O-338-21

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

Applicant/Program: The Exquisite Black Women Foundation, Inc./ The 2021 An Evening of Excellence Gala Applicant Requested Amount: \$10,184.46 Appropriation Request Amount: \$1,000 \$2,000

### **Executive Summary of Request**

The 2nd Annual An Evening of Excellence Gala fundraiser will be held July 31, 2021 at Daylight Event Center. Proceeds from the Gala help fund the 2022 program year, where EBW supports young black girls from 10-12th grades learn critical life skills. The curriculum includes credit and money management, job readiness, and effective communication in the workplace. Program graduates qualify for renewable scholarships.

Is this program/project a fundraiser?	Yes No	
Is this applicant a faith based organization?	Yes No	1
Does this application include funding for sub-grantee(s)?	Yes No	

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

District #

Primary Sponsor Signature



7/16/2021 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:

sh

1 | Page Effective May 2016

## **Applicant/Program:**

The Exquisite Black Women Foundation, Inc./ The 2021 An Evening of Excellence Gala

## **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.

# **Council Member Signature and Amount**

District 1	_ \$
District 2	\$
District 3	\$
District 4	\$
District 5	_ \$
District 6	\$
District 7	_ \$
District 8	_ \$
District 9	\$
District 10	<u>\$_500</u>
District 11	\$
District 12	\$
District 13	\$_500
District 14	\$
District 15	\$

2 | Page Effective May 2016

## Applicant/Program:

The Exquisite Black Women Foundation, Inc./ The 2021 An Evening of Excellence Gala

## **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 16	 \$
District 17	 \$
District 18	 \$
District 19	 \$
District 20	 \$
District 21	 \$
District 22	 \$
District 23	\$
District 24	\$
District 25	\$
District 26	 \$
3   Page	

Effective May 2016

Legal Name of Applicant Organization The Exquisite Black Women Foundation, Inc.

Program Name and Request Amount The 2021 An Evening of Excellence Gala \$10,184.46

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	N/A
Has prior Metro Funds committed/granted been disclosed?	N/A 1
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
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: <ul> <li>Kentucky Secretary of State?</li> <li>Louisville Metro Revenue Commission?</li> <li>Louisville Metro Government?</li> <li>Internal Revenue Service?</li> <li>Louisville Metro Human Relations Commission?</li> </ul>	Yes
s the current Fiscal Year Budget included?	Yes
s the entity's board member list (with term length/term limits) included?	Yes
recommended funding less than 33% of total agency operating budget?	Yes
oes 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?	N/A 1
the most recent annual audit (if required by organization) included?	N/A 1
a copy of Signed Lease (if rent costs are requested) included?	N/A
the Supplemental Questionnaire for churches/religious organizations (if requesting organization is ith-based) included?	N/A ]
re the Articles of Incorporation of the Agency included?	Yes
the IRS Form W-9 included?	Yes
the IRS Form 990 included?	Yes
e the evaluation forms (if program participants are given evaluation forms) included?	Yes
firmative Action/Equal Employment Opportunity plan and/or policy statement included (if quired to do so)?	N/A
as the Agency agreed to participate in the BBB Charity review program? If so, has the applicant et the BBB Charity Review Standards?	No

4 | Page Effective May 2016

		SECTION 1 - APP	LICANT INFORMATION		
Legal Name of Appl					
(as listed on: <u>http://www</u>			uisite Black Women For		
			len Drive #21454 Louis	ville, Ky 40221	
Website: www.Exc	- 11	<u> </u>		1	
Applicant Contact:		Ilyn L. Walker Title: Founder & President			
Phone:		/38-1398	Email:	jacklyn@ExquisiteBlackWomen.org	
Financial Contact:	Jacklyr	n L. Walker	Title:	Founder & President	
Phone:		38-1398	Email:	jacklyn@ExquisiteBlackWomen.org	
Organization's Repr	esentative	who attended NDF Trai	ning: Jacklyn L. Walke	r	
	······	LAREA(S) WHERE PRO	GRAM ACTIVITIES ARE (W	ILL BE) PROVIDED	
Program Facility Loc	ation(s):	Louisville, KY			
Council District(s):		Please See Attached	Zip Code(s):	Please See Attached	
			JEST & FINANCIAL INFOR	MATION	
PROGRAM/PROJECT	NAME: TH	e 2021 An Evening o	f Excellence Gala		
Total Request: (\$)	\$ 10,184.	46 Total Metro /	Award (this program) in p	revious year: (\$) \$ 0.00	
Purpose of Request (					
			% of agency's total operat		
			fit to community or qualif		
Capital Proj	ect of the c	rganization (equipmen	t, furnishing, building, etc	)	
The Following are Re	quired Atta	chments:			
✓ IRS Exempt Status De	etermination	Letter	Signed lease if rent cos	ts are being requested	
Current year projecte	ed budget		IRS Form W9		
Current financial stat			Evaluation forms if use	d in the proposed program	
Most recent IRS Form			Annual audit (if require	d by organization)	
✓ Articles of Incorporat			Faith Based Organizatio	on Certification Form, if applicable	
Cost estimates from p capital expense	proposed ver	ndor if request is for			
For the current fiscal	year ending	, June 30, list all funds a	appropriated and/or recei	ved from Louisville Metro	
Government for this o	r any other	program or expense, ir	cluding funds received th	rough Metro Federal Grants.	
sheet if necessary.	or Metro Co	ouncil Appropriation (N	eighborhood Developmer	nt Funds). Attach additional	
	N/A		Amount: (\$) \$ 0.0	00	
Source:			Amount: (\$)		
Source:					
and the second	acted the R	BB Charity Review for p			
		arity Review Standards	Summed Research		
		ancy neview Stanualus			

Page 1 Effective May 2016

÷

.

