

NDF020922CHCC09

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

Applicant/Program: Crescent Hill Community Council, Inc./Frankfort Avenue Easter Parade
Applicant Requested Amount: \$2,000
Appropriation Request Amount: \$2,000

Executive Summary of Request
Grant to CHCC for the annual Frankfort Avenue Easter Parade to be held on Saturday, April 16, 2022, along Frankfort Avenue. Funds will be used for street barricades, no parking signs and security/traffic control. Three neighborhood organizations will be hosting the parade, FABA, CHCC and CCC.

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.

9

 Bill Hollander \$2,000 1/14/2022
District # Primary Sponsor Signature Amount Date

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

None

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

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 / \$2,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Prepared by: <i>Kyle Ethridge</i>	Date: 1/14/2022

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Crescent Hill Community Council, Inc.			
Main Office Street & Mailing Address: 301 S Peterson Ave, Louisville, KY 40206			
Website: crescenthill.us			
Applicant Contact:	Mark Gaff	Title:	Co-Chair
Phone:	(502) 472-7484	Email:	markgaffky@gmail.com
Financial Contact:	Mark Gaff	Title:	Co-Chair
Phone:	(502) 472-7484	Email:	markgaffky@gmail.com
Organization's Representative who attended NDF Training: Mark Gaff			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Frankfort Avenue		
Council District(s):	9	Zip Code(s):	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Frankfort Avenue Easter Parade			
Total Request: (\$)	\$ 2,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter		<input type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed)		<input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

Council Goals

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



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	12/31/2023
Diana Gautier	12/31/2023
Cynthia Thomas	12/31/2023
Barry Creech	12/31/2023
Mike Brooks	12/31/2023
Debbie Kamber	12/31/2023
Lewis Gentry	12/31/2023
Kate Melican	12/31/2023
Todd Abell	12/31/2022
Elicia Newcom Gregory	12/31/2022
Sara Galvin	12/31/2022
Melissa Mershon, Leslie Word, Erin Klarer	12/31/2022

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.

Three Highest Paid Staff Names	Annual Salary
No paid staff.	

Applicant's Initials *MAJ*

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, April 16, 2022 and will begin at approximately 11:30 a.m. and will end at approximately 1:00 p.m.

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

1. Street barricades (Highway Safety Services) - \$800.00
2. No parking signs (Louisville Metro) - \$900.00
3. Security/Traffic Control (Kentuckiana Law Enforcement) - \$300.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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 in numerous neighborhoods. 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.

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.

This 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.

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 2,000.00	\$ 7,000.00	\$ 9,000.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 2,000.00	\$ 7,000.00	\$ 9,000.00
% of Program Budget	22.22%	77.78%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 7,000.00
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$ 7,000.00

*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		\$ 75.00	\$ 75.00
Security/Traffic Control	\$ 300.00	\$ 4,700.00	\$ 5,000.00
Barricades	\$ 800.00	\$ 100.00	\$ 900.00
No Parking Signs	\$ 900.00	\$ 100.00	\$ 1,000.00
Postage		\$ 75.00	\$ 75.00
Publicity, Posters, etc.		\$ 500.00	\$ 500.00
Banners		\$ 350.00	\$ 350.00
Fund Raising Event(s)		\$ 200.00	\$ 200.00
Horse Drawn Carriage		\$ 400.00	\$ 400.00
Candy		\$ 200.00	\$ 200.00
Judges Food/Drink		\$ 100.00	\$ 100.00
Parking Lot Rental		\$ 100.00	\$ 100.00
Miscellaneous		\$ 100.00	\$ 100.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 2,000.00	\$ 7,000.00	\$ 9,000.00

Page 8

Effective May 2016

Applicant's Initial 

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
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 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: 01/01/2022

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

If YES, please explain:

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory: 	Date:	01/13/2022
Legal Signatory: (please print): Mark G Gaff	Title:	Co-Chair
Phone: (502) 472-7484	Extension:	Email: markgaffky@gmail.com

Applicant's Initials 

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

DEPARTMENT OF THE TREASURY

Date: FEB 16 2017

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

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

Dear Applicant:

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

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

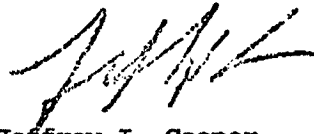
If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive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

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

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

CRESCENT HILL COMMUNITY COUNCIL INC

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey I. Cooper', written in a cursive style.

**Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements**

Ethridge, Kyle

From: Mark Gaff <markgaffky@gmail.com>
Sent: Friday, January 14, 2022 2:58 PM
To: Ethridge, Kyle
Subject: Re: Easter Parade - NDF Grant
Attachments: CHCC W9.pdf

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

Hi Kyle,

Attached is the latest W9, by the current treasurer. Do you need one with a current date? There isn't anything different from year-to-year other than the date.

Also, CHCC does not have their budget for 2022 yet. They usually, work on it and have it done by the end of February.

Mark Gaff
markgaffky@gmail.com
502.472.7484

On Jan 14, 2022, at 1:57 PM, Ethridge, Kyle <Kyle.Ethridge@louisvilleky.gov> wrote:

Thanks, Mark.

The application looks good. I need two updates.

1. I need an updated signed W9. The one that is attached is from 2018, which is the most recent version
2. Do you have a proposed budget for 2022 you can send me?

Thanks,
Kyle

<image003.png>Ms. Kyle Ethridge | Legislative Assistant
Office of Councilman Bill Hollander
601 W. Jefferson Street | Louisville, KY 40202
d: (502) 574-3908 o: (502) 574-1109

Click [here](#) to sign up for the bi-weekly District 9 weekly eNews, and sign up for the D9 [blog](#) for the latest neighborhood news and alerts!

From: Mark Gaff <markgaffky@gmail.com>
Sent: Friday, January 14, 2022 1:31 PM

Request for Taxpayer Identification Number and Certification

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

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

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) ▶ **501c(4) Non Profit**

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:

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

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

Sign Here Signature of U.S. person ▶ 

Date ▶ 1/18/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

Crescent Hill Community Council, Inc

Treasurer's Report

Year-End 2021

January 4, 2022

Combined Account Balance

\$26,898.55

Gaming Account Activity:

Crescent Hill Community Council Inc**Reconciliation Summary**

MainSource Gaming Bank Account, Period Ending 12/31/2021

	Dec 31, 21
Beginning Balance	25.00
Cleared Balance	25.00
Register Balance as of 12/31/2021	25.00
Ending Balance	25.00

Main Account Activity:

Crescent Hill Community Council Inc**Reconciliation Summary**

MainSource General Bank Acct., Period Ending 12/31/2021

	Dec 31, 21
Beginning Balance	26,192.85
▼ Cleared Transactions	
Checks and Payments - 3 items	-237.73
Deposits and Credits - 13 items	898.04
Total Cleared Transactions	660.31
Cleared Balance	26,853.16
▼ Uncleared Transactions	
Deposits and Credits - 1 item	20.39
Total Uncleared Transactions	20.39
Register Balance as of 12/31/2021	26,873.55
Ending Balance	26,873.55

Through December 31, 2021

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

January through December 2021

	Jan - Dec 21	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
47420 · Tree Income Offset to Tree Exp	150.00			
47170 · Neighborhood Development Fund				
47172 · Neigh. Dev. Fund - In-kind	0.00	1,750.00	-1,750.00	0.0%
47175 · Neigh. Dev. Fund - Grant	0.00	1,750.00	-1,750.00	0.0%
Total 47170 · Neighborhood Development Fund	0.00	3,500.00	-3,500.00	0.0%
47000 · Membership Dues	4,744.00	5,250.00	-506.00	90.4%
47100 · 4th of July Income				
47110 · Artist Booth Fees	0.00	2,800.00	-2,800.00	0.0%
47130 · CHCC Children's Fun Zone	0.00	900.00	-900.00	0.0%
47140 · FABA Beer Income	0.00	10,400.00	-10,400.00	0.0%
47150 · Gaming Income				
47151 · Cake Wheel	0.00	2,100.00	-2,100.00	0.0%
Total 47150 · Gaming Income	0.00	2,100.00	-2,100.00	0.0%
47160 · Miscellaneous Income	0.00	750.00	-750.00	0.0%
47180 · Non-CHCC Food, ATM, etc.	0.00	2,500.00	-2,500.00	0.0%
47301 · Cake Wheel Donations	0.00	175.00	-175.00	0.0%
Total 47100 · 4th of July Income	0.00	19,625.00	-19,625.00	0.0%
47410 · Development Income				
47700 · Easter Parade 2022	500.00			
47415 · Corporate Sponsors	4,400.00	5,000.00	-600.00	88.0%
47600 · Board Member Donations	0.00	250.00	-250.00	0.0%
47190 · Individual Sponsors	35.00	2,350.00	-2,315.00	1.5%
Total 47410 · Development Income	4,935.00	7,600.00	-2,665.00	64.9%
47500 · Interest Income	2.68	2.00	0.68	134.0%
Total Income	9,831.68	35,977.00	-26,145.32	27.3%
Gross Profit	9,831.68	35,977.00	-26,145.32	27.3%
Expense				
64000 · 4th of July Expenses				
64005 · Art Show Expenses	0.00	200.00	-200.00	0.0%
64015 · CHC Children's Fun zone Exp	0.00	625.00	-625.00	0.0%
64020 · Communications & Marketing	0.00	150.00	-150.00	0.0%
64025 · FABA Beer	0.00	7,250.00	-7,250.00	0.0%
64030 · Facilities, Grounds & Equipment				
64032 · Other Fac., Grounds, & Equip.	0.00	6,700.00	-6,700.00	0.0%
Total 64030 · Facilities, Grounds & Equipm...	0.00	6,700.00	-6,700.00	0.0%
64035 · Fireworks	0.00	8,800.00	-8,800.00	0.0%
64040 · Gaming Expenses	0.00	1,150.00	-1,150.00	0.0%
64050 · Information Booth	0.00	50.00	-50.00	0.0%
64055 · Miscellaneous Expenses	0.00	250.00	-250.00	0.0%
64060 · Musicians & Entertainers	0.00	200.00	-200.00	0.0%
64075 · Pet Contest	0.00	150.00	-150.00	0.0%
64080 · Security	0.00	2,000.00	-2,000.00	0.0%
64090 · Volunteer Appreciation	0.00	250.00	-250.00	0.0%
Total 64000 · 4th of July Expenses	0.00	27,775.00	-27,775.00	0.0%

