

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

Applicant/Program: Center for Neighborhoods/Hikes Point PAINT Mural Project

Executive Summary of Request:
 The P.A.I.N.T. Program is a project of Center for Neighborhoods. Center for Neighborhoods will oversee the artist selection process for a wall mural to be located near the Taylorsville Road & Hikes Lane intersection, 3948 Taylorsville Road. The public art will showcase historic images of the Hikes Lane area spanning several decades. The funding will pay for the artist and paint supplies/equipment needed to implement the project.

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.

11 *Kevin Krause* \$7,500.00 2/5/16
 District # Council Member Signature Amount Date

Primary Sponsor Disclosure
 List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
 none

Approved by:

 Appropriations Committee Chairman Date

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization:	
Program Name and Request Amount:	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: <i>Scott W. Hamington</i>	Date: 2/5/16



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Louisville Community Design Center dba Center for Neighborhoods <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 610 S. 4th Street, Suite 609 Louisville, KY 40202			
Website: www.centerforneighborhoods.org			
Applicant Contact:	Tom Stephens	Title:	Executive Director
Phone:	502-589-0343	Email:	toms@centerforneighborhoods.org
Financial Contact:	Becky Blair	Title:	Bookkeeper/Office Manager
Phone:	502-589-0343	Email:	beckyb@centerforneighborhoods.org
Organization's Representative who attended NDF Training: Tom Stephens, John Hawkins			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	multiple sites, primary location 3938 Taylorsville Road		
Council District(s):	District 11	Zip Code(s):	40220
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: PAINT Project - Hikes Point Mural			
Total Request: (\$)	7,500	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
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:	Develop Louisville	Amount: (\$)	137,500
Source:	Develop Louisville grant	Amount: (\$)	3,350
Source:	Mayor's Innovation Delivery Team contract	Amount: (\$)	11,750
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Our mission is building healthy, sustainable, safe & attractive neighborhoods through the work of engaged, informed & committed neighbors.

For over 40 years the Center For Neighborhoods (formerly Louisville Community Design Center) has cultivated grassroots leadership, facilitated civic dialogue amongst stakeholders, provided leadership education, partnered with neighborhoods in community planning efforts and actively participated in neighborhood-based development & improvement projects.

Today, CFN works in four key areas:

Community Engagement & Technical Assistance including Neighborhood Liaison services, meeting facilitation, neighborhood organization start up assistance, neighborhood news list serve.

Education & Training including Neighborhood Institute, Green Institute, Neighborhood Summit, various workshops and seminars.

Data, Mapping & Resources including GIS mapping, data gathering and analysis.

Neighborhood Assessment & Planning including neighborhood assessment program, walkability assessments, Producing Art in Neighborhoods Together (PAINT), neighborhood planning.

We envision a greater Louisville community with caring and empowered people and civic institutions working in partnership with local government to renew and build neighborhoods that are healthy, sustainable, safe and attractive. Center For Neighborhoods is a 501(c)3 nonprofit organization.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

Producing Art in Neighborhoods Together (PAINT) brings neighborhoods and artists together to create public art projects in neighborhoods throughout Metro Louisville and to increase civic engagement in neighborhoods that have expressed the desire to aesthetically and artistically improve their neighborhoods. Well designed installations can support social and economic vibrancy.

PAINT projects are:

1. Neighborhood Focused. A neighborhood includes geographic, social, cultural, civic, economic and historical components and can include a district or locality, a political ward or precinct.
2. Participatory. Marked by community member involvement in the development and installation of the art.
3. Public. Open to the view of all; existing or conducted in public.

The PAINT program emphasizes production of high-quality and meaningful cultural assets for the neighborhood, community engagement, collaborative partnerships, strengthening neighborhood identity and sense of place by producing projects of relevance to unique locations and improvement of residents quality of life in Metro Louisville.

The Hikes Point PAINT Project will commence when spring weather allows painting to begin. Initial work on site is anticipated in March 2016 with the bulk of community and artist involvement in April and May 2016. Final completion of the project is anticipated for June 2016, weather permitting.

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

Expenses for this funding are anticipated to cover payment to artists and contractors for design and implementation of the PAINT project (mural). No sub grantees are planned.

Additional program and supply costs associated with conducting community meetings, mailings, production of reports, project management staff, etc. will be funded through other funding sources.



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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



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:

Benefits

The PAINT project is designed to engage residents in activities and processes that increase awareness of their neighborhood's history, assets and community strength. Community organizations, neighborhoods and surrounding cities are strengthened with a renewed sense of community pride and participation both in their neighborhood and the larger Metro Louisville community.

Neighborhood residents learn more about the history of their neighborhood. They meet their neighbors. Youth gain an appreciation of art and expression by participating alongside adults in creating and improving public spaces.

Measurable Outcomes from the Neighborhood Assessment

- Stronger community involvement
- Increased understanding of neighborhood history and character

Measureable Outcomes from the PAINT Projects

- Design concepts generated for community mural
- Public neighborhood art project installed on site
- Residents and artists engaged in the design process
- Residents, artists and interested public (including youth) participating in the installation of the mural project
- Increase in public activity on and around the installation sites
- Increased interest/awareness of project area

Data Collection for the PAINT Projects

- Number of residents, artists, and general public participating in project planning, community design workshop, and neighborhood project implementation. [SOURCES: Attendance sheets, head counts, and inventory of submitted concepts]
- Number of community events held at installation sites

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.

Louisville Visual Arts - LVA is an important nonprofit partner that can assist with recruiting volunteer artists and artist interns to assist the project, support art education outreach and help to communicate the value of public art to social and economic vibrancy.

Various community institutions (schools, churches, etc.) - Schools and churches will be a partner in providing outreach opportunities and inviting community participation for specified portions of the art installation.



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	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits		1,500	1,500
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	7,500	6,000	13,500
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	7,500	7,500	15,000
% of Program Budget	50 %	50 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	7,500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	7,500

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail 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
Community meeting space	\$250	5 hours @ \$50 per hour
Donated/discounted program materials	\$250	Discount paint and supplies
Volunteer time including art installation	\$1,000	50 hours @ \$20 per hour
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$1,500	

*** 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

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:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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 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.
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 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.

