

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

**Applicant/Program:** Louisville Community Design Center bda Center for Neighborhoods  
**Applicant Requested Amount:** \$ 15,000.00  
**Appropriation Request Amount:** \$ 7,500<sup>00</sup>

**Executive Summary of Request**  
The Better Blocks Louisville is a temporary intervention that creates walkable destinations , stronger street design , and vibrant public spaces . The Better Block program includes the community - residents,property owners and local business owners in all facets of the planning and development . The requested funds are to be used in Parkland neighborhood @ 28th Street from Virginia Ave to Dumesnil St and Catalpa Street with assistance from the residents .

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

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

                     District #      *Demetrius* Primary Sponsor Signature      ~~\$~~7,500<sup>00</sup> Amount      3/29/19 Date

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

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

**Applicant/Program:**

Louisville Design Center / Center for Neighborhoods / Parkland Neighborhood Better Blocks

**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.

None

**Council Member Signature and Amount**

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

**Applicant/Program:**

Louisville Community Design Center / Center for Neighborhoods @ The Parkland Neighborhoods

**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.

None

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

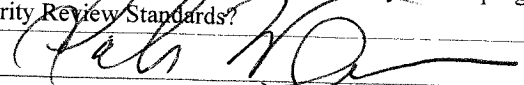
District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Louisville Design Center / Center for Neighborhoods

**Program Name and Request Amount** The Parkland Better Blocks \$ 15,000<sup>00</sup>

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: 	Date: 3/29/19



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Louisville Community Design Center dba Center for Neighborhoods <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 507 S. 3rd Street, Louisville, KY 40202			
<b>Website:</b> www.centerforneighborhoods.org			
<b>Applicant Contact:</b>	Gordon Garner	<b>Title:</b>	Interim Executive Director
<b>Phone:</b>	502-589-0343	<b>Email:</b>	gordong@centerforneighborhoods.org
<b>Financial Contact:</b>	Terri Hathaway	<b>Title:</b>	Director of Development
<b>Phone:</b>	502-589-0343	<b>Email:</b>	terrih@centerforneighborhoods.org
<b>Organization's Representative who attended NDF Training:</b> Terri Hathaway			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b> 28th and Dumensil (extending up 28th to Virginia and along Dumensil from Catalpa			
<b>Council District(s):</b> 1		<b>Zip Code(s):</b> 40211	
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 2019 Better Block--Parkland			
<b>Total Request: (\$)</b> 15,000		<b>Total Metro Award (this program) in previous year: (\$)</b> 5,000	
<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) Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) 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>	Louisville Forward / Grant	<b>Amount: (\$)</b>	150,000
<b>Source:</b>	External Agency EAF (total)	<b>Amount: (\$)</b>	16,000
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

Center For Neighborhoods' mission is engaging with neighbors to build great neighborhoods. 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.

For over 45 years, Center For Neighborhoods (formerly Louisville Community Design Center) has cultivated grassroots leadership, facilitated civic dialogue amongst stakeholders, provided leadership education, partnered with neighborhoods in community planning efforts, and actively participated in neighborhood-based development and improvement projects.

Today, Center For Neighborhoods works in three key areas:

1. Community Engagement and Technical Assistance, including Neighborhood Liaison services, meeting facilitation, neighborhood organization start-up assistance, and a neighborhood news email list.
2. Education and Training, including Neighborhood Institute, Neighborhoods Summit, and various workshops and seminars.
3. Planning and Design, including neighborhood assessments, neighborhood planning, GIS mapping, Producing Art in Neighborhoods Together (PAINT), Better Block, and Design Assistance for small businesses.

Per our recently adopted Strategic Plan, we will anticipate expanding our work into supporting Community Development Corporations (CDCs) and Quality of Life planning.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Tim Holz, Chair	December 31, 2019
Leo Klarer, Vice Chair	December 31, 2020
Kent Weyland, Secretary/Treasurer	December 31, 2021
Betty Adkins	December 31, 2021
Roberto Bajandas	December 31, 2019
Jennifer Chappell	December 31, 2019
Bruce Duncan	December 31, 2021
Ralph Fitzpatrick	December 31, 2021
Melissa Mershon	December 31, 2019
Michael O'Leary	December 31, 2019
Stephen Perkins	December 31, 2021
Doris Sims	December 31, 2019
Don Keller	December 31, 2019
Nancy Hancock	December 31, 2020
Eboni Neal Cochran	December 31, 2020
Tina Walters	December 31, 2020
Rentia Rosa	December 31, 2020

**Describe the Board term limit policy:**

Board members serve staggered three-year terms, each renewable for one term. After two consecutive terms, board members must rotate off for a minimum of one year before reapplying to serve on the Board of Directors.

Three Highest Paid Staff Names	Annual Salary
Terri Hathaway, Development Director	51,500
Mikal Forbush, Senior Neighborhood Liaison	46,500
Jessica Brown, Planning & Design Coordinator	45,386

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.):**

Better Block Louisville is a temporary intervention that creates walkable destinations, stronger street design, and vibrant public spaces. Better Block Louisville is designed to include the community--residents, property owners, and local business owners--in all facets of its planning and development. This includes community participation in designing the physical layout and visual aesthetics of the Better Block, the recruitment of performing and visual artists to participate in public performances, and the opportunity for residents and businesses to interact with one another in a re-imagined space.

