

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

Community  
**Applicant/Program:** Louisville Design Center, Inc. DBA Center for Neighborhoods  
**Applicant Requested Amount:** \$19,900  
**Appropriation Request Amount:** \$19,900

**Executive Summary of Request**  
Conduct authentic and inclusive community engagement, in order to gather input for a potential Algonquin Park Master Plan update. The funds will be used for engagement process, salaries, printing of marketing materials and surveys.

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.

3 District #      [Signature] Primary Sponsor Signature      \$19,900 Amount      10/22/21 Date

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

**Approved by:**  
  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:** Louisville Community Center, Inc./  
Center for Neighborhoods/ Algonquin Park Community Engagement

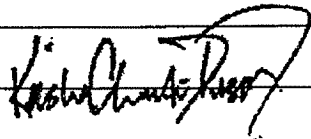
### Additional Disclosure and Signatures

#### Additional Council Office Disclosure

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

N/A

#### Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3		\$ 19,900
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:** Louisville Community Center, Inc./  
Center for Neighborhoods/ Algonquin Park Community Engagement

**Additional Disclosure and Signatures**

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

N/A

- District 16 \_\_\_\_\_ \$ \_\_\_\_\_
- District 17 \_\_\_\_\_ \$ \_\_\_\_\_
- District 18 \_\_\_\_\_ \$ \_\_\_\_\_
- District 19 \_\_\_\_\_ \$ \_\_\_\_\_
- District 20 \_\_\_\_\_ \$ \_\_\_\_\_
- District 21 \_\_\_\_\_ \$ \_\_\_\_\_
- District 22 \_\_\_\_\_ \$ \_\_\_\_\_
- District 23 \_\_\_\_\_ \$ \_\_\_\_\_
- District 24 \_\_\_\_\_ \$ \_\_\_\_\_
- District 25 \_\_\_\_\_ \$ \_\_\_\_\_
- District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

<b>Legal Name of Applicant Organization</b> <sup>Community</sup> Louisville Design Center, Inc. DBA Center for Neighborhoods	
<b>Program Name and Request Amount</b> Algonquin Park Community Engagement \$19,900	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	<b>Yes</b> <input checked="" type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<b>Yes</b> <input checked="" type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<b>Yes</b> <input checked="" type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	<b>N/A</b> <input checked="" type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<b>Yes</b> <input checked="" type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<b>Yes</b> <input checked="" type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<b>N/A</b> <input checked="" type="checkbox"/>
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the current Fiscal Year Budget included?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	<b>Yes</b> <input checked="" type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	<b>Yes</b> <input checked="" type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<b>No</b> <input checked="" type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<b>Yes</b> <input checked="" type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<b>Yes</b> <input checked="" type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<b>N/A</b> <input checked="" type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<b>N/A</b> <input checked="" type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the IRS Form W-9 included?	<b>Yes</b> <input checked="" type="checkbox"/>
Is the IRS Form 990 included?	<b>Yes</b> <input checked="" type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<b>N/A</b> <input checked="" type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<b>No</b> <input checked="" type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<b>Yes</b> <input checked="" type="checkbox"/>
<b>Prepared by:</b> Keturah Morrow	<b>Date:</b> 10/22/21

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Community <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> Louisville Design Center, Inc. DBA Center for Neighborhoods			
<b>Main Office Street &amp; Mailing Address:</b> 1126 Berry Blvd, Suite 300, Louisville, Ky			
<b>Website:</b> www.centerforneighborhoods.org			
<b>Applicant Contact:</b>	Mikal Forbush	<b>Title:</b>	Education & Engagement Dir.
<b>Phone:</b>	(502) 589-0343	<b>Email:</b>	mikalf@centerforneighborhoods.org
<b>Financial Contact:</b>	Mellone Long	<b>Title:</b>	Director
<b>Phone:</b>	(502) 589-0343	<b>Email:</b>	mellone1@centerforneighborhoods.org
<b>Organization's Representative who attended NDF Training:</b> Mikal Forbush			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Algonquin Park and surrounding community		
<b>Council District(s):</b>	3	<b>Zip Code(s):</b>	40210
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> ALGONQUIN PARK COMMUNITY ENGAGEMENT			
<b>Total Request: (\$)</b>	\$ 19,900.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 0.00
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <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 (current & signed) <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 checked="" 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 applicable	
<b>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.</b>			
<b>Source:</b>	Lou Metro Council Budget	<b>Amount: (\$)</b>	\$ 50,000.00
<b>Source:</b>	External Agency fund	<b>Amount: (\$)</b>	\$ 19,500.00
<b>Source:</b>	EAF from Develop Louisville	<b>Amount: (\$)</b>	\$ 95,000.00
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

For almost 50 years, the Center For Neighborhoods has cultivated grassroots leadership, provided leadership education, partnered with neighborhoods in community planning efforts, facilitated civic dialogue among stakeholders and actively participated in neighborhood-based development & improvement projects.

Center For Neighborhoods is an independent 501(c)(3) organization dedicated to partnering with neighborhood residents to create change in their communities.

We prioritize partnerships with residents of West and South Louisville who live in neighborhoods that have experienced long-term disinvestment to strengthen social cohesion and shared visioning that enables residents to participate in, implement and / or lead neighborhood projects, investments, and inclusive transformation. We also provide data, knowledge, and technical guidance to enhance resident participation, leadership and decision making.

