Print Form

O-158-26

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

Applicant/Program: St. Matthews Fire and Rescue Benevolence Fund Corporation | St.Matthews Freedom Fest
Applicant Requested Amount: $30,000
Appropriation Request Amount: ~~$3,000~~ $5,250

Executive Summary of Request

The inaugural St.Matthews Freedom Fest will be held on Friday, July 3rd from 4pm to 9pm on Westport Road from Chenoweth Lane to St.Matthews Ave with net proceeds benefiting St.Matthew's Fire & Benevolence Fund. This event is 100% free to the public and family focused. Funding will be spent on event production, insurance/permits, generators/lighting, security, barricades, golf carts, ~~hospitality~~, medical staff, portable toilets, table rental, trash cans, signage, advertising, volunteer t-shirts, ~~radios~~, public works, and event transportation.

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

9	Andrew Owen	$3000	06/08/2026
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
N/A

Approved by:

Appropriations Committee Chairman — Date: 6/17/2026

Final Appropriations Amount: $5,250

Approved Committee
Date: 6/17/26

Applicant/Program:
St. Matthews Fire and Rescue Benevolence Fund Corporation | St.Matthews Freedom Fest

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.

N/A

Council Member Signature and Amount

District 1 _____ $_____

District 2 _____ $_____

District 3 _____ $_____

District 4 _____ $_____

District 5 _____ $_____

District 6 _____ $_____

District 7 _____ $ 1,000

District 8 _____ $ 250

District 9 _____ $_____

District 10 _____ $_____

District 11 _____ $_____

District 12 _____ $_____

District 13 _____ $_____

District 14 _____ $_____

District 15 _____ $_____

Applicant/Program:

St. Matthews Fire and Rescue Benevolence Fund Corporation | St.Matthews Freedom Fest

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.

N/A

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $_____

District 25 _____ $_____

District 26 _____ $ 1,000

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization	St. Matthews Fire and Rescue Benevolence Fund Corporation
Program Name and Request Amount	St.Matthews Freedom Fest $30,000

	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?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
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
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No

Prepared by: Regina Garr Date: 06/02/2026

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records* St. Matthews Fire & Rescue Benevolence Fund			
Main Office Street & Mailing Address: 240 Sears Ave., Louisville, KY 40207			
Website: NONE			
Applicant Contact:	Trevor Cravens	**Title:**	Event Organizer
Phone:	(859) 492 9492	**Email:**	Trevor@hbproductionsllc.com
Financial Contact:	Trevor Cravens	**Title:**	Event Organizer
Phone:	(859) 492 9492	**Email:**	Trevor@hbproductionsllc.com
Organization's Representative who attended NDF Training: Brendan Montgomery			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	240 Sears Ave., Louisville, KY 40207		
Council District(s):	7,9,26	**Zip Code(s):**	40207

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: St. Matthews Freedom Fest			
Total Request: ($)	$ 30,000.00	**Total Metro Award (this program) in previous year: ($)**	$ 0.00

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☑ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

☑ IRS Exempt Status Determination Letter	☐ Signed lease if rent costs are being requested
☑ Current year projected budget	☑ IRS Form W9
☑ Current financial statement	☐ Evaluation forms if used in the proposed program
☑ Most recent IRS Form 990 or 1120-H	☐ Annual audit (if required by organization)
☑ Articles of Incorporation (current & signed)	☐ Faith Based Organization Certification Form, if applicable
☐ Cost estimates from proposed vendor if request is for capital expense	

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:		Amount: ($)	$ 0.00
Source:		Amount: ($)	$ 0.00
Source:		Amount: ($)	$ 0.00

Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☑ No

Has the applicant met the BBB Charity Review Standards? ☐ Yes ☑ No

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The fund was established to deliver rapid, compassionate emergency services and fire prevention education to the St. Matthews community, ensuring safety and resilience during crises. It focuses on fire suppression, rescue operation, and distributing free smoke alarms to residents, while also engaging in community initiatives such as hurricane relief collections and partnerships with local organizations to enhance public safety and community well being.

