

0-157-25

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

*The*  
Applicant/Program: D'Angelo Russell Foundation/ D'Angelo Russell Day 2025  
Applicant Requested Amount: 20,680 *Corp.*  
Appropriation Request Amount: 5,000.00

**Executive Summary of Request**  
2nd Annual D'Angelo Russell Day Event. *This event is open to the public. The event will include kids activities, food vendors, Basketball tournament, performances, mental health & wellness opportunities for family friendly fun. These funds will be used for Event Fees & permits, site preparation & infrastructure, public safety, promotional materials & venue equipment.*

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
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.

1                      *Jimmy Hopkins*                      5,000                      6/9/2025  
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  
Final Appropriations Amount: \_\_\_\_\_

*JS*

**Applicant/Program:** *MR* D'Angelo Russell Foundation / *CRB* D'Angelo Russell Day 2025

### 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 \_\_\_\_\_ \$ \_\_\_\_\_
- District 11 \_\_\_\_\_ \$ \_\_\_\_\_
- District 12 \_\_\_\_\_ \$ \_\_\_\_\_
- District 13 \_\_\_\_\_ \$ \_\_\_\_\_
- District 14 \_\_\_\_\_ \$ \_\_\_\_\_
- District 15 \_\_\_\_\_ \$ \_\_\_\_\_

*the*  
**Applicant/Program:** D'Angelo Russell Foundation/ *corp* D'Angelo Russell Day 2025

**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 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** D'Angelo Russell Foundation, Corp.

**Program Name and Request Amount** D'Angelo Russell Day

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <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>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> <del>N/A</del> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: Olivia Bennett <span style="float: right;">Date: 6/9/2025</span>	

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> The D'Angelo Russell Foundation, <u>Corp.</u></i>			
<b>Main Office Street &amp; Mailing Address:</b> 10 W Broad St Suite 2100 Columbus, OH 43215			
<b>Website:</b> thedlofoundation.org			
<b>Applicant Contact:</b>	Antonio Russell	<b>Title:</b>	treasurer
<b>Phone:</b>	424-303-3563	<b>Email:</b>	antonio@dloadinginc.com
<b>Financial Contact:</b>	Dewy Adolph	<b>Title:</b>	Financial Accountant
<b>Phone:</b>	614-905-6241	<b>Email:</b>	dadolph@advocuspw.com
<b>Organization's Representative who attended NDF Training:</b> Antonio Russell			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Algonquin Park		
<b>Council District(s):</b>	District 1	<b>Zip Code(s):</b>	430208, 40210, 40211, 40212, 40215, 40216.
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> D'Angelo Russell Day			
<b>Total Request: (\$)</b>	\$20,680	<b>Total Metro Award (this program) in previous year: (\$)</b>	n/a
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
<b>Source:</b>	n/a	<b>Amount: (\$)</b>	n/a
<b>Source:</b>	n/a	<b>Amount: (\$)</b>	n/a
<b>Source:</b>	n/a	<b>Amount: (\$)</b>	n/a
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

**Mission:**

Our mission is to drive meaningful change and community development by promoting mental health, well-being, and athletics through intentional engagement and strategic funding

**Vision:**

Our vision is to make tangible change by uniting in authenticity and shared purpose.

**Services:**

The D'Angelo Russell Foundation is rooted in West Louisville with a mission centered on mental health because we believe that authentic healing of the mind fosters stronger, more resilient communities. Our work focuses on supporting youth and creating spaces where emotional well-being is prioritized and protected.

Mental health is at the heart of everything we do. Through mentorship, community outreach, and youth-centered programs, we provide tools and support that encourage resilience, self-awareness, and authentic connection. We also offer opportunities for athletic exposure, leadership development, and service—giving young people a chance to grow, give back, and feel seen.

While mental health remains our top priority, we also support initiatives that promote overall well-being, like contributing to park improvements that inspire movement, joy, and togetherness.



## 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.):**

On June 28, 2025 from 12:00pm-4:00pm, D'Angelo Russell Day at Algonquin Park will be an exciting celebration filled with fun, family, and community spirit, all centered around promoting mental health and well-being. In addition to the newly renovated basketball courts, the event will feature a variety of activities designed to engage and connect everyone in the community.

Kids will have plenty of opportunities to enjoy themselves with rides and interactive games that encourage active participation and laughter. There will also be exposure opportunities for young athletes to showcase their talents, connect with others, and experience the support of their community.

Families can come together to enjoy a great selection of food from local vendors, creating a warm and welcoming environment for everyone to relax and share a meal. The event will highlight the importance of family bonds and community support, fostering a sense of togetherness and connection.

Most importantly, D'Angelo Russell Day will focus on mental health, providing a positive, open atmosphere for conversations about emotional well-being and self-care. It's a day not only to celebrate basketball but also to build a stronger, healthier community, where everyone—young and old—can feel valued, supported, and uplifted.

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

-Event Fees & Permits: This covers the costs associated with securing the necessary approvals for the event and ensuring all vendors are properly licensed.

-Site Preparation & Infrastructure: This includes the rental of portable restrooms to ensure sanitation for attendees, with ADA-compliant units for accessibility. It also includes the costs for electricity, which will power the DJ and microphone for the event, and picnic tables and trash cans to maintain cleanliness and provide seating for attendees. Additionally, tents will be set up throughout the event for shelter and designated areas for food vendors, seating, and other activities.

-Event Logistics & Public Safety: This will cover road closure permits for safe traffic management during the event. Public safety will be supported by a sufficient number of law enforcement officers to ensure security and crowd control. Funds will also be set aside for emergency services to be available on-site in case of medical needs or incidents.

-Promotional & Outreach Materials: These funds will be used for producing promotional materials like flyers and yard signs to increase awareness about the event and attract a strong turnout. Billboard advertising will also be used to provide broader exposure, ensuring maximum visibility for the event in key areas. *and banners*

-Venue & Equipment: This includes the rental of a city stage for speeches, performances, and announcements, along with a large tent to cover the stage area. Waste management will be handled by renting dumpsters to ensure cleanliness throughout the event.