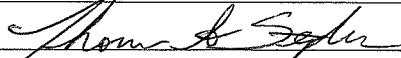
Standard Certifications

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 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	02-05-16
Legal Signatory: (please print):	Thomas A Stephens	Title:	Executive Director
Phone:	502-589-0343	Extension:	
Email:	toms@centerforneighborhoods.org		

DISTRICT DIRECTOR
INTERNAL REVENUE SERVICE
CINCINNATI, OHIO

JUL - 8 1975

RECEIVED

EP/EO DIVISION 1973

E:EO:T:R:1:3

This ruling is applicable only
to the taxpayer named herein.
It must not be copied, used,
or cited as a precedent by
Internal Revenue Service
personnel in the disposition
of other cases.

The Louisville Community Design
Center, Inc.
517 West Ormsby
Louisville, Kentucky 40203

Key District: Cincinnati, Ohio
Accounting Period Ending: December 31
Form 990 Required: Yes No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code as of January 30, 1974.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code as of January 30, 1974. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible as of January 30, 1974 for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

RECEIVED
CIB

APR 7 3 53 PM '75

The Louisville Community Design Center, Inc.

If your purposes, character, or method of operation is changed, you must let your key District Director know so he can consider the effect of the change on your exempt status. Also, you must inform him of all changes in your name or address.

The block checked at the beginning of this letter shows whether you must file Form 990, Return of Organization Exempt From Income Tax. If the Yes box is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$5,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file the return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this action. Because this letter could help resolve any questions about your exempt status and your foundation status, please keep it in your permanent records.

Thank you for your cooperation.

Sincerely yours,

(Signed) Jeanne S. Gessay

cc: DD, Cincinnati, with
Form 3936
Attn: EO Group

Jeanne S. Gessay
Chief, Rulings Section 1
Exempt Organizations
Technical Branch

SParrish:bn 6-24-75

**Center For Neighborhoods
FY16 Annual Budget**

INCOME	
Government Grants	\$200,000
Corporate & Foundation Grants	\$45,000
Professional Services	\$115,000
Fundraisers and events	\$5,000
Donations	\$27,500
TOTAL INCOME	\$392,500
EXPENSES	
Personnel Expenses	\$259,420
Program Expenses	\$40,400
Operating Expenses	\$49,390
TOTAL EXPENSES	\$349,210
NET INCOME	\$43,290

Contact	Position	Committee	Term*
Gordon Garner	President	Executive	2014-2016
Leo Klarer	Vice President	Executive, Finance	2014-2016
Don Keller	Treasurer	Executive, Finance	2014-2016
Nancy Bowman-Denton	Secretary	Programs	2016-2018
Betty Adkins	Member	Fund Dev. & Marketing Chair, AH Board Development;	2015-2017
Roberto Bajandas	Member	Programs Board	2016-2018
Bruce Duncan	Member	Development	2016-2018
Melissa Mershon	Member	Chair, Neigh. Summit	2014-2016
Michael O'Leary	Member	Chair, Programs	2014-2016
Stephen Perkins	Member	Chair, Fund Dev. & Marketing Board Development;	2015-2017
Bill Schreck	Member	Programs	2015-2017
Barbara Sinai	Member	Programs	2016-2018
Kent Weyland	Member	Fund Dev. & Marketing	2015-2017
Jack Will	Member	Programs	2015-2017
Marita Willis	Member	Fund Dev. & Marketing	2016-2018

**CFN's Board Members serve a staggered, three-year term and are eligible for re-appointment of up to two additional terms.*

4:43 AM
01/13/16
Accrual Basis

LOUISVILLE COMMUNITY DESIGN CENTER

Profit & Loss

July through December 2015

	<u>Jul 15</u>	<u>Aug 15</u>	<u>Sep 15</u>	<u>Oct 15</u>	<u>Nov 15</u>	<u>Dec 15</u>	<u>TOTAL</u>
Income							
4000 · Income							
4010 · Government Grants	6,969.82	9,215.64	7,430.88	11,484.30	25,509.17	14,702.33	75,312.14
4030 · Professional Services	0.00	8,650.00	0.00	12,500.00	0.00	0.00	21,150.00
4050 · Donations	10,100.00	0.00	150.00	5.00	3,015.27	15,000.00	28,270.27
4090 · Other Income - Interest	0.34	0.34	0.17	0.63	4.21	4.22	9.91
Total 4000 · Income	<u>17,070.16</u>	<u>17,865.98</u>	<u>7,581.05</u>	<u>23,989.93</u>	<u>28,528.65</u>	<u>29,706.55</u>	<u>124,742.32</u>
Total Income	<u>17,070.16</u>	<u>17,865.98</u>	<u>7,581.05</u>	<u>23,989.93</u>	<u>28,528.65</u>	<u>29,706.55</u>	<u>124,742.32</u>
Gross Profit	<u>17,070.16</u>	<u>17,865.98</u>	<u>7,581.05</u>	<u>23,989.93</u>	<u>28,528.65</u>	<u>29,706.55</u>	<u>124,742.32</u>
Expense							
6000 · Expenses							
6010 · Personnel Expenses							
6010-01 · Executive Director	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	30,000.00
6010-02 · Neighborhood Liaisons	0.00	0.00	0.00	0.00	6,152.00	6,152.00	12,304.00
6010-04 · Payroll Benefits	705.46	705.46	705.46	1,143.46	1,822.02	2,089.77	7,171.63
6020 · Contract Services							
6020-01 · Program Coordinator	2,390.00	2,400.00	3,120.00	2,200.00	3,255.00	2,680.00	16,045.00
6020-02 · Program Facilitator	140.00	40.00	460.00	665.00	440.00	590.00	2,335.00
6020-03 · Data/Mapping Analyst	915.00	1,815.00	0.00	960.00	1,170.00	0.00	4,860.00
6020-04 · Bookkeeper	682.50	562.50	345.00	727.50	562.50	675.00	3,555.00
6020-09 · Other Professional Services	0.00	0.00	0.00	0.00	11,400.08	0.00	11,400.08
6020 · Contract Services - Other	0.00	0.00	0.00	0.00	0.00	1,350.00	1,350.00
Total 6020 · Contract Services	<u>4,127.50</u>	<u>4,817.50</u>	<u>3,925.00</u>	<u>4,552.50</u>	<u>16,827.58</u>	<u>5,295.00</u>	<u>39,545.08</u>
Total 6010 · Personnel Expenses	<u>9,832.96</u>	<u>10,522.96</u>	<u>9,630.46</u>	<u>10,695.96</u>	<u>29,801.60</u>	<u>18,536.77</u>	<u>89,020.71</u>
6030 · Program Expenses							
6030-01 · Program Supplies	0.00	353.26	0.00	461.31	222.11	236.99	1,273.67
6030-02 · Program Meals	139.43	0.00	0.00	168.49	1,034.92	70.27	1,413.11
Total 6030 · Program Expenses	<u>139.43</u>	<u>353.26</u>	<u>0.00</u>	<u>629.80</u>	<u>1,257.03</u>	<u>307.26</u>	<u>2,686.78</u>
6040 · Operating Expenses							
6040-01 · Office Expenses	890.88	890.88	890.88	850.62	850.62	850.62	5,224.50
6040-02 · Equipment	0.00	0.00	0.00	1,160.52	0.00	0.00	1,160.52
6050-01 · Dues & Subscriptions	0.00	0.00	0.00	50.00	150.00	0.00	200.00
6050-02 · Postage & Shipping	0.00	0.00	5.94	0.00	0.00	0.00	5.94
6050-03 · Office Supplies	0.00	0.00	4.36	518.51	121.58	-3.97	640.48
6050-04 · Gen'l Liability & D&O Insurance	0.00	0.00	0.00	693.13	0.00	1,091.00	1,784.13
6050-05 · CPA Review & Tax Prep	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00
6050-07 · Meetings, Training & Travel	0.00	35.00	0.00	75.00	125.00	112.76	347.76
6050-10 · Bank Charges	6.00	6.00	6.00	6.00	6.00	6.00	36.00
6050-99 · Miscellaneous	0.00	199.00	0.00	0.00	0.00	0.00	199.00
Total 6040 · Operating Expenses	<u>5,896.88</u>	<u>1,130.88</u>	<u>907.18</u>	<u>3,353.78</u>	<u>1,253.20</u>	<u>2,056.41</u>	<u>14,598.33</u>
Total 6000 · Expenses	<u>15,869.27</u>	<u>12,007.10</u>	<u>10,537.64</u>	<u>14,679.54</u>	<u>32,311.83</u>	<u>20,900.44</u>	<u>106,305.82</u>
Total Expense	<u>15,869.27</u>	<u>12,007.10</u>	<u>10,537.64</u>	<u>14,679.54</u>	<u>32,311.83</u>	<u>20,900.44</u>	<u>106,305.82</u>
Net Income	<u>1,200.89</u>	<u>5,858.88</u>	<u>-2,956.59</u>	<u>9,310.39</u>	<u>-3,783.18</u>	<u>8,806.11</u>	<u>18,436.50</u>