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Lee Cook Chairman Term is indefinite	01/01/2099
Joe Prather Vice Chairman Term is indefinite	01/01/2099
Patrick Montague Secretary Term is indefinite	01/01/2099
Brendan Montgomery Treasurer Term is indefinite	01/01/2099
Tracy Jevning Director Term is indefinite	01/01/2099
George Wiggins Director Term is indefinite	01/01/2099
Travis Mattingly Director Term is indefinite	01/01/2099
William Spicer Director Term is inidefinite	01/01/2099

Describe the Board term limit policy:

All board member terms are indefinite. One may remain a board member as long as they are willing to serve.

Three Highest Paid Staff Names	Annual Salary
N/A	$ 0.00

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.):

Start and end date is July 3, 2026

Independence Bank and St. Matthews businesses will be hosting the First Annual Freedom Fest on Friday,

July 3rd from 4:00 9:00 p.m.

This will be a 100% FREE family focused event with net proceeds benefiting the St. Matthews Fire & Benevolence Fund as well as the newly established Foundation 31, that supports the St. Matthews Police Benevolence Fund. Our goal is to support local first responders and veteran's organizations every year while also supporting local businesses.

We will be closing Westport Rd. from Chenoweth Lane to St. Matthews Ave. The event will kick off with a Little Patriot Fun Run with a fire truck splash pad for cooling off. There will be a family fun zone with inflatables and life size games, touch a truck, car show, LOCAL food vendors (no random food trucks) 50 60 vendors (no random businesses that don't benefit the family), bands and live entertainment, face painting, balloon art and so much more.

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

Event Production Fee $15,000.00
Event Insurance/permits $2,525.00
Public Works $1,500
Barricade Fencing $450
Event Clean Up $800
Event Transportation $850
Generators/Lighting $1200
Golf Carts $550
Portable Toilets $1,500
Medical Staff $780
Table Rental $800
Event Signage/Banners $1,250
Trash Recepticles $400
PR/Media/Online Social Networking $2,250
Printed Posters/Flyers $145

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

100% of NET proceeds from the Freedom Fest will be evenly split between the St. Matthews Fire & Rescue Benevolence Fund, and the newly formed Foundation 31, supporting the St. Matthews Police.

Both funds assist families of injured or fallen Fire, Rescue & Police officers and their families. They also support current and retired officers who have came upon hard times due to accident, illness, life haps, etc.

It's giving back to those who give to us daily by serving St. Matthews.

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.

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The benefits of the event are multiple.

It promotes our city by bringing locals as well as others to the city.

It is a FREE event for families to enjoy together, while promoting patriotism and celebrating this great country.

It's an opportunity for local businesses to showcase themselves and drive more business to their business, keeping more money in St. Matthews.

The vast majority of vendors are local folks...again, keeping more money in St. Matthews.

The proceeds benefit those who give of themselves daily to our community.

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.

St. Matthew's Businesses Sponsoring and supporting the cause. Posting posters in their business

City of St. Matthews Providing city services under a grant, allowing more money to go to the cause

Foundation 31 (St. Matthews Police) Benefactor of the event

St. Matthews Fire & Rescue Benevolence Fund Benefactor of the event

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			0
B: Rent/Utilities			0
C: Office Supplies			0
D: Telephone			0
E: In-town Travel			0
F: Client Assistance (See Detailed List on Page 8)			0
G: Professional Service Contracts			0
H: Program Materials			0
I: Community Events & Festivals (See Detailed List on Page 8)	$ 30,000.00	$ 51,630.00	$ 81,630.00
J: Machinery & Equipment			0
K: Capital Project			0
L: Other Expenses (See Detailed List on Page 8)			0
***TOTAL PROGRAM/PROJECT FUNDS**	$ 30,000.00	$ 51,630.00	$ 81,630.00
% of Program Budget	36.75%	63.25%	**100%**

