O-221-26

Print Form

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

Applicant/Program: Southwest Community Festival & Parade Committee INC/ Southwest Community Festival
Applicant Requested Amount: $15.000
Appropriation Request Amount: $2.000

Executive Summary of Request

Southwest Community Festival held at Sun Valley Park on October 10th, 2026. This event is free and open to the Public. Metro Funds will be used for entertainment, golf carts, tents, bouncy houses, lighting, Walkie talkies, security & technical support.

Is this program/project a fundraiser?	☐ Yes	☒ No
Is this applicant a faith based organization?	☐ Yes	☒ No
Does this application include funding for sub-grantee(s)?	☐ Yes	☒ No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

District #	Primary Sponsor Signature	Amount	Date
... 14		2,000	08/06/2026

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.
There are no personal and business relationship with this festival

Approved by:

Appropriations Committee Chairman Date

Final Appropriations Amount: _____

Applicant/Program:

Southwest Community Festival & Parade Committee INC/ Southwest Community Festival

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

There are no personal and business relationship with this festival

Council Member Signature and Amount

District 1 _____ $_____

District 2 _____ $_____

District 3 _____ $_____

District 4 _____ $_____

District 5 _____ $_____

District 6 _____ $_____

District 7 _____ $_____

District 8 _____ $_____

District 9 _____ $_____

District 10 _____ $_____

District 11 _____ $_____

District 12 _____ $_____

District 13 _____ $_____

District 14 _____ $_____

District 15 _____ $_____

Applicant/Program:

Southwest Community Festival & Parade Committee INC/ Southwest Community Festival

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $_____

District 25 _____ $_____

District 26 _____ $_____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Southwest Community Festival & Parade Committee INC

Program Name and Request Amount Southwest Community Festival $15,000

	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?	Yes
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?	Yes
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: Brad Bearden Date: 08/06/2026

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) Southwest Community Festival and Parade Committee Inc			
Main Office Street & Mailing Address: P O Box 58224, Louisville, KY 40268			
Website: swcf-ky.com			
Applicant Contact:	June Meredith	**Title:**	President
Phone:	(502) 797-0708	**Email:**	julicreationsllc@gmail.com
Financial Contact:	Lisa Howard	**Title:**	Treasurer
Phone:	(502) 514-6179	**Email:**	seanite1@gmail.com
Organization's Representative who attended NDF Training: Lisa Howard			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	6616 Bethany Lane, Louisville, KY 40272		
Council District(s):	12, 14, 25	**Zip Code(s):**	40212, 40213, 40214, 40272, 40258

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Southwest Community Festival			
Total Request: ($)	$ 15,000.00	**Total Metro Award (this program) in previous year: ($)**	$ 13,000.00

Purpose of Request (check all that apply):

- ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☑ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

☑ IRS Exempt Status Determination Letter	☐ Signed lease if rent costs are being requested
☑ Current year projected budget	☑ IRS Form W9
☑ Current financial statement	☐ Evaluation forms if used in the proposed program
☑ Most recent IRS Form 990 or 1120-H	☐ Annual audit (if required by organization)
☑ Articles of Incorporation (current & signed)	☐ Faith Based Organization Certification Form, if applicable
☐ 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? ☐ Yes ☑ No

Has the applicant met the BBB Charity Review Standards? ☐ Yes ☑ No

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The vision of the Southwest Community Festival is:

To strengthen the Southwest Community by uniting community partners with the mission of gathering neighbors and creating a true community experience.

The mission of the Southwest Community Festival is:

1. To provide a community-wide one day festival that includes live music, a car show, arts and craft booths, local food trucks, informational booths, games and activities.

2. To highlight the unique culture and people of SW Louisville.

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
June Meredith	12/31/2026
Lori Shannonhouse	12/31/2026
Leslie Ryan	12/31/2026
Sha Tichenor	12/31/2026
Lisa Howard	12/31/2026
Wanda Trimble	12/31/2026
Josh Abell	12/31/2026
Tony Ryan	12/31/2026
Cheri Turner	12/31/2026
Steve Goodman	12/31/2026
Shelley Blanford	12/31/2026
Sarah Rayburn	12/31/2026
Jesica Coaty	12/31/2026
Mike Mulrooney	12/31/2026

Describe the Board term limit policy:

All offices are held for one year.