Better Block highlights creative place-making and arts-based economic development opportunities in dis-invested neighborhoods through civic engagement, collaboration, and community design. By initiating interventions that are highly visible, quick, affordable, tangible, and temporary, we can test the effectiveness of different interventions for visual appeal, community acceptance, economic impact, implementation challenges, and more.

The Better Block weekend (in June 2019) is an opportunity to demonstrate and celebrate the selected design interventions. This takes place about two months after the beginning of community participation and design. Building and implementation take place during the month leading up to the weekend celebration.

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

Expenses for this funding will be used as follows:

Professional Service Contracts: \$4,000

This line item is for community engagement leading up to the Better Block Parkland weekend.

Program Materials: \$3,000

This line item is to help cover program materials leading up to and during the Better Block Parkland weekend.

Community Events & Festivals: \$8,000 (detailed on page 8)

This line item for the Better Block Parkland weekend event.

**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.

Professional Service Contracts

Program Materials

Community Events & Festivals (vendor contracts for service in June 2019)

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:**

Better Block is intended to help stakeholders of a neighborhood see the possibilities to improve a dis-invested commercial streetscape for improved neighborhood vibrancy and social and economic activity. It is also intended to demonstrate ideas that could be applied to commercial corridors in neighborhoods across the city.

Better Block Outcome #1: Increased feelings of connectedness to place and/or neighbors

Measurable: Number of residents stating they met new people or made new connections (surveys and testimonials)

Measurable: Number of residents stating they are excited about the future of their neighborhood (surveys and testimonials)

Better Block Outcome #2: Increased engagement/community participation

Measurable: Number of volunteer hours contributed (recruitment, volunteer lists, images, testimonials)

Better Block Outcome #3: Implementation of community-designed improvements

Measurable: Number of interventions suggested by the community that were installed/completed or tested

**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 has worked closely with the ParkVille Neighborhood Association, the Louisville Independent Business Association (LIBA), and the University of Louisville Urban Design Studio in the planning for Better Block Parkland. Both LIBA and the Urban Design Studio have provided technical support and expertise to the project, while the ParkVille Neighborhood Association has assisted with community engagement. On March 16, 2019, CFN will host a community meeting at Calvary Baptist Church to build a community vision for Better Block Parkland.

hosted — well attended



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	32,324	32,324
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	500	500
F: Client Assistance (See Detailed List on Page 8)	0	0	0
G: Professional Service Contracts	4,000	10,500	14,500
H: Program Materials	3000	34,400	37,400
I: Community Events & Festivals (See Detailed List on Page 8)	8,000	3,000	11,000
J: Machinery & Equipment	0	0	0
K: Capital Project	0	15,000	15,000
L: Other Expenses (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	15,000	95,724	110,724
% of Program Budget	13.5 %	86.5 %	100%

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


Other State, Federal or Local Government	\$32,817
United Way	0
Private Contributions (do not include individual donor names)	0
Fees Collected from Program Participants	0
Other (please specify)	Grants/ Sponsorships \$62,907
<b>Total Revenue for Columns 2 Expenses **</b>	<b>\$95,724</b>

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Contract Labor (entertainment and artists)	4,700	300	5,000
On-Site Security	1,500	200	1,700
A/V Services	800	200	1,000
Storage Container Rental	600	200	800
Portable Toilets	400	275	675
Printing / Signage	0	500	500
T-Shirts	0	500	500
Permit Fees	0	150	150
Food For Volunteers	0	275	275
Waste Management	0	400	400
<b>Total</b>	8,000	3,000	11,000

Applicant's Initials 



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).


<b>Donor* /Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Pro Bono Architect design services	\$3,500	professional value
300 hours of Volunteer Build support	\$5,163	per hour
<b>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</b>	<b>\$8,663</b>	

**\* 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:** July 1

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

**If YES, please explain:**

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

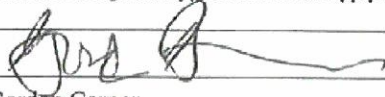
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	Mar 19, 2019
<b>Legal Signatory: (please print):</b>	Gordon Garner	<b>Title:</b>	Interim Exec. Director
<b>Phone:</b>	(502) 589-0343	<b>Extension:</b>	
<b>Email:</b>	gordong@centerforneighborhoods.org		

DISTRICT DIRECTOR  
INTERNAL REVENUE SERVICE  
CINCINNATI, OHIO

JUL - 8 1975

RECEIVED

EP/EO DIVISION 9 1975

E:EO:T:R:1:3

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

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

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

Dear Applicant:

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

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

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

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

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

**Center For Neighborhoods**  
**FY2019 Annual Operating Budget (July 1, 2018 - June 30, 2019)**

<b>FY19</b>	<b>Center For Neighborhoods</b>	<b>REVENUE</b>
4010	Individual / Small Business Contributions	\$60,500
4020	Corporate Contributions (Sponsorships)	\$60,000
4100	<i>Donated Goods &amp; Services (In Kind)</i>	\$16,750
4200	Private Grants	\$489,700
4500	Government Grants	\$175,000
5040	Contracts / Fees	\$50,000
5100	Revenue from Program-Related Sales & Fees	\$7,000
5490	Miscellaneous Revenue	\$16,680
5800	Special Events	\$5,000
<b>TOTAL REVENUE</b>		<b>\$880,630</b>
<b>EXPENSES - PERSONNEL</b>		<b>EXPENSES</b>
7200	Salaries	\$480,449
7200	Personnel Taxes & Benefits	\$95,904
7500	Contract Services	\$46,550
<b>Personnel Total</b>		<b>\$622,903</b>
<b>EXPENSES - NON-PERSONNEL</b>		
8110	Materials / Supplies	\$43,040
8120	<i>Donated Materials / Supplies</i>	\$16,750
8570	Advertising Expenses (Marketing)	\$8,650
8310	Travel (in town)	\$2,905
8170	Printing & Copying	\$9,450
8140	Postage & Shipping	\$900
8590	Other Expenses- Grants to Others	\$4,000
8540	Staff Training & Development	\$17,500
8310	Travel (out of town)	\$10,090
8320	Conferences, Conventions, Meetings	\$3,480
8210	Rent (incl sublease), utilities & parking	\$33,373
8130	Phone & Telecommunications	\$3,434
8560	Outside Computer Svcs	\$2,500
9830	Capital Purchases - Equipment, Furniture	\$7,500
8180	Books, Subscriptions, References	\$6,244
7520	Contract - Audit/990	\$5,800
8530	Membership Dues - Org	\$395
8660	Bank Charges	\$72
8520	Insurance	\$2,250
8620	Sales Tax	\$283
<b>Non-Personnel Total</b>		<b>\$178,616</b>
<b>TOTAL EXPENSES</b>		<b>\$801,519</b>
<b>OPERATIONAL RESERVE</b>		<b>\$79,111</b>
<b>TOTAL FY19 BUDGET</b>		<b>\$880,630</b>

11:25 AM

## LOUISVILLE COMMUNITY DESIGN CENTER

## Profit &amp; Loss

July through December 2018

Jul - Dec 18

<b>Income</b>		
4010 · Individual/Small Business		
4010-01 · Board Donations		6,505.00
4010 · Individual/Small Business - Other		15,598.97
<b>Total 4010 · Individual/Small Business</b>		<b>22,103.97</b>
4020 · Corp Contrib < Sponsorships>		10,250.00
4200 · Non-Government Grants		
4230 · Grants-Foundation/Trust		222,400.88
<b>Total 4200 · Non-Government Grants</b>		<b>222,400.88</b>
4500 · Government Grants		
4540 · Local Govt Grants		
4540-01 · Metro Partnership Grant		73,593.00
4540-02 · Other Metro Funding		4,000.00
<b>Total 4540 · Local Govt Grants</b>		<b>77,593.00</b>
<b>Total 4500 · Government Grants</b>		<b>77,593.00</b>
5000 · Earned Revenue		
5050 · Non-Govt Contract/Fees		14,580.00
<b>Total 5000 · Earned Revenue</b>		<b>14,580.00</b>
5100 · Program Related Sales & Fees		
5100-01 · Merchandise Sales		1,640.55
5100 · Program Related Sales & Fees - Other		1,512.00
<b>Total 5100 · Program Related Sales &amp; Fees</b>		<b>3,152.55</b>
5300 · Interest Income		260.26
5490 · Misc Revenue		924.37
<b>Total Income</b>		<b>351,265.03</b>
<b>Gross Profit</b>		<b>351,265.03</b>
<b>Expense</b>		
7000 · Personnel Expenses		
7200 · Salaries		
7210-01 · Executive Director		14,963.27
7210-02 · Development Director		29,596.01
7220 · Salaries <Other Staff>		
7010 · GIS / Data Analyst		10,400.00
7220-01 · Sr Neighborhood Liaison		21,461.52
7220-02 · Neighborhood Liaisons		42,297.00
7220-03 · Education & Training Director		21,776.64
7220-04 · Planning & Design Coord		17,101.56
7220-07 · Planning & Program Assoc		14,538.51
<b>Total 7220 · Salaries &lt;Other Staff&gt;</b>		<b>127,575.23</b>
<b>Total 7200 · Salaries</b>		<b>172,134.51</b>
7240 · Employee Benefits		
7230 · Retirement Contribution		3,120.33
7240-01 · Worker's Comp		0.00
7240-02 · Health Insurance		13,582.87
7240-03 · Vacation		3,689.11
7250 · Payroll Taxes		15,881.65
<b>Total 7240 · Employee Benefits</b>		<b>36,273.96</b>
7500 · Contract Services		
7540 · Contract Srv-Professional Fees		24,052.50
7550 · Contract Services-Temp Help		2,000.00

## LOUISVILLE COMMUNITY DESIGN CENTER

## Profit &amp; Loss

July through December 2018

	Jul - Dec 18
Total 7500 · Contract Services	26,052.50
Total 7000 · Personnel Expenses	234,460.97
8000 · Program Expenses	
7520 · CPA Audit & 990 Tax Prep	7,000.00
8110 · Program Supplies	
8110-01 · Program Supplies	15,556.72
8110-02 · Office Supplies	2,887.53
8110-03 · Food & Catering	7,567.79
8110 · Program Supplies - Other	56.97
Total 8110 · Program Supplies	26,069.01
8130 · Telephone & Internet	1,429.04
8140 · Postage & Shipping	121.42
8170 · Printing & Copying	198.56
8180 · Books, Subscriptiopns, Referenc	1,568.93
8210 · Rent & Parking	6,420.39
8220 · Utilities	123.99
8310 · Travel***	
8310-01 · Travel (in town)	2,738.96
8310-02 · Travel (out-of-town)	2,189.47
8310 · Travel*** - Other	876.81
Total 8310 · Travel***	5,805.24
8320 · Conferences, Conventions, Mtgs	2,426.87
8520 · Insurance	1,759.63
8530 · Membership Dues	316.00
8540 · Staff Training & Development	3,075.00
8570 · Advertizing Expenses	65.00
8590 · Other Exp <Grants to Others>	803.00
8660 · Bank Charges	157.97
9830 · Capital Purchases	1,271.50
Total 8000 · Program Expenses	58,611.55
8670 · Organizational Expenses	6,996.53
Total Expense	300,069.05
Net Income	51,195.98