Applicant's Initials JW

The Exquisite Black Women Foundation, Inc. Council Districts and Zip Codes Services 2019-2021



Metro Council	Metro Council	Zip Code	# of Constituents
Representative	District	LIP COUE	Served
Jessica Green (D)	1	40211, 40216	7
Barbara Shanklin (D)	2	40219	4
Keisha Dorsey (D)	3	40210, 40215	2
Jecorey Arthur (D)	4	40203, 40212	5
Donna Purvis (D)	5	40211, 40212	7
David James (D)	6	40203, 40208, 40291	3
Bill Hollander (D)	9	40206, 40207	2
Pat Mulvihill (D)	10	40213, 40218	2
Kevin Kramer (R)	11	40220	2
Rick Blackwell (D)	12	40216, 40258	5
Mark Fox (D)	13	40118, 40214	2
Kevin Triplett (D)	15	40203, 40209	3
Scott Reed (R)	16	40059, 40245	a second second a second second second
Markus Winkler (D)	17	40241	4
Marilyn Parker (R)	18	40223	1
Anthony Piagentini (R)	19	40243, 40245, 40253	5
Stuart Benson (R)	20	40299	1
Nicole George (D)	21	40214, 40219	2
Robin Engel (R)	22	40291	2
James Peden (R)	23	40219, 40228, 40229	6
Madonna Flood (D)	24	40229	4
Amy Stewart (D)	25	40272	2
	Other A	vreas Served	
	Crestw	/ood, KY	
	Contraction of the second s	iy , PA	
	Dulu	th, GA	
		wn, MS	
	AND	nville, IN	
		bany, IN	
		cah, KY	
		iff, KY	
	Shelby	ville, KY	

# The 2021 First Ladies of Louisville



### SECTION 3 - AGENCY DETAILS

### Describe Agency's Vision, Mission and Services:

Our mission is to empower Black Women and Girls to achieve their goals despite what they see around them.

Our vision is to celebrate Black Women for what they have accomplished, and who they have become, regardless of the challenges they have faced; while encouraging them to mentor Black Girls to cultivate their dreams and goals so they too can become Exquisite Black Women.

Page 2 Effective May 2016

Applicant's Initials JW

SECTION 4 BOARD OF DIRECTORS AND

Board Member	Term End Date
William D. Mack III	06/01/2022
Yoshhisa Mack	06/01/2022
	·····
	reaction of the second s

### Describe the Board term limit policy:

All appointments to the Board shall be for a term of (1) year. No person shall serve more than (5) consecutive terms unless a majority of the Board, during the course of a board meeting at which a quorum is present, votes to appoint a Board member to (2) additional year(s). no person shall serve more than (10) consecutive years. After serving the maximum total number of consecutive years on the Board, a member may be eligible for reconsideration as a Board member after (1) years have passed since the conclusion of such Board member's service.

Three Highest Paid Staff Names	Annual Salary
Jacklyn L. Walker	\$ 0.00

Applicant's Initials JW

	SECTION 5-	PROGRAM/	PROJECT N/	RRATIVE			
A: Describe the program/project with regards to specific client po designs, event permits, proposa	pulation the p	rogram will	address (at	the progr tach relate	am/projec ed flyers, p	t and appl planning m	icable data inutes,
An Evening of Excellence Gala Start: June 2020; End: Februa Ticket Price: \$35/\$65/\$90	a honoring The ry 2021	e First Ladi	es of Louis	ville			
Description: Through this prog influential in the area where the (9) ladies to become First Ladi exclusive experiences and ser- attend this event.	ey live or work es of Louisvill	. From thes	se nominat tner with ot	ions, the her local	selection black-owr	committee ned busine	e chooses ess to offer
**This event has been resched initially being offered by invite of public. Ticket prices have sinc	only due to CC	OVID restric	tions but h	al date (F ave since	eb 20, 20 been op	21). Ticke ened to the	ets were e general
B: Describe specifically how the	funding will be	spont inclu	ding idontifi	cation of		<b>b</b>	
The funds will be used to cover Advertising/Marketing: \$775.00	r expenses rei		aing identifi	cation or	unding to	sub grante	:e(s):
Adventising/Marketing: \$775.00 Administrative Supplies: \$2,26 Audio/Visual: \$375.00					· ·		
Awards: \$1,122.46 Event Décor: \$2,000.00 EBYW Scholarship Recipients:	¢200.00				•		
Entertainment: \$150.00 Hosts: \$200.00	\$300.00	н н н н	. • • • • •			· ·	
Event Photography: \$500.00 Venue Rental: \$1,550.00 VIP & Honorees: \$950.00			 				
		، 					
	·		• •	· .	1. 1. 1.	· .	

· · · ·

Page 4 Effective May 2016

•

•

Applicant's Initials JW

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

The proceeds from this event will help fund the 2022 program year, where we support young black girls from 10th to 12th grade to learn critical life skills as they transition into successful black women. We are working on partnerships with existing female-led black-owned and operated organizations to create our Life Skills curriculum. This includes but is not limited to credit and money management, job readiness, and effective communication in the workplace. Graduating seniors will have access to job shadowing and internship opportunities. Lastly, program graduates will qualify for renewable scholarships and the opportunity to become an Exquisite Young Black Woman.

**D:** For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
  - If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Page 5 Effective May 2016

Applicant's Initials JW

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:

During the program's progress, we have interviews with each honoree to learn who they are and what life experiences they've encountered that have made them who they are. We also create opportunities for the honorees, past and present, to meet each other which gives them time to learn each other. We use email and text messaging to stay connected to the honorees during the program period. We use these connections to ensure the honorees are enjoying the process or if something needs to be clarified or revised. At the end of the program, we send out a survey to collect their final thoughts as well as invite them to join us for future events.

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 are not currently working collaboratively with any other community organizations though we have plans to work with black female led organizations in 2022.