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	$ 40,830.00
Fees Collected from Program Participants	$ 10,800.00
Other (please specify)	
Total Revenue for Columns 2 Expenses **	$ 51,630.00

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

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

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
Event Production Fee	$ 15,000.00		$ 15,000.00
Event Insurance & Permits	$ 2,525.00		$ 2,525.00
Public Works	$ 1,500.00		$ 1,500.00
Barricade Fencing	$ 450.00		$ 450.00
Event Cleanup	$ 800.00		$ 800.00
Event Transportation	$ 850.00		$ 850.00
Generators/Lighting	$ 1,200.00		$ 1,200.00
Golf Carts	$ 550.00		$ 550.00
Portable Toilets	$ 1,500.00		$ 1,500.00
Medical Staff	$ 780.00		$ 780.00
Table Rental	$ 800.00		$ 800.00
Event Signage / Banners	$ 1,250.00		$ 1,250.00
Trash Receptacles	$ 400.00		$ 400.00
PR/Media/Online Social Networking	$ 2,250.00		$ 2,250.00
Printed Posters / Flyers	$ 145.00	$ 155.00	$ 300.00
Hospitality	$ 0.00	$ 1,000.00	$ 1,000.00
Two Way Radios	$ 0.00	$ 225.00	$ 225.00
Total	$ 30,000.00	$ 1,380.00	$ 31,380.00 *

* Pg. 1 of 2

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
Radio Advertising	$ 0.00	$ 3,000.00	$ 3,000.00
Design Work (print/digital)	$ 0.00	$ 1,200.00	$ 1,200.00
Security	$ 0.00	$ 3,000.00	$ 3,000.00
Drone & Still Photography	$ 0.00	$ 1,500.00	$ 1,500.00
Staff/Volunteer T'shirts	$ 0.00	$ 300.00	$ 300.00
Miscellaneous Supplies	$ 0.00	$ 300.00	$ 300.00
St. Matthews has Talent Karaoke	$ 0.00	$ 3,750.00	$ 3,750.00
Musicians/Performers	$ 0.00	$ 14,000.00	$ 14,000.00
Stage	$ 0.00	$ 4,600.00	$ 4,600.00
Sound Engineer	$ 0.00	$ 2,500.00	$ 2,500.00
Talent Book/Stage Mgr.	$ 0.00	$ 1,500.00	$ 1,500.00
KidZZone Inflatables & Games	$ 0.00	$ 10,000.00	$ 10,000.00
KidZZone Facepaint & Balloons	$ 0.00	$ 1,600.00	$ 1,600.00
KidZZone Silent Disco	$ 0.00	$ 1,250.00	$ 1,250.00
Family Photo Moment	$ 0.00	$ 1,750.00	$ 1,750.00
			$ 0.00
			$ 0.00
Total	$ 0.00	$ 50,250.00	$ 50,250.00

Pg. 2

+ 31,380 pg. 1

$ 81,630 Total

Pg. 2 of 2

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
St. Matthews Police	$ 3,000.00	Cost provided by agency
St. Matthews Fire	$ 1,500.00	Cost provided by agency
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$ 4,500.00	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 01/01/2026

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

If YES, please explain:

Applicant's Initials BM

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.

Signature of Legal Signatory:				**Date:**	05/29/2026
Legal Signatory: (please print):	Brendan Montgomery			**Title:**	Treasurer
Phone:	(502) 905 7526	**Extension:**		**Email:**	bmontgomery@stmfdky.gov

Applicant's Initials BM

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date:
04/02/2021
Employer ID number:
85-3073559
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
September 18, 2020
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053758002370