-Total Estimated Expenses: The total costs include all necessary infrastructure, security, promotional, and venue expenses to ensure the event runs smoothly and provides an engaging, safe, and enjoyable experience for all attendees.

*- Kids Attractions / Giveaways: Games, Inflatables & Face painting*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

n/a

**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.

## 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 event will benefit the community by fostering engagement, promoting mental health awareness, providing resources for families, and offering youth exposure to new opportunities. It will also enhance community safety and support local businesses.

Data to Collect:

Attendance & Participation: Track the number of attendees and activity participation.

Mental Health Engagement: Count interactions at mental health booths and resource distribution.

Satisfaction & Feedback: Collect survey responses on safety, event quality, and overall satisfaction.

Youth Engagement: Record youth program sign-ups and interest in future opportunities.

Vendor Impact: Gather sales data and feedback from local businesses.

Safety & Security: Measure attendee feelings of safety and any incidents reported.

**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've built some great partnerships that will help make D'Angelo Russell Day even bigger this year.

-JCPS - Peace in the Chaos: We've worked with JCPS on mental health programs, helping students develop coping skills and resolve conflicts. Their expertise will enhance our mental health initiatives during the event.

- Central High School: As alumni of the school, each of us having once been students there, we've remained connected by sponsoring athletic gear and organizing volunteer opportunities during the holidays—giving back to the community that gave so much to us.

-KDF - JusticeFest: Our past work with KDF on JusticeFest has shown us how to bring people together for community-building events. Their event planning and outreach experience will ensure everything runs smoothly and reaches a wider audience.

-Camp DLo: We've collaborated with Camp DLo to empower local youth through sports and personal development. They'll lead engaging activities for kids, continuing their commitment to youth empowerment.

-Kroger - Thanksgiving Giveback: Kroger has been a key partner in our Thanksgiving Giveback, providing meals for families. Their support will help us ensure food and resources are available for all attendees.

-Young Prodigies: Last year, we had the pleasure of working with Young Prodigy for entertainment, and we hope they can join us again this year to bring exciting performances and keep the energy high.

-With these strong connections, we're ready to make D'Angelo Russell Day an unforgettable experience for the whole community.

## 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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$20,680	\$63,225	\$83,905
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$20,680	\$63,225	\$83,905
% of Program Budget	0.00%	0.00%	<b>100%</b>

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

Other State, Federal or Local Government	n/a
United Way	n/a
Private Contributions (do not include individual donor names)	<del>60,000</del> 63,225
Fees Collected from Program Participants	n/a
Other (please specify)	n/a
Total Revenue for Columns 2 Expenses **	<del>60,000</del> 63,225

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

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

  
 6/9/25  
  
 6/9/25

**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	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Signage: Billboard, Yard signs, flyers, banners	\$2,500	\$2,500	<del>\$0.00</del> 5,000
Tents	0	\$9,000	<del>\$0.00</del> 9,000
Road Blockage	\$2,000	0	<del>\$0.00</del> 2,000
Security/LMPD	\$12,250	\$5,000	<del>\$0.00</del> 17,250
Photographer/Videographer	0	\$5,500	<del>\$0.00</del> 5,500
Emergency Services	2,000	0	<del>\$0.00</del> 2,000
Porta-Potties	\$480	0	<del>\$0.00</del> 480
ADA Porta-Potties	\$180	0	<del>\$0.00</del> 180
City Stage/Tent	\$1,000	\$0	<del>\$0.00</del> 1000
Dumpsters/Clean-up	0	\$2,000	<del>\$0.00</del> 2,000
Benches	0	\$1,500	<del>\$0.00</del> 1500
Picnic Tables/Trash Cans	0	\$300	<del>\$0.00</del> 300
Vendors	0	\$3,500	<del>\$0.00</del> 3500
Whisper Generators	\$270	500	<del>\$0.00</del> 770
Event Fee/Permit	0	\$925	\$ 0.00 925
Kids Attractions/Giveaways	0	\$25,000	\$ 0.00 25,000
Production: DJ & Sound	0	\$7,500	\$ 0.00 7,500
<b>Total</b>	\$20,680	63,225	83,905

ANS  
8/9/25

**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).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Volunteers	\$2,000	\$20 *5hrs *20(volunteers)
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp;Other In Kind)</i>	\$2,000	

**\* 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:** 01/01/2025

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 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.

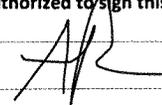
**Standard Certifications**

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.

<b>Signature of Legal Signatory:</b>	 <i>Antonio Russell</i>	<b>Date:</b>	06/09/2025
<b>Legal Signatory: (please print):</b>	Antonio Russell	<b>Title:</b>	Treasurer
<b>Phone:</b>	(424) 303-3563	<b>Extension:</b>	
<b>Email:</b>	Antonio@dlodginginc.com		



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

THE DANGELO RUSSELL FOUNDATION CORP  
10 W BROAD STREET SUITE 2100  
COLUMBUS, OH 43215

Date:  
09/25/2024  
Employer ID number:  
93-4322949  
Person to contact:  
Name: Benjamin Kaiser  
ID number: 5273426  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
November 8, 2023  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053488005554

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.

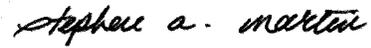
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive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

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Martin".