Crescent Hill Community Council Inc
Profit & Loss Budget vs. Actual
 January through December 2021

	Jan - Dec 21	Budget	\$ Over Budget	% of Budget
▼ 66000 · Programs & Committees				
▼ 66020 · Green				
66021 · Kennedy Park Mowing	0.00	750.00	-750.00	0.0%
66023 · Tree Program Expense	150.00			
Total 66020 · Green	<u>150.00</u>	<u>750.00</u>	<u>-600.00</u>	<u>20.0%</u>
▼ 66040 · Social Committee				
66041 · Chili Night Out	231.24			
66044 · Spirit of Crescent Hill	225.37			
66040 · Social Committee - Other	0.00	3,000.00	-3,000.00	0.0%
Total 66040 · Social Committee	<u>456.61</u>	<u>3,000.00</u>	<u>-2,543.39</u>	<u>15.2%</u>
Total 66000 · Programs & Committees	<u>606.61</u>	<u>3,750.00</u>	<u>-3,143.39</u>	<u>16.2%</u>
▼ 67000 · Council Operation & Expenses				
67005 · Insurance GL & DO	1,839.00	1,800.00	39.00	102.2%
67010 · Monthly Meetings	0.00	50.00	-50.00	0.0%
67025 · Software	2,052.00	1,900.00	152.00	108.0%
67035 · Web Fees	83.40	75.00	8.40	111.2%
67050 · PayPal Fees	112.89	100.00	12.89	112.9%
67100 · Finance	395.00	400.00	-5.00	98.8%
Total 67000 · Council Operation & Expenses	<u>4,482.29</u>	<u>4,325.00</u>	<u>157.29</u>	<u>103.6%</u>
Total Expense	<u>5,088.90</u>	<u>35,850.00</u>	<u>-30,761.10</u>	<u>14.2%</u>
Net Ordinary Income	<u>4,742.78</u>	<u>127.00</u>	<u>4,615.78</u>	<u>3,734.5%</u>
Net Income	<u><u>4,742.78</u></u>	<u><u>127.00</u></u>	<u><u>4,615.78</u></u>	<u><u>3,734.5%</u></u>

Form **990-EZ**

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)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **2020**, and ending **20**

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	C Name of organization Crescent Hill Community Council Inc	D Employer identification number 31-0903849
	Number and street (or P.O. box if mail is not delivered to street address) 301 S Peterson Ave	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40206	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.crescenthill.us**

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

K Form of organization: Corporation Trust Association Other **Nonprofit**

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **8,577**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,265
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,284
	4 Investment income	4	2
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 4,265 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	26	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,577	
Expenses	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	
	16 Other expenses (describe in Schedule O)	16	5,059
17 Total expenses. Add lines 10 through 16	17	5,059	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	3,518
	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	18,638
	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	22,156

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,638	22 22,156
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	18,638	25 22,156
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).	18,638	27 22,156

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

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

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

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

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

28 <u>The 4th of July Celebration is the Crescent Hill Community Council's biggest program for the community. The celebration was cancelled for 2020 due to Covid</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 <u>Committees: Block Party, Spirit of Crescent Hill, History, Holiday party, Easter, Dessert with the Mayor, Welcome, Membership, Beautification, Derby Party</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	581
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a).	32	581

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

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

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

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

33 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
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
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)?
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
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.
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.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9.
b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
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
c 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
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Robert B Creech Telephone no. 502-439-5465 Located at 301 S Peterson Ave, Louisville, KY ZIP + 4 40206
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)? 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).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

	Yes	No
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	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

	Yes	No
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	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)	(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.