ST MATTHEWS FIRE AND RESCUE BENEVOLENCE
FUND CORPORATION
240 SEARS AVE
LOUISVILLE, KY 40207-0000

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

St Matthews Freedom Fest

June 3, 2026

REVENUES		Basic Budget (4-9pm)	Big Budget (4-9pm)		
Food Trucks	No trucks. Just St Matthews Restaurants	$ -	$ -		
Vendor Fees	50 x $100	$ 5,000.00	$ 8,000.00		
Beer Garden Rev Share	15% Gross Revenues	$ 1,350.00	$ 2,500.00		
Sponsorships		$ 41,280.00	$ 35,000.00		
		$ 47,630.00	$ 45,500.00		
EXPENSES	**Notes/Description**	**Budget**			**Actual Spent**
ADMIN					
Event Insurance	Special Event Insurance	1,900.00	2,500.00		
Event Permits	St Matthews	25.00	25.00		-
Event Production Fee		12,000.00	15,000.00		
Public Works	Provided by SM	1,500.00	1,500.00	Waiting on Confirmation from Kenan	
Subtotal		**$ 15,425.00**	**$ 19,025.00**		**$ -**
LOGISTICS					
Barricade Fencing	Wilson and Muir Parking Lot	$450.00	$450.00		
Electrical Services	N/A. No Electric				-
Event Clean-up	Trash crew. Possibly SMPW	500.00	800.00		
Event Transportation (Shuttles)	Shuttle from Mall of SM or Shelbyville Plaza		850.00	Miller Transportation School Bus	
Family Photo Moment	Marquee Letter/Balloon Photo Op	-	1,750.00	Jazz It Up GlowScript	
Generator/Lighting Rentals	Sunbelt	800.00	1,200.00	Stage gen set. Gen Sets for inflatables. Lights for street.	
Golf Carts	2 carts for setup/trash crew	550.00	550.00		
Hospitality	Food for SMPD, SMFD & Volunteers	500.00	1,000.00		
Ice	Not necessary	-			
KidZZone - Equipment	Inflatables, Zip Line, Train, Etc.	2,000.00	10,000.00		15,500.00
KidZZone - FacePaint/Balloons	John the Balloon Guy	995.00	1,600.00	Confirmed	1,600.00
KidzZone - Silent Disco		-	1,250.00		1,200.00
Medical Staff	SMFD	780.00	780.00		
Misc. Day of Supplies		300.00	300.00		
Photography/Videography	Drone Video and Still Photography	-	1,500.00		1,500.00
Portable Toilets	8 port-o-lets	600.00	1,500.00		
Rentals- Tables	Estimate - Tables and Chairs Only	-	800.00		
Security	Provided by SMPD	3,000.00	3,000.00		
Signage for event.	777Sign.com	500.00	1,000.00		2,000.00
Street Barricades	City of St Matthews	$0.00	$0.00	Captured in Public Works Line Above	
Trash Receptacles/ Waste Basket	Cardboard receptacles	380.00	400.00	40 cardboard trash receptacles + 100 trash bags	-
Two-way radios	Radios for event crew	225.00	225.00	Six Radios (Police, EMT, HBx4)	405.00
Subtotal		**$ 11,580.00**	**$ 28,955.00**		**$ 22,205.00**
ADVERTISING / PROMOTION					
Advertising					
Banners/Signage	Advertising Banners for parks	250.00	250.00		
Design Work	Logo. Print/digital materials	-	1,200.00		1,200.00
Online Social Networking		-	500.00		500.00
PR/Media	Earned media appearances	-	1,750.00		2,000.00