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



# D'Angelo Russell Foundation Corp

## Statement of Activity

January - December 2024

	TOTAL
Revenue	
Contributions	\$90,000.00
<b>Total Revenue</b>	<b>\$90,000.00</b>
Expenditures	
Branded Merchandise	8,575.93
Donations Paid	40,670.00
Branding	27,276.36
<b>Total Expenditures</b>	<b>\$76,522.29</b>
<b>NET REVENUE</b>	<b>\$13,477.71</b>

# CITY NATIONAL BANK



AN RBC COMPANY



This statement: April 30, 2024  
Last statement: April 26, 2024

800 773-7100

NY 6TH Avenue Banking Office  
1140 6TH Avenue  
New York, NY 10036

029 0830N  
THE D'ANGELO RUSSELL FOUNDATION CORP  
577 W NATIONWIDE BLVD SUITE 302  
COLUMBUS OH 43215

cnb.com

## Account Summary

Account Information	Balance	Change	Balance
Account number	\$0.00		\$0.00
Minimum balance	\$0.00	+\$0.00	
Average balance	\$0.00	-\$0.00	
Avg. collected balance	\$0.00		\$0.00

00 00 1/2 - \$ 7. 7 7 3 » 2 - 0 » 0 1/4 00

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: May 31, 2024  
Last statement: April 30, 2024

Contact us:  
800 773-7100

029 0830N  
THE D'ANGELO RUSSELL FOUNDATION CORP  
577 W NATIONWIDE BLVD SUITE 302  
COLUMBUS OH 43215

NY 6TH Avenue Banking Office  
1140 6TH Avenue  
New York, NY 10036  
  
cnb.com

IMPORTANT: AS OF JUNE 1, 2024, OUR TREASURY MANAGEMENT SERVICES DISCLOSURE AND AGREEMENT (TMDA) HAS BEEN UPDATED. PLEASE REVIEW ONLINE AT CNB.COM/AGREEMENTS. THE AGREEMENT INCLUDES UPDATES TO ACH, CITY IMAGE SERVICES, AND EASI LINK AS SUMMARIZED HERE: CNB.COM/TMDAUPDATES.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	Beginning balance (4/30/2024)	\$0.00
Minimum balance	\$0.00	Credits	+ \$0.00
Average balance	\$0.00	Debits	- \$0.00
Avg. collected balance	\$0.00	Ending balance (5/31/2024)	\$0.00

**\*\* No activity this statement period \*\***

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: June 28, 2024  
Last statement: May 31, 2024

Contact us:  
800 773-7100

NY 6TH Avenue Banking Office  
1140 6TH Avenue  
New York, NY 10036

029 0830N  
THE D'ANGELO RUSSELL FOUNDATION CORP  
577 W NATIONWIDE BLVD SUITE 302  
COLUMBUS OH 43215

cnb.com

IMPORTANT: AS OF JUNE 1, 2024, OUR TREASURY MANAGEMENT SERVICES DISCLOSURE AND AGREEMENT (TMDA) HAS BEEN UPDATED. PLEASE REVIEW ONLINE AT CNB.COM/AGREEMENTS. THE AGREEMENT INCLUDES UPDATES TO ACH, CITY IMAGE SERVICES, AND EASI LINK AS SUMMARIZED HERE: CNB.COM/TMDAUPDATES.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	██████████	Beginning balance (5/31/2024)	\$0.00
Minimum balance	\$0.00	Credits	+ \$0.00
Average balance	\$0.00	Debits	- \$0.00
Avg. collected balance	\$0.00	Ending balance (6/28/2024)	\$0.00

**\*\* No activity this statement period \*\***

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

**IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS**

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



This statement: July 31, 2024  
 Last statement: June 28, 2024

**Contact us:**  
 800 773-7100

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036  
 cnb.com

EFFECTIVE JULY 15, 2024, CITY NATIONAL BANK WILL TERMINATE FOREIGN CURRENCY EXCHANGE SERVICE FOR NON-CLIENTS. CITY NATIONAL BANK CLIENTS WILL NOT BE IMPACTED BY THIS CHANGE AND MAY CONTINUE TO USE THE FOREIGN CURRENCY EXCHANGE SERVICES OFFERED BY THE BANK.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (6/28/2024)</b>	\$0.00
Minimum balance	\$0.00	<b>Credits</b>	+ \$0.00
Average balance	\$0.00	<b>Debits</b>	- \$0.00
Avg. collected balance	\$0.00	<b>Ending balance (7/31/2024)</b>	\$0.00

**\*\* No activity this statement period \*\***

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

**IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS**

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: August 30, 2024  
 Last statement: July 31, 2024

Contact us:  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	██████████	Beginning balance (7/31/2024)	\$0.00
Minimum balance	\$0.00		
Average balance	\$16,055.00	<b>Credits</b> Deposits (0)	+ 0.00
Avg. collected balance	\$16,055.00	Electronic cr (0)	+ 0.00
		Other credits (2)	+ 65,000.00
		<b>Total credits</b>	<b>+ \$65,000.00</b>
		<b>Debits</b> Checks paid (0)	- 0.00
		Electronic db (0)	- 0.00
		Other debits (2)	- 40,670.00
		<b>Total debits</b>	<b>- \$40,670.00</b>
		<b>Ending balance (8/30/2024)</b>	<b>\$24,330.00</b>

**OTHER CREDITS**

Date	Description	Reference	Credits
8-2	Account Transfer Cr. FR ACC ██████████	RUSSELL D'ANGELO	15,000.00
8-26	Account Transfer Cr. FR ACC ██████████	RUSSELL D'ANGELO	50,000.00

**OTHER DEBITS**

Date	Description	Reference	Debits
8-26	Debit Memo		2,195.00
8-26	Debit Memo		38,475.00

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount	Date	Amount
7-31	.00	8-2	15,000.00	8-26	24,330.00		

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



This statement: September 30, 2024  
 Last statement: August 30, 2024

**Contact us:**  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

CITY NATIONAL ONLINE HAS BEEN UPDATED WITH A NEW LOOK AND IMPROVED NAVIGATION. EASILY MANAGE ACCOUNTS, ACCESS STATEMENTS, TAX FORMS, AND SET UP ALERTS. SIGN IN TO CNO.CNB.COM TO EXPERIENCE OUR REFRESHED DIGITAL BANKING PLATFORM.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	Beginning balance (8/30/2024)	\$24,330.00
Minimum balance	\$24,330.00	Credits	+ \$0.00
Average balance	\$24,330.00	Debits	- \$0.00
Avg. collected balance	\$24,330.00	Ending balance (9/30/2024)	\$24,330.00

