/18	Dep.	Walnut Grove Nursery
10/03/18	Dep.	Anna Young (artist)
10/12/18	Ck.#1117	Allen Transportation
10/02/18	Ck,#1118	Towne Post Network,Inc.
10/01/18	Ck.#1119	Waste Now
10/21/18	Ck.#1121	Easrwood Recreation Center
10/24/18	Ck.#1122	Digital EFX Wraps LLC
10/22/18	Ck.#1123	Louisville Public Media
10/15/18	Debit	Facebook charges
10/15/18	Ck.#1120	Selective Insurance
10/31/18	Credit	Louisville Magazine Payout
10/31/18	Dep.	
10/31/18	Dep.	
10/31/18	Dep.	Pam Holbrook
		Hannah & Kameron Doleman
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Laura L. Calhoun
Director of Special Events & Community Relations
Better Business Bureau®, Inc.
844 S. Fourth Street
Louisville, KY 40203
502-588-0037(direct)
502-588-0080 (fax)
Icalhoun@louisville.bbb.org (e-mail)
www.louisville.bbb.org



November 28, 2018

Ms. Julie Denton Metro Council District 19 601 W. Jefferson Street Louisville, KY 40202

Ms. Denton:

The Eastwood Village Council is a member in good standing of the BBB serving Louisville, Southern Indiana, and Western Kentucky. Their partnership with us began on July 22, 2017.

If you have any questions, please feel free to call me at 588-0037 or email lcalhoun@louisville.bbb.org.

Sincerely,

Laura L. Calhoun

EASTWOOD VILLAGE COUNCIL, INC.

General Information

Organization Number 0629183

Name EASTWOOD VILLAGE COUNCIL, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - GoodStateKY

File Date 1/9/2006
Organization Date 1/9/2006
Last Annual Report 6/30/2018
Principal Office PO BOX 92

EASTWOOD, KY 40018-0092

Registered Agent BETH HENDERMAN

604 FLAT ROCK ROAD LOUISVILLE, KY 40245

Current Officers

President <u>Dennis Benzel</u>
Secretary <u>Beth Henderman</u>

Treasurer Ken Long **Director Shirley Beierle Director** Deb DeLor Director John Darling **Director** Pam Holbrook **Director** Kathy LaGreek **Director** Ralph Langdon Director Liza Marret **Director** Maurice Sweeney **Director** Stephen Beville

Individuals / Entities listed at time of formation

DirectorDOUG YATESDirectorDAN SHIRLEY

Director WENDY WHITEHEAD

DirectorJERRY DAVISDirectorCHARLES SIPESDirectorRICHARD WOLFORDDirectorSHELBY VERMILLION

Director <u>JOHN HAMM</u>

DirectorBRENT DAVENPORTIncorporatorMAURICE A BYRNE JR

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.

•	-,		J	
Annual Report	6/30/2018	1 page	<u>PDF</u>	
Registered Agent name/address change	4/25/2017 4:31:22 PM	1 page	<u>PDF</u>	
Annual Report	4/25/2017	1 page	<u>PDF</u>	
Annual Report	6/12/2016	1 page	<u>PDF</u>	
Annual Report	3/12/2015	1 page	<u>PDF</u>	
Annual Report	4/2/2014	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/18/2013	1 page	<u>PDF</u>	
Annual Report	3/29/2012	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement Certificate of Existence	6/22/2011 10:11:49 AM	2 pages	<u>PDF</u>	
Reinstatement	6/22/2011 10:10:35 AM	2 pages	<u>PDF</u>	
Administrative Dissolution	11/2/2010	1 page	<u>PDF</u>	
Annual Report	10/15/2009	2 pages	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	6/17/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	5/21/2008	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/21/2007	2 pages	<u>tiff</u>	<u>PDF</u>
Articles of Incorporation	1/9/2006	6 pages	<u>tiff</u>	<u>PDF</u>
Certificate of Assumed Name	1/9/2006	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

EASTWOOD VILLAGE COUNCIL

Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/30/2018 5:57:11 PM	6/30/2018 5:57:11 PM	
Annual report	4/25/2017 4:37:11 PM	4/25/2017 4:37:11 PM	
Registered agent address change	4/25/2017 4:31:22 PM	4/25/2017 4:31:22 PM	
Annual report	6/12/2016 12:37:26 PM	6/12/2016 12:37:26 PM	
Annual report	3/12/2015 12:07:02 PM	3/12/2015 12:07:02 PM	
Annual report	4/2/2014 3:43:02 PM	4/2/2014	
Annual report	7/18/2013 12:37:45 PM	7/18/2013 12:37:45 PM	
Annual report	3/29/2012 1:17:12 PM	3/29/2012	
Reinstatement	6/22/2011 10:11:45 AM	6/22/2011	
Admin Dis. A. report not in	11/2/2010	11/2/2010	
Annual report	10/19/2009	10/19/2009	

	1:39:35 PM		
Registered agent address change	6/17/2008 9:47:29 AM	6/17/2008	
Annual report	5/21/2008 10:18:39 AM	5/21/2008	
Annual report	6/21/2007 10:44:42 AM	6/21/2007	
Added assumed name	1/9/2006 11:39:20 AM	1/9/2006	EASTWOOD VILLAGE COUNCIL
Add	1/9/2006 11:33:11 AM	1/9/2006	

Microfilmed Images