

Applicant/Program:

Crescent Hill Community Council, Inc. | Frankfort Avenue Easter Parade

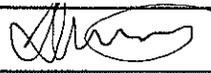
Additional Disclosure and Signatures

Additional Council Office Disclosure

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

N/A

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3		\$ 650
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	Ben Reno-Weber	\$ 500
District 9	_____	\$ _____
District 10	_____	\$ 500
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	Dan Seum	\$ 250
District 14	_____	\$ _____
District 15	_____	\$ _____

Applicant/Program:

Crescent Hill Community Council, Inc. | Frankfort Avenue Easter Parade

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

N/A

District 16	_____	\$ _____
District 17	_____	\$ _____
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	<i>Betsy Rhee</i>	\$ ⁵⁰⁰ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	<i>Madonna Flood</i>	\$ ¹⁰⁰⁰ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Crescent Hill Community Council, Inc.

Program Name and Request Amount Frankfort Avenue Easter Parade | \$7500

	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"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> N/A
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"/> No
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"/> 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: Regina Garr

Date: 2.22.24

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Crescent Hill Community Council, Inc.			
Main Office Street & Mailing Address: 301 S Peterson Ave, Louisville, KY 40206			
Website: crescenthill.us			
Applicant Contact:	Daniel Wormley	Title:	Chair Easter Parade
Phone:	(859) 358-2615	Email:	dworms86@gmail.com
Financial Contact:	Elicia Newcom Gregory	Title:	CHCC Treasurer
Phone:	(502) 472-7484	Email:	treasurer@crescenthill.us
Organization's Representative who attended NDF Training: Daniel E Wormley			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Frankfort Ave		
Council District(s):	9	Zip Code(s):	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Frankfort Avenue Easter Parade			
Total Request: (\$)	\$ 7,500.00	Total Metro Award (this program) in previous year: (\$)	\$ 3,000.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<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	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	NA	Amount: (\$)	
Source:	NA	Amount: (\$)	
Source:	NA	Amount: (\$)	
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:

The mission of the Crescent Hill Community Council (CHCC) is to serve as an advocate for maintaining Crescent Hill's quality of life by improving the civic, recreational, cultural and educational life of the Crescent Hill neighborhood, and by strengthening community pride and involvement through objective planning, preservation, and enhancement of its historic character and natural beauty.

Council Goals

Increase awareness of the council's purpose and activities.
Provide opportunities for people to become involved in the Council and its programs and activities.
Work more closely with the Frankfort Avenue Business Association and other Crescent Hill organizations and institutions.
Act as an advocate for neighborhood physical improvements.
Preserve Crescent Hill's historic character and natural beauty.
Promote a safe community.
Strengthen the council's relationship with Metro agencies and elected officials.

Help organize community events and stay involved in community activities so the next generation enjoys a healthy community.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Emily Klempner	12/31/2024
Terry Dunham	12/31/2024
Armand Judah	12/31/2024
Will Hobson	12/31/2024
Dalton Joy	12/31/2024
Mark Gaff	12/31/2026
Diana Gautier	12/31/2026
Cynthia Thomas	12/31/2026
Elicia Newcom Gregory	12/31/2026
Mike Brooks	12/31/2026
Debbie Kamber	12/31/2026
Lewis Gentry	12/31/2026
Kate Melican	12/31/2026

Describe the Board term limit policy:

Approximately 1/3 of the board are elected each year to serve a three year terms. There are no term limits. Board members are volunteers and not paid.

Three Highest Paid Staff Names	Annual Salary
No paid Staff	

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.):

The Frankfort Avenue Easter Parade will be held on Saturday, March 30th, 2024 and will begin at approximately 11:30 AM, ending at approximately 1:00 PM.

The parade has 50 entries in which include floats, animals, bands and so forth. None of which are asked to pay an entrance fee as we want to maintain a free community event.