### 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 Total Funds	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds		
A: Personnel Costs Including Benefits	\$ 0.00	\$ 0.00	\$ 0.00	
B: Rent/Utilities	\$ 0.00	\$ 0.00	\$ 0.00	
C: Office Supplies	\$ 3,037.00	\$ 300.00	\$ 3,337.00	
D: Telephone	\$ 0.00	\$ 0.00	\$ 0.00	
E: In-town Travel	\$ 0.00	\$ 0.00	\$ 0.00	
F: Client Assistance (See Detailed List on Page 8)	\$ 1,250.00	\$ 0.00	\$ 1,250.00	
G: Professional Service Contracts	\$ 0.00	\$ 0.00	\$ 0.00	
H: Program Materials	\$ 0.00	\$ 0.00	\$ 0.00	
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 5,897.46	\$ 6,235.56	\$ 12,133.02	
J: Machinery & Equipment	\$ 0.00	\$ 0.00	\$ 0.00	
K: Capital Project	\$ 0.00	\$ 0.00	\$ 0.00	
L: Other Expenses (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00	
*TOTAL PROGRAM/PROJECT FUNDS	\$ 10,184.46	\$ 6,535.56	\$ 16,720.02	
% of Program Budget	60.91%	39.09%	100%	

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

Total Revenue for Columns 2 Expenses **	\$ 6,535.56	
Other (please specify) n/a	\$ 0.00	
Fees Collected from Program Participants	\$ 0.00	
Private Contributions (do not include individual donor names)	\$ 6,535.56	
United Way	\$ 0.00	
Other State, Federal or Local Government	\$ 0.00	

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

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

Applicant's Initials JW

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
Event Expenses: EDCO/2021 FLOL	\$ 622.46	\$ 0.00	\$ 622.46
Awards Event Expenses: Audio/Visual	\$ 375.00	\$ 1,000.00	\$ 1,375.00
Event Expenses: Food & Drinks	\$ 0.00	\$ 3,713.86	\$ 3,713.86
Client Assistance: Attendee/Honoree Gifts	\$ 950.00	\$ 0.00	\$ 950.00
Event Expenses: Venue Rental	\$ 1,550.00	\$ 856.70	\$ 2,406.70
Client Assistance: Scholarship recipient - D. Johnson	\$ 150.00	\$ 0.00	\$ 150.00
Client Assistance: Scholarship recipient - N. Tuttell	\$ 150.00	\$ 0.00	\$ 150.00
Event Expenses: Dana/Coleman Painting	\$ 500.00	\$ 0.00	\$ 500.00
Event Expenses: Event Insurance	\$ 0.00	\$ 350.00	\$ 350.00
Event Expenses: Event Decor	\$ 2,000.00	\$ 0.00	\$ 2,000.00
Event Expenses: Hosts/Entertainment	\$ 350.00	\$ 315.00	\$ 665.00
Event Expenses: Event Photography	\$ 500.00	\$ 0.00	\$ 500.00
Total	\$ 7,147.46	\$ 6,235.56	\$ 13,383.02

Donor*,	Type of Contribution	Value of Contribution	Method of Valuation
(10) On-Site Vo	plunteers	\$ 800.00	\$10 per hour; (8) hours per per per event
(to match Pi	I Value of In-Kind rogram Budget Line Item.	\$ 800.00	
onor informa Ted individuali			. VOLUNTEERS NEED NOT BE DTING HOW MANY HOURS PER
ONOR INFORMA TED INDIVIDUALI SSON PER WEEK ency Fiscal Year S es your Agency a	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas	ON ONE LINE AS A TOTAL NO	DTING HOW MANY HOURS PER
ONOR INFORMA TED INDIVIDUALI RSON PER WEEK ency Fiscal Year S es your Agency and aget projected for	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO	ON ONE LINE AS A TOTAL NO	
ONOR INFORMA TED INDIVIDUALI SON PER WEEK ency Fiscal Year S es your Agency an aget projected for ES, please explain Covid-19 pando unable to follow	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO n: emic has greatly affected o	e or decrease in your budget YES 🔽 ur budget. We originally pla	DTING HOW MANY HOURS PER
ONOR INFORMA TED INDIVIDUALI SON PER WEEK ency Fiscal Year S es your Agency an aget projected for ES, please explain Covid-19 pando unable to follow	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO n: emic has greatly affected o	e or decrease in your budget YES 🔽 ur budget. We originally pla	From the current fiscal year to t
CONOR INFORMA TED INDIVIDUALL RSON PER WEEK ency Fiscal Year S es your Agency an dget projected for ES, please explain Covid-19 pando s unable to follow	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO n: emic has greatly affected o	e or decrease in your budget YES 🔽 ur budget. We originally pla	From the current fiscal year to t
CONOR INFORMA TED INDIVIDUALL RSON PER WEEK ency Fiscal Year S es your Agency and dget projected for ES, please explain Covid-19 pando s unable to follow	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO n: emic has greatly affected o	e or decrease in your budget YES 🔽 ur budget. We originally pla	From the current fiscal year to t
DONOR INFORMA TED INDIVIDUALI RSON PER WEEK ency Fiscal Year S es your Agency and dget projected for ES, please explain & Covid-19 pand	TION REFERS TO WHO MADE Y, BUT GROUPED TOGETHER tart Date: 02/01/2021 nticipate a significant increas r next fiscal year? NO n: emic has greatly affected o	e or decrease in your budget YES 🔽 ur budget. We originally pla	From the current fiscal year to t

Ģ

Г

.

### **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.
- 2. 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.
- 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 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.
- 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 8 – 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.

Signatur	e of Legal Signatory:	645		Date:	06/16/2021
Legal Sig	natory: (please print):	Jacklyn L. Walker		Title:	Founder & President
Phone:	(502) 738-1398	Extension:	Email:	jacklyn@exqu	isiteblackwomen.org



# Kentucky Secretary of State Michael G. Adams

# THE EXQUISITE BLACK WOMEN FOUNDATION, INC

 File Annual Report
 File Statement of Change of Principal Office

 File Statement of Change of registered Agent / Registered Address

 Printable Forms
 Additional Services
 Certificates

## **General Information**

Organization Number	1070851
Name	THE EXQUISITE BLACK WOMEN FOUNDATION, INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	КҮ
File Date	9/11/2019
Organization Date	9/11/2019
Last Annual Report	7/29/2021
Principal Office	PO BOX 21454
	LOUISVILLE, KY 40221
Registered Agent	JACKLYN L WALKER
	331 NORTH 25TH STREET
	LOUISVILLE, KY 40212
ent Officers	

## **Current Officers**

President	Jacklyn L Walker
Director	Yoshhisa Mack
Director	William Mack III
Director	Jacklyn L Walker

# Individuals / Entities listed at time of formation

Director

JACKLYN L WALKER

Director	WILLIAM MACL III
Incorporator	JACKLYN L WALKER

## 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.

Unhonored Check Letter	9/8/2020	1 page	tiff	PDF
Annual Report	8/28/2020	1 page	PDF	
Articles of Incorporation	9/11/2019	3 pages	tiff	PDF

# **Assumed Names**

# **Activity History**

Filing	File Date	Effective Date	Org. Referer	nced	
Annual report	8/28/2020 12:38:13	8/28/2020 12:38:13			
Annual report	PM	PM			
Add	9/11/2019 9:25:13 AM	VI 9/11/2019			
		. · · · · · · · · · · ·		· .	