EXTENDED TO AUGUST 17, 2015

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 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
**LOUISVILLE COMMUNITY DESIGN CENTER, INC.
 DBA CENTER FOR NEIGHBORHOODS**

Doing business as **CENTER FOR NEIGHBORHOODS**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
610 S. FOURTH STREET, SUITE 609

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

F Name and address of principal officer: **THOMAS STEPHENS
 SAME AS C ABOVE**

D Employer identification number
 [REDACTED]

E Telephone number
502-589-0343

G Gross receipts \$ **174,685.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CENTERFORNEIGHBORHOODS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1975** **M** State of legal domicile: **KY**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SERVE AND ASSIST NEIGHBORHOODS TO EMPOWER AND EQUIP RESIDENTS TO ACHIEVE POSITIVE CHANGE IN THEIR		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,241.	Current Year 63,964.
	9	Program service revenue (Part VIII, line 2g)	221,454.	110,721.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,695.	174,685.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,592.	37,728.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,667.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	122,846.	127,153.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	267,438.	164,881.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-35,743.	9,804.
	20	Total assets (Part X, line 16)	Beginning of Current Year 50,404.	End of Year 63,534.
	21	Total liabilities (Part X, line 26)	184.	3,510.
	22	Net assets or fund balances. Subtract line 21 from line 20	50,220.	60,024.

Part II Signature Block

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: **THOMAS STEPHENS, EXECUTIVE DIRECTOR** Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **BARBARA A. LASKY** Preparer's signature: *Barbara Lasky* Date: **7-15-15** Check if self-employed PTIN: [REDACTED]

Firm's name: **ANDERSON, BRYANT, LASKY & WINSLOW, PSC** Firm's EIN: [REDACTED]

Firm's address: **943 SOUTH FIRST STREET
LOUISVILLE, KY 40203** Phone no. (502) 584-9793

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CENTER FOR NEIGHBORHOODS SUPPORTS AND EMPOWERS NEIGHBORHOODS TO CREATE STRONGER AND MORE VITAL COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 42,238. including grants of \$) (Revenue \$ 42,472.) 4A. EDUCATION AND LEADERSHIP TRAINING

WE CULTIVATE AND SUPPORT EFFECTIVE NEIGHBORHOOD ASSOCIATIONS CITYWIDE THROUGH LEADERSHIP EDUCATION AND BUILD LEARNING NETWORKS AROUND COMMON CONCERNS AND APPROACHES, DRAWING TOGETHER RESIDENT LEADERS FROM DIVERSE NEIGHBORHOODS, PERSPECTIVES, AND EXPERIENCES. OUR PROGRAMS AIM TO TEACH PROCESSES AND PRACTICES TO INCREASE AND IMPROVE RESIDENT PARTICIPATION IN NEIGHBORHOOD AND CIVIC LIFE, AND TO INCREASE THE CAPABILITIES AND PRODUCTIVITY OF NEIGHBORHOOD-BASED ORGANIZATIONS. KEY PROGRAMS IN 2014 INCLUDED:

NEIGHBORHOOD INSTITUTE - THE NEIGHBORHOOD INSTITUTE IS AN ANNUAL, 12-WEEK NEIGHBORHOOD LEADERSHIP TRAINING PROGRAM THAT EQUIPS

4b (Code:) (Expenses \$ 31,033. including grants of \$) (Revenue \$ 32,465.) 4B. COMMUNITY OUTREACH & TECHNICAL ASSISTANCE

WE BUILD RELATIONSHIPS WITH NEIGHBORHOOD ASSOCIATIONS & STAKEHOLDER INSTITUTIONS AND PROVIDES ASSISTANCE THROUGH PUBLIC AWARENESS, MEETING FACILITATION, PROBLEM SOLVING AND PROJECT CONSULTATION. OUR TECHNICAL ASSISTANCE ENCOURAGES NEIGHBORHOODS TO ENACT THEIR STRATEGIES AND PLANS FOR COMMUNITY IMPROVEMENT. WE SEEK TO SERVE AS A CATALYST FOR RESIDENTS, FAMILIES, NEIGHBORHOODS, PUBLIC INSTITUTIONS AND LOCAL GOVERNMENT COMING TOGETHER IN EFFECTIVE COLLABORATIONS FOR RESULTS THAT BENEFIT THE COMMUNITY.