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

1. Security/Traffic Control (Private Security) - \$7500.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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 draws approximately 5,000 residents from numerous neighborhoods around Louisville. This provides residents, particularly families with children a free event. The event creates goodwill within our communities. In addition, it draws spectators from a wide demographic. The event also allows for local acts, businesses and organizations to take part if they chose to do so. The event draws people onto Frankfort Ave which typically stay after the event and take advantage of the areas many restaurants and shops. The event has become a staple in the Crescent Hill/Clifton Community as well as the Louisville Metro Area.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The event is being co-produced by three non-profit organizations: Crescent Hill Community Council, Clifton Community Council and Frankfort Avenue Business Association. Crescent Hill Community Council is handling the financial record keeping for the event.

The parade is planned by a group of five individuals from the local community.

In addition to this event, these same organizations work closely on other projects that provide services to local neighborhoods.

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
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 7,500.00	\$ 5,140.00	\$ 12,640.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 7,500.00	\$ 5,140.00	\$ 12,640.00
% of Program Budget	59.34%	40.66%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 5,140.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 5,140.00

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

**Must equal or exceed total in column 2.

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
Parade Permit		\$ 30.00	\$ 30.00
Barricades		\$ 935.00	\$ 935.00
No Parking Signs		\$ 1,100.00	\$ 1,100.00
Publicity, Posters, etc		\$ 100.00	\$ 100.00
Banners		\$ 0.00	\$ 0.00
Candy		\$ 150.00	\$ 150.00
Band		\$ 500.00	\$ 500.00
Judges Food/Drink		\$ 125.00	\$ 125.00
Parking Lot Rental		\$ 150.00	\$ 150.00
Miscellaneous		\$ 200.00	\$ 200.00
Horse Drawn Carriage		\$ 450.00	\$ 450.00
Security	\$ 7,500.00	\$ 1,080.00	\$ 8,580.00
Insurance		\$ 220.00	\$ 220.00
Traffic Control Plan		\$ 100.00	\$ 100.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 7,500.00	\$ 5,140.00	\$ 12,640.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers / 5 members planning parade 10 Hrs per person/per week for 16 weeks		Volunteer Time
Volunteers / 5 Members plan to help the day of the parade / 5 Hrs pp for 1 day		Volunteer Time
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 0.00	

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

Agency Fiscal Year Start Date: 01/01/²⁰²⁴~~2023~~

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:

If prices continue to rise year after year then yes, prices will go up. Security continues to climb year after year. Rising inflation levels have increased pricing for multiple items.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

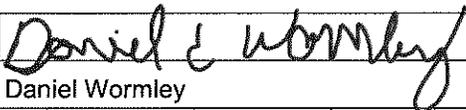
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	01/12/2024
Legal Signatory: (please print):	Daniel Wormley	Title:	Chair Easter Parade
Phone:	(859) 358-2615	Extension:	
		Email:	dworms86@gmail.com

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

DEPARTMENT OF THE TREASURY

Date: FEB 16 2017

CRESCENT HILL COMMUNITY COUNCIL INC
301 S PETERSON AVE
LOUISVILLE, KY 40206-2540

Employer Identification Number:
31-0903849
DLN:
17053342346006
Contact Person:
MS. MALONEY ID# 31210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 15, 2011
Contribution Deductibility:
No
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(4). This letter could help resolve questions on your exempt status. Please keep it for your records.

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

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

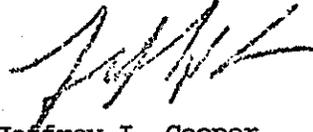
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Letter 948

CRESCENT HILL COMMUNITY COUNCIL INC

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large initial "J" and "C".

