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

Applicant/Program: Crescent Hill Community Council, Inc.	
Applicant Requested Amount: \$4,000	
Appropriation Request Amount: \$4,000	
Appropriation Request Amount. 4 1,000	
Evanting Summary of Daniel	
Executive Summary of Request	
Funding for Annual Crescent Hill 4th of July Festival on July 3-	4, 2017, at Peterson-Dumesnil House. Funds
used to offset expenses of festival including stage, tables, trasl	n cans, patch boxes and restrooms.
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 Fun	
within Metro Council guidelines and request approval of fund	ing in the following amount(s). I have read the
organization's statement of public purpose to be furthered by t	
purpose is legitimate. I have also completed the disclosure see	ction below, if required.
Pallalon 1	2/-1.2
9 Pour thelefor	\$4,000
District # Primary Sponsor Signature	Amount Date
, aparticular 5-5	Timowite Date
Primary Sponsor Disclosure	
List below any personal or business relationship you, your fan	nily or your legislative assistant have with this
organization, its volunteers, its employees or members of its b	
Nove	
<u> </u>	
Approved by:	
	i
Aintions Committee Claim	D.4
Appropriations Committee Chairman	Date
Final Appropriations Amount:	

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

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	No
Prepared by: Date: 03/01/17	

	SECTION 1 - A	PPLICANT INFORMATIO	NH .	
Legal Name of Appli	cant Organization:	t Hill Community Coun	23 \$	
	.SOS.RY (10V) GUSINE SS/Fe2Or (15			
	Mailing Address: 301 S. Peter	rson Ave., Louisville, K	Y 40206	
Website: www.creso	centhill.us			
Applicant Contact:	Debbie Wiebe	Title:	Development Committee Member	
Phone:	312-286-8825	Email:	debbie.wiebe502@gmail.com	
Financial Contact:	Anetta Shaw	Title:	Treasurer	
Phone:	502.203.6620	Email:	treasurer@crescenthill.us	
Organization's Repre	esentative who attended NDF 1	raining: Mark Gaff, Pre	sident	
GEO	GRAPHICAL AREA(S) WHERE PI	ROGRAM ACTIVITIES AR	E (WILL BE) PROVIDED	
Program Facility Loca	ation(s): 301. S. Peterson Av	Q.	and data "mys,m, cap" andman,	
Council District(s):	9th	Zip Code(s):	40206	
	SECTION 2 - PROGRAM RI	EQUEST & FINANCIAL IN	FORMATION	
PROGRAM/PROJECT	NAME: Crescent Hill 4th of Jul	y Festival		
Total Request: (\$)	4,000 Total Met	ro Award (this program) in previous year: (\$) 4,000	
Purpose of Request	check all that apply):			
Operating i	unds (generally cannot exceed	33% of agency's total or	perating budget)	
	ng/services/events for direct be		,	
	ect of the organization (equipm			
	quired Attachments:			
IRS Exempt Status De	etermination Letter	Signed lease if re	nt costs are being requested	
© Current year project	ed budget	IRS Form W9		
Current financial state	tement	Evaluation forms	if used in the proposed program	
™ Most recent IRS Form 990 or 1120-H		1	Annual audit (if required by organization)	
Articles of Incorporat	tion (current & signed)	Faith Based Orga	nization Certification Form, if applicable	
Cost estimates from capital expense	proposed vendor if request is for	1		
Government for this	or any other program or expens	e, including funds receiv	received from Louisville Metro yed through Metro Federal Grants, opment Funds). Attach additional	
Source:	Metro NDF Grant	Amount. (\$)	4,000	
Source:		Amount: (\$)		
Source.	The second of th	Amount: (\$)		
	tacted the BBB Charity Review f the BBB Charity Review Standa	· ·	es 🗷 No	

Page 1 Effective May 2016



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The mission of the Crescent Hill Community Council 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.

Crescent Hill Community Council Structure

The Crescent Hill Community Council has an annual meeting for all members. A Board governs work between general meetings. The Board is composed of officers (elected by the Council), committee chairs (elected by the Board) district representatives (elected by the Board), and at-large members (elected by the Board). Board meetings are typically held monthly, and are open to the public.

Benefits

The Community Council helps inform neighborhood residents about events, programs and other activities in their community, resolves neighborhood issues and serves as a liaison between Metro Government and the neighborhood. We also mow and maintain medians, small parks and right of ways in the neighborhood. We have spearheaded the redesign and revitalization of Kennedy Court Park, and have raised funds for Field Elementary, United Crescent Hill Ministries, Barret Middle School and the Crescent Hill Public Library. We currently host the 4th of July Festival, Easter Egg Hunt, and Holiday Open House at the Peterson-Dumesnil House.

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF		
Board Member	Term End Date	
Mark Gaff, President	Dec 31, 2017	
Cynthia Thomas, 1st Vice President	Dec 31, 2017	
Barry Creech, Secretary	Dec 31, 2017	
Anetta Shaw, Treasurer	Dec 31, 2017	
Describe the Board term limit policy: Board members serve for the calendar year following their election. Te	rms of office transition in January of each ye	
Three Highest Paid Staff Names	Annual Salary	
I/A		
· · · · · · · · · · · · · · · · · · ·		

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 festival is our main community event and fundraiser each year, and will occur on July 3 - 4, 2017. The 4th of July festival allows us to bring the neighborhood together directly through the event, as well as through volunteer opportunities. The Community Council use this event to recruit volunteers from other neighborhood and business organizations, as well as residents of Crescent Hill. In this way, we provide a platform for active community members to network outside of Crescent Hill and for new residents to get involved. We also hold a Volunteer Appreciation meeting, which allows additional opportunities for neighbors to become more acquainted and form community ties.

We measure success in terms of 1) volunteer participation, 2) repeat and new vendors and sponsors, 3) comments by patrons and attendees, 4) event participation, and 5) our ability to give back to the community and break-even on the event.

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

Funding of \$4,000 will be used to offset expenses for the 4th of July festival. The event incurs a number of site-related expenditures totaling \$4,350 in logistical-related expenses:

-Stage \$750

-Tables, trash cans, patch boxes \$1,600

-Restrooms \$2,000

This grant will be used to offset these expenses.