**Our Vision:** We envision a Louisville community of great neighborhoods led by engaged neighbors who are creating unique places that provide a high quality of life and equitable access to opportunity for all

**Our Mission:** Engaging with neighbors to build great neighborhoods

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Tim Holz	06/30/2022
Roberto Bajandas	06/30/2023
Jennifer Chappell	06/30/2023
Eboni Neal Cochran	06/30/2023
Ralph Fitzpatrick	06/30/2022
Nancy Hancock	06/30/2022
Melissa Mershon	06/30/2022
Kimberly Kauffeld	06/30/2023
Mitchell Kersting	06/30/2023
Doris Sims	06/30/2022
Kish Cumi Price	06/30/2024
Rob Monsma	06/30/2024
Monica Unseld	06/30/2024
Jecorey Arthur	06/30/2023
Andre Kimo Stone Guess	12/31/2024
Terri Davenport	12/31/2024
Randy Whetstone	12/31/2024

**Describe the Board term limit policy:**

Each member of the Board of Directors shall serve for a term of three years, or until such director dies, resigns, or is removed from the Board by a vote of the Board of Directors

Three Highest Paid Staff Names	Annual Salary
Dr. Mellone F. Long	\$ 87,500.00
Ms. Jess Brown	\$ 54,622.00
Mr. Mikal Forbush	\$ 53,587.00

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – PROGRAM/PROJECT NARRATIVE**

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Conduct authentic and inclusive community engagement, in order to gather input for a potential Algonquin Park Master Plan update. This engagement will be conducted between October, 2021 and March, 2022. Engagement will be conducted in two phases:

Phase 1: The early engagement stage will focus on establishing communications with the community and orienting project strategy to project specifics. Because of our team's history with the neighborhood, we are uniquely positioned to hit the ground running.

Phase 2: The team will build on the early engagement efforts from Phase 1 by expanding our community participant network, continuing in depth stakeholder/partner conversations, hosting focused community audits/workshops, and other non-traditional engagement methods that foster greater participation. The Metro Council office and Algonquin Area Plan Advisory Group will be involved throughout this phase, through the events and regular check-ins.

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

Funds will be used directly toward the completion of the engagement process, to include but not limited to salaries, printing of marketing materials and surveys.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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

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

## 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:**

At the end of our engagement process a Community Engagement Summary Report (summarized below) will be provided to the Council and the community. Data will be collected using a communication strategy. The communication strategy will outline appropriate outlets for the community to gather information about the planning process, this may include online social media; physical locations like existing little free libraries, schools and community facilities; temporary Community Chalkboards, and; through community partners.

Community Engagement Summary Report

- o All of the community engagement summary findings will be graphically summarized in a visually pleasing, community-friendly, final report format (10 pages or less).
- o Summary report will include community priorities.
- o Additional notes and other agreed upon detail, including meeting minutes, survey results, maps, will be provided directly to the Metro Council office.

**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.**

Center for Neighborhoods works directly with residents and neighborhood groups within the Metro area. For this project we will be working with the Algonquin Area Neighborhood Plan Advisory Group as well as reaching out directly to residents and stakeholders within the area.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	\$ 17,900.00		\$ 17,900.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>	\$ 2,000.00		\$ 2,000.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			\$ 0.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 19,900.00	\$ 0.00	\$ 19,900.00
% of Program Budget	100.00%	0.00%	<b>100%</b>

**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)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$ 0.00

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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail 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
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i></p>	<p align="center">\$ 0.00</p>	

**\* 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:** 7/1/21

**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 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	<i>Mikal Forbush</i>	<b>Date:</b>	10/22/2021
<b>Legal Signatory: (please print):</b>	Mikal Forbush	<b>Title:</b>	Education Director
<b>Phone:</b>	(502) 589-0343	<b>Extension:</b>	
<b>Email:</b>	mikalf@centerforneighborhoods.org		



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Center for Neighborhoods

Grantee Representative Name: Mikal Forbush

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

Please check:



I viewed the NDF training material on the website

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

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

Mikal Forbush  
Grantee Representative Signature

10/22/2021  
Date

NOTE: Please return to Roxanne Steele


E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

CINCINNATI OH 45999-0038

In reply refer to: 0248188044  
Sep. 17, 2019 LTR 4168C 0  
61-0889003 000000 00  
00010406  
BODC: TE

  
LOUISVILLE COMMUNITY DESIGN CENTER  
INC  
507 S 3RD ST  
LOUISVILLE KY 40202

021468

Employer ID number: 61-0889003  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Sep. 06, 2019, about your tax-exempt status.

We issued you a determination letter in July 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,



0248188044  
Sep. 17, 2019 LTR 4168C 0  
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LOUISVILLE COMMUNITY DESIGN CENTER  
INC  
507 S 3RD ST  
LOUISVILLE KY 40202

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager  
Accounts Management Operations 1



**CENTER FOR NEIGHBORHOODS**  
**DRAFT FY22 BUDGET (July 1, 2021 to June 30, 2022)**

**FY22 REVENUE**

4010	Donations	28,500
4020	Corporate Contributions (Sponsorships)	30,000
4100	Donated Goods & Services (In Kind)	13,500
4200	Private Grants	227,500
4500	Government Grants	210,000
5040	Contracts / Fees	158,500
5100	Fundraising (& Program) Sales	1500
5300	Interest Income	500
5490	Misc Revenue	800
5800	Special Events	1800
	<b>TOTAL REVENUE</b>	<b>722,600</b>

**FY22 EXPENSES - PERSONNEL**

7200	Staff Salaries, Benefits & Taxes	576,107.84
7540	Personnel - Contract Services	19,310
8670	Payroll Processing Fees	3,000
	<b>Personnel Total</b>	<b>598,417.84</b>

**FY22 EXPENSES - NON PERSONNEL**

8110	Materials / Supplies	69,500
8120	Donated Materials / Supplies	13,500
8130	Phone & Telecommunications	2,477
8140	Postage & Shipping	1,150
8170	Printing & Copying	6,000
8180	Technology Expenses	8,743
8190	Contract Services - Program	26,000
8590	Other Expenses - MicroGrants to NI alum	2,500
8210	Rent	16,818
8310	Travel (in town)	2,218
8310	Travel (out of town)	1,399
8540	Staff Training & Development	6,992
8530	Membership Dues - Org	1,540
8570	Advertising Expenses (Marketing)	1,200
7520	Contract - Audit / 990	7,500
8520	Insurance	2,500
8660	Bank & Merchant Fees	700
	<b>Non Personnel Total</b>	<b>170,737</b>

<b>TOTAL EXPENSES</b>	<b>769,154.84</b>
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BUDGET DEFICIT

46,554.84



Center For Neighborhoods

VISION. KNOWLEDGE. ACTION.