**\*\* No activity this statement period \*\***

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



This statement: October 31, 2024  
 Last statement: September 30, 2024

**Contact us:**  
 800 773-7100

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

cnb.com

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (9/30/2024)</b>	\$24,330.00
Minimum balance	\$24,330.00	<b>Credits</b>	+ \$0.00
Average balance	\$24,330.00	<b>Debits</b>	- \$0.00
Avg. collected balance	\$24,330.00	<b>Ending balance (10/31/2024)</b>	\$24,330.00

**\*\* No activity this statement period \*\***

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: November 29, 2024  
 Last statement: October 31, 2024

**Contact us:**  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

IMPORTANT: BEGINNING JANUARY 1, 2025, CITY NATIONAL BANK IS UPDATING OUR STANDARD PRICING AND SERVICE CODE DESCRIPTIONS FOR CERTAIN TREASURY SERVICES, WHICH YOU WILL SEE REFLECTED ON YOUR JANUARY 2025 ACCOUNT ANALYSIS STATEMENT IF APPLICABLE. FOR DETAILS, VISIT CNB.COM/TMFEEES. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

**Analyzed Non-Profit Checking**

**Account Summary**

Account number	
Minimum balance	\$24,330.00
Average balance	\$32,088.62
Avg. collected balance	\$32,088.00

**Account Activity**

<b>Beginning balance (10/31/2024)</b>		\$24,330.00
<b>Credits</b>		
Deposits (0)	+ 0.00	
Electronic cr (0)	+ 0.00	
Other credits (1)	+ 25,000.00	
<b>Total credits</b>		<b>+ \$25,000.00</b>
<b>Debits</b>	- \$0.00	
<b>Ending balance (11/29/2024)</b>		<b>\$49,330.00</b>

**OTHER CREDITS**

Date	Description	Reference	Credits
11-21	Account Transfer Cr. FR ACC [REDACTED]	RUSSELL D'ANGELO	25,000.00

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
10-31	24,330.00	11-21	49,330.00		

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



This statement: December 31, 2024  
 Last statement: November 29, 2024

**Contact us:**  
 800 773-7100

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

cnb.com

IMPORTANT: BEGINNING JANUARY 1, 2025, CITY NATIONAL BANK IS UPDATING OUR STANDARD PRICING AND SERVICE CODE DESCRIPTIONS FOR CERTAIN TREASURY SERVICES, WHICH YOU WILL SEE REFLECTED ON YOUR JANUARY 2025 ACCOUNT ANALYSIS STATEMENT IF APPLICABLE. FOR DETAILS, VISIT CNB.COM/TMFEEES. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (11/29/2024)</b>	\$49,330.00
Minimum balance	\$13,477.71	<b>Credits</b>	
Average balance	\$19,932.02	Deposits (0)	+ 0.00
Avg. collected balance	\$19,932.00	Electronic cr (0)	+ 0.00
		Other credits (1)	+ 27,276.36
		<b>Total credits</b>	<b>+ \$27,276.36</b>
		<b>Debits</b>	
		Checks paid (0)	- 0.00
		Electronic db (1)	- 8,575.93
		Other debits (2)	- 54,552.72
		<b>Total debits</b>	<b>- \$63,128.65</b>
		<b>Ending balance (12/31/2024)</b>	<b>\$13,477.71</b>

**OTHER CREDITS**

Date	Description	Reference	Credits
12-30	Credit Memo		27,276.36

**ELECTRONIC DEBITS**

Date	Description	Reference	Debits
12-5	Ck Card IN AUDIOPHILE LL C 502 29887 KY TRAN DATE 12-04-24		8,575.93

**OTHER DEBITS**

Date	Description	Reference	Debits
12-5	Courier Cash Order		27,276.36
12-31	Courier Cash Order		27,276.36

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount	Date	Amount
11-29	49,330.00	12-5	13,477.71	12-30	40,754.07	12-31	13,477.71

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: January 31, 2025  
 Last statement: December 31, 2024

**Contact us:**  
 800 773-7100

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036  
 cnb.com

IMPORTANT: BEGINNING JANUARY 1, 2025, CITY NATIONAL BANK IS UPDATING OUR STANDARD PRICING AND SERVICE CODE DESCRIPTIONS FOR CERTAIN TREASURY SERVICES, WHICH YOU WILL SEE REFLECTED ON YOUR JANUARY 2025 ACCOUNT ANALYSIS STATEMENT IF APPLICABLE. FOR DETAILS, VISIT CNB.COM/TMFEEES. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (12/31/2024)</b>	\$13,477.71
Minimum balance	\$12,083.90	<b>Credits</b>	+ \$0.00
Average balance	\$12,737.09	<b>Debits</b>	
Avg. collected balance	\$12,737.00	Checks paid (0)	- 0.00
		Electronic db (4)	- 1,393.81
		Other debits (0)	- 0.00
		<b>Total debits</b>	- \$1,393.81
		<b>Ending balance (1/31/2025)</b>	\$12,083.90

**ELECTRONIC DEBITS**

Date	Description	Debits
1-6	Ck Card DELTA AIR 006229 484950800 22112 GA TRAN DATE 01-03-25	508.48
1-21	Ck Card ALLIANZ TRAVEL INS ALLIANZIN VA TRAN DATE 01-18-25	22.00
1-21	Ck Card AMERICAN AIR001061 818552FORT WORT TX TRAN DATE 01-18-25	64.36
1-21	Ck Card AMERICAN AIR001220 708087FORT WORT TX TRAN DATE 01-18-25	798.97