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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 festival is designed to bring the neighborhood together and strengthen community ties through volunteer opportunities and event participation. We measure success in terms of 1) volunteer participation, 2) repeat and new vendors and sponsors, 3) community participation, 4) comments by patrons and attendees, 5) number of participants who use the free parking and trolley service available during the event, and 6) our ability to give back to the community after the event. 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 Crescent Hill 4th of July Festival requires collaboration with a number of other community organizations: -Peterson-Dumesnil House Foundation - grounds are utilized for the event and a silent auction fundraiser for the foundation -Frankfort Avenue Business Association - handles beer sales -Masonic Homes of Kentucky - in-kind support for the festival -Southern Baptist Theological Seminary - provides parking for festival attendees Throughout the year, we have ongoing partnerships with United Crescent Hill Ministries, Field Elementary, St. Joseph's Children's Home and others.

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Wletro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	4,000	52,700	56,700
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
\$4 no Program, Fooling	7.1 %	92.9 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$11,000
Fees Collected from Program Participants	\$44,400
Other (please specify)	\$8,000 (artist booth fees)
	\$63,400

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



^{**}Must equal or exceed total in column 2.

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
Art Show Expenses		500	
CHCC Food/Drink Booth		9,500	
Children's Fun Zone Expenses		1,300	
Communications & Marketing		1,650	
Facilities, Grounds and Equipment	4,000	9,100	
FABA Beer		8,400	
Fireworks		8,500	
Garning Expenses	-	3,000	
Information Booth/History Display		200	
Miscellaneous Expenses		150	
Musicians & Entertainers		2,150	
Non-CHCC Food		4,000	
Office Supplies		400	
Pet Contest		150	
Security		2,500	
Ficket Printing	The state of the s	600	
/olunteer Appreciation	The state of the s	600	
Total	4,000	52,700	56,700

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Use of Peterson-Durnesnil House	\$4,200	Two-day rental fee
Volunteers (days of event)	\$4,000	\$20/hr x 200 people
Volunteers (planning team)	\$3,000	\$20/hr x 150 hours
Total Value of in-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$11,200	
NOR INFORMATION REFERS TO WHO MADE D INDIVIDUALLY, BUT GROUPED TOGETHER DN PER WEEK by Fiscal Year Start Date: January 1, 2017	THE IN KIND CONTRIBUTION. YOU ONE LINE AS A TOTAL NOTI	VOLUMTEERS NEED NOT BI
your Agency anticipate a significant increaset projected for next fiscal year? NO	e or decrease in your budget fro	om the current fiscal year t
please explain:		

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

- 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.
- 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.
- 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).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 year end.
- 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.
- 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: 2 - 27 - 2017 Legal Signatory: (please print): MARK & GAFF Title: PRESIDENT Phone: 50 2-472-7484 Extension: Email: MARK & MARK & AFF CaM

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

Date: FEB 16 2017

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

Employer Identification Number:

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.

CRESCENT HILL COMMUNITY COUNCIL INC

Sincerely,

Jeffrey I. Cooper

Director, Exempt Organizations

Rulings and Agreements

Crescent Hill Community Council Inc Profit & Loss Budget Overview January through December 2017

	Jan - Dec 17
Ordinary Income/Expense	
Income 47000 · Membership Dues	F 050 00
47100 · 4th of July Income	5,250.00
47110 · Artist Booth Fees	8,000.00
47120 · CHCC Food Booth Income	20,000,00
47130 - Children's Fun Zone	300.00
47140 - FABA Beer Income	12,000.00
47150 · Gaming Income	5,000.00
47160 · Miscellaneous income	500.00
47170 · Neighborhood Development Fund 47180 · Non-CHCC Food, ATM, etc.	4,000.00
47186 • Linused Ticket Sales	5,000.00 1,600.00
47190 · Sponsors	11,000.00
Total 47100 · 4th of July Income	67,400.00
47209 · Outdoor Cinama Concessions	
47200 · Outdoor Ciribinal Concessions 47400 · Newsletter Advertising Income	0.00
47509 • Interest Income	10,000.00 20.00
	20.00
Total Income	82,670.00
Expense	
64000 - 4th of July Expenses	
64005 · Art Show Expenses 64010 · CHCC Food/Drink Booth	500.00 9,500.00
64015 • Children's Fun zone Expenses	1,300,00
64020 · Communications & Marketing	1.650.00
64025 - FABA Beer	8,400,00
64030 · Facilities, Grounds & Equipment	13,100.00
64035 - Fireworks	8,500.00
64040 · Gaming Expenses	3,000.00
64045 · History Display	50.00
64050 · Information Booth	150.00
64065 · Miscellaneous Expenses 64060 · Musicians & Entertainers	150.00 2.150.00
64065 · Non-CHCC Food	4,000.00
64070 · Office Supplies	400.00
64075 · Pet Contest	150.00
64080 · Security	2,500.00
64085 - Ticket Printing	800.00
64090 · Volunteer Appreciation	600.00
Total 64000 · 4th of July Expenses	56,700.00
65000 · Newsletter Expenses	
65020 - Postage, Mailing Service	2,000.00
65030 • Printing and Copying	8,000.00
Total 65000 · Newsletter Expenses	10,000.00
66000 - Programs & Committees	**
66005 · Compassion 66010 · Comprehensive Plan	50.00
68015 - Crime Prevention	100.00 50.00
68020 • Green	50.00
66021 · Kennedy Park Mowing	1,000.00
66022 · New Projects	1,000.00
66023 · Tree Program	500.00
Total 66020 - Green	2,500.00
66025 - Historian	100.00
66030 - Membership/Welcome	
66031 · Office Supplies	100.00
66032 - Postage	200.00
66033 · Printing	700.00

Crescent Hill Community Council Inc Profit & Loss Budget Overview January through December 2017

	Jan - Dec 17
66034 · Printing & Specialty Bags	250.00
Total 66030 · Membership/Welcome	1,250.00
66035 · Outdoor Cinema	0.00
66040 · Social Committee	
68941 · Chili Night Out	300.00
68042 • Dessert With the Mayor	200.00
68043 · Holiday Open House	450.00
66044 · Spirit of Crescent Hill	200.00
86045 · Other	0.00
66046 · Easter Egg Hunt & Parade Candy	500.00
Total 66040 - Social Committee	1,650.00
66050 · Block Parties	1.000.00
66055 - District Representatives	500.00
66060 · Sponsorship Committee	200.00
66065 - Easter Parade	2.000.00
66300 · Community Giving	1,000.00
Total 66000 · Programs & Committees	10,400.00
67000 · Council Operation & Expenses	
67005 - Insurance GL & DO	2.600.00
67010 · Monthly Meetings	300.00
67015 · Office Supplies	595.00
67020 - Permits & Fees-non 4th of July	150.00
67025 · Software	1,000,00
67030 - Volunteer Management	0.00
67035 · Web Fees	100.00
67040 · Web Redesign	2,500.00
67045 · Membership- Other Organizations	250.00
67050 · PayPal Expenses	75.00
Total 67000 · Council Operation & Expenses	7,570.00
Total Expense	84,670.00
Net Ordinary Income	-2,000.00
Net Income	-2,000.00