Three Highest Paid Staff Names	Annual Salary
Volunteer staff only- No paid positrions	

Applicant's Initials

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 Southwest Community Festival is the largest one day festival in Southwest Louisville. The festival is scheduled for October 10th this year at Sun Valley Park from 10-4.

The Southwest Community Festival features live music on two stages, an antique car show, community art and craft vendors, informational booths, local food trucks, bouncy houses and games, a dedicated area for children, youth, seniors and veterans

The Southwest Community Festival has been serving the southwest Louisville community for over 20 years with annual attendance around 4000- 5000. It is only through the support of volunteers and donors that we are able to continue to provide this important event to bring our entire community together.

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

We are requesting a grant of 15,000 this year to assist in the following areas:

1. Entertainment- We will have 4 bands playing on two stages with the estimated cost of 7750. We are requesting 5000
2. Rentals- We are requesting assistance with the cost of rental items that are required to operate the festival. These include golf carts, tents, bouncy houses, lighting, and walkie talkies. These items are essential to safely run the festival and ensure a memorable experience for everyone who attends. The total cost is approximately 16,370 and we are requesting 7500.
3. Security- We are requesting 500 to help pay for site security.
4. Technical Support- The entertainment venues require extensive technical support in the areas of sound and lighting. We are requesting 2000 for this area.

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

☑ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Applicant's Initials

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 benefit to the community can be measured in several areas.
1. Economic Impact- Last year 62 vendors participated in the festival as both arts and crafts vendors and informational booths. The sales at this event directly feed back into the local economy by supporting local vendors and businesses. The metrics for these outcomes include total sales or customers served.

Additional food vendors provide a variety of local cuisine and international flavors throughout the day of the festival. Total sales and revenue help to access the benefit to local vendors and the local economy.

2. Information and health screenings- Several informational booths and a health screening areas provided by U of L Health and providers in the senior tent assist attendee in gaining valuable information about health services in the region. The impact is measures by the total number of health screenings provided and the number of visitors.

3. Community Engagement- The mission of the Southwest Community Festival is to celebrate the people and culture of Southwest Louisville. The real impact is evidenced by the growth of the festival, attendance and community feedback.

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 Southwest Community Festival collaborates with several community organizations to serve the southwest community both on the day of the festival and throughout the year. One such collaboration is with Mary and Elizabeth, U of L Health. Not only to they sponsor the event but U of L also provides on-site screenings and information about services available to the community. We also are partnering with the Brook Hospitals to spotlight mental health awareness and tools.

The Southwest Festival also sponsors the local spelling bee held in September in coordination with Metro Council and JCPS.

Other collaborative relationships include Shirley's Way, Southwest Ministries, and other local businesses.

Applicant's Initials

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 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)	$ 15,000.00	$ 35,000.00	$ 50,000.00
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**	$ 15,000.00	$ 35,000.00	$ 50,000.00
% of Program Budget	30.00%	70.00%	**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)	$ 32,000.00
Fees Collected from Program Participants	$ 3,000.00
Other (please specify)	
Total Revenue for Columns 2 Expenses **	$ 35,000.00

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

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

Applicant's Initials

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
Tony and the Tan Lines	$ 2,000.00	$ 1,750.00	$ 3,750.00
Kel + Ro	$ 1,000.00	$ 0.00	$ 1,000.00
Jane Rose & the Deadends Band	$ 1,000.00	$ 500.00	$ 1,500.00
Kyle Eldridge Band	$ 1,000.00	$ 500.00	$ 1,500.00
TMP Productions	$ 2,000.00	$ 750.00	$ 2,750.00
Rentals	$ 7,500.00	$ 8,870.00	$ 16,370.00
Security	$ 500.00	$ 130.00	$ 630.00
Decorations	$ 0.00	$ 4,000.00	$ 4,000.00
Marketing	$ 0.00	$ 3,000.00	$ 3,000.00
Insurance/Taxes/Fees	$ 0.00	$ 4,000.00	$ 4,000.00
Event Support/Operations	$ 0.00	$ 11,500.00	$ 11,500.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total	$ 15,000.00	$ 35,000.00	$ 50,000.00

Applicant's Initials

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
Total Value of In-Kind ***(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: January 1, 2026

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:	June Meredith			**Date:**	07/10/2026
Legal Signatory: (please print):	June Meredith			**Title:**	President
Phone:	(502) 797-0708	**Extension:**		**Email:**	julicreationsllc@gmail.com

