Print Form

O-132-26

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

Applicant/Program: Crescent Hill Community Council, Inc. | Crescent Hill 4th of July Festival
Applicant Requested Amount: $7500
Appropriation Request Amount: ~~$4000~~ $5,250

Executive Summary of Request

he Crescent Hill 4th of July Festival is an annual event held for the community. It is the main community event and fundraiser each year, and will occur on July 4, 2026. Funding of $7500 will be used to offset expenses for the 4th of July Festival. The event incurs a number of site-related expenditures. This grant will be used to offset the following facilities expenditures: Security, portable restrooms & dumpsters, tables, chairs, grounds maintenance and equipment.

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.

[redacted]	Andrew Owen	$3000	May 7, 2026
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

6/3/26
Appropriations Committee Chairman — Date

Final Appropriations Amount: $5,250

Approved Committee
Date: 6/3/26

Applicant/Program:

Crescent Hill Community Council, Inc. | Crescent Hill 4th of July 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.

N/A

Council Member Signature and Amount

District 1		$
District 2		$
District 3		$
District 4		$
District 5		$
District 6		$
District 7		$
District 8	Benjamin Reno-Weber	$ 500 750
District 9		$
District 10		$
District 11		$
District 12		$ 500
District 13		$ 250
District 14		$
District 15	J Arnoyarello	$ 500

Applicant/Program:

Crescent Hill Community Council, Inc. | Crescent Hill 4th of July 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.

N/A

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $ 250

District 25 _____ $_____

District 26 _____ $_____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Crescent Hill Community Council, Inc

Program Name and Request Amount Crescent Hill 4th of July Festival | $7500

	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?	NA
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	NA
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: Regina Garr Date: 5.7.26

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 CRESCENT HILL COMMUNITY COUNCIL, INC.

Main Office Street & Mailing Address: 301 S Peterson Avenue, Louisville, KY 40206

Website: www.crescenthill.us

Applicant Contact:	Meredith Lambe	**Title:**	Vice President
Phone:	(502) 905-2210	**Email:**	mellenapple@gmail.com
Financial Contact:	Stephen Zink	**Title:**	Treasurer
Phone:	(502) 905-2210	**Email:**	stephen@onbroadwaylouisville.com

Organization's Representative who attended NDF Training: Meredith Lambe

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s):	301 S Peterson Avenue, Louisville, KY		
Council District(s):	9th	**Zip Code(s):**	40206

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: Crescent Hill 4th of July Festival

Total Request: ($)	7500	**Total Metro Award (this program) in previous year: ($)**	2100

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
- ☑ Current year projected budget
- ☑ Current financial statement
- ☑ Most recent IRS Form 990 or 1120-H
- ☑ Articles of Incorporation (current & signed)
- ☐ Cost estimates from proposed vendor if request is for capital expense
- ☐ Signed lease if rent costs are being requested
- ☑ IRS Form W9
- ☐ Evaluation forms if used in the proposed program
- ☐ Annual audit (if required by organization)
- ☐ Faith Based Organization Certification Form, if applicable

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Metro NDF Grant	**Amount: ($)**	2100
Source:		**Amount: ($)**	
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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

Council Goals:
* increase awareness of the Council's purpose and activities
* provide opportunities for people to become involved in the Council and its program and activities
* continue to collaborate with the Frankfort Avenue Business Association and other Crescent Hill organizations and alliances
* act as an advocate for neighborhood physical improvements and any modifications impeding the natural beauty, safety and aesthetics of the neighborhood
* preserve Crescent Hill's historic character and natural beauty
* promote a safe community
* strengthen the Council's relationship with Metro agencies and elected officials

Crescent Hill Community Structure
The Crescent Hill Community Council has an annual meeting for all its members. A Board governs work between general meetings. The Board is composed of members elected by the Council. Board meetings are typically held monthly and are open to the public.

Benefits
The Community Council helps inform neighborhood residents about events, programs and other activities in their community, resolves neighborhood issues, and serves as a liaison between Metro Government and the neighborhood. We also mow and maintain medians, smal parks, and right-of-ways in the neighborhood. We spearheaded the redesign and revitilization of Kennedy Court Park and raised funds for Field Elementary School, United Crescent Hill Ministries, Barret Middle School and the Crescent Hill Public Library. We currently host the long-running annual 4th of July Festival, annual Easter Egg Hunt prior to the Frankfort Avenue Easter Parade, Chili Night Out, and Holiday Open House at Peterson-Dumesnil House. This past year we participated in the Brightside's neighborhood clean up to raise more funds to support our mission and help beautify the neighborhood.