Crescent Hill Community Council Inc Profit & Loss Budget vs. Actual January 2017

	Jan 17	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
47080 - Membership Dues	1,660.00	5,250.00	-3,590.00	31.6%
47100 · 4th of July Income				
47110 · Artist Booth Fees	0.00	8,000.00	-8,000.00	0.0%
47120 · CHCC Food Booth Income	0.00	20,000.00	-20,000.00	0.0%
47130 - Children's Fun Zone	0.00	300.00	-300.00	0.0%
47140 · FABA Beer Income	0.00	12,000.00	-12,000.00	0.0%
47150 · Gaming Income	0.00	5,000.00	-5,000.00	0.0%
47160 · Miscellaneous Income	0.00	500.00	-500.00	0.0%
47170 · Neighborhood Development Fund	0.00	4,000.00	-4,000.00	0.0%
47180 · Non-CHCC Food, ATM, etc.	0.00	5,000.00	-5,000.00	0.0%
47185 - Unused Ticket Sales	0.00	1,600.00	-1,600.00	0.0%
47190 · Sponsors	0.00	11,000.00	-11,000.00	0.0%
Total 47100 · 4th of July Income	0.00	67,400.00	-67,400.00	0.0%
47200 · Outdoor Cinema Concessions	0.00	0.00	0.00	0.0%
47400 · Newsletter Advertising Income	1,873.10	10,000.00	-8,126.90	18.7%
47500 · Interest income	0.86	20.00	-19.14	4.3%
Total Income	3,533.96	82,670.00	-79,136.04	4.3%
Expense				
64000 · 4th of July Expenses				
64005 · Art Show Expenses	0.00	500.00	-500.00	0.0%
64010 · CHCC Food/Drink Booth	0.00	9,500.00	-9,500.00	0.0%
64015 · Children's Fun zone Expenses	0.00	1,300.00	-1,300.00	0.0%
64020 · Communications & Marketing	0.00	1,650.00	-1,650.00	0.0%
64025 - FABA Beer	0.00	8,400.00	-8,400.00	0.0%
64030 · Facilities, Grounds & Equipment	0.00	13,100.00	-13,100.00	0.0%
64035 · Fireworks	0.00	8,500.00	-8,500.00	0.0%
64040 · Gaming Expenses	0.00	3,000.00	-3,000.00	0.0%
64045 · History Display	0.00	50.00	-50.00	0.0%
64060 - Information Booth	0.00	150.00	-150.00	0.0%
64055 · Miscellaneous Expenses	0.00	150.00	-150.00	0.0%
64060 · Musicians & Entertainers	0.00	2,150.00	-2,150.00	0.0%
64065 · Non-CHCC Food	0.00	4,000.00	-4,000.00	0.0%
64070 · Office Supplies	0.00	400.00	-400.00	0.0%
64075 · Pet Contest	0.00	150.00	-150.00	0.0%
64080 · Security	0.00	2,500.00	-2,500.00	0.0%
64085 · Ticket Printing	0.00	600.00	-600.00	0.0%
64090 - Volunteer Appreciation	0.00	600.00	-600.00	0.0%
Total 64000 · 4th of July Expenses	0.00	56,700.00	-56,700.00	0.0%
65000 · Newsletter Expenses				
65020 - Postage, Mailing Service	180.00	2,000.00	-1,820.00	9.0%
65030 · Printing and Copying	2,175.00	8,000.00	-5,825.00	27.2%
Total 65000 · Newsistler Expenses	2,355.00	10,000.00	-7,645.00	23.6%
66000 · Programs & Committees		P		
66006 · Compassion	0.00	50.00	-50.00	0.0%
66010 · Comprehensive Plan	0.00	100.00	-100.00	0.0%
66015 - Crime Prevention	0.00	50.00	-50.00	0.0%
66020 · Green				
66021 · Kennedy Park Mowing	0.00	1,000.00	-1,000.00	0.0%
68022 · New Projects	0.00	1,000.00	-1,000.00	0.0%
66023 · Tree Program	0.00	500.00	-500.00	0.0%
Total 66020 · Green	0.00	2,500.00	-2,500.00	0.0%
66025 · Historian	0.00	100.00	-100.00	0.0%
66030 · Membership/Welcome		400.00	400.00	0.004
66031 · Office Supplies	0.00	100.00	-100.00	0.0%
66032 · Postage	0.00	200.00	-200.00	0.0%
66033 · Printing	38.16	700.00	-661.84	5.5%