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

CHCC Approved 2024 Budget

Revenue		Budget 2024
NDF		
	in-kind	
	cash	\$ 2,100
Membership Dues		\$ 2,500
Fourth of July		
	Art Booth fees	\$ 8,000
	CHCC Food Booth	
	Children Fun Zone	\$ 315
	Children Vendor Passthrough	
	Beer	\$ 2,000
	Cake Wheel	\$ 1,600
	Miscellaneous	\$ 500
	Food vendors	\$ 3,200
	Unused ticket sales	
	Individual Sponsors	\$ 2,000
	Ping Pong	
	Cake Wheel Donations	\$ 50
	FOJ Subtotal (includes NDF)	
Development Income		\$ 9,000
Easter Parade		\$ 12,640
Interest		\$ 2
Board Member Gifts		\$ 250
Payment in kind		\$ 200
TOTAL REVENUE		\$ 44,357

Expenses

Fourth of July

Ping Pong		
Art Show	\$	250
CHCC Food/Drink		
Children's fun zone exp	\$	600
Children's vendor passthrough		
Communications/Marketing	\$	200
Beer		
Facilities Grounds Equipment	\$	10,000
-- in kind		
Fireworks	\$	11,000
Cake Wheel	\$	1,000
Info Booth		
Miscellaneous	\$	150
Musicians/Entertainers	\$	1,000
Food Vendors passthrough		
Pet Contest	\$	150
Security	\$	2,600
Tickets		
Volunteer Appreciation	\$	350
Subtotal		
Green		
-- Kennedy Park Mowing	\$	750
-- New Projects		
-- Tree Program		
Membership/Welcome	\$	500
Social	\$	1,500
Easter Parade	\$	12,640
Curbing Gun Violence Award	\$	7,625
Communications	\$	1,000

Council Operations & Expense

Insurance GL & DO	\$	2,500
Office Supplies	\$	125
Software	\$	1,020
Web fees	\$	139
Paypal fees	\$	350
Finance	\$	700
TOTAL EXPENSES	\$	56,149.00
Margin/(Loss)	\$	(11,792.00)



225 Pictoria Drive | Cincinnati, OH 45246 | bankatfirst.com

f1RST® Quick Loan is a personal loan that can be used for anything you want. With no collateral required, you can get access to cash when you need it. Whether it's for a project around the house or consolidating your debt, our f1RST Quick Loan is the perfect solution. Apply at bankatfirst.com today or contact your local financial center for more information.

All loans subject to credit review and approval.

*****EXCLUDE-E
Crescent Hill Community Council Inc
301 S Peterson Ave
Louisville KY 40206-2540

January 31, 2024
Account Number
*****6345

SUMMARY OF ACCOUNT(S)

ACCOUNT NUMBER	ACCOUNT TITLE	CURRENT BALANCE
*****6345	f1RST Premium+ Checking	\$27,970.73

Checking Account

f1RST Premium+ Checking Account Number	*****6345	Items Enclosed	3
Previous Balance	\$31,536.49	Statement Dates	1/01/24 - 1/31/24
3 Deposit(s)	\$2,026.97	Days in this cycle	31
5 Withdrawal(s)	\$5,589.99	Average Daily Balance	\$30,758.34
Service Charge	\$3.00	Average Collected Balance	\$30,758.34
Interest Deposited	\$0.26	Interest Earned	\$0.26
Ending Balance	\$27,970.73	Annual Percentage Yield Earned	0.01%
		2024 Interest Paid	\$0.26

Cost of Service Fee Detail

Description	Amount
Check Image Fee	\$3.00

Deposits and Additions

Date	Description	Amount
Jan 08	Deposit	\$2,000.00
Jan 10	Transfer from ██████ to ██████	\$23.97
Jan 31	Interest Deposit	\$0.26
Jan 31	Account Credit	\$3.00

Withdrawals and Deductions

Date	Description	Amount
Jan 02	DBT CRD 1946 12/31/23 27000015 ASHTON ADVERTISING	-\$2,000.00

*****6345



INQUIRIES ABOUT THIS STATEMENT

In case of errors or questions about your ATM transactions or other electronic banking transactions, please write to us at the following addresses or phone us at the telephone number shown during business hours.