**Louisville Community Design Center, Inc.**

**DBA Center for Neighborhoods**

**Independent Auditors' Report and**

**Financial Statements for the Years Ended**

**June 30, 2020 and 2019**

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## Independent Auditors' 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 statements of financial position as of June 30, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years 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.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits 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 June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Baldwin CPAs, PLLC*

Louisville, Kentucky  
November 5, 2020

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Financial Position**  
**As of June 30, 2020 and 2019**

	2020	2019
<b>Assets</b>		
Cash	\$ 234,231	\$ 284,708
Grants receivable	60,000	61,540
Promises to give, net	76,450	147,685
Prepaid expenses	3,879	480
Furniture and equipment, net	6,761	8,732
<b>Total Assets</b>	<b>\$ 381,321</b>	<b>\$ 503,145</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 37,613	\$ 47,456
Fiscal sponsorship payable	230	14,969
<b>Total Liabilities</b>	37,843	62,425
<b>Net Assets</b>		
Without donor restrictions	73,843	122,540
With donor restrictions	269,635	318,180
<b>Total Net Assets</b>	343,478	440,720
<b>Total Liabilities and Net Assets</b>	<b>\$ 381,321</b>	<b>\$ 503,145</b>

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Activities**  
**For the Years Ended June 30, 2020 and 2019**

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<b>Revenue and Support</b>						
Contributions and grants	\$ 215,900	\$ 345,120	\$ 561,020	\$ 269,358	\$ 198,009	\$ 467,367
Program revenue	5,537	-	5,537	21,535	-	21,535
Miscellaneous income	1,597	-	1,597	890	-	890
	<u>223,034</u>	<u>345,120</u>	<u>568,154</u>	<u>291,783</u>	<u>198,009</u>	<u>489,792</u>
<b>Net Assets Released from Restrictions</b>						
Restrictions satisfied by payments	393,665	(393,665)	-	460,959	(460,959)	-
<b>Total Revenue, Support and Releases</b>	<u>616,699</u>	<u>(48,545)</u>	<u>568,154</u>	<u>752,742</u>	<u>(262,950)</u>	<u>489,792</u>
<b>Expenses</b>						
Program services	490,950	-	490,950	514,354	-	514,354
Management and general	137,828	-	137,828	160,584	-	160,584
Fund raising	36,618	-	36,618	32,681	-	32,681
<b>Total Expenses</b>	<u>665,396</u>	<u>-</u>	<u>665,396</u>	<u>707,619</u>	<u>-</u>	<u>707,619</u>
<b>Change in Net Assets</b>	(48,697)	(48,545)	(97,242)	45,123	(262,950)	(217,827)
Net Assets at Beginning of Year	<u>122,540</u>	<u>318,180</u>	<u>440,720</u>	<u>77,417</u>	<u>581,130</u>	<u>658,547</u>
<b>Net Assets at End of Year</b>	<u>\$ 73,843</u>	<u>\$ 269,635</u>	<u>\$ 343,478</u>	<u>\$ 122,540</u>	<u>\$ 318,180</u>	<u>\$ 440,720</u>

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

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Functional Expenses**  
**For the Years Ended June 30, 2020 and 2019**

	2020				2019			
	Total	Program Services	Management and General	Fund Raising	Total	Program Services	Management and General	Fund Raising
Salaries and wages	\$ 402,893	\$ 302,170	\$ 80,579	\$ 20,144	\$ 355,628	\$ 266,721	\$ 71,126	\$ 17,781
Employee benefits and payroll taxes	76,938	57,704	15,388	3,846	78,814	59,111	15,763	3,940
Contract services	78,037	58,528	15,607	3,902	99,406	74,555	19,881	4,970
Professional fees	10,787	-	10,787	-	40,199	-	40,199	-
Supplies	19,121	18,158	963	-	75,371	72,683	2,688	-
Telephone and IT	14,774	11,081	2,955	738	10,659	7,994	2,132	533
Marketing	5,101	-	-	5,101	3,258	-	-	3,258
Postage and printing	5,292	3,969	1,058	265	3,173	2,380	635	158
Occupancy	23,425	17,569	4,685	1,171	19,560	14,670	3,912	978
Travel, training, and meetings	8,849	6,637	1,770	442	14,017	10,513	2,803	701
Dues and subscriptions	1,308	981	262	65	651	488	130	33
Insurance	3,101	2,326	620	155	1,097	823	219	55
Depreciation	1,971	1,478	394	99	843	632	169	42
Miscellaneous	13,799	10,349	2,760	690	4,943	3,784	927	232
<b>Total Expenses</b>	<b>\$ 665,396</b>	<b>\$ 490,950</b>	<b>\$ 137,828</b>	<b>\$ 36,618</b>	<b>\$ 707,619</b>	<b>\$ 514,354</b>	<b>\$ 160,584</b>	<b>\$ 32,681</b>

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



**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Cash Flows**  
**For the Years Ended June 30, 2020 and 2019**

	<u>2020</u>	<u>2019</u>
<b>Cash Flows From Operating Activities</b>		
Change in net assets	\$ (97,242)	\$ (217,827)
Adjustments to reconcile change in net assets to net cash used by operating activities:		
Depreciation expense	1,971	843
Changes in operating assets and liabilities:		
Grants receivable	1,540	(27,370)
Promises to give, net	71,235	63,111
Prepaid expenses	(3,399)	(480)
Accounts payable and accrued expenses	(9,843)	14,846
Fiscal sponsorship payable	<u>(14,739)</u>	<u>9,365</u>
<b>Net Cash Used by Operating Activities</b>	(50,477)	(157,512)
<b>Cash Flows From Investing Activities</b>		
Purchase of furniture and equipment	<u>-</u>	<u>(7,990)</u>
<b>Net Cash Used by Investing Activities</b>	-	(7,990)
<b>Net Decrease in Cash</b>	(50,477)	(165,502)
Cash at Beginning of Year	<u>284,708</u>	<u>450,210</u>
<b>Cash at End of Year</b>	<u>\$ 234,231</u>	<u>\$ 284,708</u>

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements**  
**For the Years Ended June 30, 2020 and 2019**

**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

LCDC cultivates and supports effective neighborhood associations citywide through leadership education and builds learning networks around common concerns and approaches, drawing together resident leaders from diverse neighborhoods, perspectives, and experiences. LCDC's 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

LCDC builds relationships with neighborhood associations & stakeholder institutions and provides assistance through public awareness, meeting facilitation, problem solving, and project consultation. LCDC's technical assistance encourages neighborhoods to enact their strategies and plans for community improvement. LCDC seeks 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

LCDC 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.