Form **990**

**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

**2017**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

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

**C** Name of organization: **Louisville Community Design Center, Inc.**  
 Doing business as: **Center for Neighborhoods**  
 Number and street (or P.O. box if mail is not delivered to street address): **507 South Third Street**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **Louisville KY 40202**

**D** Employer identification number: **61-0889003**

**E** Telephone number: **502-589-0343**

**G** Gross receipts: **1,190,602**

**F** Name and address of principal officer:  
**John Hawkins**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: **www.centerforneighborhoods.org**

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

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

**H(c)** Group exemption number: \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: 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</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>236</b>
	<b>7a</b> 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 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	264,676	1,139,070
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,448	51,458
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	330,124	1,190,602
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	234,757	384,064
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,806		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,073	163,881
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	346,830	547,945	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-16,706	642,657	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	32,628	696,761
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	16,738	38,214
		15,890	658,547

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **John Hawkins** Date: \_\_\_\_\_  
 Type or print name and title: **Interim Exec Dir**

**Paid Preparer Use Only**

Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **12/12/18** Check  if self-employed PTIN: **P00015280**

Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: **20-1416603**  
 Firm's address: **943 S 1st Street Louisville, KY 40203** Phone no.: **502-584-9793**

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 \$ **416,045** including grants of\$ ) (Revenue \$ **51,458** )

**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**

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

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

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

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

4e Total program service expenses **416,045**



**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 temporarily restricted endowments, permanent endowments, or 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

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

		Yes	No
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
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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		
1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**COMPANY**  
**Louisville** **507 South Third Street**  
**KY 40202** **502-589-0343**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Gordon Garner	1.00									
Past President	0.00	X		X			0	0	0	
(2) Leo Klarer	1.00									
Vice President	0.00	X		X			0	0	0	
(3) Nancy Bowman-Denton	1.00									
Member	0.00	X					0	0	0	
(4) Betty Adkins	1.00									
Member	0.00	X					0	0	0	
(5) Roberto Bajandas	1.00									
Member	0.00	X					0	0	0	
(6) Bruce Duncan	1.00									
Member	0.00	X					0	0	0	
(7) Don Keller	1.00									
Member	0.00	X					0	0	0	
(8) Melissa Mershon	1.00									
Member	0.00	X					0	0	0	
(9) Michael O'Leary	1.00									
Member	0.00	X					0	0	0	
(10) Stephen Perkins	1.00									
Member	0.00	X					0	0	0	
(11) Kent Weyland	1.00									
Treasurer/Secretary	0.00	X		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 (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			
(12) <b>Tim Holz</b> ..... <b>President</b>	1.00 0.00	X		X			0	0	0
(13) <b>Doris Sims</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(14) <b>Jennifer Chappell</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(15) <b>Eboni Neal Cochran</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(16) <b>Dr. Ralph Fitzpatrick</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(17) <b>Nancy Hancock</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(18) <b>Renita Rosa</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
(19) <b>Tina Walters</b> ..... <b>Member</b>	1.00 0.00	X					0	0	0
<b>1b Sub-total</b> .....									
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>120,329</b>		
<b>d Total (add lines 1b and 1c)</b> .....							<b>120,329</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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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>	228,235				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	910,835				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>		1,139,070				
<b>Program Service Revenue</b>	<b>2a</b> Various programs	Busn. Code	51,458	51,458			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		51,458				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		74			74	
	<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>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<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>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<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>a</b>						
	<b>b</b> Less: direct expenses	<b>b</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>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>			1,190,602	51,458	0	74	



**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,396	85,047	22,679	5,670
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	207,008	155,256	41,402	10,350
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,620	21,465	5,724	1,431
10 Payroll taxes	35,040	26,280	7,008	1,752
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,868		17,868	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	11,772	8,829	2,354	589
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	284	213	57	14
23 Insurance	1,716	1,287	343	86
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program expense	45,083	45,083		
b Meetings	37,757	28,318	7,551	1,888
c Consultant & Contract svcs	29,074	29,074		
d Supplies	13,902	10,427	2,780	695
e All other expenses	6,425	4,766	1,328	331
25 Total functional expenses. Add lines 1 through 24e	547,945	416,045	109,094	22,806
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	19,950	1	450,210
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	210,796
	4 Accounts receivable, net	11,409	4	34,170
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,074		
	b Less: accumulated depreciation	10b 17,489	1,269	10c 1,585
	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 34)		32,628	16	696,761
<b>Liabilities</b>	17 Accounts payable and accrued expenses	14,273	17	32,610
	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	2,465	21	5,604
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		16,738	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	14,156	27	77,417
	28 Temporarily restricted net assets	1,734	28	581,130
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>		15,890	33	658,547
34 <b>Total liabilities and net assets/fund balances</b>		32,628	34	696,761

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,190,602
2	Total expenses (must equal Part IX, column (A), line 25)	2	547,945
3	Revenue less expenses. Subtract line 2 from line 1	3	642,657
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,890
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	658,547