Crescent Hill Community Council Inc Profit & Loss Budget vs. Actual January 2017

Total 66030 - Membership/Welcome 38.16		Jan 17	Budget	\$ Over Budget	% of Budget
Se036 - Cutidoor Cinema 0.00 0.	66034 · Printing & Specialty Bags	0.00	250.00	-250.00	0.0%
Second Committee Second Second Committee Second Committee	Total 66030 · Membership/Welcome	38.16	1,250.00	-1,211.84	3.1%
68041 - Chill Night Out		0.00	0.00	0.00	0.0%
\$6042 - Dessert With the Mayor 0.00 200.00 -200.00 0.0% 86043 - Holiday Open House 0.00 450.00 -450.00 0.0% 66044 - Spirit of Crescent Hill 0.00 200.00 -200.00 0.0% 66045 - Other 0.00 0.00 0.00 0.00 0.0% 66046 - Easter Egg Hunt & Parade Candy 0.00 500.00 -500.00 0.0% 66046 - Easter Egg Hunt & Parade Candy 0.00 1,650.00 -1,650.00 0.0% 66060 - Social Committee 0.00 1,650.00 -1,650.00 0.0% 66060 - Block Parties 0.00 1,000.00 -1,000.00 0.0% 68065 - District Representatives 0.00 500.00 -500.00 0.0% 68060 - Sponsorship Committee 0.00 200.00 -200.00 0.0% 68060 - Sponsorship Committee 0.00 200.00 -200.00 0.0% 66300 - Community Giving 0.00 1,000.00 -1,000.00 0.0% 66300 - Community Giving 0.00 1,000.00 -1,000.00 0.0% 66300 - Community Giving 0.00 1,000.00 -1,000.00 0.0% 67000 - Council Operation & Expenses 67005 - Insurance GL & DO 0.00 2,600.00 -2,600.00 -2,600.00 0.0% 67010 - Monthly Meetings 0.00 300.00 -300.00 -300.00 0.0% 67020 - Permits & Fees-non 4th of July 0.00 150.00 -150.00 -150.00 67020 - Permits & Fees-non 4th of July 0.00 1,000.00 -1,000.00 0.0% 67035 - Web Fees 0.00 0.00 0.00 0.00 0.00 0.00 67035 - Web Fees 0.00 1,000.00 -1,000.00 0.0% 67035 - Volunteer Management 0.00 0.00 0.00 0.00 0.00 67045 - Membership- Other Organizations 0.00 2,500.00 -2,500.00 0.0% 67050 - PayPal Fees 21.72 75.00 -53.28 29.0% 75050 - PayPal Fees 21.72 75.00 -53.28 29.0% 75050 - PayPal Fees 21.72 75.00 -53.28 29.0% 75050 - PayPal Fees 24.72.85 84,670.00 -82,197.15 80500 - 82,197.15 805000 - 82,197.15 805000 - 82,197.15 8050000 - 82,197.15 805000000000000000000000000000000000					
86043 Holiday Open House 0.00 450.00 -450.00 0.0% 66044 Spirit of Crescent Hill 0.00 200.00 -200.00 0.0% 66046 Cother 0.00 0.00 0.00 0.0% 66046 Easter Egg Hunt & Parade Candy 0.00 500.00 -500.00 0.0% Total 66040 Social Committee 0.00 1,650.00 -1,650.00 0.0% 66055 Block Parties 0.00 1,000.00 -1,000.00 0.0% 66055 District Representatives 0.00 500.00 -500.00 0.0% 68065 Sponsorship Committee 0.00 200.00 -200.00 0.0% 68065 Easter Parade 0.00 2,000.00 -2,000.00 0.0% 68065 Easter Parade 0.00 2,000.00 -2,000.00 0.0% 68065 Community Giving 0.00 1,000.00 -1,000.00 0.0% 68065 Easter Parade 0.00 2,000.00 -2,000.00 0.0% 68065 Easter Parade 0.00 1,000.00 -1,000.00 0.0% 68065 Easter Parade 0.00 2,600.00 -2,600.00 0.0% 68065 Easter Parade 0.00 300.00 -3,361.84 68065 Easter Parade 0.00 300.00 -3,361.84 68065 Easter Parade 0.00 300.00 -3,361.84 68065 Easter Parade 0.00 3,000.00 -3,361.84 68065 5,000.00 3,000.00 -3,000.00 -3,361.		0.00	300.00	-300.00	0.0%
66044 · Spirit of Crescent Hill 0.00 200.00 -200.00 0.0% 68045 · Other 0.00 0.00 0.00 0.00 0.00 0.0% 68046 · Easter Egg Hunt & Parade Candy 0.00 500.00 -500.00 0.0% 68046 · Easter Egg Hunt & Parade Candy 0.00 1,650.00 -1,650.00 0.0% 68056 · Block Parties 0.00 1,000.00 -1,000.00 0.0 68056 · District Representatives 0.00 500.00 -500.00 0.0 68056 · District Representatives 0.00 200.00 -200.00 0.0 68056 · District Representatives 0.00 2,000.00 -2,000.00 0.0 68056 · District Representatives 0.00 2,000.00 -2,000.00 0.0 68056 · District Representatives 0.00 2,000.00 -2,000.00 0.0 68065 · Easter Parade 0.00 2,000.00 -2,000.00 0.0 68060 · Programs & Committees 38.16 10,400.00 -1,000.00 0.0		0.00	200.00	-200.00	0.0%
Company		0.00	450.00	-450.00	0.0%
Total 66040 - Social Committee 0.00 1,650.00 -500.00 0.09		0.00	200.00	-200.00	0.0%
Total 65040 · Social Committee		0.00	0.00	0.00	0.0%
68050 · Block Parties	66046 · Easter Egg Hunt & Parade Candy	0.00	500.00	-500.00	0.0%
Se055 - District Representatives 0.00 500.00 -500.00 0.00	Total 66040 - Social Committee	0.00	1,650.00	-1,650.00	0.0%
Se065 District Representatives 0.00 500.00 -500.00 0.00		0.00	1,000.00	-1,000,00	0.0%
68080 - Sponsorship Committee 0.00 200.00 -200.00 0.00 68085 - Easter Parade 0.00 2,000.00 -2,000.00 0.00	66055 · District Representatives	0.00	500.00	-500.00	0.0%
Total 66000 · Programs & Committees 38.16 10,400.00 -1,000.00 0.00		0.00	200.00	-200.00	0.0%
Total 66000 · Programs & Committees 38.16 10,400.00 -1,000.00 0.0	66065 · Easter Parade	0.00	2,000.00		0.0%
67000 · Council Operation & Expenses 67005 · Insurance GL & DO 67010 · Monthly Meetings 0.00 300.00 -300.00 0.0 67015 · Office Supplies 57.97 595.00 -537.03 9.7 67020 · Permits & Fees-non 4th of July 0.00 150.00 -150.00 0.0 67025 · Software 0.00 1,000.00 -1,000.00 0.0 67030 · Volunteer Management 0.00 0.00 0.00 0.00 0.00 67035 · Web Fees 0.00 100.00 -100.00 0.0 67040 · Web Redesign 0.00 2,500.00 -2,500.00 0.0 67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.0 67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5	66300 · Community Giving	0.00	1,000.00	-1,000.00	0.0%
67005 · Insurance GL & DO	Total 66000 · Programs & Committees	38.16	10,400.00	-10,361.84	0.4%
67010 · Monthly Meetings	67000 - Council Operation & Expenses				
67010 · Monthly Meetings	67005 - Insurance GL & DO	0.00	2,600.00	-2,600.00	0.0%
67020 · Permits & Fees-non 4th of July 0.00 150.00 -150.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	67010 · Monthly Meetings	0.00	300.00	-300.00	0.0%
67025 · Software 0.00 1,000.00 -1,000.00 0.0 67030 · Volunteer Management 0.00 0.00 0.00 0.0 67035 · Web Fees 0.00 100.00 -100.00 0.0 67040 · Web Redesign 0.00 2,500.00 -2,500.00 0.0 67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.0 67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5		57.97	595.00	-537.03	9.7%
67030 · Volunteer Management 0.00 0.00 0.00 0.00 0.00 67035 · Web Fees 0.00 100.00 -100.00 0.00 0.00 67040 · Web Redesign 0.00 2,500.00 -2,500.00 0.00 67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.00 67050 · PayPal Fees 21.72 75.00 -53.28 29.00 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5	67020 · Permits & Fees-non 4th of July	0.00	150.00	-150.00	0.0%
67035 · Web Fees 0.00 100.00 -100.00 0.0 67040 · Web Redesign 0.00 2,500.00 -2,500.00 0.0 67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.0 67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5			1,000.00	-1,000.00	0.0%
67040 · Web Redesign 0.00 2,500.00 -2,500.00 0.0 67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.0 67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5		0.00	0.00	0.00	0.0%
67045 · Membership- Other Organizations 0.00 250.00 -250.00 0.0 67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5		0.00	100.00	-100.00	0.0%
67050 · PayPal Fees 21.72 75.00 -53.28 29.0 Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5		0.00	2,500.00	-2,500.00	0.0%
Total 67000 · Council Operation & Expenses 79.69 7,570.00 -7,490.31 Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5			250.00	-250.00	0.0%
Total Expense 2,472.85 84,670.00 -82,197.15 Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5	67050 · PayPal Fees	21.72	75.00	-53.28	29.0%
Net Ordinary Income 1,061.11 -2,000.00 3,061.11 -5	Total 67000 · Council Operation & Expenses	79.69	7,570.00	-7,490.31	1.1%
	Total Expense	2,472.85	84,670.00	-82,197.15	2.9%
Not income	Net Ordinary Income	1,061.11	-2,000.00	3,061.11	-53.1%
1,001.11 -2,000.00 3,001.11 -6	Net income	1,061.11	-2,000.00	3,061.11	-53.1%