ATM & Check Card Inquiries

First Financial Bank
 Attention: BankCard Services
 P.O. Box 70
 Middletown, OH 45042
800.221.8890
 To report a lost/stolen card after hours, call **855.898.7288**

Preauthorized Deposit or Withdrawal Inquiries/Online Banking Inquiries

First Financial Bank
 Attention: Client Services
 P.O. Box 18127
 Fairfield, OH 45018-0127
877.322.9530

Client Service Center

Monday Thru Friday - 8:00 AM EST - 8:00 PM EST
 Saturday - 8:00 AM EST - 5:00 PM EST
 Email: clientservice@bankatfirst.com
 Visit us at bankatfirst.com
 Bank online Free - 24 hours a day, 7 days a week
877.322.9530

Please make your inquiries as soon as possible if you think a statement or receipt is incorrect. Federal regulations require that consumers notify us of the suspected error no later than sixty (60) days after we sent consumers the first statement on which the suspected error or problem appeared.

When you call, the following information will be helpful:

1. Tell us your name and account number.
2. Describe the error and explain as clearly as possible why you believe it is an error or why you need more information.
3. Tell us the date and dollar amount of the suspected error.

We will investigate consumer complaints promptly and will correct any error. If we require more than ten (10) business days to accomplish this (5 for point-of-sales transactions, or 20 for new accounts), we will credit a consumer account in full for the amount in question, enabling you to have the use of your funds during the time it takes us to complete our investigation.



BALANCE YOUR CHECKBOOK RECORDS WITH YOUR BANK STATEMENT

- On your checkbook stubs/register, mark off (with a large checkmark) each check that has been paid.
- Make sure that other charges or deductions shown on the statement have been subtracted from your checkbook balance and that all deposits (and other credit items, if any) have been added.
- List under "Checks Outstanding" all checkbook items not showing your large checkmark. These are the checks you have issued which were not paid by the bank during (or previous to) the period covered by the statement.
- Fill in the "Reconciliation Form." If the final figure does not agree with the latest balance in your checkbook, recheck the accuracy and completeness of all entries and computations. A statement irregularity, of course, should be promptly reported to the BANK.

Checks Outstanding			
Check No. or Date	Amount	Check No. or Date	Amount
		Total Brought forward	
Total		Total	
Check Reconciliation Form		Balance shown by statement	\$ 27,970.73
		Add deposits and other credits made after close of period	\$
		Total	\$
		Deduct total checks	\$
		Your checkbook should show this latest balance	\$

Withdrawals and Deductions

Date	Description	Amount
	WWW.ASHTONADVKY Card# **[REDACTED]	
Jan 02	DBT CRD [REDACTED] 01/01/24 [REDACTED] EIG*CONSTANTCONTACT.COM [REDACTED] Card# **[REDACTED]	-\$35.00
Jan 16	DBT CRD [REDACTED] 01/15/24 [REDACTED] MEMBERSHIPWORKS HTTPSMEMBERSHTX Card# **[REDACTED]	-\$35.00
Jan 31	Service Charge	-\$3.00

Check Summary

Date	Check #	Amount	Date	Check #	Amount
Jan 05	[REDACTED]	\$19.99	Jan 29	[REDACTED]	\$3,500.00

* Indicates skip in the check numbers

Service Charge Waive

As of 01/31/2024 - - - Thank you for choosing to receive your statement electronically. As a result, your check image fee has been refunded for this statement cycle.

As of 01/31/2024 - - - Don't forget! Keeping the balance in your f1RST Premium+ Account above \$1,500 each day of the statement cycle can help you avoid a check image fee.

Daily Balance

Date	Amount	Date	Amount	Date	Amount
Jan 01	\$31,536.49	Jan 08	\$31,481.50	Jan 29	\$27,970.47
Jan 02	\$29,501.49	Jan 10	\$31,505.47	Jan 31	\$27,970.73
Jan 05	\$29,481.50	Jan 16	\$31,470.47		

CRESCENT HILL COMMUNITY COUNCIL
301 S. PETERSON AVE.
LOUISVILLE, KY 40205-2540

DEC 31, 2023

Pay to the Order of Elicia Newcom Gregory \$ 19.97
Nineteen and 9/100 Dollars

FIRST
First Commercial Bank

For Go Daddy webcams comb Maryland

Check 1236, \$19.99 Date Paid 01/05/2024

CRESCENT HILL COMMUNITY COUNCIL
301 S. PETERSON AVE.
LOUISVILLE, KY 40205-2540

1/22/24

Pay to the Order of Lisa Austin \$ 3500.00
Three thousand five hundred + 00/100 Dollars