# **Microfilmed Images**

### Contact Site Map

Privacy	Security	Disclaimer	Acces	sibility	

© Commonwealth of Kentucky All rights reserved.

## Kentucky Unbridled Spirit

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

Date: JUL 2 1 2020

THE EXQUISITE BLACK WOMEN FOUNDATION INC 4440 CRITTENDEN DRIVE UNIT 21454 LOUISVILLE, KY 40221-0000

Employer Identification Number: 84-3472112 DLN: 26053566001130 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: January 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/690-N-Required: Yes Effective Date of Exemption: September 11, 2019 Contribution Deductibility: Yes Addendum Applies: No

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.

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 to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

## THE EXQUISITE BLACK WOMEN



Sincerely,

replen a. martin

Director, Exempt Organizations Rulings and Agreements



# The Exquisite Black Women Foundation, Inc. Program/Project Expenses September 2020 to June 2021

Program/Project Expenses		Proposed		Non Metro
	M	letro Funds		Funds
Office Supplies: Advertising/Marketing	\$	775.00	\$	300.00
Office Supplies: Printing	\$	100.00	\$	-
Office Supplies: Mailing/Postage	\$	60.00	\$	-
Office Supplies: USPS/Post Office Box	\$	134.00	\$	
Office Supplies: Website Maintenance & Hosting	\$	1,968.00	\$	-
Office Supply Total	\$	3,037.00	\$	300.00
Event Expenses: EDCO/2021 FLOL Awards	\$	622.46	\$	
	S.Z. Market			-
Event Expenses: Audio/Visual	\$	375.00		.,000.00
Event Expenses: Food & Drinks	\$	-	SIN HESSAL	,713.86
Event Expenses: Venue Rental	\$	1,550.00	\$	856.70
Event Expenses: Dana/Coleman Painting	\$	500.00	\$	ostiko – Natoria ili
Event Expenses: Event Insurance	\$	-	\$	350.00
Event Expenses: Event Decor	\$	2,000.00	\$	
Event Expenses: Hosts/Entertainment	\$	350.00	\$	315.00
Event Expenses: Event Photography	\$	500.00	\$	+
Event Expense Total	\$	5,897.46	\$6	,235.56
				N BELIER AND
Client Assistance: Attendee/Honoree Gifts	\$	950.00	\$	-
Client Assistance: Scholarship recipient - D. Johnson	\$	150.00	\$	÷
Client Assistance: Scholarship recipient - N. Tuttell	\$	150.00	\$	-
Client Assistance Total	\$	1,250.00	\$	
<b>Total Program/Project Funds</b>	\$ 1	L0,184.46	\$6,	535.56

# The 2021 First Ladies of Louisville





# The Exquisite Black Women Foundation, Inc. Financial Statement September 2020 to June 2021

Income		Amount
	Monthly Contributions	\$3,150.00
	Streaming & On Demand Tickets (5 x \$20.21)	\$101.05
· .	Special Guests (38 x \$35)	\$1,330.00
	Early Bird VIP (2 x \$80)	\$160.00
	Donations	\$311.00
TOTAL INCOME		\$5,052.05
Expense		Amount
	Advertising/Marketing	\$839.42
	Awards	\$1,122.46
	Audio/Visual	\$1,000.00
	Food & Drinks	\$63.86
	Administrative Supplies	\$48.26
	Speaker	\$315.00
	Venue Rental	\$1,119.20
	Web Maintenance	\$1,080.00
	Office Expenses	\$134.00
	Web Hosting	\$261.00
ł	Email Box	\$72.00
TOTAL EXPENSES		\$6,055.20
NET INCOME		\$(1,003.15)

# The 2021 First Ladies of Louisville





, C

19 A

2021 Actual Budget The Exquisite Black Women Foundation, Inc. P.O. Box 21454 Louisville, KY 40221 502.738.1398 <u>www.ExquisiteBlackWomen.org</u> Updated June 18, 2021

Income	Vendor	e	stimate
	Monthly Contributions	\$	
	Streaming & On Demand Tickets (5 x \$20.21)	\$	i Zening and a subsection of the section of the sec
	Special Guests (38 x \$35)	Ś	1,330.00
	Early Bird VIP (2 x \$80)	\$	160.00
	VIP Ticket Sales (0 x \$90)	\$	
	Early Bird General Admission (0 x \$55)	\$	-
	General Admission Ticket Sales (0 x \$65)	\$	0.0012.00
	Title Sponsors (0 x \$1,000)	\$	-
	Full Page Ad (0 x \$250)	\$	-
	Half Page Ad (0 x \$125)	\$	-
	Qtr Page Ad (0 x \$75)	\$	-
	Biz Card Size Ad (0 x \$50)	\$	-
	Community Sponsors & Shout out Ad (0 x \$40)	\$	-
	Donations		\$311
Total		\$	5,052.05
Advertising/Marketing	vendor	es	timate
	Facebook/Instagram		\$114.42
	Graphics	\$	375.00
	SMS marketing/Data Mgmt	\$	50.00
Total		\$	539.42
Awards	vendor	(35/5//mm2)	timate
	EDCO/2021 FLOL Awards	\$	622.46
	Dana/Coleman Painting	\$	500.00
Total		\$	1,122.46
Audio/Visual	vendor	esi	timate
	F5 Enterprises		\$1,000
Total		\$ :	1,000.00
Frad & Duist		1	
Food & Drinks	vendor	<u> </u>	imate
	Honoree Interviews	\$	63.86
Tatal			
Total		\$	63.86