Neighborhood Resource Center

For more than 40 years, LCDC has 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, LCDC is working to build out a physical and online Neighborhood Resource Center to provide access to LCDC mapping services and to provide LCDC's member organizations access to the existing and growing knowledge base. LCDC wants 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 LCDC's funding is fees received from Louisville Metro and donations.

Basis of Accounting

The organization prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements – Continued**  
**For the Years Ended June 30, 2020 and 2019**

**Note 1. Summary of Significant Accounting Policies (continued)**

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, LCDC is required to report information regarding its financial position and activities according to two classes of net assets. A description of the net asset categories follows:

Net assets without donor restrictions: expendable funds that are not subject to donor-imposed stipulations, are designated for specific purposes by the Board of Directors, or invested in land, building and equipment.

Net assets with donor restrictions: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus be invested in perpetuity and only the income be made available for 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 solely of cash on deposit, held in checking and saving accounts.

Grants Receivable

Grants receivable are stated at unpaid balances, less an allowance for doubtful accounts. LCDC provides for losses on grants receivable using the allowance method. The allowance is based on an estimate of what might not be collected. It is LCDC's policy to charge off uncollectible grants receivable when management determines the grant will not be collected. No accounts are considered by management to be uncollectible at June 30, 2020 and 2019 therefore, no allowance is considered necessary.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to LCDC that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give due in subsequent years are reported at the present value of their net realizable value, using risk free interest rates applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

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 years). The cost of furniture and equipment in excess of \$1,000 is capitalized.

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements – Continued**  
**For the Years Ended June 30, 2020 and 2019**

**Note 1. Summary of Significant Accounting Policies (continued)**

Fiscal Agent Sponsorships

LCDC is the fiscal agent for several groups. Cash held for these groups is reported as fiscal sponsorship payable. Income and expenses are reported in the statement of activities.

Contributions and Grants

Contributions and grants are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest, is received and are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Conditional promises to give, that is, those with a measurable performance or other barriers, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Program Revenue

Program revenue is recognized when the program takes place.

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. The expenses are allocated on the basis of estimate of time and effort.

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.

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements – Continued**  
**For the Years Ended June 30, 2020 and 2019**

**Note 1. Summary of Significant Accounting Policies (continued)**

Recently Issued Accounting Standards

For the fiscal year ended June 30, 2020, LCDC adopted the following Financial Accounting Standards Board's Accounting Standards Updates:

In May 2014, FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which, as amended, supersedes or replaces nearly all GAAP revenue recognition guidance. These standards establish a new contract and control-based revenue recognition model, change the basis for deciding when revenue is recognized over time or at a point in time, and expand disclosures about revenue. LCDC implemented Topic 606 and adjusted the presentation in these financial statements accordingly. The amendments have been applied retrospectively to all periods presented, with no effect on net assets.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (ASU 2018-08)*. This standard assists entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and determining whether a contribution is conditional. LCDC implemented the provisions of ASU 2018-08 applicable to both contributions received and to contributions made in the accompanying financial statements under a modified prospective basis. Accordingly, there is no effect on net assets in connection with the implementation of ASU 2018-08.

**Note 2. Concentration of Credit Risk**

Concentration of Cash – LCDC maintains its cash balances in a high quality financial institution. The balance, at times, may exceed federally insured limits of \$250,000 per financial institution. Using this criteria, LCDC had no cash in excess of insured limits as of June 30, 2020. The amount in excess of federal insurance limits was \$34,708 at June 30, 2019.

Concentration of Credit Risk – LCDC has a concentration of credit risk with respect to grants receivable and promises to give. At June 30, 2020 and 2019, approximately 83% and 95% of LCDC's grants receivable were due from one local government, respectively. At June 30, 2020 and 2019, approximately 98% and 98% of LCDC's promises to give were due from one community foundation, respectively

Concentration of Revenue – LCDC receives a substantial amount of its support from one community foundation. A significant reduction in the level of this support, if it were to occur, may have an effect on LCDC's programs and activities. During the years ended June 30, 2020 and 2019, 46% and 46% of total revenue and support was derived from one community foundation, respectively.

**Louisville Community Design Center, Inc.  
DBA Center for Neighborhoods  
Notes to Financial Statements – Continued  
For the Years Ended June 30, 2020 and 2019**

**Note 3. Promises to Give**

Promises to give at June 30, 2020 and 2019 consists of the following:

	<u>2020</u>	<u>2019</u>
Programs	<u>\$ 76,450</u>	<u>\$ 152,732</u>
Receivable in less than one year	\$ 76,450	\$ 77,732
Receivable in one to five years	<u>-</u>	<u>75,000</u>
Total promises to give	76,450	152,732
Less discounts to net present value	<u>-</u>	<u>5,047</u>
Net promises to give	<u>\$ 76,450</u>	<u>\$ 147,685</u>

Promises to give receivable in more than one year are discounted to present value, using an annual rate of 5% over the term of the promises.

**Note 4. Furniture and Equipment**

Depreciation is provided in amounts sufficient to relate the cost of depreciable assets to operations over the estimated service lives on a straight-line basis. At June 30, 2020 and 2019 the cost and accumulated depreciation of such assets were as follows:

	<u>2020</u>	<u>2019</u>
Furniture and equipment	\$ 9,859	\$ 9,859
Less accumulated depreciation	<u>(3,098)</u>	<u>(1,127)</u>
Furniture and Equipment, net	<u>\$ 6,761</u>	<u>\$ 8,732</u>
Depreciation expense	<u>\$ 1,971</u>	<u>\$ 843</u>

**Note 5. Net Assets with Donor Restriction**

Net assets with donor restriction are available for the following purposes as of June 30, 2020, and 2019:

	<u>2020</u>	<u>2019</u>
Subsequent years' activities	<u>\$ 269,635</u>	<u>\$ 318,180</u>

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements – Continued**  
**For the Years Ended June 30, 2020 and 2019**

**Note 6. Lease Commitments**

LCDC leases office space under an operating lease, which expired June 30, 2020. LCDC entered into a new operating lease expiring June 30, 2022. The future minimum lease payments will be \$15,924 in fiscal year 2021 and 2022.