FIRST
First Commercial Bank

For curbing gun violence price Elicia Newcom Gregory

Check 1237, \$3,500.00 Date Paid 01/29/2024



**2022 Filing Instructions
Crescent Hill Community Council Inc
Tax year ending 12-31-2022**

Form filed:

Form 990-EZ and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

05-15-2023

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Return of Organization Exempt From Income Tax

2022

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Crescent Hill Community Council Inc**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
301 S Peterson Ave
 City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40206

D Employer identification number: **31-0903849**

E Telephone number: **(502) 439-5465**

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: **www.crescenthill.us**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Nonprofit

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **57,829**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															36,394												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments															3,213												
	4	Investment income															3												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																											
	6	Gaming and fundraising events:																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)															1,925												
	6b	Gross income from fundraising events (not including \$ 36,394 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															16,294												
6c	Less: direct expenses from gaming and fundraising events															35,111													
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															(16,892)													
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															22,718													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping															24												
	16	Other expenses (describe in Schedule O)															19,464												
17	Total expenses. Add lines 10 through 16															19,488													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)															3,230												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															26,899												
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															30,129												

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	26,878	22	30,535
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	21	24	0
25 Total assets	26,899	25	30,535
26 Total liabilities (describe in Schedule O)	0	26	406
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,899	27	30,129

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Neighborhood Association

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>The 4th of July Celebration is the Crescent Hill Community Council's biggest program for the community.</u> (Grants \$ <u>4,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	35,111
29 <u>Committees: Block Party, Spirit of Crescent Hill, History, Holiday party, Easter, Dessert with the Mayor, Welcome, Membership, Beautification, Derby Party</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,476
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	49,587

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mike Brooks President	1.00	0	0	0
Sara Galvin Secretary	1.00	0	0	0
Robert B Creech Treasurer	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (empty)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (empty)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (empty)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature and Preparer information section including fields for Signature of officer, Print/type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, and Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		4th of July (event type)	Easter Parad (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	38,120	15,700	53,820
	2	Less: Contributions	19,900	15,700	35,600
	3	Gross income (line 1 minus line 2)	18,220		18,220
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,479		1,479
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment	1,750		1,750
	9	Other direct expenses	31,882	12,516	44,398
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				(29,407)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Crescent Hill Community Council Inc

Employer identification number

31-0903849

01. Description of other expenses (Part I, line 16)

Description	Amount
Insurance	2,239
Software	2,052
Web Fees	96
PayPal Fees	342
Finance	215
Payment in Kind Expenses	44
Programs and Committees	14,476

02. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
Deposit did not hit the bank	21	0

03. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
check not cashed in 2022	0	406

ARTICLES OF INCORPORATION

OF

CRESCENT HILL COMMUNITY COUNCIL, INC.

RECEIVED

JUL 25 1969

Y. o. c. h.

Commonwealth of Kentucky

5-123252

KNOW ALL MEN BY THESE PRESENTS:

That we, Herman D. Weick, Clough Venable, Raymond Voll and Mrs. Richard Swigart, all of Jefferson County, Kentucky, do declare that we hereby associate ourselves to form a corporation for educational, charitable and civic purposes, pursuant to the provisions of KRS 273.160 et seq., stating that:

(1) The name of the corporation shall be "CRESCENT HILL COMMUNITY COUNCIL, INC."

(2) The duration of the corporation shall be perpetual, or until and unless the corporation shall be dissolved by the voluntary act of the members and Directors in such manner as may be prescribed by law.

(3) The purposes of the corporation are to create a feeling of community in the Crescent Hill area through objective planning and preservation, with regard for necessary changes that must be made, and in connection therewith to engage in all necessary, legal activities and undertakings.