Hotel Accomodations			
Hotel Accomodations	vendor		timate
	Vue Guesthouse - Honoree Interviews	\$	156.7
Total			450 7
Total		\$	156.7
Office Adminsitrative Supplies	vendor		timate
	Red Envelopes for Mailing	\$	umate 27.7
	Letter Printing	<i>♀</i> \$	20.5
		<b>→</b>	20.5.
Total		\$	48.2
		+	70.21
Photographer	vendor		limate
	Ty Lockhart Photography		\$30(
Total		\$	300.00
		+	
		-	
Speaker	vendor	est	imate
	Dr. Dorinda Clark Cole	\$	315.00
<b>Fotal</b>		\$	315.00
		1	
		1	
/enue Rental	vendor	est	imate
	Daylight Church Events	\$	762.50
	Vue Guesthouse - Event Deposit	\$	200.00
Total		\$	962.50
Veb Maintenace	vendor	est	imate
	Blue Beak/ExquisiteBlackWomen.org (\$120/mth)	CONTRACTOR CONTRACTOR	1,080.00
otal		\$ 1	,080.00
Office	vendor	2	mate
	USPS	\$	134.00
otal		\$	134.00
dire 19 - estre -			
/ix Hosting	vendor		mate
	AnEveningOfExcellence.com (annual)	<u>\$</u>	108.00
otal	ExquisiteBlackWomen.com (\$17/mth)	\$	153.00
viai		\$	261.00
mail box	vendor		
	ExquisiteBlackWomen.com (annual)	CANAL STATE	mate
	ExquisiteBlackWomen.org	<u>\$</u> \$	72.00
otal		\$ \$	72.00
		7	12.00

\$7

<sup>ر رو</sup> ک

Final	\$1,003.15
Expense	\$6,055.20
Income	\$5,052.05
Vendor	Estimate

'

Note: This image is provided for your record your Form 990-N (e-Postcard) electronically.	rivacy Act and Paperwork Reduction Act ou are required to give us the information. V he organization is not required to provide i alid OMB control number. Books or records dministration of any Internal Revenue law. T	E Website: www.exquisiteBLACKWOMEN.ORG	3 Check if available Terminated for Business Gross receipts are normally \$50,000 or less	orm 990-N Repartment of the Treasury Iternal Revenue Service
Is 15 minutes. Note: This image is provided for your records only. Do Not mail this page to the IRS. The your Form 990-N (e-Postcard) electronically.	Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry ou fou 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 Pape valid OMB control number. Books or records relating to a form or its instructions must be retained as lo administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is the function of any Internal Revenue law.	SUITE 21454, LOUISVILLE KY, US, 40221 F Name of Principal Officer: JACKUM WA 4440 CRITTENDEN DRIVE SUITE 21454, LOUISVILLE, KY, US, 40221	C Name of Organization: EXQUISITE BLA FOUNDATION 4440 CRITTENDEN DRIVE	Imm 990-N       Electronic Notice (e-Postcard)         partment of the Treasury lemal Revenue Service       for Tax-Exempt Organization not Required to File Form 990 or 990-EX         For the 2020 Calendar year, or tax year beginning 2020-02-01 and ending 2021-01-31       Open 10-11-31
S. The IRS will not accept this filing via paper. You must file	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.	ARC AND	BLACK WOMEN D Employee Identification Number 84-3472112	card) OMB No. 1545-2085 om 990 or 990-EZ •
r. You must file	e United States. form displays a e material in the		ntification 1112	545-2085 20 c Inspection

Fee Receipt: \$8.00

# **Articles of Incorporation**

of

# The Exquisite Black Women Foundation

Pursuant to KRS 14A and KRS 273, the undersigned applies to quality and for that purpose submits the following statements. Also, pursuant to the provision of the Nonprofit Corporation Act of the State of Kentucky, the undersigned incorporators hereby adopt the following Articles of Incorporation:

## **Article 1**

The name of this corporation is: The Exquisite Black Women Foundation  $\mathcal{T}\mathcal{NC}$ .

# Article 2

The purpose for which the corporation is organized:

To expose the excellence, impact, and accomplishments black women have on the world by establishing a community, open to the general public, to foster an appreciation of black women, through lectures, seminars, small groups, public events, exhibits, and any and all other appropriate means.

This corporation is organized exclusively for charitable, religious, educational, and scientific 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.

This corporation is organized and operated exclusively for the purposes set forth in Article 2 hereof within the meaning of Internal Revenue Code section 501(c)(3). No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office. The property of this corporation is irrevocably dedicated to the purposes in Article 2 hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).

## Article 3

The name of the registered agent is: Jacklyn L. Walker.

The street address of the corporation's initial registered office in Kentucky is: <u>331 North 25<sup>th</sup> Street</u>, <u>Louisville, KY 40212</u>

1

vmiller

ADD

# **Article 4**

The mailing address of the corporation's principle office is: P.O. Box 21454 Louisville, KY 40221

# Article 5

The number of directors constituting the initial board of directors of this corporations shall be 3. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

- 1. Jacklyn L. Walker; P.O. Box 21454 Louisville, KY 40221
- 2. Yoshhisa Mack; 11211 Kendalton PL. Louisville, KY 40241
- 3. William Mack III; 11211 Kendalton PL. Louisville, KY 40241

## Article 6

The name(s) and mailing address(es) of the incorporator(s) of this corporation is/are:

1. Jacklyn L. Walker; P.O. Box 21454 Louisville, KY 40221

# Article 7

The application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is: Not applicable, please make this application effective upon filing.

## Article 8

The period of duration of this corporation is: Perpetual

The county in which this business operates is: Jefferson County

The following applies to the business ownership:

- Women Owned
- Minority Owned

The following best describes the business

- Services
- Other: Public benefit non-profit organization

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing Articles of Incorporation are true and correct.