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Go to [www.irs.gov/Form990](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>
---	---

**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>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,241	63,964	122,402	98,553	1,139,070	1,434,230
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	10,241	63,964	122,402	98,553	1,139,070	1,434,230
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						1,434,230

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	10,241	63,964	122,402	98,553	1,139,070	1,434,230
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			10	2	74	86
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						1,434,316
12 Gross receipts from related activities, etc. (see instructions)					12	51,458
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 stop here						<input type="checkbox"/>

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.39%
16a <b>33 1/3% support test—2017.</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 stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2016.</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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2017.</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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2016.</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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b> Total. 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</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** 33 1/3% support tests—2017. 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—2016. 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <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? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		



**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 Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			



**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

**2017****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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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	Owsley Brown Family Foundation 333 E. Main Street Suite 401 Louisville KY 40202	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville Metro Goverment 527 W Jefferson Louisville KY 40202	\$ 228,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Owsley Brown II Family Foundation 333 E .Main Street Suite 401 Louisville KY 40202	\$ 240,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	James Graham Brown Foundation 4350 Brownsboro Rd Louisville KY 40207	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2017

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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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	Owsley Brown Family Foundation 333 E. Main Street Suite 401 Louisville KY 40202	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville Metro Government 527 W Jefferson Louisville KY 40202	\$ 228,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Owsley Brown II Family Foundation 333 E .Main Street Suite 401 Louisville KY 40202	\$ 240,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	James Graham Brown Foundation 4350 Brownsboro Rd Louisville KY 40207	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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.

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

**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.

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

**Part IX Other Assets.**

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

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

**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.

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

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

**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.

1	Total revenue, gains, and other support per audited financial statements		1	1,190,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,190,602
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,190,602

**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.

1	Total expenses and losses per audited financial statements		1	547,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	547,945
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	547,945

**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)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Louisville Community Design  
Center, Inc.

Employer identification number

61-0889003

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

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, 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 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 **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **Louisville Community Design Center, Inc.**

Identifying number  
**61-0889003**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	284

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	284
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

**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

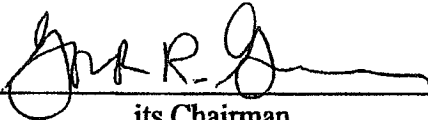
These Amended and Restated Articles of Incorporation correctly set forth the provisions of the Corporation's Articles of Incorporation as theretofore amended, have been duly adopted as required by law, and supersede and take the place of the Corporation's existing Articles of Incorporation as amended.

## 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

**THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.****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>	6/21/2018
<b>Principal Office</b>	507 SOUTH 3RD STREET LOUISVILLE, KY 40202
<b>Registered Agent</b>	THOMAS STEPHENS 507 SOUTH 3RD STREET LOUISVILLE, KY 40202

**Current Officers**

<b>President</b>	<u><a href="#">Tim Holz</a></u>
<b>Vice President</b>	<u><a href="#">Leo Klarer</a></u>
<b>Secretary</b>	<u><a href="#">Kent Weyland</a></u>
<b>Treasurer</b>	<u><a href="#">Kent Weyland</a></u>
<b>Director</b>	<u><a href="#">Michael O'Leary</a></u>
<b>Director</b>	<u><a href="#">Don Keller</a></u>
<b>Director</b>	<u><a href="#">Bruce Duncan</a></u>
<b>Director</b>	<u><a href="#">Melissa Mershon</a></u>
<b>Director</b>	<u><a href="#">Roberto Bajandas</a></u>
<b>Director</b>	<u><a href="#">Kent Weyland</a></u>
<b>Director</b>	<u><a href="#">Betty Adkins</a></u>

# 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.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Louisville Community Design Center, Inc.

**2** Business name/disregarded entity name, if different from above  
Center For Neighborhoods

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

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

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
507 S 3rd St

**6** City, state, and ZIP code  
Louisville, KY 40202

**7** List account number(s) here (optional)

Requester's name and address (optional)

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

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

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

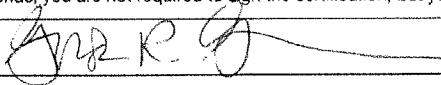
Social security number								
				-				
or								
Employer identification number								
6	1	-	0	8	8	9	0	3

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here**      Signature of U.S. person ▶       Date ▶ 4/1/2019

**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.*

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>507 S 3rd St</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville, KY 40202</b>	
	7 List account number(s) here (optional)	

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

<b>Social security number</b>																					
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<b>Employer identification number</b>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> </tr> </table>	6	1	-	0	8	8	9	0	0	3											
6	1	-	0	8	8	9	0	0	3												

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/15/2019</b>
------------------	----------------------------	-------------------------

**General Instructions**

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

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

**Purpose of Form**

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

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

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Financial Position**  
**As of June 30, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Assets</b>		
Cash	\$ 450,210	\$ 19,950
Accounts receivable	34,170	11,409
Promises to give, net	210,796	-
Furniture & equipment, net	<u>1,585</u>	<u>1,269</u>
Total assets	<u><u>\$ 696,761</u></u>	<u><u>\$ 32,628</u></u>
 <b>Liabilities and net assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 32,610	\$ 14,273
Fiscal sponsorship payable	<u>5,604</u>	<u>2,465</u>
Total liabilities	<u>38,214</u>	<u>16,738</u>
 <b>Net assets</b>		
Unrestricted	77,417	14,156
Temporarily restricted	<u>581,130</u>	<u>1,734</u>
Total net assets	<u>658,547</u>	<u>15,890</u>
Total liabilities and net assets	<u><u>\$ 696,761</u></u>	<u><u>\$ 32,628</u></u>