9:19 AM 02/01/17 Cash Basis

Crescent Hill Community Council Inc Balance Sheet

As of January 31, 2017

	Jan 31, 17
ASSETS Current Assets Checking/Savings First Capital Bank of KY	18,436.18
Total Checking/Savings	18,436.18
Other Current Assets Prepaid Newsletter Expense	1,119.00
Total Other Current Assets	1,119.00
Total Current Assets	19,555.18
TOTAL ASSETS	19,555.18
LIABILITIES & EQUITY Equity 30000 · Opening Balance Equity 32000 · Unrestricted Net Assets Net Income	18,492.66 1.41 1,061.11
Total Equity	19,555.18
TOTAL LIABILITIES & EQUITY	19,555.18

KEIKUMCINE KEINSIMIEMEN'I

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

▶ information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150 2015

Open to Public inspection

A	For the	2015 calendar year, or tax year beginning , 2015, and endi	ng		20	
В	Check if a	f applicable: C Name of organization D Employer Identification number				
	Address o					
	Name cha		uite E Teler	phone number		
	initial retu	iro				
	Fina) retu	m/terminated 301 S Peterson Ave	- (502) 472-7	484	
	Amended	return City or town, state or province country, and ZIP or foreign postal code	F Grou	p Exemption		
	Applicatio	n pending Louisville, KY 40206	Num	ber ,≯		
G	Accoun	ting Method: X Cash Accrual Other (specify) >	H Check ▶	if the o	ganization is not	
		e: www.crescenthill.us	required	to attach Sche	dule B	
			527 (Form 99	0, 990-EZ, or	990-PF).	
		forganization: Corporation Trust Association Other nonpo	rofit			
L	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	if total assets			
					76,731	
P	Hi	Revenue, Expenses, and Changes in Net Assets or Fund Balances			t I)	
		Check if the organization used Schedule O to respond to any question in this Pa	arti			
	1	Contributions, giffs, grants, and similar amounts received			4,771	
	2	Program service revenue including government fees and contracts		. 2		
	3	Membership dues and assessments		. 3	6,215	
	4	Investment income		. 4	11	
	5a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		. 5c		
	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than				
971		\$15,000)	2,598			
Revenue	b		tributions			
8		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000)	63,136			
	C	Less: direct expenses from gaming and fundraising events	53,763	42000000		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)		- 6d	11,971	
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold			-	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other revenue (describe in Schedule O)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	22,968	
	10	Grants and similar amounts paid (list in Schedule O)	SACS+C+ 740	. 10		
	11	Benefits paid to or for members		. 11		
OD)	12	Salaries, other compensation, and employee benefits	33.0	12		
986	13	Professional fees and other payments to independent contractors		13		
Expenses	14	Occupancy, rent, utilities, and maintenance		14		
Ϋ́	15	Printing, publications, postage, and shipping		15	1,161	
	16	Other expenses (describe in Schedule O)		16	10,819	
	17	Total expenses. Add lines 10 through 16		17	11,980	
46	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			10,988	
Not Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with				
AB		end-of-year figure reported on prior year's return)		19	11,287	
fet	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	× 1000 x	21	22,275	
or	Paperv	vork Reduction Act Notice, see the separate instructions.		Fo	om 990-EZ (2015)	