4c (Code:) (Expenses \$ 26,093. including grants of \$) (Revenue \$ 27,530.) 4C. NEIGHBORHOOD RESOURCE CENTER

WE EMPOWER NEIGHBORHOOD LEADERS TO MAKE WELL-INFORMED DECISIONS BY PROVIDING SHARED KNOWLEDGE BETWEEN NEIGHBORHOODS, PROVIDING REFERRALS AND COMPILING COMPREHENSIVE DATA AND POWERFUL GIS MAPPING. ENGAGED RESIDENTS INFORMED WITH CLEAR INFORMATION AND VISUALS REINFORCE A HEALTHY COMMUNITY AND SUPPORT A HIGHER QUALITY OF LIFE IN LOUISVILLE. IN 2014 CFN DEVELOPED A PILOT NEIGHBORHOOD RESOURCE CENTER INCLUDING AN ONLINE MAPPING PORTAL FOR NEIGHBORHOOD LEVEL DATA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 25,784. including grants of \$) (Revenue \$ 8,254.)

4e Total program service expenses 125,148.

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Form 990 (2014)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	20b	

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LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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LOUISVILLE COMMUNITY DESIGN CENTER, INC.

DBA CENTER FOR NEIGHBORHOODS

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		11												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done														X
13 Did the organization have a written whistleblower policy?														X
14 Did the organization have a written document retention and destruction policy?														X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization														X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **►KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►**
COMPANY - 502-589-0343
610 S. FOURTH ST., SUITE 609, LOUISVILLE, KY 40202

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON GARNER PRESIDENT	1.00	X		X				0.	0.	0.
(2) LEO KLARER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) CAMILLE BATHURST SECRETARY	1.00	X		X				0.	0.	0.
(4) DON KELLER TREASURER	1.00	X		X				0.	0.	0.
(5) BARBARA SINAI BOARD MEMBER	1.00	X						0.	0.	0.
(6) WILLIAM HUFF BOARD MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL O'LEARY BOARD MEMBER	1.00	X						0.	0.	0.
(8) BRUCE DUNCAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) MELISSA MERSHON BOARD MEMBER	1.00	X						0.	0.	0.
(10) ROBERT BAJANDAS BOARD MEMBER	1.00	X						0.	0.	0.
(11) BILL SCHRECK BOARD MEMBER	1.00	X						0.	0.	0.
(12) ROSANNE KRZUICH INTERIM EXECUTIVE DIRECTOR	20.00			X				8,000.	0.	0.

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continuation)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
1b Sub-total						8,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A						0.	0.	0.	
d Total (add lines 1b and 1c)						8,000.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Form 990 (2014)

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	63,964.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		63,964.			
Program Service Revenue	2 a	VARIOUS PROGRAMS	Business Code 900099	110,721.	110,721.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		110,721.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		174,685.	110,721.	0.	0.	

432009 11-07-14

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LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,000.		8,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,651.	15,488.	4,130.	1,033.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,243.	5,432.	1,449.	362.
10 Payroll taxes	1,834.	1,375.	367.	92.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,200.		1,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,203.		17,203.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	12,756.	9,567.	2,551.	638.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,339.	1,754.	468.	117.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS & CONTRACT	61,344.	61,344.		
b PROGRAM EXPENSE	23,814.	23,814.		
c TELEPHONE	3,695.	2,771.	739.	185.
d SUPPLIES	2,846.	2,135.	569.	142.
e All other expenses	1,956.	1,468.	390.	98.
25 Total functional expenses. Add lines 1 through 24e	164,881.	125,148.	37,066.	2,667.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Form 990 (2014)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	43,985.	1	61,284.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,723.	4	2,250.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,696.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,205.		
	b	Less: accumulated depreciation	10b 17,205.	0.	10c 0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	50,404.	16	63,534.	
Liabilities	17	Accounts payable and accrued expenses	184.	17	3,510.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	184.	26	3,510.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	41,488.	27	33,880.
	28	Temporarily restricted net assets	8,732.	28	26,144.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	50,220.	33	60,024.	
34	Total liabilities and net assets/fund balances	50,404.	34	63,534.	

Form 990 (2014)

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Form 990 (2014)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,685.
2	Total expenses (must equal Part IX, column (A), line 25)	2	164,881.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,220.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,024.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

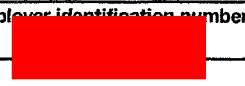
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **LOUISVILLE COMMUNITY DESIGN CENTER, INC.** Employer identification number
DBA CENTER FOR NEIGHBORHOODS 

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 generally must 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 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,172.	24,364.	3,198.	10,241.	63,964.	112,939.
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	11,172.	24,364.	3,198.	10,241.	63,964.	112,939.
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.						112,939.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,172.	24,364.	3,198.	10,241.	63,964.	112,939.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,505.	650.				2,155.
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.)		1,349.	1,834.			3,183.
11 Total support. Add lines 7 through 10						118,277.
12 Gross receipts from related activities, etc. (see instructions)					12	1,039,388.
13 First five 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.49 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	88.52 %
16a 33 1/3% support test - 2014. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) 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.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
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.)		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), 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.		

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 year(see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over 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.			

LOUISVILLE COMMUNITY DESIGN CENTER, INC

Schedule A (Form 990 or 990-EZ) 2014 DBA CENTER FOR NEIGHBORHOODS

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. 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 1-1/2% 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 .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 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).

LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Schedule A (Form 990 or 990-EZ) 2014 DBA CENTER FOR NEIGHBORHOODS

Page 7

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

LOUISVILLE COMMUNITY DESIGN CENTER, INC

Schedule A (Form 990 or 990-EZ) 2014 DBA CENTER FOR NEIGHBORHOODS

Page 8



Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a of 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization
**LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS**

Employer identification number



Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Employer identification number



Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OWSLEY BROWN FOUNDATION 333 E MAIN LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHRISTINA LEE BROWN 333 E MAIN LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MSD PO BOX 740011 LOUISVILLE, KY 40201	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Employer identification number
[REDACTED]

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Employer identification number



Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (9) for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **LOUISVILLE COMMUNITY DESIGN CENTER, INC.**
DBA CENTER FOR NEIGHBORHOODS

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶	\$ _____
(ii) Assets included in Form 990, Part X	▶	\$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶	\$ _____
b Assets included in Form 990, Part X	▶	\$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

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10-01-14

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		17,205.	17,205.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Schedule D (Form 990) 2014

DBA CENTER FOR NEIGHBORHOODS

Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
 DBA CENTER FOR NEIGHBORHOODS

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	174,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	174,685.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	174,685.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	164,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	164,881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	164,881.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC 740-10 WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE OPERATING STATEMENT OR ACCRUED IN THE BALANCE SHEET. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY THROUGH PLANNING, REVITALIZATION AND IMPROVEMENT, LEADERSHIP
DEVELOPMENT AND EDUCATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEIGHBORHOOD LEADERS TO AFFECT POSITIVE CHANGE BY ACTING AS INDIVIDUAL
CITIZENS OR THROUGH MOBILIZING THEIR NEIGHBORHOOD ASSOCIATIONS. ISSUES
COVERED IN THE NEIGHBORHOOD INSTITUTE DEPEND UPON THE NEEDS OF THE
CLASS, HOWEVER, PAST EXPERIENCE HAS LED US TO EXPECT THAT THE FOLLOWING
ISSUES WILL BE INCLUDED; COMMUNITY & ECONOMIC DEVELOPMENT, GETTING YOUR
MESSAGE OUT, CONFLICT RESOLUTION, CONSENSUS BUILDING, ACCESSING THE
POWER STRUCTURE, DEALING WITH PUBLIC SECTOR AGENCIES, ORGANIZATION
BUILDING, RESOURCE BUILDING AND TAPPING RESOURCES, STRATEGIC PLANNING,
PLANNING, ZONING AND LAND USE ISSUES, LEGAL ISSUES AND LAW ENFORCEMENT.

GREEN INSTITUTE - THE GREEN INSTITUTE IS AN ANNUAL 12-WEEK
ENVIRONMENTAL LEADERSHIP EDUCATION PROGRAM ESTABLISHED IN 2012 BY THE
CENTER FOR NEIGHBORHOODS AND ENVIRONMENTAL FILMMAKER AND EDUCATOR, BEN
EVANS, TO EQUIP NEIGHBORHOOD LEADERS WITH THE SKILLS AND RESOURCES
NEEDED TO INCREASE THE ENVIRONMENTAL, SOCIAL, AND ECONOMIC RESILIENCE
OF THEIR COMMUNITIES. THE GREEN INSTITUTE HELPS THE COMMUNITIES OF
LOUISVILLE LEVERAGE THEIR COLLECTIVE STRENGTHS TO MAKE A QUANTUM LEAP
IN ADDRESSING VITAL ISSUES RELATED TO THE ECONOMY, ENERGY, AND THE
ENVIRONMENT IN WAYS THAT IMPROVE THEIR LONG-TERM QUALITY OF LIFE. THE
GREEN INSTITUTE HELPS THE NEIGHBORHOODS OF LOUISVILLE LEVERAGE THEIR
COLLECTIVE STRENGTHS TO TAKE A QUANTUM LEAP FORWARD IN ADDRESSING

IMPORTANT ISSUES RELATED TO THE ECONOMY, ENERGY, AND THE ENVIRONMENT

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS**

Employer identification number

AND THEREBY IMPROVING THE LONG-TERM HEALTH AND QUALITY OF LIFE IN THOSE COMMUNITIES AND IN THE LARGER LOUISVILLE COMMUNITY.

PLANNING & ZONING WORKSHOP - TWO PLANNING AND ZONING WORKSHOPS WERE HELD PROVIDING CITIZENS FROM THROUGHOUT METRO LOUISVILLE WITH INFORMATION ABOUT HOW ZONING REGULATIONS AFFECT THEIR NEIGHBORHOODS, AS WELL AS, HOW THE PLANNING AND ZONING PROCESS WORKS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

4D. OTHER

RESIDENT INITIATED PROJECTS - FROM PARK IMPROVEMENTS, CORRIDOR BEAUTIFICATION PROJECTS, AND COMMUNITY EVENTS, AMONG OTHERS - WERE LAUNCHED IN 7 DIFFERENT NEIGHBORHOODS. AS PART OF THE PAINT PROGRAM - PRODUCING ART IN NEIGHBORHOODS TOGETHER - THREE UNIQUE, CITIZEN-INVOLVED PUBLIC ART PROJECTS WERE CREATED IN 2 NEIGHBORHOODS. CFN HAS AN EXTENSIVE BACKGROUND IN NEIGHBORHOOD ASSESSMENT AND PLANNING, WHICH INCLUDES FACILITATING BROAD STAKEHOLDER INPUT. NEIGHBORHOOD ASSESSMENTS AND WALKABILITY ASSESSMENTS HELP IDENTIFY CURRENT CONDITIONS, FUTURE DESIRES AND THE ACTION STEPS NEEDED TO GET THERE. NEIGHBORHOOD PLANS ALLOW RESIDENTS TO ARTICULATE & DOCUMENT A CLEAR VISION FOR THEIR NEIGHBORHOOD WITH DEFINED GOALS AND A WORK PLAN. CFN COMPLETED ASSESSMENT PROJECTS INCLUDING NEIGHBORHOOD ASSESSMENTS, WALKABILITY ASSESSMENTS, A HUMAN SERVICES NEEDS ASSESSMENT AND ANALYSIS OF VACANT AND ABANDONED PROPERTIES IN HARD-HIT AREAS TO IDENTIFY PRIORITY FOCUS AREAS.

EXPENSES \$ 25,784. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,254.

FORM 990, PART VI, SECTION B, LINE 11:

432212
08-27-14

Name of the organization LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS

Employer identification number

THE FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN THE AUDIT COMMITTEE PRIOR TO ITS FILING. IT IS THEN GIVEN TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD REVIEWS

FORM 990, PART VI, SECTION C, LINE 19:

THEY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BOOKKEEPING SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,203.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,203.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	17,203.

