

O-048-24

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

**Applicant/Program:** Crescent Hill Community Council, Inc. | Frankfort Avenue Easter Parade

**Applicant Requested Amount:** \$7500

**Appropriation Request Amount:** ~~7500~~ *\$5,900 \$6,400*

## **Executive Summary of Request**

The Crescent Hill Community Council, Inc. is the host of the Annual Frankfort Avenue Easter Parade. This year, the parade will take place 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. This event attracts constituents from all districts and allows them to celebrate together. *These funds will be used to assist with the cost of security/traffic control.*

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.

            
District #

Andrew Owen  
Primary Sponsor Signature

\$3000  
Amount

2.23.24  
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:**

Philip B 3-19-24  
Appropriations Committee Chairman Date

Final Appropriations Amount: \_\_\_\_\_

Approved Committee

Date: 3/19/24

**Applicant/Program:**

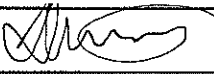
Crescent Hill Community Council, Inc. | Frankfort Avenue Easter Parade

**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>	\$ <sup>500</sup> _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	<i>Madonna Flood</i>	\$ <sup>1000</sup> _____
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="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="No"/>
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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="N/A"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="No"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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="text" value="No"/>

Prepared by: Regina Garr

Date: 2.22.24

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> ) Crescent Hill Community Council, Inc.			
<b>Main Office Street &amp; Mailing Address:</b> 301 S Peterson Ave, Louisville, KY 40206			
<b>Website:</b> crescenthill.us			
<b>Applicant Contact:</b>	Daniel Wormley	<b>Title:</b>	Chair Easter Parade
<b>Phone:</b>	(859) 358-2615	<b>Email:</b>	dworms86@gmail.com
<b>Financial Contact:</b>	Elicia Newcom Gregory	<b>Title:</b>	CHCC Treasurer
<b>Phone:</b>	(502) 472-7484	<b>Email:</b>	treasurer@crescenthill.us
<b>Organization's Representative who attended NDF Training:</b> Daniel E Wormley			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Frankfort Ave		
<b>Council District(s):</b>	9	<b>Zip Code(s):</b>	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Frankfort Avenue Easter Parade			
<b>Total Request: (\$)</b>	\$ 7,500.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 3,000.00
<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>	NA	<b>Amount: (\$)</b>	
<b>Source:</b>	NA	<b>Amount: (\$)</b>	
<b>Source:</b>	NA	<b>Amount: (\$)</b>	
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
<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>	\$ 7,500.00	\$ 5,140.00	\$ 12,640.00
<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>	\$ 7,500.00	\$ 5,140.00	\$ 12,640.00
<b>% of Program Budget</b>	59.34%	40.66%	<b>100%</b>

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
<b>Total</b>	\$ 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</i> <i>(to match Program Budget Line Item.</i> <i>Volunteer Contribution &amp; 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/<sup>2024</sup>~~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.

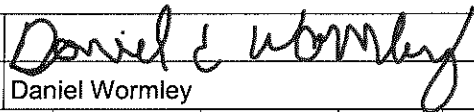
#### Standard Certifications

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.

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

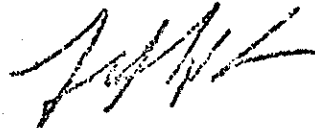
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive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

CRESCENT HILL COMMUNITY COUNCIL INC

Sincerely,

A handwritten signature in dark ink, appearing to read 'J. Cooper', with a stylized flourish at the end.

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)

**first®** first financial bank

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](https://bankatfirst.com) today or contact your local financial center for more information.

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

All loans subject to credit review and approval.

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

1 of 6

## 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](mailto:clientservice@bankatfirst.com)  
Visit us at [bankatfirst.com](http://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	
<b>Total</b>		<b>Total</b>	
<b>Check Reconciliation Form</b>		Balance shown by statement	\$ 27,970.73
		Add deposits and other credits made after close of period	\$
		<b>Total</b>	\$
		Deduct total checks	\$
		Your checkbook should show this latest balance	\$

**Withdrawals and Deductions**

Date	Description	Amount
	WWW.ASHTONADV KY	
	Card# **[REDACTED]	
Jan 02	DBT CRD [REDACTED] 01/01/24 [REDACTED] EIG*CONSTANTCONTACT.COM [REDACTED]	-\$35.00
	Card# **[REDACTED]	
Jan 16	DBT CRD [REDACTED] 01/15/24 [REDACTED] MEMBERSHIPWORKS HTTPSMEMBERSHTX	-\$35.00
	Card# **[REDACTED]	
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 40206-2540

DATE Dec 31, 2023

Pay to the Order of Elicia Newcom Gregory \$ 19.97  
Nineteen and 97/100

**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 40206-2540

DATE 1/22/24

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

**FIRST**  
First Commercial Bank

For curbing gun violence 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.