Form 990-EZ (2015) Crescent Hill Community	Council Inc				Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	any question in this P	art II		A 10 0	
		(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments			11,287	22	22,275
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)	Sa na ana matana	12588 S	0	24	0
25 Total assets		S253518 #8 1	11,287	25	22,275
26 Total liabilities (describe in Schedule O)	**********		0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21) · · ·		11,287	27	22,275
Part Ifi Statement of Program Service Accompli)		
Check if the organization used Schedule O to respond t	o any question in this F	ant III]	Expenses
What is the organization's primary exempt purpose? Neighborho	od Association			1 '	quired for section
Describe the organization's program service accomplishments for each	h of its three largest pr	haram eanricae		1	(c)(3) and 501(c)(4)
as measured by expenses. In a clear and concise manner, describe the	e services provided, th	e number of		1 -	inizations; optional for
persons benefited, and other relevant information for each program titl	e.			othe	rs.)
28 4th of July Celebration is open to the ci	ty of				
Louisville, showcasing our historic neighb	orhood and				
providing entertainment, food, and an opp	ortunity for p	eople			
	cludes foreign grants, o		▶ 📗	28a	53.763
29 Committees: Block Party, Spirit of Cresce	nt Hill, Histor	5y ,			
Holiday party, Chili Night Out, Easter, De					
Mayor, Welcome, Membership, Beautification			***************************************		
	cludes foreign grants, o		>	29a	2,062
30 Outdoor Cinema is a free event and shows			-		2/002
movies					
				ŀ	
(Grants \$) If this amount in	cludes foreign grants, c	herk here		30a	
		Account the party of the party		WWW	1 2.513
			The state of the s	Jua	2,513
31 Other program services (describe in Schedule O) (Grants \$) If this amount in	cludes foreign grants, o	heck here	· · · · > []	31a	2,513
31 Other program services (describe in Schedule O) (Grants \$) If this amount in Total program service expenses (add lines 28a through 31a)	cludes foreign grants, o	heck here	· · · · > []		
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, c	check here	> []	31a 32	58.338
31 Other program services (describe in Schedule O) (Grants \$) If this amount in Total program service expenses (add lines 28a through 31a)	cludes foreign grants, c	check here	> []	31a 32 ctions	58 , 338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, c yees (list each one ev any question in this P	check here	d - see the instru	31a 32 ctions	58 , 338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, c	en if not compensate art IV	ed - see the instru	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O)	cludes foreign grants, o	en if not compensate	ed - see the instru (d) Health benefits contributions to employment plans, and	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O)	cludes foreign grants, or yees (list each one evolution in this Polymerage hours per week	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC)	ed - see the instru	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O)	yees (list each one even any question in this Polymerage hours per week devoted to position	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC)	d - see the instru (d) Health benefits, contributions to emplement plans, and deferred companies	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O)	cludes foreign grants, or yees (list each one evolution in this Polymerage hours per week	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	d - see the instru (d) Health benefits, contributions to emplement plans, and deferred companies	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President	cludes foreign grants, covees (list each one evolution in this Polymers of the control of the co	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	d - see the instru (d) Health benefits, contributions to employers and deferred companies	31a 32 ctions oyee ion	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold	yees (list each one even any question in this Polymerage hours per week devoted to position	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	d - see the instru (d) Health benefits, contributions to employers and deferred companies	31a 32 cctions	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President	yees (list each one even of any question in this Pours per week devoted to position	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MSC) (If not paid, enter -0-)	d - see the instru (d) Health benefits contributions to employee benefit plans, and deferred companies	31a 32 ctions oyee ion	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President Cynthia Thomas	cludes foreign grants, covees (list each one evolution in this Polymers of the control of the co	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	d - see the instru (d) Health benefits contributions to employee benefit plans, and deferred companies	31a 32 ctions oyee ion	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President Cynthia Thomas Secretary	yees (list each one ever of any question in this Plants of the power o	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MSC) (If not paid, enter -0-)	d - see the instru (d) Health benefits, contributions to employee benefit plans, and deferred companies	31a 32 ctions oyee ion	58,338 s for Part IV) (e) Estimated amount of other compensation 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President Cynthia Thomas Secretary Mona Ball	yees (list each one even of any question in this Pours per week devoted to position	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d - see the instru (d) Health benefits, contributions to employee benefit plans, and deferred companies	31a 32 ctions 0	58,338 s for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President Cynthia Thomas Secretary Mona Ball	yees (list each one ever of any question in this Plants of the power o	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d - see the instru (d) Health benefits, contributions to employee benefit plans, and deferred companies	31a 32 ctions 0	58,338 s for Part IV) (e) Estimated amount of other compensation 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount in 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title Greg Smith President Ellen Diebold Vice President Cynthia Thomas Secretary Mona Ball	yees (list each one ever of any question in this Plants of the power o	en if not compensate art IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d - see the instru (d) Health benefits, contributions to employee benefit plans, and deferred companies	31a 32 ctions 0	58,338 s for Part IV) (e) Estimated amount of other compensation 0
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Pa	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
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140
	detailed description of each activity in Schedule O	33		Х
34	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)	34		X
35 a	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)?	35a		X
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	35b		
C	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	35c		X
36	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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		(Higgs	
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities		200	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		E 20	
	section 4911 > ; section 4912 > ; section 4955 >		SIH	
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			- m ag
	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	40b		X
Ç	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		9	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956			
ä	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			Œ.
ě	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		100	
	transaction? If "Yes," complete Form 8886-T	40e	PERSONAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED I	X
41	List the states with which a copy of this return is filed P	400		Δ.
42 a	The organization's books are in care of PMark Gaff Telephone no. > 502-4	70-74	101	
	Located at ≥ 301 S Peterson Ave, Louisville, KY ZIP+4 ≥ 40206		104	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		/es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:		530	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:	****		Africa graves
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041-Check here		. >	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			0.72
4.	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
AE =	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
D	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			1857
	Form 990-EZ (see instructions)			3.2
	THE PARTY NAME AND PARTY AND	45b	-	X

Preparer

Use Only

Firm's name

Firm's address

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

Yes

Firm's EIN

Phone no.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 930-EZ, line 8a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Name of the organization C

Name of the organization						Employer Ide	rtification nu	rber
Crescent Hill Community Cou	ncil Inc							
Form 990-EZ filers are no	 Complete if it required to co 	the organ	nization ar s part.	nswered "Yes" or	Form 99	0, railiv	, mie 17.	
1 Indicate whether the organization rais	ed funds through	any of the fo	ollowing activ	ities Check all that a	nntv			
a Mail solicitations		е		of non-government gr				
b Internet and email solicitations		7 1		of government grants				
c Phone solicitations				draising events				
d In-person solicitations		8 🗀	opecial tuit	manny events				
- -	aral anna anna a	القاسال والمساطات	data and Maranti an	C				
2a Did the organization have a written or	Oral agreement v	vita any indiv	lonsi (lucino	ing onicers, directors,	trustees		,,	
or key employees listed in Form 990,	ran vii) or enuty	in connectio	n with profes	isional tundraising sei	vices?	∐ Ye	s [] h	io
b If "Yes," list the ten highest paid indivi-	duals or entities (rungraisers)	pursuant to	agreements under whi	ich the fundi	aiser is to be	t	
compensated at least \$5,000 by the o	rganization.							
	1							
(I) Name and address of individual			draiser have	(iv) Gross receipts		int paid to lined by)	(vl) Amor	int paid to
or entity (fundraiser)	(II) Activity		r control of outions?	from activity		r listed in	(or retain	
						. (i)	organi	zauon
4		Yes	No					
1								
2		-						
-								
3								,
4				······································				***************************************
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9								******************
na _p a-pa-pa-pa-pa-pa-pa-pa-pa-pa-pa-pa-pa-pa								
10								
Total								
3 List all states in which the organization	is registered or lic	ensed to sol	icit contributi	ons or has been notifi	ed it is exen	apt from		
registration or licensing.								