Lease expense for the year ended June 30, 2020 was \$22,572.

**Note 7. Liquidity and Availability**

The following table reflects LCDC’s financial assets as of June 30, 2020 and 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid or not convertible to cash within one year.

	2020	2019
Financial Assets		
Cash	\$ 234,231	\$ 284,708
Grants receivable	60,000	61,540
Promises to give, net	76,450	147,685
Financial assets, at year-end	370,681	493,933
Less those unavailable for general expenditure within one year		
Promises to give, collectible beyond one year	-	(69,953)
Financial assets available to meet cash needs for general expenditures within one year	\$ 370,681	\$ 423,980

In addition to financial assets available to meet general expenditures over the year, LCDC operates with a balanced budget and anticipates covering its general expenditures by collecting sufficient program and other revenues, and by utilizing resources from current and prior years.

**Note 8. Recently Issued Accounting Standards Update**

Accounting Standards Update 2016-02, Leases

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*(ASU 2016-02), requiring all leases to be recognized on the balance sheet as a right-of-use asset and a lease liability, unless the lease is a short term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, LCDC will recognize: 1) a lease liability for LCDC’s obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents LCDC’s right to use, or control the use of, the specified asset for the lease term. Upon adopting ASU 2016-02, LCDC will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for LCDC the year ending June 30, 2023, with early adoption permitted. LCDC is currently evaluating the effect that the new standard will have on its financial statements.

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Notes to Financial Statements – Continued**  
**For the Years Ended June 30, 2020 and 2019**

**Note 9. Subsequent Events**

Due to the global viral outbreak caused by coronavirus disease 2019 (COVID-19) in 2020, there have been resulting effects in the general economy that could negatively impact LCDC's overall business as the broader economic impact of COVID-19 develops. The ultimate impact of these matters to LCDC and its financial condition is presently unknown. The effect of this subsequent event did not result in any changes to the accompanying financial statements as of and for the year ended June 30, 2020.

In May 2020, LCDC received \$71,900 in loan funding from the Paycheck Protection Program (PPP), established pursuant to the recently enacted Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and administered by the U.S. Small Business Administration. The loan proceeds have been used to cover payroll costs and rent. The loan is eligible for forgiveness as part of the CARES Act if certain requirements currently in effect are met. LCDC continues to evaluate the requirements of the CARES Act that allow for forgiveness; and anticipates the loan to be entirely forgiven pursuant to loan forgiveness standards currently in effect and therefore has recorded the loan under ASC 958-605, Not-for-Profit Entities: Revenue Recognition as a conditional contribution.

As of June 30, 2020, LCDC has met all the PPP forgiveness requirements for headcount, limitations on compensation reductions, as well as spending the money on permitted expenses. Based on the forgiveness requirements met, \$71,900 has been recognized as a grant in the statement of activities for the year ended June 30, 2020.

Management has evaluated subsequent events for recognition or disclosure in the financial statements through November 5, , which was the date at which the financial statements were available to be issued.



# PUBLIC DISCLOSURE COPY

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>Louisville Community Design Center, Inc.</b>	<b>D</b> Employer identification number <b>61-0889003</b>
<input checked="" type="checkbox"/> Address change	Doing business as <b>Center for Neighborhoods</b>	<b>E</b> Telephone number <b>502-589-0343</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>1126 Berry Blvd</b>	<b>G</b> Gross receipts \$ <b>568,154</b>
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville KY 40215</b>	
<input type="checkbox"/> Amended return	<b>F</b> Name and address of principal officer: <b>Mellone F Long</b> <b>507 South 3rd Street</b> <b>Louisville KY 40202</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<b>www.centerforneighborhoods.org</b>	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1972</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>To serve and assist neighborhoods to empower and equip residents to achieve positive change in their community through planning, revitalization and improvement, leadership development and education.</b>		
	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)	<b>3</b>	<b>18</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>12</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>467,715</b>	<b>561,020</b>
	9	Program service revenue (Part VIII, line 2g)	<b>21,535</b>	<b>5,537</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>542</b>	<b>589</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,008</b>	<b>1,008</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>489,792</b>	<b>568,154</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>434,442</b>	<b>479,831</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>36,618</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>273,177</b>	<b>185,565</b>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>707,619</b>	<b>665,396</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>-217,827</b>	<b>-97,242</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>503,145</b>	<b>381,321</b>
	21	Total liabilities (Part X, line 26)	<b>62,425</b>	<b>37,843</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>440,720</b>	<b>343,478</b>

**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.

<b>Sign Here</b>	Signature of officer <b>Mellone F Long</b>	Date			
	Type or print name and title <b>Executive Director</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Barbara Lasky</b>	Preparer's signature <b>Barbara Lasky</b>	Date <b>01/21/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00015280</b>
	Firm's name ▶ <b>Baldwin CPAs, PLLC</b>	Firm's EIN ▶ <b>20-1416603</b>			
	Firm's address ▶ <b>10180 Linn Station Road Suite 200 Louisville, KY 40223</b>	Phone no. <b>859-626-9040</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

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  No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ **490,950** including grants of \$ ) (Revenue \$ **5,537** )

**See Schedule O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **490,950**

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		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>		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>		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>		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>		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>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>		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>	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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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 (see instructions)</i>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> <b>12</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>