Radio Advertising		-	3,000.00		3,000.00
Printed Posters	Posters for local businesses	300.00	300.00		
Sponsor Fulfillment - Stadium Cups	Logo cups for bars	650.00			
T-shirts	Shirts for volunteers & officials	-	300.00		300.00
Subtotal		**$ 1,200.00**	**$ 7,300.00**		**$ 7,000.00**
Programming					
Emcee					-
SM Talent Competition	Full Contact Karaoke	-	3,750.00		3,750.00
Musicians		2,400.00	10,000.00	Sponsored by Tin Roof	12,500.00
Performers	Walk around performers (magicians, stiltz, acrobatics, etc.)	2,500.00	4,000.00		5,000.00
Sound Engineer		1,500.00	2,500.00		
Stage		1,500.00	4,600.00	Two stages: Main and SM Has Talent	-
Talent Booking/Stage Management		-	1,500.00		-
Subtotal		**$ 7,900.00**	**$ 26,350.00**		**$ 21,250.00**
Total Expenses		**$ 36,105.00**	**$ 81,630.00**		**$ 50,455.00**
Profit/Loss		$ 11,525.00	$ (36,130.00)		

St. Matthews Fire & Rescue Benevolence Fund

2026 Profit and Loss Statement

REVENUE		
Deposit - Cash	$	5.00
Deposit - from St. Mattews Fire Protection Dist. - Employee Contributions	$	665.00
Deposit - from St. Mattews Fire Protection Dist. - Employee Contributions	$	660.00
Deposit - from St. Mattews Fire Protection Dist. - Employee Contributions	$	650.00
Deposit - from St. Mattews Fire Protection Dist. - Employee Contributions	$	650.00
Deposit - from St. Mattews Fire Protection Dist. - Employee Contributions	$	650.00
TOTAL REVENUE	$	**3,280.00**
EXPENSES		
Benevolence Fund Request	$	2,000.00
KY Secretary of State	$	15.00
File 990	$	54.99
TOTAL EXPENSES	$	**2,069.99**
TOTAL INCOME	**$**	**1,210.01**

St. Matthews Fire and Rescue Benevolence Fund

EIN: 85-3073559 | Louisville, Kentucky, United States

Other Names

ST MATTHEWS FIRE AND RESCUE BENEVOLENCE FUND

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

Tax Year 2025 Form 990-N (e-Postcard)

Tax Period:
2025 (01/01/2025-12/31/2025)

EIN:
85-3073559

Organization Name (Doing Business as):
ST MATTHEWS FIRE AND RESCUE BENEVOLENCE FUND

Mailing Address:
240 SEARS AVE
LOUISVILLE, KY 402075016
United States

Principal Officer's Name and Address:
Brendan Montgomery

240 Sears Ave
Louisville, KY 40207
United States

Gross receipts not greater than:
$50,000

Organization has terminated:
No

Website URL:

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1113339.09
Michael G. Adams
Secretary of State
Received and Filed
9/18/2020 11:53:11 AM
Fee receipt: $8.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incoporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

St. Matthews Fire and Rescue Benevolence Fund Corporation

Article II: The street address of the company's initial registered office in Kentucky is

240 Sears Ave, Saint Matthews, KY 40207

and the name of the initial registered agent at that address is **Lee Look**

Article III: The mailing address of the company's initial principal office is

240 Sears Ave, Saint Matthews, KY 40207

Article IV: The name and mailing address of each incorporator is

Lee Look	240 Sears Ave, Saint Matthews, KY 40207

Article V: The number of directors constituting the initial board of directors is 8. The name and mailing address of each director is

Patrick R Montague	240 Sears Ave, Saint Matthews, KY 40207
Lee Look	240 Sears Ave, Saint Matthews, KY 40207
Brendan Montgomery	240 Sears Ave, Saint Matthews, KY 40207
Tracy Jevning	240 Sears Ave, Saint Matthews, KY 40207
George Wiggins	240 Sears Ave, Saint Matthews, KY 40207
Joe Prather	240 Sears Ave, Saint Matthews, KY 40207
Travis Mattingly	240 Sears Ave, Saint Matthews, KY 40207
William Spicer	240 Sears Ave, Saint Matthews, KY 40207

Article VI: The purpose of the company is: **St. Matthews Fire and Rescue Benevolence Fund exist to assist local first responders, community, and other non-profits with financial assistance in times of hardship to ease financial burdens for both the community and first responders.**