Applicant's Initials Mal

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Erin Michalik Klerer, President	12.31.27
Meredith Lambe, Vice President	12.31.27
Stephen Zink, Treasurer	12.31.27
Brittany Ford, Secretary	12.31.28
Cynthia Thomas, Past President	12.31.26
Diana Gautier	12.31.26
Sara Galvin	12.31.26
Jane Emke	12.31.26
Lydia Thomas	12.31.28
Lewis Gentry	12.31.26
Will Hobson	12.31.27
Barb Bower	12.31.27
Kate LaJoie	12.31.28
Stephen Mershon	12.31.28
Lori Allen-Kelley	12.31.28
Wayne Lang	12.31.28
Lauren Lydon	12.31.28

Describe the Board term limit policy:

Board members are elected to three-year terms. Officers are elected to one-year terms. Board members may be re-elected to serve additional terms. Officers other than the treasurer may be elected to two additional one-year terms as officers. The treasurer may be lectd to four additional one-year terms as treasurer.

Three Highest Paid Staff Names	Annual Salary
Not applicable	

Applicant's Initials MAL

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 4th of July Festival is our primary annual community event and fundraiser scheduled on July 4th. The Festival allows the Community Council to bring neighbors together directly through event participation along with volunteer opportunities.

The Community Council also is able to recruit volunteers from other neighborhoods and business organizations as well as Crescent Hill residents by hosting this annual event. The Community Council provides a platform for active community members to network throughout Crescent Hill and for new residents to get involved and establish connections. We also host a Volunteer Appreciation meeting. This event allows for additional opportunities for neighbors to become more acquainted, connected, and form community ties which solidifies the foundation for stronger neighborhood relations and supports the mindset to look out for your fellow neighbor.

We measure success in terms of 1) volunteer participation; 2) attendance; 3) repeat and new vendors and sponsors; 4) comments from patrons and attendees; 5) event participation and involvement; 6) our ability to give back to the community and break even on the event.

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

* Security
* Portable restrooms and dumpsters
* Tables and chairs
* Grounds maintenance and equipment

Applicant's Initials MH

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

C: If this request is a fundraiser, please detail how the proceeds will be spent:
The event is not planned solely as a fundraiser but with the basic purpose to create a greater sense of community by celebrating this annual national holiday together as a neighborhood. Often the event does produce revenue in excess of expense but that depends on many variables. In those cases, the funds are used to further the mission of Crescent Hill Community Council and support other initiatives, including regular maintenance of community properties such as Hite Median, Kennedy Court Park, and Eastover Park. Revenue is also used as a foundation to help plan for and execute next year's 4th of July event.

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 MAL

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 Community Council measures success in terms of 1) attendance; 2) volunteer participation; 3) repeat and new vendors and sponsors; 4) community participation and attendance; 5) comments by patrons, vendors and attendees; and 6) our ability to give back to the community after the event. Neighborhood attendance continues to increase year-over-year and we receive positive feedback from attendees letting the Council know they look forward to this event every year.

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

The Crescent Hill Community Council's 4th of July Festival requires collaboration with a number of other community organizations including:

Peterson-Dumesnil House Foundation: grounds are utilized for the event and a silent auction fundraiser sponsored by the Foundation;
Frankfort Avenue Business Association: assists with beer sales; and
JCPS property: provides the Barret Middle School's grounds and school parking for the Festival.

Throughout the year, we have ongoing partnerships with United Crescent Hill Ministries, Field Elementary School, St. Joseph's Children's Home, and other neighborhood buisnesses and organizations.