Signature of Incorporator Walker, punder JOOKIUN Print Name & Title Date

I, (print name of registered agent), consent to serve as the registered agent on behalf of the corporation.

Signature of Registered Agent gunder Wal Kel, Print Name & Title  $\sim$ Date

# **Request for Taxpayer Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information. 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

	2 Business name/disregarded entity name, if different from above					
THE EXQUISITE BLACK WOMEN FOUNDATION INC.						
pe. Ons on page	Individual/sole proprietor or C Corporation S Corporation Partnership		4 Exemp certain er instructio	Ilfilles. DA	des apply t individua ge 3):	oniy to als; see
or ty fructi	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partn Note: Check the appropriate box in the line above for the tax classification.	ombi-1 b	Exempt p	ayee code	(if any)	_
Print or type. Specific Instructions	another LLC that is classified as a single-member LLC that is disregarded from the owner unless the is disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin Other (see instructions)	owner. Do not check	Exemptior code (if ar	from FA	TCA repor	ting
<b>6</b> 3	5 Address (number, street, and apt. or suite no.) See instructions.	_	(Applies to acc	unts maintai	and a set of set	
See	440 CRITTENDEN DRIVE #214E4	Requester's name a	nd address	(optional)	neo outside a	ie U.S.)
	only, state, and ZIP code			(* <u>1</u>		
ŀ	OUISVILLE, KY, 40221	ļ				
	List account number(s) here (optional)					
					<u> </u>	
Part	Taxpayer Identification Number (TIN)					
Enter y	ur TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid the propriate provided security pumper (CDN) in the avoid the propriate provided security pumper (CDN).					
residen	withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the instructions for Part Liston. However, for its your employee identity.	oid Social secur	ity number			
entities,	alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>	ra TTT				]
			-	_		
Number	To Give the Requester for guidelines on whose number to enter.	or				
	and successful whose number to enter.	Employer ide	ntification	number		]
Part I		8 4 -	3 4 7	2 1	12	Ī
Under pe	halties of periury I certify that	<u>II</u>				
1. The nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for a r t subject to backup withholding because: (a) I am exempt from backup withholding to a r (IRS) that I am subject to backup withholding because:					
2. I am no	subject to backup withholding because identification number (or I am waiting for a	ana la cara				
Service	(IBS) that I am automotion g because: (a) I am exempt from backure with the waiting for a r	iumper to be issued	to mel a	hd		

no longer subject to backup withholding; and

- 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 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup 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), other than interest and dividends, you are not required to sign the certification, but

Sign			must in continuation, but you must i	Drovide your comment	The second times, and generally, payments
	Signature of	$\bigcirc$		Provide your correct	TIN. See the instructions for Part II, later.
Here	U.S. person -				
	oror person	Jacklyn L	Walker		· · · · · · · · · · · · · · · · · · ·
Come		1 1		Date 🕨	06122021

# General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

# **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), 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
- 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)
- 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,

By signing the filled-out form, you:

 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

An individual who is a U.S. citizen or U.S. resident alien;

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

· An estate (other than a foreign estate); or

A domestic trust (as defined in Regulations section 301,7701-7).

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

In the cases below, the following person must give 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.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

 In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

 The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student becomes a resident alien of the United States A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

### Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

# **Specific Instructions**

#### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
<ul> <li>Individual</li> <li>Sole proprietorship, or</li> <li>Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</li> </ul>	Individual/sole proprietor or single- member LLC
<ul> <li>LLC treated as a partnership for U.S. federal tax purposes,</li> <li>LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</li> </ul>	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

 Generally, individuals (including sole proprietors) are not exempt from backup withholding.

 Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

 Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

 Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2-The United States or any of its agencies or instrumentalities

3-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

#### 5-A corporation

6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

9-An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a) 11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for		
Interest and dividend payments	All exempt payees except for 7		
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.		
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4		
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>		
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4		

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H-A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

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

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov.* You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
<ol> <li>Two or more individuals (joint account) other than an account maintained by an FFI</li> </ol>	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
<ol> <li>Custodial account of a minor (Uniform Gift to Minors Act)</li> </ol>	The minor <sup>2</sup>
<ol><li>a. The usual revocable savings trust (grantor is also trustee)</li></ol>	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
<ol> <li>Sole proprietorship or disregarded entity owned by an individual</li> </ol>	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*
For this type of account:	Give name and EIN of:
<ol> <li>Disregarded entity not owned by an individual</li> </ol>	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

Form 1099 Filing Method 2 (see

Regulations section 1.671-4(b)(2)(i)(B))

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

Protect your SSN.

- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

е Г

> s ∣c d e

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt: or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

The Exquisite Black Women Foundation, Inc. 2020 An Evening of Excellence Gala Evaluation Results



"By The Grace of God, I Am What I Am." – 1 Cor 15:10

Timestamp	2020/02/28 12:35:33 AM AST
Name (optional)	(adv Young)
How satisfied were you with the event?	4
Which elements of the event did you like most?	The red carpet. The entertainment. My meal. The awards (the diamonds are simply gorgeous). The surprises (wall photos, cocktail glasses, our husbands gift). The keynote speaker.
What, if anything, did you dislike about this event?	Our late arrival. No real direction after leaving the red carpet. The distance from parking lots to entrance (especially for older guests). Honorees at the end of event (many guests left & didn't get to see presentations). One of my ads had very poor printing
What did you most enjoy about being an honoree?	It's was so very honoring and humbling to be the reason for the event verses just attending an event. People were there to acknowledge us (even though we don't look for that), but getting all dolled up, all eyes on us and to be awarded so EXQUISITELY.
Did this year's event meet your expectations? Why or why not?	Had no specific expectations but it exceeded anything I could imagine.
Any overall feedback for the event?	Our wall photos were a wonderful surprise and were simply gorgeous. Would have liked to have had a different quote. It was a true quote from me (from 25 years ago)but not the quote I would have preferred. Overall, EXQUISITE.