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

**Louisville Community Design Center, Inc.**  
**DBA Center for Neighborhoods**  
**Statements of Activities**  
**For the Years Ended June 30, 2018 and 2017**

	2018			2017		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Revenue and support:</b>						
Contributions and grants	\$ 553,303	\$ 581,130	\$ 1,134,433	\$ 268,206	\$ -	\$ 268,206
Program revenue	51,458	-	51,458	63,714	1,734	65,448
Miscellaneous income	4,711	-	4,711	-	-	-
	<u>609,472</u>	<u>581,130</u>	<u>1,190,602</u>	<u>331,920</u>	<u>1,734</u>	<u>333,654</u>
<b>Net assets released from restrictions:</b>						
Restrictions satisfied by payments	1,734	(1,734)	-	-	-	-
	<u>611,206</u>	<u>579,396</u>	<u>1,190,602</u>	<u>331,920</u>	<u>1,734</u>	<u>333,654</u>
<b>Expenses:</b>						
Program services	416,045	-	416,045	260,430	-	260,430
Management and general	109,094	-	109,094	72,254	-	72,254
Fund raising	22,806	-	22,806	14,146	-	14,146
	<u>547,945</u>	<u>-</u>	<u>547,945</u>	<u>346,830</u>	<u>-</u>	<u>346,830</u>
Change in net assets	63,261	579,396	642,657	(14,910)	1,734	(13,176)
Net assets at beginning of year	14,156	1,734	15,890	29,066	-	29,066
Net assets at end of year	<u>\$ 77,417</u>	<u>\$ 581,130</u>	<u>\$ 658,547</u>	<u>\$ 14,156</u>	<u>\$ 1,734</u>	<u>\$ 15,890</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, 2018 and 2017**

	2018				2017			
	Total	Program Services	Management and General	Fund Raising	Total	Program Services	Management and General	Fund Raising
Salaries and wages	\$ 320,404	\$ 240,303	\$ 64,081	\$ 16,020	\$ 200,389	\$ 150,292	\$ 40,078	\$ 10,019
Employee benefits and payroll taxes	63,660	47,745	12,732	3,183	35,656	26,742	7,131	1,783
Program expense	45,083	45,083	-	-	18,711	18,711	-	-
Contract services	29,074	29,074	-	-	29,538	29,538	-	-
Professional fees	17,868	-	17,868	-	15,673	-	15,673	-
Supplies	13,902	10,427	2,780	695	7,400	5,550	1,480	370
Telephone	3,608	2,706	722	180	2,594	1,946	519	129
Postage and shipping	381	286	76	19	527	395	105	27
Occupancy	11,772	8,829	2,354	589	13,119	9,839	2,624	656
Meetings	37,757	28,318	7,551	1,888	20,487	15,365	4,097	1,025
Dues and subscriptions	701	526	140	35	575	431	115	29
Insurance	1,716	1,287	343	86	1,096	822	219	55
Depreciation	284	213	57	14	-	-	-	-
Bad debt	1,000	750	200	50	-	-	-	-
Miscellaneous	735	498	190	47	1,065	799	213	53
<b>Total expenses</b>	<b>\$ 547,945</b>	<b>\$ 416,045</b>	<b>\$ 109,094</b>	<b>\$ 22,806</b>	<b>\$ 346,830</b>	<b>\$ 260,430</b>	<b>\$ 72,254</b>	<b>\$ 14,146</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, 2018 and 2017**

	<u>2018</u>	<u>2017</u>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 642,657	\$ (13,176)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation expense	284	-
Changes in operating assets and liabilities:		
Accounts receivable	(22,761)	(4,888)
Promises to give	(210,796)	-
Accounts payable and accrued expenses	18,337	(3,621)
Fiscal sponsorship payable	<u>3,139</u>	<u>(1,065)</u>
Net cash provided (used) by operating activities	430,860	(22,750)
<b>Cash flows from investing activities:</b>		
Purchase of furniture and equipment	<u>(600)</u>	<u>(1,269)</u>
Net increase (decrease) in cash	430,260	(24,019)
Cash at beginning of year	<u>19,950</u>	<u>43,969</u>
Cash at end of year	<u><u>\$ 450,210</u></u>	<u><u>\$ 19,950</u></u>

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

**Louisville Community Design Center, Inc.  
DBA Center for Neighborhoods  
Notes to Financial Statements  
For the Years Ended June 30, 2018 and 2017**

**Note 1. Summary of Significant Accounting Policies**

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

Leadership Education & Training

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

Neighborhood Outreach & Technical Assistance

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

Neighborhood Planning & Design

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, we are working to build out a physical and online Neighborhood Resource Center to provide access to our mapping services and to provide our member organizations access to the existing and growing knowledge base. We want to empower neighborhood leaders to make well-informed decisions by providing shared knowledge between neighborhoods, providing referrals and compiling comprehensive data and powerful GIS mapping. Engaged residents informed with clear information and visuals reinforce a healthy community and support a higher quality of life in Louisville.

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

**Basis of Accounting**

The 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, 2018 and 2017**

**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 three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net assets categories follows:

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

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

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

**Estimates**

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

**Cash**

Cash consists of checking accounts.