Applicant's Initials mal

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5– 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
B: Rent/Utilities			0
C: Office Supplies			0
D: Telephone			0
E: In-town Travel			0
F: Client Assistance (See Detailed List on Page 8)			0
G: Professional Service Contracts			0
H: Program Materials			0
I: Community Events & Festivals (See Detailed List on Page 8)	7500	22700	30200
J: Machinery & Equipment			0
K: Capital Project			0
L: Other Expenses (See Detailed List on Page 8)			0
TOTAL PROGRAM/PROJECT FUNDS	7500	22700	30200
% of Program Budget	25	75	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)	12000
Fees Collected from Program Participants	6000
Other (please specify) Artist fees	5000
Total Revenue for Columns 2 Expenses **	23000

**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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
Art show expenses		250	250
Children's Fun Zone		600	600
Communications & Marketing		900	900
Facilities: Portable restrooms and dumpsters	2000		2000
Facilities: Tables and chairs	500		500
Grounds and Equipment	2400	2600	5000
Cake Wheel		900	900
Fireworks		11500	11500
Miscellaneous		500	500
Musicians & Entertainment		5000	5000
Pet Contest		150	150
Security	2600		2600
Volunteer Appreciation		300	300
Total	7500	22700	30200

Applicant's Initials MAL

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
Use of the Peterson-Dumesnil House the	$4200	Two-day rental fee donated
Volunteers (day of the event)	$2,000 in-kind donation	$20/hr. x 100 volunteers
Volunteers (planning team)	$3,000 in-kind donation	$20/hr. x 150 hours 50 volunteers
Volunteers (trash collection)	$350 cash	Full-day service coverage
Total Value of In-Kind ***(to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	0 $9,200 In-kind donation	Full-day service coverage

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

Agency Fiscal Year Start Date: 01/01/2026

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:	Meredith Lawlee	**Date:**	2/25/2026
Legal Signatory: (please print):	Meredith Lawlee Meredith Lawlee	**Title:**	Vice President
Phone: 502-905-2210	**Extension:**	**Email:**	mellenapple@gmail.com

Applicant's Initials ML

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

DEPARTMENT OF THE TREASURY

Date: FEB 16 2017

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

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

Dear Applicant:

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

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

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

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

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

CRESCENT HILL COMMUNITY COUNCIL INC

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Letter 948

Crescent Hill Community Council
Budget - Full Year 2026

Category	Period	Budget	Over / Under
Revenue			
Income			
Interest Revenue	$ 324.09	$ 500.00	$ (175.91)
Membership Dues	$ 1,725.00	$ 5,000.00	$ (3,275.00)
07/04 Artist Booth Fees	$ -	$ 5,000.00	$ (5,000.00)
07/04 CHCC Children's Fun Zone	$ -	$ 350.00	$ (350.00)
07/04 Beer Income	$ -	$ 5,000.00	$ (5,000.00)
07/04 Cake Wheel	$ -	$ 2,000.00	$ (2,000.00)
07/04 Food Booth, ATM, etc.	$ 1,050.00	$ 2,500.00	$ (1,450.00)
07/04 4th of July Income - Other	$ 2,100.00	$ -	$ 2,100.00
Neighborhood Development Fund	$ -	$ 7,500.00	$ (7,500.00)
Newsletter Advertising Income	$ 250.00	$ 1,200.00	$ (950.00)
Corporate Sponsors	$ -	$ 7,000.00	$ (7,000.00)
Board Member Donations	$ -	$ 5,000.00	$ (5,000.00)
Development Income - Other	$ 52.00	$ -	$ 52.00
Easter Parade Income	$ 11,500.00	$ 11,665.99	$ (165.99)
Brightside Income	$ -	$ 1,000.00	$ (1,000.00)
Trolley Income	$ 5,000.00	$ 10,000.00	$ (5,000.00)
Total	$ 22,001.09	$ 63,715.99	$ (41,714.90)
Total Revenue	**$ 22,001.09**	**$ 63,715.99**	**$ (41,714.90)**
Expense			
Expense			
07/04 Art Show Expense	$ -	$ 250.00	$ (250.00)
07/04 Children's Fun Zone Expense	$ -	$ 600.00	$ (600.00)
07/04 Communications & Marketing	$ -	$ 900.00	$ (900.00)
07/04 Facilities, Grounds & Maintenance	$ -	$ 7,500.00	$ (7,500.00)
07/04 Fireworks	$ 5,647.00	$ 11,500.00	$ (5,853.00)
07/04 Gaming Expense	$ -	$ 900.00	$ (900.00)
07/04 Miscellaneous Expense	$ -	$ 500.00	$ (500.00)
07/04 Musicians & Entertainment	$ -	$ 5,000.00	$ (5,000.00)
07/04 Pet Contest	$ -	$ 150.00	$ (150.00)
07/04 Security	$ -	$ 2,600.00	$ (2,600.00)
07/04 Volunteer Appreciation	$ -	$ 300.00	$ (300.00)
07/04 Beer Expense	$ -	$ 4,000.00	$ (4,000.00)
Kennedy Park Mowing	$ -	$ 750.00	$ (750.00)
Membership Welcome	$ -	$ 250.00	$ (250.00)
Payment Processing Expense	$ 131.54	$ -	$ 131.54
Technology Expense	$ 398.96	$ 2,000.00	$ (1,601.04)
Chili Night Out	$ -	$ 150.00	$ (150.00)
Dessert w/ the Mayor	$ -	$ 150.00	$ (150.00)
Holiday Open House	$ -	$ 500.00	$ (500.00)
Spirit of Crescent Hill	$ -	$ 200.00	$ (200.00)
Easter Egg Hunt & Parade Party	$ 195.06	$ 200.00	$ (4.94)
Trolley Expense	$ 1,861.86	$ 10,000.00	$ (8,138.14)
EP Security	$ -	$ 7,644.00	$ (7,644.00)
EP Barricades	$ -	$ 1,135.26	$ (1,135.26)
EP Permit	$ -	$ 33.08	$ (33.08)
Easter Parade Miscellaneous	$ 1,652.65	$ 2,853.65	$ (1,201.00)
Communications	$ -	$ 500.00	$ (500.00)
Office Supplies	$ 312.70	$ 125.00	$ 187.70
Insurance	$ -	$ 2,500.00	$ (2,500.00)
Licenses, Dues & Subscriptions	$ 262.99	$ -	$ 262.99
Professional Fees	$ 672.24	$ 600.00	$ 72.24
Supplies	$ 280.05	$ -	$ 280.05
Total	$ 11,415.05	$ 63,790.99	$ (52,375.94)
Total Expense	**$ 11,415.05**	**$ 63,790.99**	**$ (52,375.94)**
Net Income	**$ 10,586.04**	**$ (75.00)**	**$ 10,661.04**