			-					
in the second se				··········				
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Schedule G (Form 990 or 990-EZ) 20	Schedule C	(Form	990 or	990-EZ1	2015
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	Crescent	174 11	Community	Commoi 1	Term
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Dane	4
MRDE	- 4

عا	art li	made to the same of the same o	plete if the organization	Milanswered res to co	rm 990, Part IV, line 18,	or reported more
		than \$15,000 of fundraising	event contributions a	ind gross income on For	m 990-EZ, lines 1 and 6	b. List events with
_		gross receipts greater than	\$5,000 (a) Event #1	(b) Event #2	T 43.0%	<u> </u>
			4th of July	(u) Even #2	(c) Other events None	(d) Total events (add coi. (a) through
			(event type)	(event type)	(total number)	col. (c))
9						
Revenue	1	Gross receipts				
ď	1					
	2	Less; Contributions				
	3	Gross income (line 1 minus line 2)				
		moz)				
	4	Cash prizes				
	5	Noncash prizes				
Ses	6	Rent/facility costs				
ben	7	Food and beverages				
Oirect Expenses	'	Foud and beverages				
Sire.	8	Entertainment				
ы		The same of the sa	· · · · · · · · · · · · · · · · · · ·			
	9	Other direct expenses				
	10	Direct expense summary. Add lines				
123	11 74 H	Net income summary. Subtract line Gaming. Complete if the o	10 from line 3, column (d)	"Vac" to Form 000. Port	IV lips 10 preparted	
		than \$15,000 on Form 990		res to rount sau, ran	ity, interia, or reported	more
			"hading HEIG VEL.			
ω.				(b) Pull tabs/instant	As other in the	(d) Total gaming (add
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue · · · · · · ·			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		Gross revenue			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 2				(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
penses		Gross revenue			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
penses	2	Gross revenue · · · · · · · · · · · · · · · · · · ·			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
penses	2	Gross revenue · · · · · · · · · · · · · · · · · · ·			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	3 4	Gross revenue			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
penses	2	Gross revenue · · · · · · · · · · · · · · · · · · ·	(a) Bingo	blingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
penses	3 4	Gross revenue	(a) Bingo	blingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
penses	3 4 5	Gross revenue	(a) Bingo	blingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c))
penses	3 4 5	Gross revenue	(a) Bingo Yes % No	blingo/progressive bingo Yes % No		(d) Total gaming (add col. (a) through col. (c))
penses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2	(a) Bingo Yes % No through 5 in column (d)	Yes %	Yes%	(d) Total gaming (add col. (a) through col. (c))
penses	2 3 4 5	Gross revenue	(a) Bingo Yes % No through 5 in column (d)	Yes %	Yes%	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column	Yes % No	Yes%	(d) Total gaming (add col. (a) through col. (c))
penses	2 3 4 5 5 6 7 8 Entit	Gross revenue	(a) Bingo Yes % No I through 5 in column (d) act line 7 from line 1, column conducts garning activity	Yes % No mn (d)	Yes%	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entits ti	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrater the state(s) in which the organization or organization of the	(a) Bingo Yes% No through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of	yes % No mn (d) ties:	Yes%	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entits ti	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrater the state(s) in which the organization or organization of the	(a) Bingo Yes % No I through 5 in column (d) act line 7 from line 1, column conducts garning activity	yes % No mn (d) ties:	Yes%	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entiti	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrate the state(s) in which the organization are organization flicensed to conduct grade, "explain:	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of	Yes % No nn (d) tiles:	Yes%	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entistif "N	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrate the state(s) in which the organization are organization licensed to conduct gas lo," explain:	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of	Yes % No nn (d) tiles:	Yes%	col. (a) through col. (c))
dra 6	2 3 4 5 6 7 8 Entistif "N	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrate the state(s) in which the organization are organization flicensed to conduct grade, "explain:	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of	Yes % No nn (d) tiles:	Yes%	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entistif "N	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtrate the state(s) in which the organization are organization licensed to conduct gas lo," explain:	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of	Yes % No nn (d) tiles:	Yes%	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Crescent Hill Community Council Inc

information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

01. Description of other expenses (Part :	I, line 16)	
Description	Amount	
Insurance	2,421	
Bank Charge	10	
KY Filing Fee	15	
Nelcome Committee	401	
Holiday Open House	50	
Easter Activities	193	
Software	2,177	
Block Party	200	
Spirit of Crescent Hill	117	
Social Committee	26	
Chili Night Out	266	
Dessert with the Mayor	1,52	
Beautification (mowing)	902	
Donation: Field Elementary	750	
Donation: Frankfort Avenue Business	50	
Office Supplies	325	
Website	95	
Derby Party	156	
Outdoor Cinema	2.513	
		MANNA WARRANCE TO THE THE PROPERTY OF THE PROP

ARTICLES OF INCORPORATION

OF

DEGETYETT JUL 2 5 1969

CRESCENT HILL COMMUNITY COUNCIL, INC.

Commonwealth of Kentucky

5-123252

KMUN ALL MER 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 COM-MUNITY 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 Screscent 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 corporations hall be Hrs. Richard Swigart, whose address is the same as the said office.
- (5) In carrying out the above described corporate purposes, the corporation shell have all of the powers enumerated in KRS 273.161 to 273.390, to which reference is hereby specifically

(6) The names and addresses or the assessment of the same and the same

Mr. Herman D. Wieck 205 Idlewylde Drive Louisville, Kentucky 40286

follows:

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

Hr. Raymond Vell 212 Heady Avenue Louisville, Kentucky 40207

Mrs. Richard Swigert 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.
- 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 memogement 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 smended, in the manner to be provided therein.
- (9) The private property of the incorporators, members and directors shall not be subject to, or in easy way liable for, any debt or contract of the corporation or any judgment against the corporation.
- (10) The corporation shall commonce 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

IN TESTIMONY WHEREOF, witness our signatures as incorporator day of July, 1969.

COMMENCALIN OF REMYERY

COUNTY OF JEFFERSON

I, the undersigned Notery Public in and for the State and County aforeseid, do hereby certify that on this day the fore-going Articles of Inscriporation were produced before me in my said County and State by Mrs. Richard Swigart, and she thereupon seknowledged to me that she and the other imcorporators named therein executed the same as their voluntary act and deed for the purposes therein expressed.