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & EQUIPMENT	06/30/05	200DE	5.00	H	17	12,537.				12,537.	12,537.		0.	12,537.
2	FURNITURE & EQUIPMENT	06/30/06	200DE	5.00	H	17	4,668.				4,668.	4,668.		0.	4,668.
	* TOTAL 990 PAGE 10 DEPR						17,205.				17,205.	17,205.		0.	17,205.

48511-05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. LOUISVILLE COMMUNITY DESIGN CENTER, INC. DBA CENTER FOR NEIGHBORHOODS	Enter filer's identifying number Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 610 S. FOURTH STREET, SUITE 609	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

COMPANY

- The books are in the care of ▶ **610 S. FOURTH ST., SUITE 609 - LOUISVILLE, KY 40202**
Telephone No. ▶ **502-589-0343** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2014 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - LOUISVILLE COMMUNITY DESIGN CENTER, INC.
 DBA CENTER FOR NEIGHBORHOODS

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & EQUIPMENT	063005	200DB	5.00	17	12,537.			12,537.	12,537.		0.
2	FURNITURE & EQUIPMENT	063006	200DB	5.00	17	4,668.			4,668.	4,668.		0.
	* TOTAL 990 PAGE 10 DEPR					17,205.			17,205.	17,205.		0.

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. LOUISVILLE COMMUNITY DESIGN CENTER, INC. DBA CENTER FOR NEIGHBORHOODS	Employer identification number (EIN) or <div style="background-color: black; width: 100px; height: 20px;"></div>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 610 S. FOURTH STREET, SUITE 609	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

COMPANY

- The books are in the care of ▶ **610 S. FOURTH ST., SUITE 609 - LOUISVILLE, KY 40202**
Telephone No. ▶ **502-589-0343** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

**LOUISVILLE COMMUNITY
DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS**

DECEMBER 31, 2014

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Louisville Community Design Center, Inc.
dba Center for Neighborhoods

We have audited the accompanying financial statements of the Louisville Community Design Center, Inc. dba Center for Neighborhoods, (a not-for-profit organization) which comprise the statement of financial position as of December 31, 2014, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness

of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Louisville Community Design Center, Inc. dba Center for Neighborhoods as of December 31, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Anderson, Bryant, Leachy + Wainlow, P.S.C.

Louisville, Kentucky
February 16, 2015

STATEMENT OF FINANCIAL POSITION
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS
DECEMBER 31, 2014

ASSETS	
Cash	\$ 61,284
Accounts receivable	<u>2,250</u>
Total assets	<u><u>\$ 63,534</u></u>
 LIABILITIES AND NET ASSETS	
LIABILITIES	
Accounts payable and accrued expenses	<u>3,510</u>
 NET ASSETS	
Unrestricted	33,880
Temporarily restricted	<u>26,144</u>
Total net assets	<u>60,024</u>
Total liabilities and net assets	<u><u>\$ 63,534</u></u>

The accompanying notes are an integral part of these financial statements.

STATEMENT OF ACTIVITIES
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS
FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>Unrestricted</u>	Temporarily <u>Restricted</u>	<u>Total</u>
Revenue and support:			
Contributions and grants	\$ 50,093	\$ 13,871	\$ 63,964
Program revenue	<u>97,321</u>	<u>13,400</u>	<u>110,721</u>
Total revenue and support	147,414	27,271	174,685
Net assets released from restrictions:			
Restrictions satisfied by payments	<u>9,859</u>	<u>(9,859)</u>	<u>-</u>
Total revenue, support and reclassifications	<u>157,273</u>	<u>17,412</u>	<u>174,685</u>
Expenses:			
Program services	125,148	-	125,148
Management and general	37,066	-	37,066
Fund raising	<u>2,667</u>	<u>-</u>	<u>2,667</u>
Total expenses	<u>164,881</u>	<u>-</u>	<u>164,881</u>
Increase (decrease) in net assets	(7,608)	17,412	9,804
Net assets at beginning of year	<u>41,488</u>	<u>8,732</u>	<u>50,220</u>
Net assets at end of year	<u>\$ 33,880</u>	<u>\$ 26,144</u>	<u>\$ 60,024</u>

The accompanying notes are an integral part of these financial statements.

**STATEMENT OF FUNCTIONAL EXPENSES
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS
FOR THE YEAR ENDED DECEMBER 31, 2014**

	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>
Salaries and wages	\$ 20.651	\$ 15.488	\$ 4.130	\$ 1.033
Employee benefits and payroll taxes	9.077	6.807	1.816	454
Program expense	23.814	23.814	-	-
Contract services	69,344	61,344	8,000	-
Professional fees	18,403	-	18,403	-
Supplies	2,846	2,135	569	142
Telephone	3,695	2,771	739	185
Postage and shipping	95	71	19	5
Occupancy	12,756	9,567	2,551	638
Dues and subscriptions	200	150	40	10
Miscellaneous	1,586	1,191	316	79
Insurance	2,339	1,754	468	117
Bank fees and service charges	75	56	15	4
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total expenses	<u>\$ 164.881</u>	<u>\$ 125.148</u>	<u>\$ 37.066</u>	<u>\$ 2.667</u>

The accompanying notes are an integral part of these financial statements.

STATEMENT OF CASH FLOWS
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS
FOR THE YEAR ENDED DECEMBER 31, 2014

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in net assets	\$ 9,804
Changes in operating assets and liabilities:	
Accounts receivable	473
Accounts payable and accrued expenses	<u>7,023</u>
Net cash provided (used) by operating activities	<u>17,300</u>
Net increase (decrease) in cash	17,300
Cash at beginning of year	<u>43,984</u>
Cash at end of year	<u><u>\$ 61,284</u></u>

The accompanying notes are an integral part of these financial statements.

**NOTES TO FINANCIAL STATEMENTS
LOUISVILLE COMMUNITY DESIGN CENTER, INC.
DBA CENTER FOR NEIGHBORHOODS
DECEMBER 31, 2014**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Louisville Community Design Center, Inc. dba Center for Neighborhoods (LCDC) is a not-for-profit organization that provides various services to Louisville neighborhoods. These services include, but are not limited to:

Leadership Education & Training

We cultivate and support effective neighborhood associations citywide through leadership education and build learning networks around common concerns and approaches, drawing together resident leaders from diverse neighborhoods, perspectives, and experiences. Our programs aim to teach processes and practices to increase and improve resident participation in neighborhood and civic life, and to increase the capabilities and productivity of neighborhood-based organizations. Programs include Neighborhood Institute, Green Institute, graduate seminars and community workshops.