**Accounts Receivable**

Accounts receivable consists primarily of receivables for program fees earned by the organization. An allowance for uncollectibles has not been recorded because management believes all receivables are fully collectible other than receivables that have been charged off. It is LCDC's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected.

**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 (5-40 years). The cost of equipment in excess of \$250 is capitalized.

**Louisville Community Design Center, Inc.  
DBA Center for Neighborhoods  
Notes to Financial Statements – Continued  
For the Years Ended June 30, 2018 and 2017**

**Fiscal Agent Sponsorships**

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

**Contributions**

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

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

**Expense Allocation**

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

**Income Tax Status**

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

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the operating statement or accrued in the balance sheet.

**Reclassification**

Certain reclassifications have been made to prior year amounts to conform to the current presentation.

**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. The amounts in excess of federal insurance limits were \$215,522 and \$0 at June 30, 2018 and 2017, respectively.

Concentration of Revenue – LCDC receives a substantial amount of its support from Louisville Metro government. A significant reduction in the level of this support, if it were to occur, may have an effect on LCDC's programs and activities. During the years ended June 30, 2018 and 2017, 37.34% and 80.48% of total revenue and support was derived from Louisville Metro, respectively.



Louisville Community Design Center, Inc.  
 DBA Center for Neighborhoods  
 Notes to Financial Statements – Continued  
 For the Years Ended June 30, 2018 and 2017

**Note 3. Promises to Give**

The June 30, 2018 balance of promises to give consists of the following:

Programs	<u>\$ 225,000</u>
Receivable in less than one year	\$ 75,000
Receivable in one to five years	150,000
Receivable in five or more years	<u>-</u>
Total promises to give	225,000
Less discounts to net present value	<u>14,204</u>
Net promises to give	<u>\$ 210,796</u>

There were no promises to give as of June 30, 2017. Promises to give receivable in more than one year are discounted to present value, using 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, the cost and accumulated depreciation of such assets were as follows:

	<u>2018</u>	<u>2017</u>
Furniture and equipment	\$ 19,074	\$ 18,474
Less accumulated depreciation	<u>(17,489)</u>	<u>(17,205)</u>
Equipment, net	<u>\$ 1,585</u>	<u>\$ 1,269</u>
Depreciation expense	<u>\$ 284</u>	<u>\$ -</u>

**Note 5. Temporarily Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes as of June 30:

	<u>2018</u>	<u>2017</u>
Subsequent year's activities	<u>\$ 581,130</u>	<u>\$ 1,734</u>

**Louisville Community Design Center, Inc.  
DBA Center for Neighborhoods  
Notes to Financial Statements – Continued  
For the Years Ended June 30, 2018 and 2017**

**Note 6. Lease Commitments**

LCDC leases office space under an operating lease expiring June 30, 2019. The future minimum lease payment will be \$22,572 in fiscal year 2019.

Lease expense for the year ended June 30, 2018 was \$22,572. A portion of the leased space was subleased month to month to an unaffiliated not-for-profit organization. Sublease income for the year ended June 30, 2018 and 2017 was \$10,800 and \$10,080, respectively.

**Note 7. Recently Issued Accounting Standards Update**

*Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)*

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. LCDC has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

*Accounting Standards Update 2016-02, Leases (Topic 842)*

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, requiring all leases to be recognized on LCDC's 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 the ASU, 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 for the year ending June 30, 2021, with early adoption permitted. LCDC is currently evaluating the effect that the new standard will have on its financial statements.

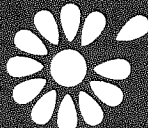
**Louisville Community Design Center, Inc.  
DBA Center for Neighborhoods  
Notes to Financial Statements – Continued  
For the Years Ended June 30, 2018 and 2017**

*Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)*

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for LCDC for the year ending June 30, 2019. Early adoption is permitted. LCDC is currently evaluating the effect that the new standard will have on its financial statements.