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
12-31	13,477.71	1-6	12,969.23	1-21	12,083.90

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: February 28, 2025  
 Last statement: January 31, 2025

**Contact us:**  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

REMINDER: EFFECTIVE THIS MONTH YOU WILL SEE UPDATED STANDARD PRICING AND SERVICE CODE DESCRIPTION CHANGES FOR CERTAIN TREASURY SERVICES IF APPLICABLE. FOR DETAILS, VISIT CNB.COM/TMFEEES. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (1/31/2025)</b>	\$12,083.90
Minimum balance	\$9,533.90	<b>Credits</b>	+ \$0.00
Average balance	\$11,992.83	<b>Debits</b>	
Avg. collected balance	\$11,992.00	Checks paid (0)	- 0.00
		Electronic db (1)	- 2,550.00
		Other debits (0)	- 0.00
		<b>Total debits</b>	- \$2,550.00
		<b>Ending balance (2/28/2025)</b>	\$9,533.90

**ELECTRONIC DEBITS**

Date	Description	Debits
2-28	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	2,550.00

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
1-31	12,083.90	2-28	9,533.90		

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: March 31, 2025  
 Last statement: February 28, 2025

Contact us:  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	Beginning balance (2/28/2025)	\$9,533.90
Minimum balance	\$5,840.94		
Average balance	\$12,340.06	<b>Credits</b> Deposits (0)	+ 0.00
Avg. collected balance	\$12,340.00	Electronic cr (1)	+ 23,000.00
		Other credits (1)	+ 2,550.00
		<b>Total credits</b>	<b>+ \$25,550.00</b>
		<b>Debits</b> Checks paid (0)	- 0.00
		Electronic db (6)	- 6,242.96
		Other debits (0)	- 0.00
		<b>Total debits</b>	<b>- \$6,242.96</b>
		<b>Ending balance (3/31/2025)</b>	<b>\$28,840.94</b>

**ELECTRONIC CREDITS**

Date	Description	Credits
3-25	Preauthorized Credit CAA PAYMENTS CCD THE D'ANGELO R NTE* ZZZ* 710746//D' ANGELO RUSSELL/D'A NGELO RUSSELL X DA	23,000.00

**OTHER CREDITS**

Date	Description	Reference	Credits
3-3	ACH Return Item Cr. W/O 250303		2,550.00

**ELECTRONIC DEBITS**

Date	Description	Debits
3-3	Ck Card STUBHUB INC 866788248 CA TRAN DATE 03-02-25	77.57
3-3	Ck Card STUBHUB INC 866788248 CA TRAN DATE 03-02-25	623.29
3-4	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	2,550.00
3-11	Ck Card IN AUDIOPHILE LL C 502 29887 KY TRAN DATE 03-10-25	1,892.10
3-17	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	550.00
3-17	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	550.00

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount
2-28	9,533.90	3-4	8,833.04	3-17	5,840.94
3-3	11,383.04	3-11	6,940.94	3-25	28,840.94

Thank you for banking with NY 6TH Avenue Banking Office

**CITY NATIONAL BANK**



AN RBC COMPANY

PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC





This statement: April 30, 2025  
 Last statement: March 31, 2025

**Contact us:**  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

BEGINNING JULY 1, 2025, WE ARE UPDATING OUR STANDARD PRICING FOR CERTAIN WIRE TRANSFER SERVICES, WHICH WILL BE REFLECTED ON YOUR JULY 2025 BANK STATEMENT, IF APPLICABLE. WE ALSO MADE CHANGES TO FUNDS AVAILABILITY AND ADDITIONAL GENERAL UPDATES TO YOUR ACCOUNT AGREEMENT AND DISCLOSURES. FOR FULL DETAILS OF THE CHANGES PLEASE VISIT CNB.COM/2025CHANGENOTICE-B. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR RELATIONSHIP MANAGER.

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number	[REDACTED]	<b>Beginning balance (3/31/2025)</b>	\$28,840.94
Minimum balance	\$24,790.41	<b>Credits</b>	
Average balance	\$83,944.34	Deposits (0)	+ 0.00
Avg. collected balance	\$83,944.00	Electronic cr (0)	+ 0.00
		Other credits (1)	+ 182,463.00
		<b>Total credits</b>	<b>+ \$182,463.00</b>
		<b>Debits</b>	
		Checks paid (0)	- 0.00
		Electronic db (22)	- 18,854.65
		Other debits (0)	- 0.00
		<b>Total debits</b>	<b>- \$18,854.65</b>
		<b>Ending balance (4/30/2025)</b>	<b>\$192,449.29</b>

**OTHER CREDITS**

Date	Description	Reference	Credits
4-21	Account Transfer Cr. FR ACC 00665789799 RUSSELL D'ANGELO		182,463.00

**ELECTRONIC DEBITS**

Date	Description	Debits
4-1	Ck Card KK INSURANC 800 506 4 IN TRAN DATE 03-31-25	289.00
4-4	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	2,087.50
4-8	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
4-16	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
4-18	Ck Card ALLIANZ TRAVEL INS ALLIANZIN VA TRAN DATE 04-17-25	19.85
4-18	Ck Card AMERICAN AIR001223 246347FORT WORT TX TRAN DATE 04-17-25	181.00
4-18	Ck Card AMERICAN AIR001223 246233FORT WORT TX TRAN DATE 04-17-25	198.18
4-21	Ck Card SOUTHWES 526233 507819800 435 9 TX TRAN DATE 04-17-25	208.48
4-23	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
4-23	Ck Card IN BIG ICE LLC 513 86673 OH TRAN DATE 04-22-25	1,708.00
4-24	Ck Card ALLIANZ TRAVEL INS ALLIANZIN VA TRAN DATE 04-23-25	22.01
4-24	Ck Card AMERICAN AIR001223 390709FORT WORT TX TRAN DATE 04-23-25	388.18
4-25	Bsuite Wire Out-Dom	1,100.00