Crescent Hill Community Council
Profit and Loss - January & Budget - Full Year 2026

Category	Period 01	Budget	Over / Under
Revenue			
Interest Revenue	76.35	500.00	(423.65)
Membership Dues	350.00	5,000.00	(4,650.00)
07/04 Artist Booth Fees	-	5,000.00	(5,000.00)
07/04 CHCC Children's Fun Zone	-	350.00	(350.00)
07/04 Beer Income	-	5,000.00	(5,000.00)
07/04 Cake Wheel	-	2,000.00	(2,000.00)
07/04 Food Booth, ATM, etc.	-	2,500.00	(2,500.00)
07/04 4th of July Income - Other	1,600.00	-	1,600.00
Neighborhood Development Fund	-	7,500.00	(7,500.00)
Newsletter Advertising Income	-	1,200.00	(1,200.00)
Corporate Sponsors	-	7,000.00	(7,000.00)
Board Member Donations	-	5,000.00	(5,000.00)
Easter Parade Income	-	11,665.99	(11,665.99)
Brightside Income	-	1,000.00	(1,000.00)
Trolley Income	-	10,000.00	(10,000.00)
Total	2,026.35	63,715.99	(61,689.64)
Total Revenue	**2,026.35**	**63,715.99**	**(61,689.64)**
Expense			
07/04 Art Show Expense	-	250.00	(250.00)
07/04 Children's Fun Zone Expense	-	600.00	(600.00)
07/04 Communications & Marketing	-	900.00	(900.00)
07/04 Facilities, Grounds & Maintenance	-	7,500.00	(7,500.00)
07/04 Fireworks	-	11,500.00	(11,500.00)
07/04 Gaming Expense	-	900.00	(900.00)
07/04 Miscellaneous Expense	-	500.00	(500.00)
07/04 Musicians & Entertainment	-	5,000.00	(5,000.00)
07/04 Pet Contest	-	150.00	(150.00)
07/04 Security	-	2,600.00	(2,600.00)
07/04 Volunteer Appreciation	-	300.00	(300.00)
07/04 Beer Expense	-	4,000.00	(4,000.00)
Kennedy Park Mowing	-	750.00	(750.00)
Membership Welcome	-	250.00	(250.00)
Payment Processing Expense	37.99	-	37.99
Technology Expense	45.00	2,000.00	(1,945.00)
Chill Night Out	-	150.00	(150.00)
Dessert w/ the Mayor	-	150.00	(150.00)
Holiday Open House	-	500.00	(500.00)
Spirit of Crescent Hill	-	200.00	(200.00)
Easter Egg Hunt & Parade Party	-	200.00	(200.00)
Trolley Expense	324.00	10,000.00	(9,676.00)
EP Security	-	7,644.00	(7,644.00)
EP Barricades	-	1,135.26	(1,135.26)
EP Permit	-	33.08	(33.08)
Easter Parade Miscellaneous	-	2,853.65	(2,853.65)
Communications	-	500.00	(500.00)
Office Supplies	-	125.00	(125.00)
Insurance	-	2,500.00	(2,500.00)
Professional Fees	-	600.00	(600.00)
Supplies	16.53	-	16.53
Total Expense	**423.52**	**63,790.99**	**(63,367.47)**
Net Income	**1,602.83**	**(75.00)**	**1,677.83**