**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. See instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted 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) <b>Tim Holz</b> ..... <b>President</b>	1.00 0.00	X		X				0	0	0
(2) <b>Leo Clarer</b> ..... <b>Vice President</b>	1.00 0.00	X		X				0	0	0
(3) <b>Kent Weyland</b> ..... <b>Treasurer/Secretary</b>	1.00 0.00	X		X				0	0	0
(4) <b>BJ Adkins</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(5) <b>Roberto Bajandas</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(6) <b>Jennifer Chappell</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(7) <b>Dr. Ralph Fitzpatrick</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(8) <b>Nancy Hancock</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(9) <b>Melissa Mershon</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(10) <b>Eboni Neal Cochran</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0
(11) <b>Stephen Perkins</b> ..... <b>Board Member</b>	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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			
(12) Renita Rosa	1.00									
Board Member	0.00	X					0	0	0	
(13) Doris Sims	1.00									
Board Member	0.00	X					0	0	0	
(14) Tina Walters	1.00									
Board Member	0.00	X					0	0	0	
(15) Jecorey Arthur	1.00									
Board Member	0.00	X					0	0	0	
(16) Kimberly Kauffield	1.00									
Board Member	0.00	X					0	0	0	
(17) Bruce Duncan	1.00									
Board Member	0.00	X					0	0	0	
(18) Mitchell Kersting	1.00									
Board Member	0.00	X					0	0	0	
(19) Mellone F Long	40.00									
Executive Director	0.00			X			9,050	0	1,938	
<b>1b Subtotal</b>							<b>9,050</b>		<b>1,938</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>9,050</b>		<b>1,938</b>	

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	139,100				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	421,920				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			561,020			
<b>Program Service Revenue</b>	<b>2a</b> Various programs	Business Code	5,537	5,537			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			5,537			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		589			589	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> Other Revenue	Business Code	1,008	1,008			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,008			
<b>12 Total revenue.</b> See instructions			568,154	6,545	0	589	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>49,600</b>	<b>37,200</b>	<b>9,920</b>	<b>2,480</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>355,231</b>	<b>266,423</b>	<b>71,046</b>	<b>17,762</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>8,377</b>	<b>6,283</b>	<b>1,675</b>	<b>419</b>
<b>9</b> Other employee benefits	<b>31,352</b>	<b>23,515</b>	<b>6,272</b>	<b>1,565</b>
<b>10</b> Payroll taxes	<b>35,271</b>	<b>26,453</b>	<b>7,054</b>	<b>1,764</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>7,680</b>		<b>7,680</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>81,144</b>	<b>58,528</b>	<b>18,714</b>	<b>3,902</b>
<b>12</b> Advertising and promotion	<b>5,101</b>			<b>5,101</b>
<b>13</b> Office expenses	<b>39,187</b>	<b>33,208</b>	<b>4,976</b>	<b>1,003</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>23,425</b>	<b>17,569</b>	<b>4,685</b>	<b>1,171</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>8,849</b>	<b>6,637</b>	<b>1,770</b>	<b>442</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>1,971</b>	<b>1,478</b>	<b>394</b>	<b>99</b>
<b>23</b> Insurance	<b>3,101</b>	<b>2,326</b>	<b>620</b>	<b>155</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Miscellaneous</b>	<b>13,799</b>	<b>10,349</b>	<b>2,760</b>	<b>690</b>
<b>b</b> <b>Dues &amp; subscriptions</b>	<b>1,308</b>	<b>981</b>	<b>262</b>	<b>65</b>
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>665,396</b>	<b>490,950</b>	<b>137,828</b>	<b>36,618</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	
<b>Assets</b>	1	Cash—non-interest-bearing	284,708	1	234,231
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	147,685	3	76,450
	4	Accounts receivable, net	61,540	4	60,000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	480	9	3,879
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,859		
	10b	Less: accumulated depreciation	3,098	10c	6,761
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	503,145	16	381,321	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	47,456	17	37,613
	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	14,969	21	230
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	62,425	26	37,843
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	122,540	27	73,843
	28	Net assets with donor restrictions	318,180	28	269,635
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	440,720	32	343,478	
33	<b>Total liabilities and net assets/fund balances</b>	503,145	33	381,321	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>568,154</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>665,396</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-97,242</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>440,720</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>343,478</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

# PUBLIC DISCLOSURE COPY

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

## Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>Louisville Community Design Center, Inc.</b>	Employer identification number <b>61-0889003</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization 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 1–10 above (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,402	264,676	1,139,070	467,715	561,020	2,554,883
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 <b>Total.</b> Add lines 1 through 3	122,402	264,676	1,139,070	467,715	561,020	2,554,883
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)						851,574
6 <b>Public support.</b> Subtract line 5 from line 4						1,703,309

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	122,402	264,676	1,139,070	467,715	561,020	2,554,883
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10		74	542	589	1,215
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.)					1,008	1,008
11 <b>Total support.</b> Add lines 7 through 10						2,557,106
12 Gross receipts from related activities, etc. (see instructions)					12	232,675
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	66.61%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	73.58%
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
16b <b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 <b>Total annual distributions.</b> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

\$ 1,008

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

Name of the organization

**Louisville Community Design  
Center, Inc.**

Employer identification number

**61-0889003**

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<sup>1</sup>/<sub>3</sub>% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**Louisville Community Design**

Employer identification number

**61-0889003**

**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		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 285,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 14,400	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.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Louisville Community Design Center, Inc.

Employer identification number

61-0889003

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 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)?, 9 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" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**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 make 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 program
- 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" on 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:

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

	Amount
1c	
1d	
1e	
1f	

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 on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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 Term endowment  %

The percentages on 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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" on 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		9,859	3,098	6,761
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **6,761**



Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>568,154</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>568,154</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>568,154</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>665,396</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>665,396</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>665,396</b>

**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 IV, Line 2b - Escrow Liability Arrangement Explanation**

**Fiscal Sponsorship Payable - organization is the fiscal sponsor for several small organizations that provide neighborhood services.**

**Part X - FIN 48 Footnote**

**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.**



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**Louisville Community Design Center, Inc.**

Employer identification number

**61-0889003**

**Doing Business As - Additional Names**

**Center for Neighborhoods**

**Form 990, Part III, Line 4a - First Accomplishment**

Today, CFN works in four key areas including Community Engagement & Technical Assistance; Education & Training; Data, Mapping & Resources; and, Neighborhood Planning & Design. 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.

Our education and training programs cultivate effective neighborhood leaders citywide. Programs including the Neighborhood Institute, Green Institute, Neighborhood Summit and Community Workshops increase participation in neighborhood life and increase the capabilities of neighborhood-based organizations to carry out neighborhood improvement projects.