Sign Here

Robert B Creech
Signature of officer _____ Date _____

Robert B Creech, Treasurer
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Anetta Shaw EA MBA	Preparer's signature _____	Date 01-27-2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01315110
Firm's name ▶ Shaw Tax Services, LLC	Firm's EIN ▶ _____		Phone no. 502-203-6620	
Firm's address ▶ 4965 US 42 Suite 1000 Louisville KY 40222				

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2020

Open to Public Inspection

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

Name of the organization

Employer identification number

Crescent Hill Community Council Inc

31-0903849

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

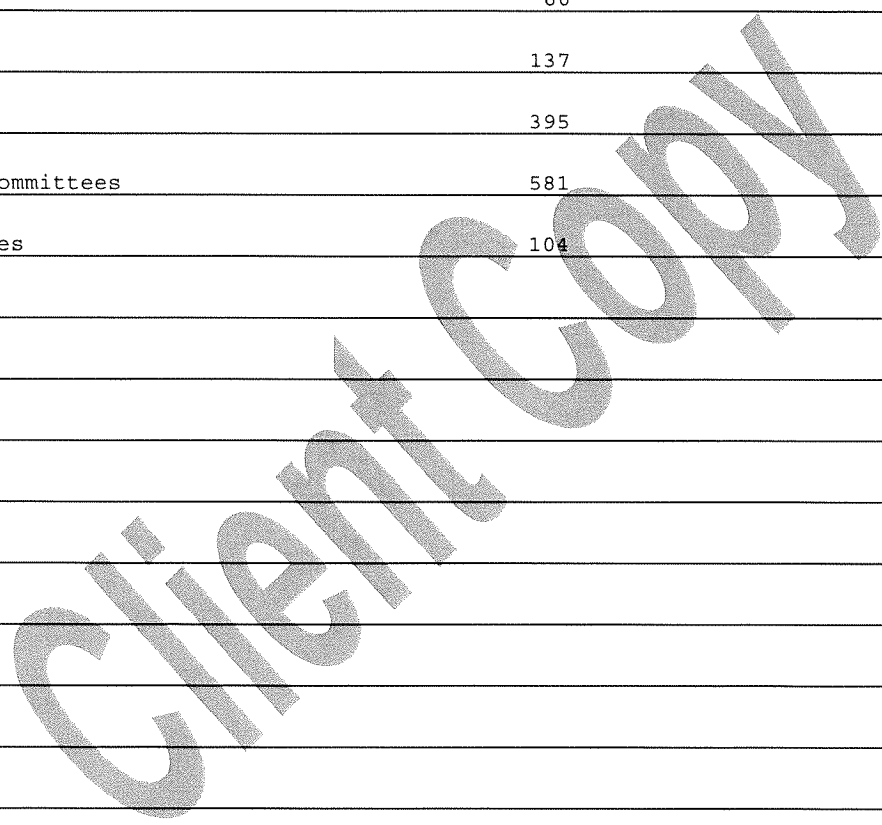
Employer identification number

Crescent Hill Community Council Inc

31-0903849

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

Description	Amount
Insurance	1,794
Monthly Meetings	101
Software	1,887
Web Fees	60
PayPal Fees	137
Finance	395
Programs and Committees	581
Program Supplies	104



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 Swigert, 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 Swigert, 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

follows:

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

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

Mr. Raymond Voll
212 Heady Avenue
Louisville, Kentucky 40207

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

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

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

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

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

assuance by the secretary of state of a certificate of incorporation.