Crescent Hill Community Council
Profit and Loss - January & Budget - Full Year 2026

Category	Period 01	Budget	Over / Under
Revenue			
Interest Revenue	76.35	500.00	(423.65)
Membership Dues	350.00	5,000.00	(4,650.00)
07/04 Artist Booth Fees	-	5,000.00	(5,000.00)
07/04 CHCC Children's Fun Zone	-	350.00	(350.00)
07/04 Beer Income	-	5,000.00	(5,000.00)
07/04 Cake Wheel	-	2,000.00	(2,000.00)
07/04 Food Booth, ATM, etc.	-	2,500.00	(2,500.00)
07/04 4th of July Income - Other	1,600.00	-	1,600.00
Neighborhood Development Fund	-	7,500.00	(7,500.00)
Newsletter Advertising Income	-	1,200.00	(1,200.00)
Corporate Sponsors	-	7,000.00	(7,000.00)
Board Member Donations	-	5,000.00	(5,000.00)
Easter Parade Income	-	11,665.99	(11,665.99)
Brightside Income	-	1,000.00	(1,000.00)
Trolley Income	-	10,000.00	(10,000.00)
Total	**2,026.35**	**63,715.99**	**(61,689.64)**
Total Revenue	**2,026.35**	**63,715.99**	**(61,689.64)**
Expense			
07/04 Art Show Expense	-	250.00	(250.00)
07/04 Children's Fun Zone Expense	-	600.00	(600.00)
07/04 Communications & Marketing	-	900.00	(900.00)
07/04 Facilities, Grounds & Maintenance	-	7,500.00	(7,500.00)
07/04 Fireworks	-	11,500.00	(11,500.00)
07/04 Gaming Expense	-	900.00	(900.00)
07/04 Miscellaneous Expense	-	500.00	(500.00)
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07/04 Pet Contest	-	150.00	(150.00)
07/04 Security	-	2,600.00	(2,600.00)
07/04 Volunteer Appreciation	-	300.00	(300.00)
07/04 Beer Expense	-	4,000.00	(4,000.00)
Kennedy Park Mowing	-	750.00	(750.00)
Membership Welcome	-	250.00	(250.00)
Payment Processing Expense	37.99	-	37.99
Technology Expense	45.00	2,000.00	(1,945.00)
Chili Night Out	-	150.00	(150.00)
Dessert w/ the Mayor	-	150.00	(150.00)
Holiday Open House	-	500.00	(500.00)
Spirit of Crescent Hill	-	200.00	(200.00)
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Professional Fees	-	600.00	(600.00)
Supplies	16.53	-	16.53
Total Expense	**423.52**	**63,790.99**	**(63,357.47)**
Net Income	**1,602.83**	**(75.00)**	**1,667.83**

W. ALLEN PRIEST CPA PLLC
PO BOX 1197
CRESTWOOD, KY 40014

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

526340
04-01-25

CLIENT'S COPY

W. Allen Priest CPA PLLC
PO Box 1197
Crestwood, KY 40014

February 1, 2026

Crescent Hill Community Council Inc
301 S Peterson Ave
Louisville, KY 40206

Crescent Hill Community Council Inc:

Enclosed is the organization's 2025 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2026.

We have enclosed mailing envelopes for your convenience in filing the return.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We are also enclosing a statement for the preparation of the tax return.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

This is to be signed by the treasurer. The officers and directors listed in the return are the 2025 board members. Persons who were board members at any time during the year are required to be listed.