(4) The registered office of the corporation in Kentucky shall be located at 2518 Top Hill Road, Louisville, Kentucky, 40206, and the registered resident agent of the corporation shall be Mrs. Richard Swigart, whose address is the same as the said office.

(5) In carrying out the above described corporate purposes, the corporation shall have all of the powers enumerated in KRS 273.161 to 273.390, to which reference is hereby specifically

(6) The names and addresses of the ~~incorporators~~

follows:

Mr. Herman D. Wieck
205 Idlewyde Drive
Louisville, Kentucky 40206

Mr. Clough Venable
166 North Petersen Avenue
Louisville, Kentucky 40206

Mr. Raymond Voll
212 Heady Avenue
Louisville, Kentucky 40207

Mrs. Richard Swigart
2518 Top Hill Road
Louisville, Kentucky 40206

(7) The original board of directors of the corporation shall consist of four (4) persons, to wit, the four (4) above-named incorporators.

(8) The officers of the corporation shall consist of a president, a vice-president, a secretary and a treasurer; the method of electing or appointing said officers and all other matters relating to membership in and the regulation and management of the internal affairs of the corporation shall be prescribed in the bylaws, which shall be adopted by the board of directors and which may be from time to time amended, in the manner to be provided therein.

(9) The private property of the incorporators, members and directors shall not be subject to, or in any way liable for, any debt or contract of the corporation or any judgment against the corporation.

(10) The corporation shall commence business immediately upon the recording of these Articles of Incorporation in the office of the Secretary of State of Kentucky and in the office of the Clerk of the County Court of Jefferson County, Kentucky, and upon the

ASSUMED BY THE SECRETARY OF STATE OF A CERTIFICATE OF INCORPORATION.

IN TESTIMONY WHEREOF, witness our signatures as incorporators,
this 21st day of July, 1969.

Herman D. Wiecek
Herman D. Wiecek

Clough Venable
Clough Venable

Raymond Voll
Raymond Voll

Mrs. Richard Swigart
Mrs. Richard Swigart

COMMONWEALTH OF KENTUCKY)
COUNTY OF JEFFERSON) SS

I, the undersigned Notary Public in and for the State and County aforesaid, do hereby certify that on this day the foregoing Articles of Incorporation were produced before me in my said County and State by Mrs. Richard Swigart, and she thereupon acknowledged to me that she and the other incorporators named therein executed the same as their voluntary act and deed for the purposes therein expressed.

WITNESS my hand and seal this 21st day of July, 1969.

Raymond A. Voll
NOTARY PUBLIC, County of Jefferson
State of Kentucky

My Commission expires My Commission Expires Nov. 20, 1972

This instrument prepared by:
Charles M. Hassett
Attorney at Law
400 South Sixth Street
Louisville, Kentucky 40203

ORIGINAL COPY
FILED AND RECORDED

Shirley Bagley

JUL 30 1969

SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY
BY [Signature]
ASSUMING SECRETARIAL OFFICE

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Crescent Hill Community Council, Inc.

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

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

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
301 South Peterson Avenue

6 City, state, and ZIP code
Louisville KY 40206

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Individual's social security number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

or

Employer identification number

3	1	-	0	9	0	3	8	4	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

- 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.

Sign Here Signature of U.S. person ▶ *Licia Newton Gregory* Date ▶ *2/1/24*

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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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



Kentucky Secretary of State Michael G. Adams

CRESCENT HILL COMMUNITY COUNCIL, INC.

File Amended Annual Report	Change Address or Registered Agent	
File Certificate of Assumed Name (DBA)	File Dissolution	Upload a filing
File Registered Agent Resignation		
Printable Forms	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

Organization Number	0012310
Name	CRESCENT HILL COMMUNITY COUNCIL, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/30/1969
Organization Date	7/30/1969
Last Annual Report	2/4/2024
Principal Office	301 S PETERSON AVE LOUISVILLE, KY 40206
Registered Agent	Elicia Newcom Gregory 301 S PETERSON AVE LOUISVILLE, KY 40206

Show Current Officers
Show Initial Officers
Show Images
Show Former Names