WITHERS my hand and seel this 2/

FUBLIC, County of

State of Kentucky

My Commission expires My Commission Expires Nov. 30, 1972

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

ORIGINAL COPY FILED AND RECORDED

JUL 30 1969

SECRETARY OF STATE OF KENTUCKY

Form W-9

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

*********	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line bit	ank			
	Crescent Hill Community Council Inc 2 Business name/disregarded entity name, if different from above				
્યું છ	an monatoria cianto and algoria district statuted is entracted treated and a				
Ded	2 Charle manuscripts have for forfered true strengthen the strength and a set the failure in		4 Exemptions (codes apply only to		
CO.	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trus		certain entitles, not individuals; see instructions on page 3):		
Print or type Specific instructions on page	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S⇒S corporation, P=partnership) ▶		Exempt payee code (if any)		
	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line ab- the tax classification of the single-member owner.		Exemption from FATCA reporting code (if any)		
Ξ÷	☑ Other (see Instructions) ► 501(c)4 nonprofit		(Applies to accounts maintained outside the U.S.)		
Ĭ,	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)		
ž.	301 S. Peterson Ave				
φ ex	6 City, state, and ZIP code				
See	Louisville, KY 40206				
	7 List account number(s) here (optional)				
Par	Taxpayer Identification Number (TIN)				
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to	avoid Social se	curity number		
backu	ip withholding. For individuals, this is generally your social security number (SSN). However	er, for a			
reside	ont allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For o is, it is your employer identification number (EIN). If you do not have a number, see <i>How t</i> o	ther			
TIN of	n page 3.	or			
Note.	If the account is in more than one name, see the instructions for line 1 and the chart on p	***************************************	ridentification number		
guidelines on whose number to enter.					
Par	t III Certification		_		
Under	penalties of perjury, I certify that:				
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting	for a number to be is	sued 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 on page 3.					
Sign Here		Date > 2 - 2	28-17		
Gen	reral Instructions • Form 1098 (home (tuition)	mortgage interest), 109	8-E (student loan interest), 1098-T		

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/iw9.

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 (ATIN), 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 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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3: Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

CRESCENT HILL COMMUNITY COUNCIL, INC.

General Information

Organization Number 06

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

ΚY

File Date
Organization Date

7/30/1969 7/30/1969

Last Annual Report

2/9/2017

Principal Office

301 S. PETERSON

LOUISVILLE, KY 40206

Registered Agent

ANETTA SHAW

301 SO. PETERSON AVE. LOUISVILLE, KY 40206

Current Officers

President

Mark Gaff

Vice President

Cvnthia Thomas

Secretary

Barry Creech

Treasurer

<u>Anetta Shaw</u>

Director Director

Nancy Owens

Tim Allen

Director

<u> Ierry Fielden Fielden</u>

Individuals / Entities listed at time of formation

Director Director

HERMAN D WIECK

Director

CLOUGH VENABLE

Director

RAYMOND VOLL

Director

RICHARD SWIGART

Incorporator

HERMAN D WIECK CLOUGH VENABLE

Incorporator Incorporator

RAYMOND VOLL

Incorporator

MRS RICHARD SWIGART

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Registered Agent name/address change

2/9/2017 12:58:40 PM 1 page

PDF

		_		
<u>Annual Report</u>	2/9/2017	1 page	<u>PDF</u>	
Annual Report	3/23/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/30/2015	1 page	<u>PDF</u>	
Registered Agent name/address change	6/19/2014 2:05:06 PM	1 page	<u>PDF</u>	
Annual Report	6/19/2014	1 page	<u>PDF</u>	
Annual Report	6/5/2013	1 page	<u>PDF</u>	
Annual Report	2/25/2012	1 page	<u>PDF</u>	
Registered Agent name/address change	6/22/2011 8:20:56 AM	1 page	<u>PDF</u>	
Annual Report	6/22/2011	1 page	<u>PDF</u>	
Annual Report	6/23/2010	1 page	<u>PDF</u>	
Annual Report	6/30/2009	1 page	<u>PDF</u>	
Annual Report	6/16/2008	1 page	<u>PDF</u>	
Annual Report	6/24/2007	1 page	<u>PDF</u>	
Annual Report	4/16/2006	1 page	<u>PDF</u>	
Statement of Change	11/23/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/14/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/19/2003	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/2/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/28/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	8/16/2000	2 pages	<u>tiff</u>	<u>PDF</u>
Statement of Change	6/29/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/19/1999	1 page	<u>tiff</u>	PDF
Annual Report	5/6/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1993	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1992	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1990	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1989	3 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1988	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	11/17/1986	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	11/17/1986	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	9/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1986	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/18/1970	11 pages	tiff	<u>PDF</u>
Annual Report	6/18/1970	11 pages	tiff	<u>PDF</u>
Articles of Incorporation	7/30/1969	5 pages	tiff	PDF
Articles of Incorporation	7/30/1969	5 pages	tiff	PDF
· ——		-		

Assumed Names

Activity History

1/2	2017	Welcome to Fasttrac	ck Organization Search	
	Filing	File Date	Effective Date	Org. Referenced
	Annual report	2/9/2017 1:13:24 PM	2/9/2017 1:13:24 PM	
	Registered agent address change	2/9/2017 12:58:40 PM	2/9/2017 12:58:40 PM	
	Annual report	3/23/2016 11:57:19 AM	3/23/2016 11:57:19 AM	
	Annual report	4/30/2015 8:02:23 AM	4/30/2015 8:02:23 AM	
	Annual report	6/19/2014 2:23:19 PM	6/19/2014 2:23:19 PM	
	Registered agent address change	6/19/2014 2:05:06 PM	6/19/2014 2:05:06 PM	
	Annual report	6/5/2013 2:27:07 PM	6/5/2013 2:27:07 PM	
	Annual report	2/25/2012 8:53:32 AM	2/25/2012 8:53:32 AM	
	Annual report		6/22/2011 8:23:27 AM	
	Registered agent address change		6/22/2011 8:20:56 AM	
	Annual report	6/23/2010 8:10:32 AM	6/23/2010 8:10:32 AM	
	Annual report	6/30/2009 12:18:01 PM	6/30/2009 12:18:01 PM	
	Annual report	6/16/2008 9:34:18 PM	6/16/2008 9:34:18 PM	
	Annual report		6/24/2007 2:18:30 PM	
	Annual report	8:51:29 AM	4/16/2006 8:51:29 AM	
	Registered agent address change	11/23/2005 3:05:16 PM	11/23/2005	
	Registered agent address change	6/29/2000 10:02:36 AM	6/29/2000	
	Annual report	6/29/2000 10:02:18 AM	6/29/2000	

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/30/2005	1 page
Annual Report	4/13/2004	1 page
Annual Report	6/19/2003	1 page
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