THE D'ANGELO RUSSELL FOUNDATION CORP  
 April 30, 2025

Page 2

**ELECTRONIC DEBITS (Continued)**

Date	Description	Debits
4-25	Card AMAZON.COM* X55WR2O R3 SEATTLE WA TRAN DATE 04-24-25	35.78
4-25	Ck Card AMAZON MKTPL YJ5WZ 42R3 Amzn com WA TRAN DATE 04-25-25	250.14
4-25	Ck Card SOUTHWES 526233 720596800 435 9 TX TRAN DATE 04-23-25	398.48
4-25	Ck Card EXPEDIA 7308937561 3041 EXPEDIA C WA TRAN DATE 04-25-25	3,132.46
4-25	Ck Card EXPEDIA 7308937008 3044 EXPEDIA C WA TRAN DATE 04-25-25	3,132.46
4-28	Ck Card SOUTHWES 526233 815386800 435 9 TX TRAN DATE 04-25-25	509.18
4-29	Ck Card AMAZON MKTPL DU0L5 8DS3 Amzn com WA TRAN DATE 04-28-25	258.17
4-30	Bsuite Wire Out-Dom	3,000.00
4-30	Ck Card AMAZON MKTPL 042P9 1B83 Amzn com WA TRAN DATE 04-29-25	23.28

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount	Date	Amount
3-31	28,840.94	4-16	25,189.44	4-24	204,289.24	4-30	192,449.29
4-1	28,551.94	4-18	24,790.41	4-25	196,239.92		
4-4	26,464.44	4-21	207,044.93	4-28	195,730.74		
4-8	25,826.94	4-23	204,699.43	4-29	195,472.57		

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



This statement: May 30, 2025  
 Last statement: April 30, 2025

Contact us:  
 800 773-7100

NY 6TH Avenue Banking Office  
 1140 6TH Avenue  
 New York, NY 10036

029 0830N  
 THE D'ANGELO RUSSELL FOUNDATION CORP  
 577 W NATIONWIDE BLVD SUITE 302  
 COLUMBUS OH 43215

cnb.com

**Analyzed Non-Profit Checking**

Account Summary		Account Activity	
Account number		<b>Beginning balance (4/30/2025)</b>	\$192,449.29
Minimum balance	\$29,419.98	<b>Credits</b>	
Average balance	\$44,045.57	Deposits (0)	+ 0.00
Avg. collected balance	\$44,045.00	Electronic cr (1)	+ 15,344.13
		Other credits (2)	+ 4,644.35
		<b>Total credits</b>	<b>+ \$19,988.48</b>
		<b>Debits</b>	
		Checks paid (0)	- 0.00
		Electronic db (44)	- 177,923.66
		Other debits (0)	- 0.00
		<b>Total debits</b>	<b>- \$177,923.66</b>
		<b>Ending balance (5/30/2025)</b>	<b>\$34,514.11</b>

**ELECTRONIC CREDITS**

Date	Description	Credits
5-15	Preauthorized Credit LOUISVILLE HOSPI ACH PMT CCD THE D'ANGELO R 5/2/2025 OVERPAYME NT	15,344.13

**OTHER CREDITS**

Date	Description	Reference	Credits
5-5	Ck Card Refund MERCHANT REFUND TERMINAL 469216 CDI TICKETING 502 636 4 KY TRAN DATE 05-02-25		520.00
5-5	Ck Card Refund MERCHANT REFUND TERMINAL 469216 CDI TICKETING 502 636 4 KY TRAN DATE 05-02-25		4,124.35

**ELECTRONIC DEBITS**

Date	Description	Debits
5-1	Bsuite Wire Out-Dom	1,200.00
5-1	Bsuite Wire Out-Dom	17,026.69
5-1	Ck Card CDI TICKETING 502 636 4 KY TRAN DATE 04-30-25	19,300.20
5-1	Ck Card CDI TICKETING 502 636 4 KY TRAN DATE 04-30-25	20,000.00
5-2	Bsuite Wire Out-Dom	426.31
5-2	Bsuite Wire Out-Dom	77,050.30
5-2	Ck Card IN AUDIOPHILE LL C 502 29887 KY TRAN DATE 05-01-25	4,665.33
5-5	Bsuite Wire Out-Dom	900.00
5-5	Bsuite Wire Out-Dom	2,200.00
5-5	Bsuite Wire Out-Dom	2,500.00
5-5	Ck Card WIX COM 1175923397 WWW WIX C CA TRAN DATE 05-03-25	10.69
5-5	Ck Card BEARNOS ON MARKET 502 58474 KY TRAN DATE 05-02-25	129.98
5-5	Ck Card AMAZON MKTPL NB126 0Z30 Amzn com WA TRAN DATE 05-03-25	192.12

**ELECTRONIC DEBITS (Continued)**

Date	Description	Debits
5-5	Ck Card Staples Inc staples c MA TRAN DATE 05-03-25	406.85
5-5	Ck Card WIX COM 1175922787 WWW WIX C CA TRAN DATE 05-03-25	466.56
5-5	Ck Card SQ SOUND SPECIALI ST ENTgosq com KY TRAN DATE 05-02-25	1,820.00
5-6	Bsuite Wire Out-Dom	500.00
5-6	Bsuite Wire Out-Dom	746.00
5-6	Bsuite Wire Out-Dom	875.00
5-6	Bsuite Wire Out-Dom	1,500.00
5-6	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	669.36
5-7	Bsuite Book Trans-Db	1,541.02
5-7	Bsuite Wire Out-Dom	300.00
5-7	Bsuite Wire Out-Dom	1,700.00
5-7	Bsuite Wire Out-Dom	2,100.00
5-12	Bsuite Wire Out-Dom	500.00
5-12	Bsuite Wire Out-Dom	1,500.00
5-12	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	1,500.00
5-12	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	1,500.00
5-12	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	1,530.00
5-12	Ck Card SOUTHWES 526234 320001800 435 9 TX TRAN DATE 05-08-25	2,273.76
5-13	Bsuite Wire Out-Dom	300.00
5-14	Ck Card DELTA 006233 054136800 221 1 GA TRAN DATE 05-11-25	343.49
5-16	Bsuite Wire Out-Dom	250.00
5-16	Bsuite Wire Out-Dom	625.00
5-21	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
5-21	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
5-21	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
5-21	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
5-21	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	1,000.00
5-22	Ck Card IN XAVIER JOHNSON 859 48944 KY TRAN DATE 05-21-25	500.00
5-28	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	600.00
5-28	Preauthorized Debit 66579THE D'ANGEL CASHCD ACH OFFSET THE D A CCD	637.50
5-29	Ck Card OUTFRONT MEDIA 973 575 6 NY TRAN DATE 05-28-25	4,087.50