You also have a requirement to send a signed copy of the 990EZ to the Kentucky Attorney General's office. We have printed a copy for you to mail with a mailing envelope. No payment is required.

Office of the Attorney General
ATTN: Charity Registration
1024 Capital Center Drive Suite 200
Frankfort, KY 40601

Very Truly Yours,

W. Allen Priest

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
CRESCENT HILL COMMUNITY COUNCIL INC

EIN or SSN
31-0903849

Name and title of officer or person subject to tax STEVE ZINK
TREASURER

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	20455.
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 W. ALLEN PRIEST CPA PLLC to enter my PIN 24010
ERO firm name **Enter five numbers, but do not enter all zeros**

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 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. 61700143678
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 _____ Date _____

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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

C Name of organization: CRESCENT HILL COMMUNITY COUNCIL INC

Number and street (or P.O. box if mail is not delivered to street address): 301 S PETERSON AVE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40206

D Employer identification number: 31-0903849

E Telephone number: 5028957975

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

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

I Website: CRESCENTHILL.US

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

K Form of organization: [X] 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 ..... $ 63545.

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 ..... [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	12623.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	3525.
	4	Investment income SEE SCHEDULE O		4	920.
	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 2644.		
	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 43833.		
	c	Less: direct expenses from gaming and fundraising events	6c 43090.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3387.
	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	20455.
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	594.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	4969.
	17	**Total expenses.** Add lines 10 through 16		17	5563.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	14892.
	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	33116.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	48008.

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	33116.	22	48008.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	33116.	25	48008.
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)	33116.	27	48008.

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 4TH OF JULY CELEBRATION IS THE CRESCENT HILL COMMUNITY COUNCIL'S BIGGEST PROGRAM FOR THE COMMUNITY. IT INCLUDES A STREET FESTIVAL AND FIREWORKS DISPLAY.

(Grants $) If this amount includes foreign grants, check here ☐ 28a 28812.

29 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ☐ 29a 14363.

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 43175.

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
ALISON BROTZGE-ELDER DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
BARB BOWER AT LARGE MEMBER	0.25	0.	0.	0.
CATHY ANDERSON AT LARGE MEMBER	0.25	0.	0.	0.
DANIEL GOOGE AT LARGE MEMBER	0.25	0.	0.	0.
DEBBIE DEATHRIDGE DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
DEBBIE KAMBER AT LARGE MEMBER	0.25	0.	0.	0.
DIANA GAUTIER DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
ELICIA NEWCOM GREGORY DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
ERIN KLARER ACTING PRESIDENT, AT LARGE MEMBER	2.00	0.	0.	0.
JANE EMKE DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
LEWIS GENTRY AT LARGE MEMBER	0.25	0.	0.	0.
MATTHEW KELLNER AT LARGE MEMBER	0.25	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 Sch. O to respond to any question in this Part V [X]

			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	N/A	
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 N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
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 KY

42a The organization's books are in care of STEVE ZINK Telephone no. 502-425-1900

Located at: 11 EASTOVER COURT, LOUISVILLE, KY ZIP + 4 40206

			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 _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
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

			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		

		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 Sch. C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

1 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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer Date

STEVE ZINK, TREASURER

Officer's name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
W. ALLEN PRIEST				P00537868

Firm's name W. ALLEN PRIEST CPA PLLC Firm's EIN 81-4447200

Firm's address PO BOX 1197 CRESTWOOD, KY 40014 Phone no. 502-493-6205

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

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CRESCENT HILL COMMUNITY COUNCIL INC

Employer identification number: 31-0903849

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total						

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

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

		(a) Event #1 4TH OF JULY (event type)	(b) Event #2 EASTER PARADE (event type)	(c) Other events NONE 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	25748.	18085.		43833.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25748.	18085.		43833.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	15449.			15449.
	9 Other direct expenses	13363.	13453.		26816.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42265.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1568.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			2644.	2644.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			825.	825.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				825.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				1819.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

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: CRESCENT HILL COMMUNITY COUNCIL INC