Neighborhood Outreach & Technical Assistance

We build relationships with neighborhood associations & stakeholder institutions and provide assistance through public awareness, meeting facilitation, problem solving and project consultation. Our technical assistance encourages neighborhoods to enact their strategies and plans for community improvement. We seek to serve as a catalyst for residents, families, neighborhoods, public institutions and local government coming together in effective collaborations for results that benefit the community.

Neighborhood Planning & Design

CFN has an extensive background in neighborhood assessment and planning, which includes facilitating broad stakeholder input. Neighborhood Assessments and Walkability Assessments help identify current conditions, future desires and the action steps needed to get there. Neighborhood Plans allow residents to articulate & document a clear vision for their neighborhood with defined goals and a work plan. Other programs include PAINT projects and design assistance.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

Neighborhood Resource Center

For more than 40 years, the Center for Neighborhoods and Louisville Community Design Center have worked with neighborhoods and partner organizations to educate & empower residents, identify & provide resources and build a network of neighborhood leaders. As a continuation of that we are working to build out a physical and online Neighborhood Resource Center to provide access to our mapping services and to provide our member organizations access to the existing and growing knowledge base. We want to empower neighborhood leaders to make well-informed decisions by providing shared knowledge between neighborhoods, providing referrals and compiling comprehensive data and powerful GIS mapping. Engaged residents informed with clear information and visuals reinforce a healthy community and support a higher quality of life in Louisville.

A significant portion of the organization's funding is fees received from Louisville Metro and donations.

Basis of Accounting

The financial statements of the organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net assets categories follows:

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor-imposed restrictions have not been met.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash

Cash consists of checking and money market accounts.

Accounts Receivable

Accounts receivable consists primarily of receivables for program fees earned by the organization. An allowance for uncollectibles has not been recorded because management believes all receivables are fully collectible.

Furniture and Equipment

Furniture and equipment is recorded at cost and depreciated based on the straight-line method over the estimated useful life of the respective assets (5-40 years). The cost of equipment in excess of \$250 is capitalized.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

Expense Allocation

Expenses are allocated to programs and supporting services on the basis of direct salaries.

Income Tax Status

LCDC is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The organization qualified for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the operating statement or accrued in the balance sheet. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.

Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through February 16, 2015, which was the date at which the financial statements were available to be issued.

NOTE 2. CONCENTRATION OF CREDIT RISK

Concentration of Revenue - LCDC receives a substantial amount of its support from Louisville Metro government. A significant reduction in the level of this support, if it were to occur, may have an effect on LCDC's programs and activities.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE 3. RESTRICTIONS ON ASSETS

Temporarily restricted net assets are available for the following purposes:

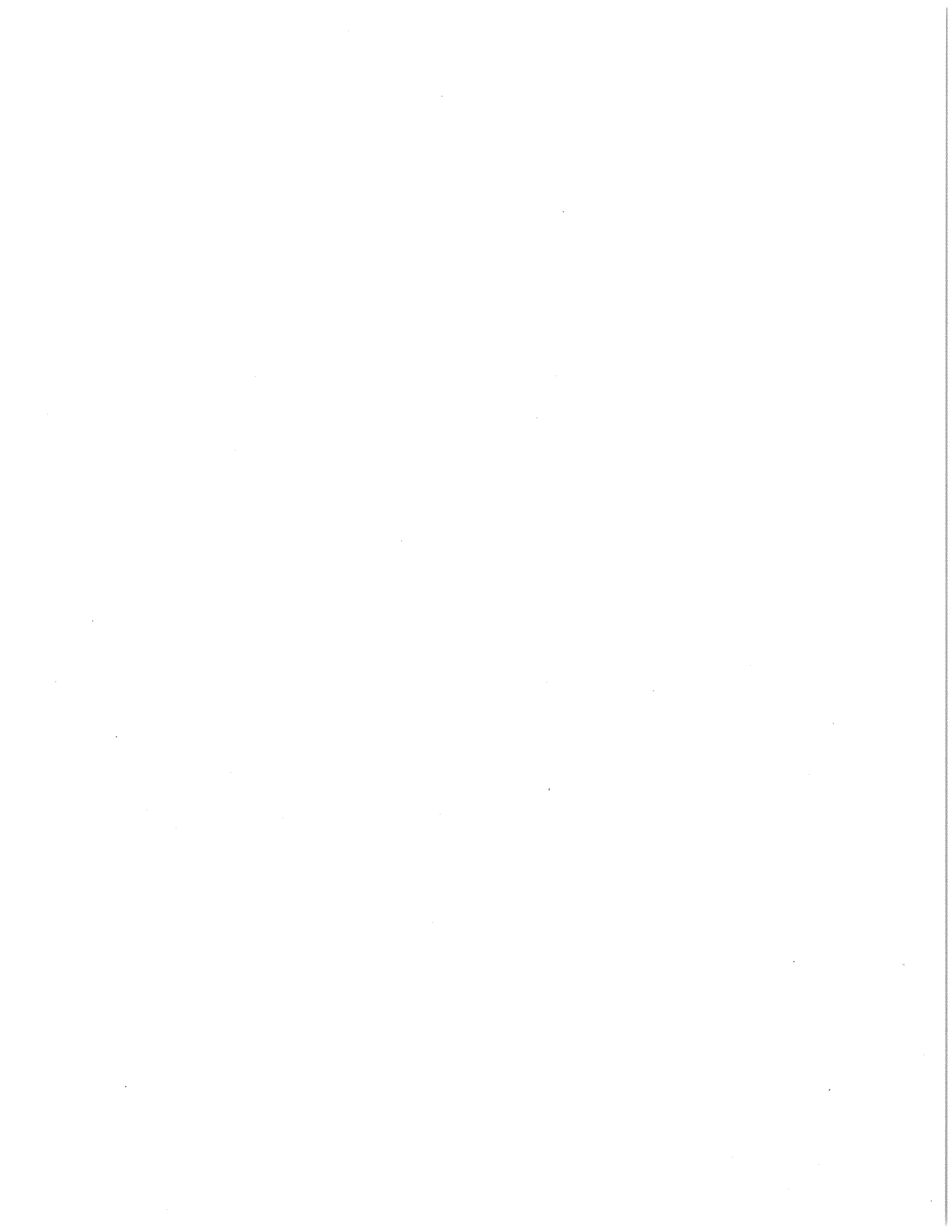
Subsequent year's activities	<u>\$ 26,144</u>
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NOTE 4. LEASE COMMITMENTS

LCDC leases office space under an operating lease expiring November 30, 2016. Future minimum lease payments under noncancelable operating leases at December 31, 2014 are as follows:

2015	\$ 8,352
2016	<u>7,656</u>
	<u>\$ 16,008</u>

Lease expense for the year ended December 31, 2014 was \$12,196. A portion of the leased space was subleased month to month to two unaffiliated not-for-profit organizations. Sublease income for 2014 was \$10,500.