**DAILY BALANCES**

Date	Amount	Date	Amount	Date	Amount	Date	Amount
4-30	192,449.29	5-6	44,508.25	5-14	29,419.98	5-22	39,839.11
5-1	134,922.40	5-7	38,867.23	5-15	44,764.11	5-28	38,601.61
5-2	52,780.46	5-12	30,063.47	5-16	43,889.11	5-29	34,514.11
5-5	48,798.61	5-13	29,763.47	5-21	40,339.11		

**CITY NATIONAL BANK**



AN RBC COMPANY



PLEASE EXAMINE THIS STATEMENT AND ENCLOSED ITEMS AT ONCE. IF NO ERROR IS REPORTED WITHIN 30 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS CREDITED SUBJECT TO FINAL PAYMENT.

IN CASE OF ERRORS OR QUESTIONS REGARDING ELECTRONIC TRANSFERS ON CHECKING OR SAVING ACCOUNTS

Contact us at the telephone number or address shown on the front of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. 1. Tell us your name and account number. 2. The dollar amount of the suspected error. 3. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits (e.g. Social Security) made to your consumer account at least once every sixty days from the same person or company, you can call us (the phone number is on the front of this statement) to find out whether the deposit has been made.

We suggest you retain this statement for your record.

Member FDIC



# EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2024

---

**PREPARED FOR:**

DANGELO RUSSELL FOUNDATION CORPORATION  
10 W BROAD STREET, SUITE 2100  
COLUMBUS, OH 43215

---

**PREPARED BY:**

HELPER AND COMPANY, LLC  
1899 L STREET NW  
SUITE 550  
WASHINGTON, DC 20036

---

**AMOUNT DUE:**

NOT APPLICABLE

---

**MAIL CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL EXTENSION AND (CHECK IF APPLICABLE) TO:**

NOT APPLICABLE

---

**EXTENSION MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THE EXTENSION FOR FORM 990 HAS QUALIFIED FOR ELECTRONIC FILING. FORM 8868 EXTENDS THE DUE DATE OF THE ORGANIZATION'S FORM 990 RETURN UNTIL NOVEMBER 17, 2025. THE EXTENSION HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.  <b>DANGELO RUSSELL FOUNDATION CORPORATION</b>	Taxpayer identification number (TIN)  <b>93-4322949</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10 W BROAD STREET, SUITE 2100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43215</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 24 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# 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 Period:**  
2023 (01/01/2023-12/31/2023)

**Mailing Address:**  
10 W BROAD STREET SUITE

**Gross receipts not greater than:**  
\$50,000

**EIN:**  
93-4322949

2100  
Columbus, OH 43215  
United States

**Organization has terminated:**  
No

**Organization Name (Doing Business as):**  
DANGELO RUSSELL  
FOUNDATION CORP

**Principal Officer's Name and Address:**  
D'Angelo Russell

**Website URL:**

10 W BROAD STREET SUITE  
2100  
Columbus, OH 43215  
United States

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

NAOI  
1320190  
Michael G. Adams  
KY Secretary of State  
Received and Filed  
11/8/2023 5:12:12 PM  
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**

Pursuant to KRS 14A and KRS 273, the undersigned applied to qualify and for that purpose submits the following statements:

**Article I:** The name of the corporation is

**THE D'ANGELO RUSSELL FOUNDATION CORP.**

**Article II:** The purpose for which the corporation is organized: **CHARITABLE, EDUCATIONAL, CIVIC, SOCIAL. Foster mental health and well-being. Operate a supportive environment where individuals can access resources, education, and opportunities for personal growth. Reduce stigma, increase awareness, and empower.**

**Article III:** The name of the registered agent is

**ANTONIO RUSSELL**

and the street address of the corporation's initial registered office in Kentucky is **6201 CRYSTAL POINTE DRIVE, LOUISVILLE, KY 40299**

**Article IV:** The mailing address of the corporation's initial principal office is

**577 W. NATIONWIDE BLVD., SUITE 302, COLUMBUS, OH 43215**

**Article VI:** The number of directors constituting the initial board of directors is **3**

**Article VII:** The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

**ANTONIO RUSSELL 6201 CRYSTAL POINTE DRIVE, LOUISVILLE, KY 40299  
DANGELO RUSSELL 10 W. BROAD ST., SUITE 2100, COLUMBUS, OH 43215  
KEISHA ROWE 9721 LONG RIFLE LANE, LOUISVILLE, KY 40291**