Form **990-EZ****Short Form**

OMB No. 1545-0047

**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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2022 calendar year, or tax year beginning , 2022, and ending , 20										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Crescent Hill Community Council Inc</b></td> <td><b>D</b> Employer identification number <b>31-0903849</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>301 S Peterson Ave</b></td> <td><b>E</b> Telephone number <b>(502) 439-5465</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Louisville, KY 40206</b></td> <td><b>F</b> Group Exemption Number</td> </tr> </table>	<b>C</b> Name of organization <b>Crescent Hill Community Council Inc</b>		<b>D</b> Employer identification number <b>31-0903849</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>301 S Peterson Ave</b>		<b>E</b> Telephone number <b>(502) 439-5465</b>	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville, KY 40206</b>		<b>F</b> Group Exemption Number
<b>C</b> Name of organization <b>Crescent Hill Community Council Inc</b>		<b>D</b> Employer identification number <b>31-0903849</b>								
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City or town, state or province, country, and ZIP or foreign postal code <b>Louisville, KY 40206</b>		<b>F</b> Group Exemption Number								
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).								
<b>I</b> Website: <u><a href="http://www.crescenthill.us">www.crescenthill.us</a></u>										
<b>J</b> Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Nonprofit										
<b>L</b> 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 <span style="float:right">\$ 57,829</span>										

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	36,394
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,213
	4	Investment income	4	3
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	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)	6b	16,294
6c	Less: direct expenses from gaming and fundraising events	6c	35,111	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(16,892)	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,718	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	24
	16	Other expenses (describe in Schedule O)	16	19,464
17	<b>Total expenses.</b> Add lines 10 through 16	17	19,488	
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	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)	19	26,899
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,129

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

EEA



**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 ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved. . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: . . . . . ; section 4912: . . . . . ; section 4955: . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed: . . . . .		
<b>42 a</b> The organization's books are in care of: <u>Robert B Creech</u> Telephone no. <u>502-439-5465</u> Located at: <u>301 S Peterson Ave, Louisville, KY</u> ZIP + 4 <u>40206</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country: . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .		X
If "Yes," enter the name of the foreign country: . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		X

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

	Yes	No
46		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

	Yes	No
47		

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

48		
----	--	--

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

49a		
-----	--	--

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

49b		
-----	--	--

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(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."

(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

☐ Yes ☒ No

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.

<b>Sign Here</b>	Robert B Creech			
	Signature of officer		Date	
<b>Paid Preparer Use Only</b>	Robert B Creech, Treasurer			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Anetta Shaw EA MBA		02-01-2023	P01315110
	Firm's name	Shaw Tax Services, LLC		Firm's EIN
	Firm's address		Phone no.	
	1301 Clear Springs Trace Suite 100		502-203-6620	
	Louisville KY 40223			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

**31-0903849**

**Crescent Hill Community Council Inc**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . .						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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 4th of July (event type)	(b) Event #2 Easter Parad (event type)	(c) Other events None (total number)	(d) Total events (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) . . . . .				47,627
	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)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 are as follows:

Mr. Herman D. Wieck  
205 Idlewyld 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 21<sup>st</sup> day of July, 1969.

Herman D. Wleek  
Herman D. Wleek

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 21<sup>st</sup> 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 R. Begley

JUL 30 1969

SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY  
BY W. L. Taylor  
ASSUMING SECRETARY OF STATE



# 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.

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.

Social security number								
			-			-		

or

Employer identification number								
3	1	-	0	9	0	3	8	4
9								

## Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*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](http://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.

<a href="#">File Amended 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="#">Printable Forms</a>	<a href="#">Subscribe to changes made to this entity</a>	<a href="#">Certificate of Good Standing</a>

#### General Information

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

[Show Current Officers](#)[Show Initial Officers](#)[Show Images](#)[Show Former Names](#)