**CFN STAFF POSITIONS
2016**

	Staff	Position	Salary
			Highest Paid Staff
	Tom Stephens	Executive Director	\$60,000
	John Hawkins	Senior Program Coordinator	\$41,600
	Isabella Christensen	Neighborhood Liaison	\$36,912
	Laura Stricklen	Neighborhood Liaison	\$36,912
	Becky Blair	Bookkeeper, Office Manager	
	Jessica Brown	Planning & Program Assoc.	
	Alex Molina	Planning & Program Assoc.	
	Gwendolyn Kelly	Program Facilitator	
	Christi Stevens	GIS & Data Analyst	
	Ben Evans	Green Institute Coordinator	

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.**

The following Amended and Restated Articles of Incorporation of the Louisville Community Design Center, Inc. (the "Corporation") are filed pursuant to KRS 273.273.

ARTICLE I

The Corporation's name is **THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.**

ARTICLE II

The Corporation is organized to perform any and all other lawful acts which any other non-profit organization can perform.

ARTICLE III

The Corporation is organized exclusively for charitable purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or a corresponding provision of any future United States Internal Revenue law). No part of the Corporation's net earnings shall inure to the benefit of a member or director. The balance, if any, of any money received by the Corporation from its operations, after the payment in full of all the Corporation's debts and obligations, of whatsoever kind and nature, shall be used and distributed exclusively for charitable, scientific, and education, or such other purposes that are consistent with the above corporate purposes.

ARTICLE IV

The Corporation shall have no capital stock and no members.

ARTICLE V

The Corporation's term shall be perpetual.

ARTICLE VII

The Corporation's affairs and business shall be conducted by a Board of Directors, the number of which shall be established from time to time as provided in the Bylaws of the Corporation, one of whom shall be elected Chairman of the Board.

ARTICLE VIII

The Corporation may incur an unlimited amount of liabilities or indebtedness.

the Corporation or otherwise) by reason of the fact that such person is or was a Director or officer of the Corporation against judgments, penalties, fines, settlements and reasonable expenses (including attorneys' fees) actually incurred in connection with such proceeding; and the Board may, at any time, approve indemnification of any other person which the Corporation has the power to indemnify under law.

IN WITNESS WHEREOF, the undersigned subscribes his name as of this 19 day of Nov, 2002.

By: , its Chairman

990163.880163/503411.2

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Louisville Community Design Center, Inc.		
	2 Business name/disregarded entity name, if different from above Center For Neighborhoods		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(3) tax-exempt organization		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 610 S. 4th Street, Suite 609		Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40202		
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Howie A. Sledge</i>	Date ▶ <i>04-01-2015</i>
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CENTER FOR NEIGHBORHOODS

General Information

Organization Number 0032078
Name CENTER FOR NEIGHBORHOODS
Company Type ASC - Assumed Name Corporation
Status A - Active
State KY
File Date 8/9/2005
Expiration Date 8/9/2020
Renewal Date 5/11/2015
Principal Office 333 GUTHRIE GREEN, SUITE 412
 LOUISVILLE, KY 40202

Current Officers

Individuals / Entities listed at time of formation

Director TOM SMITH
Director RALPH KURTZ
Director JOHN SHULHAFFER
Incorporator TOM SMITH
Incorporator RALPH KURTZ
Incorporator JOHN SHULHAFFER

Images available online

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

<u>Annual Report</u>	6/16/2015	1 page	<u>PDF</u>	
<u>Name Renewal</u>	5/11/2015 12:25:17 PM	1 page	<u>PDF</u>	
<u>Principal Office Address Change</u>	5/11/2015 12:15:40 PM	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	5/11/2015 12:11:07 PM	1 page	<u>PDF</u>	
<u>Renewal of Assumed Name Return</u>	3/3/2015	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2014	1 page	<u>PDF</u>	
<u>Registered Agent name/address change</u>	6/28/2013 4:01:28 PM	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/28/2013	1 page	<u>PDF</u>	
<u>Amendment</u>	12/6/2012	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/30/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/2/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report Amendment</u>	6/28/2010	1 page	<u>tiff</u>	<u>PDF</u>

Annual Report	6/16/2010	1 page	tiff	PDF
Name Renewal	6/11/2010	1 page	tiff	PDF
Annual Report	4/17/2009	1 page	PDF	
Annual Report	2/29/2008	1 page	tiff	PDF
Annual Report	3/21/2007	1 page	tiff	PDF
Statement of Change	6/13/2006	1 page	tiff	PDF
Annual Report	5/17/2006	1 page	tiff	PDF
Certificate of Assumed Name	8/9/2005	1 page	tiff	PDF
Annual Report	2/14/2005	1 page	PDF	
Annual Report	4/15/2003	1 page	tiff	PDF
Annual Report	5/2/2002	1 page	tiff	PDF
Annual Report	8/10/2000	2 pages	tiff	PDF
Annual Report	8/4/1999	4 pages	tiff	PDF
Annual Report	8/26/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Statement of Change	9/1/1994	1 page	tiff	PDF
Annual Report	7/1/1994	2 pages	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	3/18/1992	1 page	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	5 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Amendment	7/15/1987	7 pages	tiff	PDF

Assumed Name ofTHE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Renewal of assumed name	5/11/2015 12:25:18 PM	5/11/2015	
Renewal of assumed name	6/11/2010 8:43:09 AM	6/11/2010	
Add	8/9/2005 10:16:21 AM	8/9/2005	<u>THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.</u>

Microfilmed Images