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

Herman D. Wiecek
Herman D. Wiecek

Clough Venable
Clough Venable

Raymond Voll
Raymond Voll

Mrs. Richard Swigart
Mrs. Richard Swigart

COMMONWEALTH OF KENTUCKY)
COUNTY OF JEFFERSON) SS

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

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

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

My Commission expires _____ My Commission Expires Nov. 20, 1972

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

ORIGINAL COPY
FILED AND RECORDED

Shirley Bagley

JUL 30 1969

SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY
BY [Signature]
ASSISTANT SECRETARY OF STATE



Kentucky Secretary of State Michael G. Adams

CRESCENT HILL COMMUNITY COUNCIL, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

General Information

Organization Number	0012310
Name	CRESCENT HILL COMMUNITY COUNCIL, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/30/1969
Organization Date	7/30/1969
Last Annual Report	1/20/2021
Principal Office	301 S. PETERSON LOUISVILLE, KY 40206
Registered Agent	BARRY CREECH 301 SO. PETERSON AVE. LOUISVILLE, KY 40206

Current Officers

President	Mike Brooks
Secretary	Sara Galvin
Treasurer	Barry Creech
Director	Thomas Korbee
Director	Tim Allen
Director	Joyce Cossavella

Individuals / Entities listed at time of formation

Director	HERMAN D WIECK
Director	CLOUGH VENABLE
Director	RAYMOND VOLL
Director	RICHARD SWIGART
Incorporator	HERMAN D WIECK
Incorporator	CLOUGH VENABLE
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.

Annual Report	1/20/2021	1 page	PDF
Annual Report	1/31/2020	1 page	PDF
Registered Agent name/address change	2/14/2019 11:36:24 AM	1 page	PDF
Annual Report	2/14/2019	1 page	PDF
Registered Agent name/address change	2/5/2018 2:13:13 PM	1 page	PDF
Annual Report	2/5/2018	1 page	PDF
Registered Agent name/address change	2/9/2017 12:58:40 PM	1 page	PDF
Annual Report	2/9/2017	1 page	PDF
Annual Report	3/23/2016	1 page	PDF
Annual Report	4/30/2015	1 page	PDF
Registered Agent name/address change	6/19/2014 2:05:06 PM	1 page	PDF
Annual Report	6/19/2014	1 page	PDF
Annual Report	6/5/2013	1 page	PDF
Annual Report	2/25/2012	1 page	PDF
Registered Agent name/address change	6/22/2011 8:20:56 AM	1 page	PDF
Annual Report	6/22/2011	1 page	PDF
Annual Report	6/23/2010	1 page	PDF
Annual Report	6/30/2009	1 page	PDF
Annual Report	6/16/2008	1 page	PDF
Annual Report	6/24/2007	1 page	PDF
Annual Report	4/16/2006	1 page	PDF
Statement of Change	11/23/2005	1 page	tiff PDF
Annual Report	4/14/2005	1 page	tiff PDF
Annual Report	6/19/2003	1 page	tiff PDF
Annual Report	7/2/2002	1 page	tiff PDF
Annual Report	6/28/2001	1 page	tiff PDF
Annual Report	8/16/2000	2 pages	tiff PDF
Statement of Change	6/29/2000	1 page	tiff PDF
Annual Report	7/19/1999	1 page	tiff PDF
Annual Report	5/6/1998	1 page	tiff PDF
Annual Report	7/11/1997	1 page	tiff PDF

Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	2 pages	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	3 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Statement of Change	11/17/1986	1 page	tiff	PDF
Statement of Change	11/17/1986	1 page	tiff	PDF
Annual Report	9/1/1986	1 page	tiff	PDF
Annual Report	7/1/1986	1 page	tiff	PDF
Annual Report	6/18/1970	11 pages	tiff	PDF
Annual Report	6/18/1970	11 pages	tiff	PDF
Articles of Incorporation	7/30/1969	5 pages	tiff	PDF
Articles of Incorporation	7/30/1969	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/20/2021 2:34:57 PM	1/20/2021 2:34:57 PM	
Annual report	1/31/2020 12:25:03 PM	1/31/2020 12:25:03 PM	
Annual report	2/14/2019 11:46:40 AM	2/14/2019 11:46:40 AM	
Registered agent address change	2/14/2019 11:36:24 AM	2/14/2019 11:36:24 AM	
Annual report	2/5/2018 2:18:55 PM	2/5/2018 2:18:55 PM	
Registered agent address change	2/5/2018 2:13:13 PM	2/5/2018 2:13:13 PM	
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	6/22/2011 8:23:27 AM	
Registered agent address change	6/22/2011 8:20:56 AM	6/22/2011 8:20:56 AM	

Annual report	AM	6/23/2010 8:10:32 AM
Annual report	PM	6/30/2009 12:18:01 PM
Annual report	PM	6/16/2008 9:34:18 PM
Annual report	PM	6/24/2007 2:18:30 PM
Annual report	AM	4/16/2006 8:51:29 AM
Registered agent address change	PM	11/23/2005 3:05:16 PM
Registered agent address change	AM	6/29/2000 10:02:36 AM
Annual report	AM	6/29/2000 10:02:18 AM

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
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Articles of Incorporation	7/30/1969	4 pages

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Kentucky Unbridled Spirit