**Article VIII:** The name and street address of the incorporator is as follows:

**ANTONIO RUSSELL 6201 CRYSTAL POINTE DRIVE, LOUISVILLE, KY 40299**

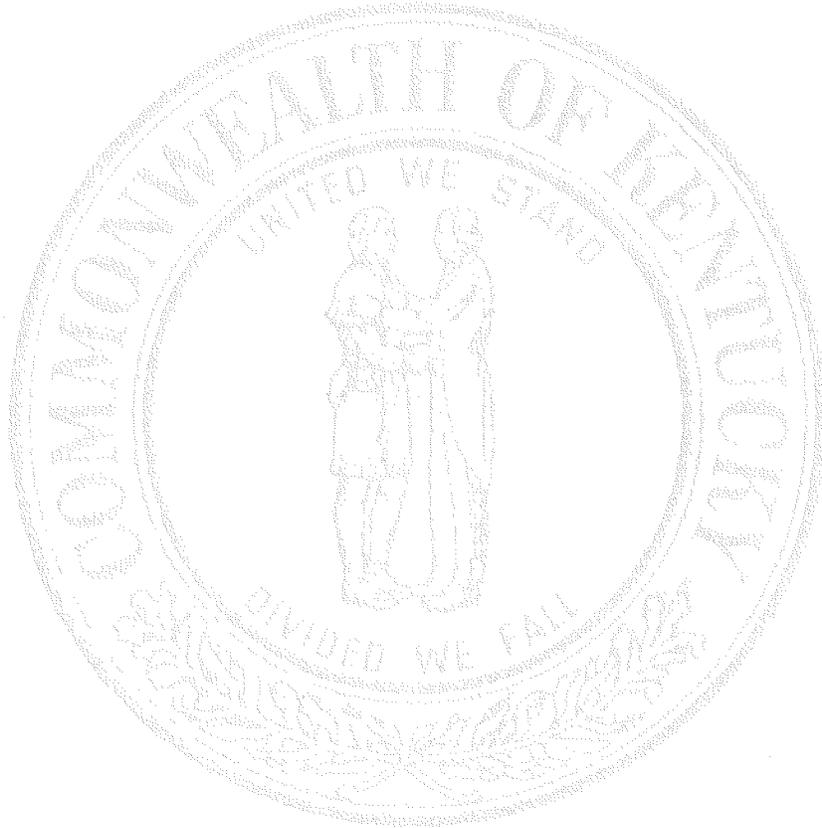
I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**ANTONIO RUSSELL  
DIRECTOR, INCORPORATOR**

11/8/2023

I, **ANTONIO RUSSELL**, consent to serve as the Registered Agent on behalf of the corporation.

**ANTONIO RUSSELL**  
**DIRECTOR, INCORPORATOR**  
11/8/2023





COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1320190.09 mmoore
NAOA
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
3/6/2024 2:27 PM
Fee Receipt: \$8.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

The D'Angelo Russell Foundation Corp.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: See Attachment.

3. The date of adoption of each amendment was 3/6/2024

4. Check either a, b or c (whichever is applicable):

- a. [ ] The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
b. [ ] The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
c. [x] The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Antonio Russell

Antonio Russell

Chief Operating Officer

3/6/2024

Signature of Officer or Chairman of the Board

Printed Name

Title

Date

**SUPPLEMENT TO ARTICLES OF AMENDMENT  
OF  
THE D'ANGELO RUSSELL FOUNDATION CORP.  
(THE "CORPORATION")**

**ARTICLE II,  
TO BE AMENDED TO NOW READ  
IN ITS ENTIRETY:**

The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding sections of any future federal tax code.

**ARTICLE IV,  
TO BE NOW INCLUDED:**

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

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](http://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.	<b>1</b> 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.) <b>D'ANGELO RUSSELL FOUNDATION CORP</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> 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. <input checked="" type="checkbox"/> Other (see instructions) <b>NON PROFIT FOUNDATION CORP</b>	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> 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 . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>577 W NATIONWIDE BLVD. SUITE 302</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>COLUMBUS, OH 43215</b>	
	<b>7</b> 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.

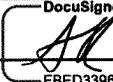
<b>Social security number</b>									
			-						
<b>or</b>									
<b>Employer identification number</b>									
9	3	-	4	3	2	2	9	4	9

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person	DocuSigned by: 	Date
			1/9/2025

**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](http://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.

**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

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).



# Kentucky Secretary of State Michael G. Adams



## THE D'ANGELO RUSSELL FOUNDATION CORP.

Business Entity Search

File Annual Report

File LLC

Business Registration  
Portal

Name Availability Search

Business Forms Library

Prepaid Account Status

Current Officer Search

Founding Officer Search

Registered Agent Search

Validate Certificate of  
Existence/Authorization

<a href="#">File Annual Report</a>	<a href="#">Change Address or Registered Agent</a>
<a href="#">File Certificate of Assumed Name (DBA)</a>	<a href="#">File Dissolution</a>
<a href="#">Upload a Filing</a>	<a href="#">File Registered Agent Resignation</a>
<a href="#">Subscribe to changes made to this entity</a>	
<a href="#">Print &amp; Mail – Request Certificates</a>	

### General Information

**Organization Number :** 1320190  
**Name :** THE D'ANGELO RUSSELL FOUNDATION CORP.  
**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 :** 11/8/2023  
**Organization Date :** 11/8/2023  
**Last Annual Report :** 4/2/2024  
**Principal Office :** 10 W. BROAD STREET, SUITE 2100

Registered Agent :

COLUMBUS, OH, 43215  
ANTONIO RUSSELL  
6201 CRYSTAL POINTE DRIVE

LOUISVILLE, KY, 40299

Hide Current Officers

### Current Officers

Title	Officer
Officer	D'Angelo Russell
Officer	Antonio Russell
Director	D'Angelo Russell
Director	Antonio Russell
Director	Keisha Rowe

Hide Initial Officers

### Individuals / Entities listed at time of formation

Title	Officer
Incorporator	ANTONIO RUSSELL
Director	ANTONIO RUSSELL

**Director**

**DANGELO RUSSELL**

**Director**

**KEISHA ROWE**

Show Images

Show Activities

[Kentucky Unbridled Spirit](#)

[Privacy](#) [Security](#) [Disclaimer](#) [Accessibility](#)

[Contact](#) [Site Map](#)

© 2025 Commonwealth of Kentucky. All rights reserved.