Applicant's Initials

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

DEPARTMENT OF THE TREASURY

Date: JUN 19 2014

SOUTHWEST COMMUNITY FESTIVAL &
PARADE COMMITTEE INC
C/O TRESA WARD
6500 WEST ORELL ROAD
LOUISVILLE, KY 40272

Employer Identification Number:
61-1268980
DLN:
17053308348033
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
DECEMBER
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15,2010
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947

Southwest Community Festival

Proposed Budget FY 2026

Expenses

Category	Units	Projected
Storage Unit		1600
Website		500
Rentals		16500
Advertising		3000
Decorations		3000
Senior Tent		750
Food		600
Teen Town/Kids Town		8500
Security		750
Entertainment		12,000
Bank Fees		200
Field Layout		950
Veterans Tent		250
Information Tent		500
Labor		900
Insurance		2000
Taxes		1000
Volunteer Tent		250
Misc		1250

Southwest Community FESTIVAL

TREASURERS REPORT

As of: June 30, 2026

CHECKING ACCOUNT

STARTING BALANCE: JANUARY 2026		**$**	**25,351.51**	
INCOME				
1/27/2026	QR Code Reimbursement	$	49.95	
1/27/2026	QR Code Reimbursement	$	49.95	
5/26/2026- Transfer	Transfer from PayPal	$	1,361.91	
5/26/2026- Deposit	Deposit Booth Checks	$	310.00	
6/8/2026- Deposit check # 000335	LG&E Sponsor Check	$	5,000.00	
6/8/2026- Depsosit check # 69228	Shirely's Way Sponsor check	$	10,000.00	
6/8/2026-Deposit check #4766532	Meijer Sponsor check	$	2,500.00	
6/8/2026-Deposit check # 226830	Stock Yard Bank Sponsor Check	$	500.00	
6/8/2026- Deposit	Deposit Booth Checks	$	85.00	Reconciled 6/30/2026 @ 42,877.42
7/13/2026-Deposit	Sponsor Check L&N FCU	$	1,000.00	
7/15/2026	Transfer from PayPal	$	3,141.70	
	Income	**$**	**42,877.42**	

EXPENSES:	**Description**	**Amount**		
Debit-1/19/26	Extra Space Storage Rental-Monthly Debit	$	138.00	
Check 1576-2/17/2026	Lisa Howard-Reimbursed-Fazolis Christmas Meeting	$	190.80	
Debit-2/19/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	
Debit-2/19/2026	KY Sec of State	$	25.00	
Debit-2/19/2026	Website Builder	$	29.10	
Check-1577-3/19/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	
Check-1578-3/20/2026	U S Post Office Box Rental	$	196.00	
Check-1579-4/20/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	
Check-1571-5/15/2026	Bourke Accounting	$	1,200.00	
Check-1572-5/20/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	
Check-1573-6/8/2026	Meyer Tent Rental	$	3,069.50	
Check-1580-6/8/2026	Teja Siuipyte (Balloon Artist Theia)	$	2,400.00	
Debit- 6/10/2026	KY Sec of State	$	25.00	
Debit- 6/11/2026	Next Event Photo Booth Deposit	$	225.00	
Debit- 6/17/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	Reconciled 6/30/2026 @ 37,019.92
Debit- 7/6.2026	Sign-O-Rama- Sail Flags	$	212.00	
Debit-7/15/2026	Extra Space Storage Rental-Monthly Debit	$	138.00	
	TOTAL EXPENSES	**$**	**5,857.50**	
CHECKING BALANCE AS OF:	**Total Income- Less Expenses**	**$**	**37,019.92**	Reconciled 6/302026

SAVINGS ACCOUNT

	Balance			
INTEREST - March 2026	*$*	*1.68*	*$*	*13,656.67*
INTEREST - June 2026	*$*	*1.70*	*$*	*13,658.37*

Total for both accounts	*$*	*50,678.29*

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.

Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending ,

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

C
SOUTHWEST COMMUNITY FESTIVAL & PARADE
COMMITTEE INC
PO BOX 58224
LOUISVILLE, KY 40268

D Employer identification number: 61-1268980

E Telephone number:

F Group Exemption Number:

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

I Website: SWCF-KY.COM

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

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 ..... $ 66,803.