Our neighborhood outreach services build relationships with neighborhood associations & stakeholder institutions to provide assistance through public awareness, meeting facilitation, problem-solving and project consultation. Our technical assistance helps neighborhoods enact their strategies and plans for community improvement.

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,

Name of the organization

Employer identification number

**Louisville Community Design**

**61-0889003**

future desires & the action steps to get there. Neighborhood Plans allow residents to articulate a clear vision for their neighborhood with defined goals and a work plan.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

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, Line 12c - Enforcement of Conflicts Policy**

Board is required to disclose any conflicts of interest annually.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Board reviews

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

They are not made available to the public.

**Form 990, Part IX, Line 11g - Other Fees for Services**

**Description**

	Tot/Prog Service	Mgt & General	Fundraising
<b>Contract Services</b>	\$ 58,528	\$ 15,607	\$ 3,902
<b>Payroll Processing Fees</b>	\$ 0	\$ 3,107	\$ 0
<b>Total</b>	\$ 58,528	\$ 18,714	\$ 3,902



**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.

## **ARTICLE IX**

The address of the Corporation's principal office is:

610 So. Fourth St.  
Louisville, Kentucky 40202

## **ARTICLE X**

The name and address of the Corporation's registered agent is:

John I. Trawick  
610 So. Fourth St.  
Louisville, Kentucky 40202

## **ARTICLE XI**

The Corporation's Bylaws may be adopted or amended by the Corporation's Board of Directors as set forth in the Bylaws.

## **ARTICLE XII**

The Corporation's Articles of Incorporation may be amended and/or restated by vote of a majority of the members of the Board then in office at a meeting duly called upon notice for the specific purpose of changing the Articles of Incorporation.

## **ARTICLE XIII**

In the event of the Corporation's dissolution, said dissolution shall be performed in accordance with KRS 273.303, as amended. After paying or making provision for the payment of all of the Corporation's liabilities, the net assets, if any, shall be distributed exclusively for charitable, scientific, and educational purposes as shall at the time qualify as an exempt organization or 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) that are consistent with the above corporate purposes.

## **ARTICLE XIV**

These Amended and Restated Articles of Incorporation correctly set forth the provisions of the Corporation's Articles of Incorporation as theretofore amended, have been duly adopted as required by law, and supersede and take the place of the Corporation's existing Articles of Incorporation as amended.

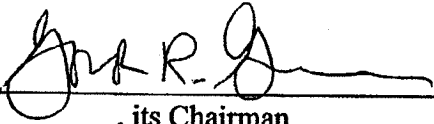
## **ARTICLE V**

To the full extent permitted by Kentucky law, the Corporation shall indemnify any person made, or threatened to be made, a party to any proceeding (whether brought by or in the right of



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, 2008.

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.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Louisville Community Design Center, Inc.</b>		
	2 Business name/disregarded entity name, if different from above <b>Center For Neighborhoods</b>		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		
	<input type="checkbox"/> Other (see instructions) ▶ <b>501(c)3 non-profit organization</b>		
	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.) See instructions. <b>PO Box 211086</b>
6 City, state, and ZIP code <b>Louisville, KY 40221-1086</b>	7 List account number(s) here (optional)		
Requester's name and address (optional)			

**Part I Taxpayer Identification Number (TIN)**

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

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

Social security number	
<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em;"> </span> - <span style="font-size: 2em;"> </span> - <span style="font-size: 2em;"> </span> </div>	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em;"> </span> </div>
or	
Employer identification number	
<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em;">6</span> <span style="font-size: 2em;">1</span> - <span style="font-size: 2em;">0</span> <span style="font-size: 2em;">8</span> <span style="font-size: 2em;">8</span> <span style="font-size: 2em;">9</span> <span style="font-size: 2em;">0</span> <span style="font-size: 2em;">0</span> <span style="font-size: 2em;">3</span> </div>	

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>7/28/2021</b>
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**General Instructions**

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

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

**Purpose of Form**

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

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

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

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



# Kentucky Secretary of State

## Michael G. Adams

### CENTER FOR NEIGHBORHOODS

File Annual Report

Assumed Name Renewal

Printable Forms

Additional Services

#### General Information

<b>Organization Number</b>	0032078
<b>Name</b>	CENTER FOR NEIGHBORHOODS
<b>Company Type</b>	ASC - Assumed Name Corporation
<b>Status</b>	A - Active
<b>State</b>	KY
<b>File Date</b>	12/3/2020
<b>Expiration Date</b>	12/3/2025
<b>Renewal Date</b>	6/3/2025
<b>Principal Office</b>	1126 BERRY BLVD SUITE 300 LOUISVILLE, KY 40215

#### Current Officers

#### Individuals / Entities listed at time of formation

<b>Director</b>	TOM SMITH
<b>Director</b>	RALPH KURTZ
<b>Director</b>	JOHN SHULHAFFER
<b>Incorporator</b>	TOM SMITH
<b>Incorporator</b>	RALPH KURTZ
<b>Incorporator</b>	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.

Annual Report	2/22/2021	1 page	PDF	
Certificate of Assumed Name	12/3/2020	1 page	tiff	PDF
Registered Agent name/address change	6/24/2020 5:27:56 PM	1 page	PDF	
Principal Office Address Change	6/24/2020 5:20:08 PM	1 page	PDF	
Annual Report	6/24/2020	1 page	PDF	
Registered Agent name/address change	6/25/2019 10:40:49 AM	1 page	PDF	
Annual Report	6/25/2019	1 page	PDF	
Annual Report	6/21/2018	1 page	PDF	
Annual Report	7/1/2017	1 page	PDF	
Amended Assumed Name	9/16/2016	1 page	tiff	PDF
Annual Report	7/1/2016	1 page	PDF	
Registered Agent name/address change	6/30/2016 1:38:27 PM	1 page	PDF	
Principal Office Address Change	6/30/2016 1:34:14 PM	1 page	PDF	
Annual Report	6/16/2015	1 page	PDF	
Name Renewal	5/11/2015 12:25:17 PM	1 page	PDF	
Principal Office Address Change	5/11/2015 12:15:40 PM	1 page	PDF	
Registered Agent name/address change	5/11/2015 12:11:07 PM	1 page	PDF	
Renewal of Assumed Name Return	3/3/2015	2 pages	tiff	PDF
Annual Report	6/30/2014	1 page	PDF	
Registered Agent name/address change	6/28/2013 4:01:28 PM	1 page	PDF	
Annual Report	6/28/2013	1 page	PDF	
Amendment	12/6/2012	3 pages	tiff	PDF
Annual Report	6/30/2012	1 page	PDF	
Annual Report	6/2/2011	1 page	tiff	PDF
Annual Report Amendment	6/28/2010	1 page	tiff	PDF
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 of

THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Active

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Added assumed name	12/3/2020 6:58:19 AM	12/3/2020	THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.
Add	12/3/2020 6:58:19 AM	12/3/2020	THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

## Microfilmed Images

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Kentucky Unbridled Spirit



# Kentucky Secretary of State

## Michael G. Adams

### THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

<a href="#">File Annual Report</a>	<a href="#">File Statement of Change of Principal Office</a>	
<a href="#">File Statement of Change of registered Agent / Registered Address</a>		
<a href="#">Printable Forms</a>	<a href="#">Additional Services</a>	<a href="#">Certificates</a>

#### General Information

<b>Organization Number</b>	0032078
<b>Name</b>	THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	11/10/1972
<b>Organization Date</b>	11/10/1972
<b>Last Annual Report</b>	2/22/2021
<b>Principal Office</b>	1126 BERRY BLVD SUITE 300 LOUISVILLE, KY 40215
<b>Registered Agent</b>	MELLONE F. LONG 1126 BERRY BLVD SUITE 300 LOUISVILLE, KY 40215

#### Current Officers

<b>President</b>	Tim Holz
<b>Secretary</b>	Kent Weyland
<b>Treasurer</b>	Kent Weyland
<b>Director</b>	Melissa Mershon
<b>Director</b>	Betty Adkins

<b>Director</b>	Stephen Perkins
<b>Director</b>	Doris Sims
<b>Director</b>	Eboni Cochran
<b>Director</b>	Jennifer Chappell
<b>Director</b>	Nancy Hancock
<b>Director</b>	Ralph Fitzpatrick
<b>Director</b>	Renita Rosa
<b>Director</b>	Tina Walters

### Individuals / Entities listed at time of formation

<b>Director</b>	TOM SMITH
<b>Director</b>	RALPH KURTZ
<b>Director</b>	JOHN SHULHAFFER
<b>Incorporator</b>	TOM SMITH
<b>Incorporator</b>	RALPH KURTZ
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Annual Report	6/28/2013	1 page	PDF	
Amendment	12/6/2012	3 pages	tiff	PDF
Annual Report	6/30/2012	1 page	PDF	
Annual Report	6/2/2011	1 page	tiff	PDF
Annual Report Amendment	6/28/2010	1 page	tiff	PDF

Annual Report	6/16/2010	1 page	tiff	PDF
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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 Names

CENTER FOR NEIGHBORHOODS  
CENTER FOR NEIGHBORHOODS

Active  
Inactive

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/22/2021 10:17:06 AM	2/22/2021 10:17:06 AM	
Added assumed name	12/3/2020 6:58:19 AM	12/3/2020	CENTER FOR NEIGHBORHOODS
Annual report	6/24/2020 5:34:53 PM	6/24/2020 5:34:53 PM	
Registered agent address change	6/24/2020 5:27:56 PM	6/24/2020 5:27:56 PM	
Principal office change	6/24/2020 5:20:08 PM	6/24/2020 5:20:08 PM	
Annual report	6/25/2019 11:04:40 AM	6/25/2019 11:04:40 AM	
Registered agent address change	6/25/2019 10:40:49 AM	6/25/2019 10:40:49 AM	
Annual report	6/21/2018 3:57:12 PM	6/21/2018 3:57:12 PM	
Annual report	7/1/2017 3:17:30 PM	7/1/2017 3:17:30 PM	



Annual report	7/1/2016 12:15:18 PM	7/1/2016 12:15:18 PM	
Registered agent address change	6/30/2016 1:38:27 PM	6/30/2016 1:38:27 PM	
Principal office change	6/30/2016 1:34:14 PM	6/30/2016 1:34:14 PM	
Annual report	6/16/2015 2:09:40 PM	6/16/2015 2:09:40 PM	
Principal office change	5/11/2015 12:15:40 PM	5/11/2015 12:15:40 PM	
Registered agent address change	5/11/2015 12:11:07 PM	5/11/2015 12:11:07 PM	
Annual report	6/30/2014 11:25:09 AM	6/30/2014 11:25:09 AM	
Annual report	6/28/2013 4:11:21 PM	6/28/2013 4:11:21 PM	
Registered agent address change	6/28/2013 4:01:28 PM	6/28/2013 4:01:28 PM	
Amendment - Amended and restated articles / CLP	12/6/2012 2:15:21 PM	12/6/2012	
Annual report	6/30/2012 10:51:30 AM	6/30/2012 10:51:30 AM	
Annual report	6/2/2011 2:47:29 PM	6/2/2011	
Amendment to annual report	6/28/2010 2:25:54 PM	6/28/2010	
Annual report	6/16/2010 1:30:26 PM	6/16/2010	
Annual report	4/17/2009 12:08:17 PM	4/17/2009 12:08:17 PM	
Annual report	2/29/2008 10:01:49 AM	2/29/2008	
Annual report	3/21/2007 9:32:25 AM	3/21/2007	
Registered agent address change	6/13/2006 8:58:09 AM	6/13/2006	
Annual report	5/17/2006 1:50:57 PM	5/17/2006	
Added assumed name	8/9/2005 10:16:21 AM	8/9/2005	CENTER FOR NEIGHBORHOODS
Annual report	2/14/2005	2/14/2005	
Annual report	6/29/2001	6/29/2001	
Amendment - Miscellaneous amendments	7/15/1987	7/15/1987	
Amendment - Miscellaneous amendments	10/9/1974	10/9/1974	

## Microfilmed Images

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Annual Report	4/15/2003	1 page

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Amendment	7/15/1987	7 pages
Statement of Change	11/2/1982	2 pages
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