# The 2021 First Ladies of Louisville



The Exquisite Black Women Foundation, Inc. 2020 An Evening of Excellence Gala Evaluation Results



"By The Grace of God, I Am What I Am." – 1 Cor 15:10

Timestamp	2020/03/25 2:57:20 PM AST
Name (optional)	Betty Garrison
How satisfied were you with the event?	5
Which elements of the event did you like most?	I was happy with the entire evening, it was truly an evening of excellence and elegant in every way.
What, if anything, did you dislike about this event?	There was nothing that I disliked, it was handled in a professional way by the Exquisite Black Women being your first event. Every element displayed the worked that was put into it to make it a success. If you present it on a Saturday evening next time, consider the time being moved to maybe 5:00pm for those who attend early Sunday services.
What did you most enjoy about being an honoree?	Making me feel so special, to be considered is one thing but to be selected words cannot express, I will always be grateful and so thankful and try to always keep a humble spirit. It was worth every moment of preparation and I loved it all.
Did this year's event meet your expectations? Why or why not?	Over and beyond because I did not know what to expectI was little fearful because you fear the unknown.
Any overall feedback for the event?	Wonderful and a beautiful evening, I will always remember such an event that i had the exciting pleasure of being a part of. To the beautiful founder Jacklyn Walker continue your outstanding leadership with the awesome ladies that make up the Exquisite Black Women. God was in it from the beginning guiding you all the way. To God Be The glory! Much Love

# The 2021 First Ladies of Louisville





Dear "Guest Name":

Greetings in the Name of Our Lord and Savior Jesus Christ!

Thank you for supporting The Exquisite Black Women Foundation's 2<sup>nd</sup> Annual An Evening of Excellence Gala honoring The 2021 First Ladies of Louisville.

Please accept this personal invitation to be our VIP Guest on July 31st, 2021. This year's gala will be held at Daylight Event Center (formerly The Knights of Columbus) located at 4801 Progress Blvd, Louisville, KY 40218. The VIP mixer starts at 4PM and includes a comedy show starring LC Funny of Lexington, KY. The awards ceremony will start at 5PM. The event will be held indoors and the attire for the evening is semi-formal. We will continue to enforce COVID safety precautions, to include temperature checks, required face coverings, and social distancing. Please present the enclosed VIP ticket upon your arrival.

Due to the changes we've put in place, we are now offering VIP and General Admission tickets which can be purchased at <u>ExquisiteBlackWomen.org/TheGala</u>. VIP guests will have the same access as you while General Admission ticket holders will be allowed to enter at 5PM. For a limited time only, VIP tickets will be \$80 and General Admission \$55. Streaming and On-Demand access is still available for \$20.21.

The only thing I need from you is to know which entrée you would like to have. The main course choices are Sautéed Herb Roasted Chicken with Roasted Garlic Potatoes with Sour Cream and Chives or Vegetarian Stuffed Green Peppers made with Rice, Mushrooms, Onions, and Peppers. Both choices include Fresh Steamed Vegetables and Spring Mix Salad with Strawberries Mango and Feta House Vinaigrette Dressing, Yeast Rolls with Butter and Sweet or Unsweet Iced Tea Lemonade, and Water. Please email or text our office with your decision by June 30<sup>th</sup>.

For more information, call or text Jacklyn at 502.738.1398 or email info@ExquisiteBlackWomen.org.

We look forward to seeing you on Saturday, July 31st at 4 pm!

Exquisitely Yours,

Autow

Jacklyn L. Walker Founder/President The Exquisite Black Women Foundation, Inc. "By The Grace of God, I Am What I Am." – 1 Cor 15:10

# The 2021 First Ladies of Louisville





# Details about The Exquisite Presentation to Lady Coleman Feb 20th 2021

1 message

Exquisite Black Women <info@exquisiteblackwomen.com>

Thu, Jan 28, 2021 at 3:03 PM

Good Afternoon Mr. Murphy,

I hope you are doing well. It's hard to believe, but we are less than 30 days away from the gala. The ceremony will be held on February 20th at 5 pm at Vu Guesthouse, 822 S. Floyd St, Louisville, KY, 40203.

Due to COVID restrictions, we have limited space for in-person seating at this year's gala. We have 12 in-person seats available at \$35 each. These seats must be sold in pairs to two people from the same household. We are also offering virtual tickets for \$20.21 for those unable to attend in person. Tickets are available for purchase on our website (www.Exquisiteblackwomen.org/thegala), but in-person attendees must be on your approved guest list to complete their purchase. You may send me the names of your approved guests or I will text you for approval as the tickets are purchased.

Here are a few things that you can expect at the presentation:

- Because of COVID restrictions, we will not be serving food.
- Face coverings will be required at all times while inside the facility.
- We ask that you and your guests plan to arrive 30 mins before the start time to sign covid waivers and get temperature checks at the door.
- We welcome you or a designated person from your family to share a few words towards the end of the presentation.

Last but certainly not least, your health and safety are our number one (1) priority. As we get closer, we ask that all who plan to attend, quarantine as much as possible in the two weeks before the gala to help keep everyone safe.

Please let me know if you have any questions.

Exquisitely Yours, Jacklyn

The Exquisite Black Women Foundation, Inc. 4440 Crittenden Drive Unit #21454 Louisville, KY 40221 Call or Text Us: (502) 738-1398 Make a Tax Deductible Contribution to continuing the work of uplifting black women and girls! Learn more about Exquisite www.ExquisiteBlackWomen.org



The Lady in Yellow Lady Pamela Johns 28th Street Baptist Church The Lady in Green

Lady Tejianna Saxtan Ms. Black Kentucky International Ambassador

Introducing

The Lady in White Paster Gena Harris

Mt. Sinai AOH Church of God

The Lady in Pink

Lady Rhonda Ray 36th and Garland Church of Christ

The Lady in Red Pastor Alma Wooley

Christ Cathedral Of Praise

The Lady in Blue Lady La Micra Martin Brothers Reaching Up Higher "B.R.U.H."