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	55,998.
	2	Program service revenue including government fees and contracts	2	10,782.
	3	Membership dues and assessments	3	
	4	Investment income	4	23.
	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 $ 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		
	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	
	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	66,803.
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	6,900.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	229.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	52,537.
	17	Total expenses. Add lines 10 through 16	17	59,666.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	7,137.
	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	31,870.
	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	39,007.

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	31,870.	22	39,007.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	31,870.	25	39,007.
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)	31,870.	27	39,007.

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? SEE SCHEDULE O

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 THE SOUTHWEST COMMUNITY FESTIVAL IS THE LARGEST ONE-DAY EVENT IN SOUTHWEST JEFFERSON COUNTY AND THE GOAL IS TO SUPPORT THE LOCAL COMMUNITY.
(Grants $) If this amount includes foreign grants, check here ☐ 28a

29
(Grants $) If this amount includes foreign grants, check here ☐ 29a

30
(Grants $) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA HOWARD TREASURER	4	0.	0.	0.
JUNE MEREDITH PRESIDENT	0	0.	0.	0.
ANITA COMPTON SECRETARY	4	0.	0.	0.
WANDA TRIMBLE COMMUNITY LIAIS	4	0.	0.	0.
LESLIE RYAN VICE PRESIDENT	4	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. SEE SCH O ☐

			Yes	No
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	33		X
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
35a	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	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		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0.			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0.			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0.			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0. ; section 4912: 0. ; section 4955: 0.			
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	40b		X
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 0.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.			
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	40e		X
41	List the states with which a copy of this return is filed: NONE			

42a The organization's books are in care of: LINDA SMYTH Telephone no. 270-312-4239

Located at: PO BOX 58224 LOUISVILLE KY ZIP + 4 40268

			Yes	No
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:	42b		X
	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:	42c		X

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 43			N/A N/A
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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	45b		X

		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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

Signature of officer — Date

LORI BISCHOFF — PRESIDENT

Officer's name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEREMY GANGLOFF	JEREMY GANGLOFF			P02450096

Firm's name BOURKE ACCOUNTING LLC — Firm's EIN 20-0464347

Firm's address 1019 S 4TH STREET LOUISVILLE, KY 40203 — Phone no. (502) 451-8773

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC	61-1268980

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 ..... 15 %

16a 33-1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33-1/3% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				61,334.	66,780.	128,114.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	0.	0.	0.	61,334.	66,780.	128,114.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						128,114.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	0.	0.	0.	61,334.	66,780.	128,114.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					23.	23.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	23.	23.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	61,334.	66,803.	128,137.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from2024 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2025. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

b 33-1/3% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	3a	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," *describe in* Part VI *the role played by the organization in this regard.*	3b	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3c	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required– *provide details in Part VI*)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required– *explain in Part VI*). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020.....			
b From 2021.....			
c From 2022.....			
d From 2023.....			
e From 2024.....			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021.....			
b Excess from 2022.....			
c Excess from 2023.....			
d Excess from 2024.....			
e Excess from 2025.....			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for instructions and the latest information.	OMB No. 1545-0047 Open to Public Inspection

Name of the organization	Employer identification number
SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC	61-1268980

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION	$	43.
OFFICE EXPENSES		1,239.
INSURANCE		1,733.
EVENT RENTALS		13,243.
ENTERTAINMENT		12,100.
EVENT EXPENSES		10,467.
UTILITIES		4,118.
DECORATIONS		3,242.
CONTRACT LABOR		2,008.
STORAGE		1,586.
MEALS		1,195.
CONTRIBUTIONS		1,000.
WEBSITE		333.
BANK SERVICE CHARGES		125.
REPAIRS & MAINTENANCE		90.
LICENSES & PERMITS		15.
TOTAL	$	52,537.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE SOUTHWEST COMMUNITY FESTIVAL IS THE LARGEST ONE-DAY EVENT IN SOUTHWEST JEFFERSON COUNTY AND THE GOAL IS TO SUPPORT THE LOCAL COMMUNITY.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? ..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ..... NO

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer: SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC

EIN or SSN: 61-1268980

Name and title of officer or person subject to tax:

LORI BISCHOFF PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here	☒	b Total revenue, if any (Form 990-EZ, line 9)	2b 66,803.
3a	Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, item D)	8b
9a	Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BOURKE ACCOUNTING LLC (ERO firm name) to enter my PIN 55627 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61069454118

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JEREMY GANGLOFF Date _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC

61-1268980

	2025	2024	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	55,998	46,000	9,998
PROGRAM SERVICE REVENUE	10,782	15,334	-4,552
INVESTMENT INCOME	23	0	23
TOTAL REVENUE	66,803	61,334	5,469
EXPENSES			
PROFESSIONAL FEES/PYMT TO CONTRACTORS	6,900	0	6,900
PRINTING, PUBLICATIONS, AND POSTAGE	229	46	183
OTHER EXPENSES	52,537	51,752	785
TOTAL EXPENSES	59,666	51,798	7,868
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	7,137	9,536	-2,399
NET ASSETS/FUND BAL. AT BEG. OF YEAR	31,870	22,334	9,536
NET ASSETS/FUND BAL. AT END OF YEAR	39,007	31,870	7,137

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC

61-1268980

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A

CARRYOVERS TO 2026

NONE

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC

61-1268980

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ
THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE
THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN
NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

2025 Exempt Org. Return
prepared for:

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE INC
PO BOX 58224
LOUISVILLE, KY 40268

BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203

BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203
(502) 451-8773

April 15, 2026

SOUTHWEST COMMUNITY FESTIVAL & PARADE
COMMITTEE INC
PO BOX 58224
LOUISVILLE, KY 40268

Dear Client:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

JEREMY GANGLOFF

451276

RECEIVED & FILED
$60
93 JAN 27 AM 9:49

ARTICLES OF INCORPORATION

OF

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC.

I, the undersigned natural person, hereby adopt the following Articles of Incorporation in accordance with the provisions of Chapter 273, Kentucky Revised Statutes.

ARTICLE I.

The name of the charitable corporation is the "SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC.", and its principal office is 3905 Valley Station Road, Louisville, Kentucky 40272.

ARTICLE II.

The purpose of the Corporation is to provide a network for the neighborhoods in the southwestern portion of Jefferson County and to promote the exchange of ideas, programs and activities that will benefit the area, including an annual festival and parade. To accomplish this purpose, the corporation may engage in any lawful act or activity for which a nonprofit corporation may be formed under Chapter 273, Kentucky Revised Statutes and which qualifies as charitable as defined by Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, (the "Code").

ARTICLE III.

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to, its directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II thereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence a campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV.

The period of its duration is perpetual.

ARTICLE V.

The address of the initial registered office of the corporation is 3905 Valley Station Road, Louisville, Kentucky 40272; and the name of its initial registered agent at such address is David Holten.

ARTICLE VI.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding Section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the District Court of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VII.

The name and address of the incorporator is Judson B. Wagenseller, 500 Meidinger Tower, Louisville, Kentucky 40202.

ARTICLE VIII.

The business and affairs of the corporation shall be governed by a board of directors. The 4 members of the initial board of directors shall serve until the first annual election of directors and until their successors are elected and qualify. The name(s) and mailing address(es) of the initial director(s) are :

1. David Holten, 3905 Valley Station Road, Louisville, Kentucky 40272;
2. Robert Meredith, 7709 Crestline Road, Louisville, Kentucky 40214;
3. Amy Dillon, 4118 Valley Station Road, Louisville, Kentucky 40272; and
4. Yvonne Wells, 9004 Mahoney Drive, Louisville, Kentucky 40258.

IN TESTIMONY WHEREOF, witness the signature of the Incorporator this 26th day of February, 1998.

Judson B. Wagenseller, Incorporator

LYNCH, COX, GILMAN & MAHAN P.S.C.

500 MEIDINGER TOWER
LOUISVILLE, KENTUCKY 40202
(502) 589-4215
Fax (502) 589-4994
Internet: lcgmandm@mtr.net

INDIANA OFFICE:
521 E. 7TH STREET
JEFFERSONVILLE, INDIANA 47130
TELEPHONE
(812) 283-7838

DONALD L. COX[1]
SHELDON G. GILMAN[2,4]
ARNOLD H. MAHAN, JR.
SCOTT D. SPIEGEL
SCOTT R. COX[1]
M. JANICE LANTHER
GENE P. ZIPPERLE, JR.[4]
ERIC R. COLLIS
PETERSON S. THOMAS[3]
MICHAEL P. LUSK
JAMES R. MURPHY
J. ROBERT HAAS[4]
WAYNE B. KLAUSER[5]
MELANIE A. KENNEDY