Executed by the Incorporator on Friday, September 18, 2020

Name of incorporator: **Lee Look**

Signature of individual signing on behalf of Incorporator: **Lee Look**

I, Lee Look, consent to serve as the Registered Agent on behalf of the corporation.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1113339.09
Michael G. Adams
Secretary of State
Received and Filed
9/18/2020 11:53:11 AM
Fee receipt: $8.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Articles of Incorporation
Non-profit Corporation

NAI

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Lee Look

Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

St. Matthews Fire & Rescue Benevolence Fund

2 Business name/disregarded entity name, if different from above

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

240 Sears Ave

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, KY 40207

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	5	–	3	0	7	3	5	5	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
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), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** [signature] **Date** 5-27-26

General Instructions

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

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***.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Kentucky Secretary of State
Michael G. Adams

FAST TRACK

St. Matthews Fire and Rescue Benevolence Fund Corporation

Business Entity Search
File Annual Report
File LLC
Business Registration Portal
Name Availability Search
Business Forms Library
Prepaid Account Status
Current Representative Search
Founding Representative Search
Registered Agent Search
Validate Certificate of Existence/Authorization

File Amended Annual report | Change Address or Registered Agent | File Certificate of Assumed Name (DBA) | File Dissolution | Upload a Filing | File Registered Agent Resignation | Subscribe to changes made to this entity

Print & Mail – Request Certificates

General Information

Organization Number :	1113339
Name :	St. Matthews Fire and Rescue Benevolence Fund Corporation
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Miscellaneous Services
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
Country :	USA
File Date :	9/18/2020
Organization Date :	9/18/2020
Last Annual Report :	5/27/2026
Principal Office :	240 Sears Ave Saint Matthews, KY, 40207

Registered Agent :

Brendan Montgomery
240 Sears Ave
Saint Matthews, KY, 40207

Show Images

Show Activities

Show Current Officers

Show Initial Officers

St. Matthews Fire & Rescue Benevolence Fund
240 Sears Avenue
Louisville, KY 40207
EIN: 85-3073559

Letter of Designation

To Whom It May Concern:

This letter serves as an official designation regarding the establishment and operation of the St. Matthews Fire & Rescue Benevolence Fund (the "Fund").

The Benevolence Fund is designated as a restricted fund under the control of St. Matthews Fire & Rescue Benevolence Fund and shall be used exclusively to provide charitable assistance to firefighters, department personnel, and their immediate families in times of hardship or need.

Examples of eligible assistance may include, but are not limited to:

- Emergency financial support due to injury, illness, or death
- Support following natural disasters or personal tragedies
- Other forms of aid as deemed appropriate by the fund's board

All disbursements from the Fund will be made in accordance with IRS regulations governing 501(c)(3) charitable organizations and in line with the mission and charitable purposes of St. Matthews Fire & Rescue Benevolence Fund.

All contributions to the Fund are tax-deductible as allowed by law under the organization's IRS tax-exempt status (EIN: 85-3073559).

This is effective as of 5/1/2021 and shall remain in effect unless amended or revoked in writing by the governing board or authorized leadership of St. Matthews Fire & Rescue Benevolence Fund.

Sincerely,

Brendan Montgomery Jr.
President
5/27/2026

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: St. Matthews Fire & Rescue Benevolence Fund

Grantee Representative Name: Brendan Montgomery

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

☑ I viewed the NDF training material on the ~~website~~ Power Point Presentation

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or (False)
2. Name the three budget categories that require a detail list.
   Client Assistance, Community Events and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements (True) or False
4. Which four questions should your financial support documentation answer at all times?
   Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? (True) or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Grantee Representative Signature — Date: 5/29/26

NOTE: Please return to Roxanne Steele

E-mail address:	Roxanne.Steele@louisvilleky.gov	Fax:	502-574-3219
Mailing Address:	Louisville Metro Government ATTN: NDF Coordinator 611 West Jefferson St. Louisville, KY 40202		