The Lady in Purple Lady Laguetta Carter Grace Fellowship Community Church

The Lady in Silver The Late Lady Etta Coleman



The Exquisite Black Women Foundation is in Louisville, Kentucky. Published by Jacklyn Walker . June 2 at 1:17 AM ·

The Exquisite Black Women Foundation invites you to join us for the 2nd annual "An Evening of Excellence" Gala in honor of The 2021 First Ladies of Louisville. This event will be held on July 31, 2021 starting at 4 PM.

Mt. Sinai AOH Church of God - Pastor Gena Harris

36th and Garland Church of Christ - Lady Rhonda Ray

Christ Cathedral Of Praise - Pastor Alma Wooley

28th Street Baptist Church - Lady Pamela Johns

MBIA - Lady Tejianna Saxton

Brothers Reaching Up Higher "B.R.U.H. " - Lady Lafviera Martin

Grace Fellowship Community Church - Lady Laquetta Carter

& presenting our Lady in Silver, the late Etta Coleman.

We welcome you to join us as we celebrate these women and their accomplishments.

To RSVP, or if you have any questions, I may be reached by phone at 502-289-6558 or email me at info@ExquisiteBlackWomen.org.

Kadyin White

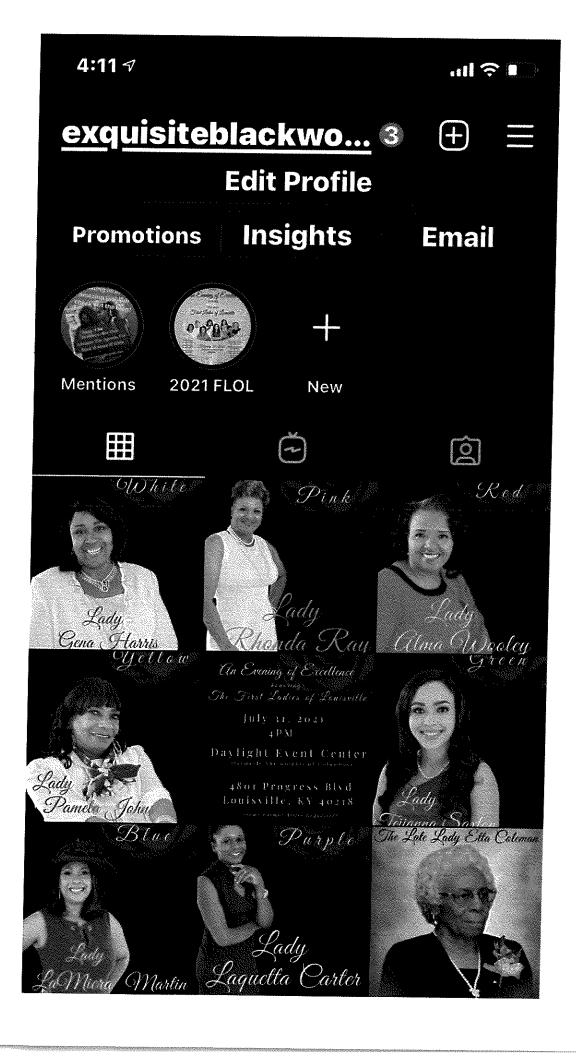
Ø

Padu



The Exquisite Black Women Foundation presents





EN FOUNDATION, INC Check Applicable Block Blanket Single Purchase	stonal, charitable or htt hat the tangible r 	at I am required to onal use or that of s. orrect as to every DENT	51A126 (12-09)
S-000171777     THE EXQUISITE BLACK WOMEN FOUNDATION, INC       Exemption Number     Name of Exempt Institution       The EXQUISITE BLACK WOMEN FOUNDATION, INC       Inportant-Certificate not       Valid unless completed       Completed       THE EXQUISITE BLACK WOMEN FOUNDATION, INC       Inereby certify that       Intereby certify that       Name of Exempt instruction       Name of Exempt instruction	religious institution, or kentucky historical site, located at 440 CRITTENDEN DR#21454 ARU082VIILET at the tangible or personal property, digital property or services to be purchased from Churchill DOWNS Name of Vendor Description of property to be purchased: Vendor Reduced from Churchill Downs Name of Vendor Name of Vendor Name of Vendor Name of Vendor Description of property to be purchased: Vendor Reduced from Churchill Downs Name of Vendor Vendor Name of Vendor Vendor Vendor Name of Vendor Vendor Vendor Name of Vendor Vend	In the event that the property purchased is not used for an exempt purpose, it is understood that I am required to pay the tax measured by the purchase price of the property. Any official or employee who uses this certificate to make tax-free purchases for his own personal use or that of Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter. <b>FOUNDER/PRESIDENT CAUTONTO SELLER:</b> This certificate cannot be issued or used in any way by a construction or used for an exemption of the certificate cannot be issued or used in any way by a construction or used for an exemption of the certificate is true and correct as to every restrict the any officiants of the certificate cannot be issued or used o	Date DEPARTMENT OF REVENUE Frankfort, Kentucky 40620
THE EXQUISITE BLA Name of E PURCHASE EXEMPTION CERTIFICATE SITE BLACK WOMEN FOUNDATION, INC.	religious institution, or Kentucky historical site, located at 440 CRITTE personal property, digital property or services to be purchased from C 700 Central Avenue Louisville, KY 40208 will be used solely within the exempt function of a <u>charitable</u> , educati Description of property to be purchased: Venue Rental	Y purchased is not used for an erchase price of the property. In uses this centificate to make the to the penalties provided in KF swear or affirm that the information of the informati	irractor to purchase property t with an exempt institution. such purchases will be held
B-000171777 Exemption Number Important-Certificate not valid unless completed. I hereby certify that	religious institution, or Kentuol personal property, digital prope 700 Central Avenu will be used solely within the e Description of property to be	In the event that the property purchased is not used for a pay the tax measured by the purchase price of the property. Any official or employee who uses this eartifraste to mak under penson will be subject to the penalties provided in Under penalties of perjury, I swear or affirm that the info material matter. Authorized Signature CAUTIONTO SELLER: This centificate cannot be issued or used in any way by a concernation	to be used in fulfilling a contract with an exempt institution. Sellers accepting certificates for such purchases will be held liable for the sales or use tax.