OF COUNSEL
ROBERT A. MARSHALL[2]
JUDSON B. WAGENSELLER[3]
WILLIAM H. MOONEY
WILLIAM D. TINGLEY

S. ARNOLD LYNCH
(1915-1996)

COUNSEL
FREDERIC J. COWAN

[1] ALSO ADMITTED U.S. PATENT OFFICE
[2] ALSO ADMITTED FLORIDA
[3] ALSO ADMITTED CALIFORNIA
[4] ALSO ADMITTED INDIANA
[5] ALSO ADMITTED KANSAS

January 26, 1998

Secretary Of State
Corporate Filings
P. O. Box 718
Frankfort, Kentucky 40602-0718

Re: Southwest Community Festival & Parade Committee, Inc.

Gentlemen:

Enclosed please find original and two (2) copies of Articles of Incorporation for the above referenced. Please file these Articles and return to me in the enclosed self-addressed, stamped envelope a file stamped copy for my records.

Also enclosed is a check in the amount of $8.00 as filing fee.

Sincerely,

LYNCH, COX, GILMAN & MAHAN, P.S.C.

Judson B. Wagenseller jbw

Judson B. Wagenseller

JBW:dde
Enclosures
c:\wp\JBW\Southwest\Secofst.018
98-030

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Southwest Community Festival & Parade Committee

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

P.O Box 58224

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, KY 40268

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				

or

Employer identification number

6	1	-	1	2	6	8	9	8	0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here | **Signature of U.S. person** | **Date** 8/6/2026

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Kentucky Secretary of State
Michael G. Adams

FAST TRACK

SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC.

Business Entity Search
File Annual Report
File LLC
Business Registration Portal
Name Availability Search
Business Forms Library
Prepaid Account Status
Current Representative Search
Founding Representative Search
Registered Agent Search
Validate Certificate of Existence/Authorization

File Amended Annual report | Change Address or Registered Agent
File Certificate of Assumed Name (DBA) | File Dissolution
Upload a Filing | File Registered Agent Resignation
Subscribe to changes made to this entity

Print & Mail – Request Certificates

General Information

Organization Number :	0451276
Name :	SOUTHWEST COMMUNITY FESTIVAL & PARADE COMMITTEE, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Nonclassifiable Establishments
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	1/27/1998
Organization Date :	1/27/1998
Last Annual Report :	2/18/2026
Principal Office :	PO Box 58224 LOUISVILLE LOUISVILLE, KY, 40268

Registered Agent : Jonathan Dunn
PO Box 58224
LOUISVILLE
LOUISVILLE, KY, 40268

Show Images

Show Activities

Hide Current Officers

Current Officers

Title	Officer
President	Jonathan Dunn
Treasurer	Anita Compton
Vice President	June Meredith
Director	Wanda Trimble
Director	Jonathan Dunn
Director	June Meredith

Show Initial Officers

Show Microfilm


Southwest Community
FESTIVAL
Saturday October 10, 2026
Sun Valley Park
10am-4pm
LIVE MUSIC | SOUTHWEST RUMBLE CAR SHOW
FOOD TRUCKS & CRAFT VENDORS
INFLATABLES-FACE PAINTING-KIDS CRAFTS
6616 Bethany Ln,
Louisville, KY
swcf-ky.com

VENDOR BOOTH FORM

SATURDAY
10/10/2026

Southwest Community FESTIVAL

EVENT: Southwest Community Festival

LOCATION: Sun Valley Park, 6616 Ashby Lane, Louisville, KY 40272

TIME: 10:00 am - 4:00 pm

PARKING: Free (Access through Lower River Road)

SOUTHWEST FESTIVAL ENTERTAINMENT
SATURDAY, OCTOBER 10th
10:00 am—4:00 pm

Live Entertainment

Tony & the Tan Lines
Kel + Ro
Jane Rose & the Deadheads &
The Kyle Eldredge Band

SHIRLEY'S WAY

Car Show

Grease Knuckles

Devoted

Senior Tent

Centerwell

CenterWell Senior Primary Care

Veteran Resource Center

Kid City

Gracepointe at Beechland Baptist

Spelling Bee Awards

Kosmos Cement Company

CEMENT KOSMOS COMPANY

Southwest Community FESTIVAL

WELCOME EVENTS GALLERY ABOUT FORMS Terms & Conditions

Upcoming Event

When: Saturday, October 10, 2026 10am-4pm
Where: 6616 Bethany Ln Louisville, KY 40272