Employer identification number: 31-0903849

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	920.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	2285.
SOFTWARE	125.
WEB FEES	1362.
FINANCE OPERATIONS EXPENSE	287.
COMMITTEE COSTS	910.
TOTAL TO FORM 990-EZ, LINE 16	4969.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE CRESCENT HILL COMMUNITY COUNCIL (CHCC) IS TO SERVE AS AN ADVOCATE FOR MAINTAINING CRESCENT HILL'S QUALITY OF LIFE BY IMPROVING THE CIVIC, RECREATIONAL, CULTURAL AND EDUCATIONAL LIFE OF THE CRESCENT HILL NEIGHBORHOOD, AND BY STRENGTHENING COMMUNITY PRIDE AND INVOLVEMENT THROUGH OBJECTIVE PLANNING, PRESERVATION, AND ENHANCEMENT OF ITS HISTORIC CHARACTER AND NATURAL BEAUTY.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMITTEES EXECUTE VARIOUS SPECIAL PROGRAMS AND EVENTS:
BLOCK PARTY, SPIRIT OF CRESCENT HILL AWARD, HISTORY PRESERVATION, HOLIDAY PARTY, EASTER PARADE, DESSERT WITH THE MAYOR, WELCOME, MEMBERSHIP, BEAUTIFICATION, DERBY PARTY

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization: CRESCENT HILL COMMUNITY COUNCIL INC

Employer identification number: 31-0903849

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDRA DODGE DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
SARA GALVIN AT LARGE MEMBER	0.25	0.	0.	0.
WILL HOBSON AT LARGE MEMBER	0.25	0.	0.	0.
STEVE MERSHON DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
BRITTANY FORD DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
WAYNE LONG AT LARGE MEMBER	0.25	0.	0.	0.
LYDIA THOMAS AT LARGE MEMBER	0.25	0.	0.	0.
KATE LAJOIE DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
LORI ALLEN-KELLY DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
CYNTHIA THOMAS DISTRICT REPRESENTATIVE	0.25	0.	0.	0.
LAUREN LYNDON PRESIDENT, AT LARGE MEMBER	1.00	0.	0.	0.
MEREDITH APPLE-LAMBS SECRETARY, DISTRICT REPRES	1.00	0.	0.	0.
STEPHEN ZINK TREASURER, AT LARGE MEMBER	2.00	0.	0.	0.

ARTICLES OF INCORPORATION

OF

CRESCENT HILL COMMUNITY COUNCIL, INC.

KNOW ALL MEN BY THESE PRESENTS:

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

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

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

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

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

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

(6) The names and addresses of the Incorporators are as follows:

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

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

Mr. Raymond Voll
212 Heady Avenue
Louisville, Kentucky 40207

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

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

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

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

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

issuance by the Secretary of State of a Certificate of Incorporation.

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

Herman D. Wieck
Herman D. Wieck

Clough Venable
Clough Venable

Raymond Voll
Raymond Voll

Mrs. Richard Swigart
Mrs. Richard Swigart

COMMONWEALTH OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

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

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

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

My Commission expires My Commission Expires Nov. 20, 1972

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

ORIGINAL COPY
FILED AND RECORDED

JUL 30 1969

SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY
BY

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.)

Crescent Hill Community Council, Inc.

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) Nonprofit Corporation - exempt under IRC 501(c)(3)

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.

301 South Peterson Avenue

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, Kentucky 40206

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

3	1	–	0	9	0	3	8	4	9

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here | **Signature of U.S. person** Stephen Zink | **Date** 03 · 09 · 26

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

CRESCENT HILL COMMUNITY COUNCIL, 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 :	0012310
Name :	CRESCENT HILL COMMUNITY COUNCIL, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Membership Organizations
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	7/30/1969
Organization Date :	7/30/1969
Last Annual Report :	2/1/2026
Principal Office :	301 S PETERSON AVE LOUISVILLE, KY, 40206
Registered Agent :	Stephen Zink 301 S PETERSON AVE

LOUISVILLE, KY, 40206

Show Images

Show Activities

Show Current Officers

Show Initial Officers

Show Microfilm

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Crescent Hill Community Council

Grantee Representative Name: Meredith A. Lambe

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

☑ I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or (False)
2. Name the three budget categories that require a detail list.
   Client Assistance, Community Events + Festivals and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements (True) or False
4. Which four questions should your financial support documentation answer at all times?
   Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? (True) or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. (True) or False.

Meredith Lambe
Grantee Representative Signature

2/5/26
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Fax: 502-574-3219
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202