**Note 8. Subsequent Events**

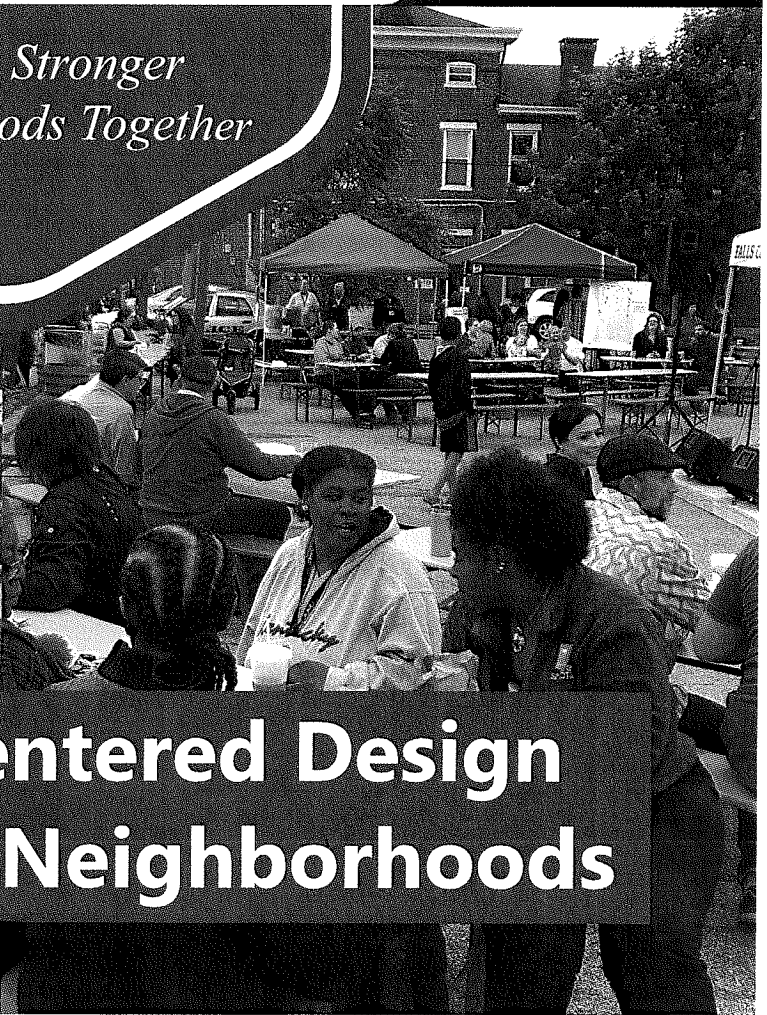
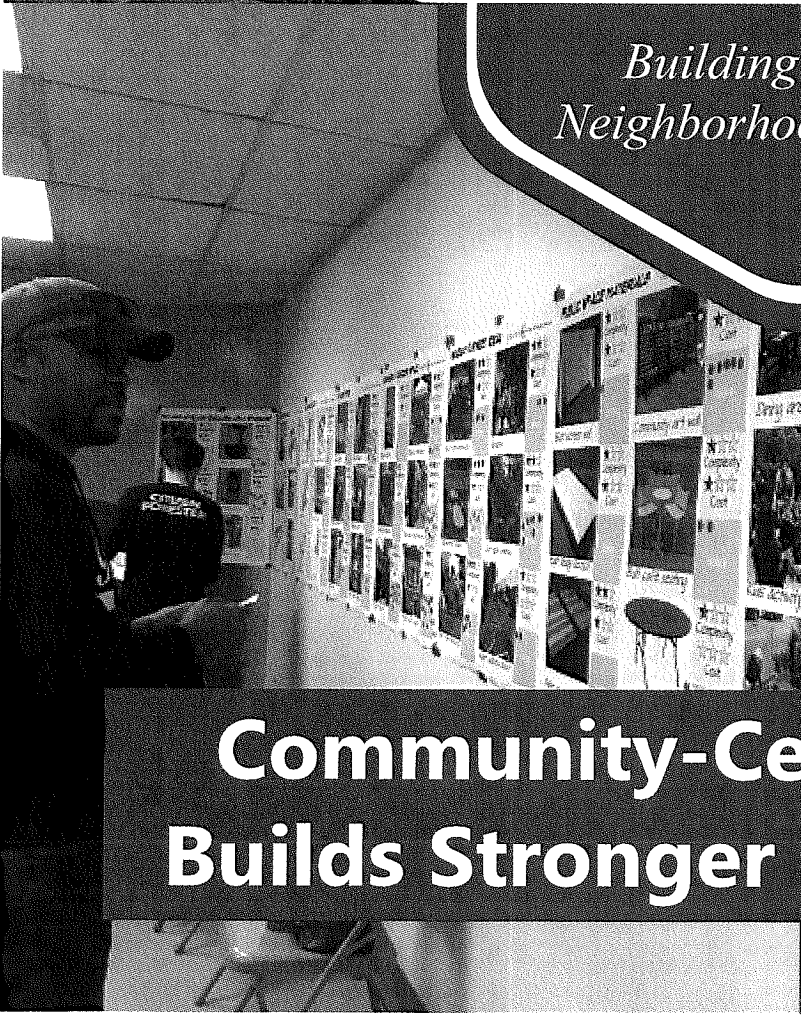
Management has evaluated subsequent events for recognition or disclosure in the financial statements through September 13, 2018, which is the date the financial statements were available to be issued.



Center For Neighborhoods

# Better Block

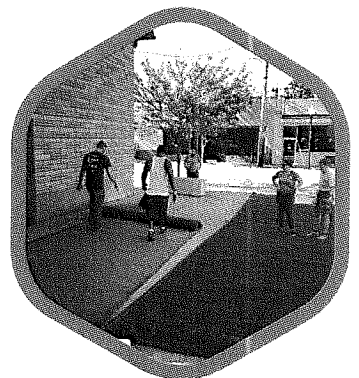
*Building Stronger  
Neighborhoods Together*



**Community-Centered Design  
Builds Stronger Neighborhoods**

# What is Better Block?

Through active community participation and input, Better Block seeks to bring life to a single city block using temporary, affordable, and quick improvements. Because it is a direct reflection of what neighborhood residents want to see and what matters to them, every Better Block event will look different depending on where it is. Some example interventions include: storefront fix ups, crosswalk and bike lane design, public art installations, pop-up shops, food trucks, and community programming. Better Block supports a neighborhood in celebrating and using its gifts with residents as the drivers of change.



## Temporary to Lasting

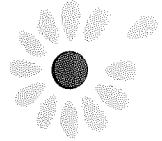
Better Block has a few steps: (1) designing improvements (2) creating and building (3) putting on the event (4) reflecting on successes and (5) planning for what's next. Better Block is a perfect opportunity to test out ideas and experience changes temporarily. Residents can actually experience changes that they helped envision, determine what they like and what works, and from this begin to create a plan of action for making the changes permanent. The entire Better Block process helps build relationships, partnerships, and community.







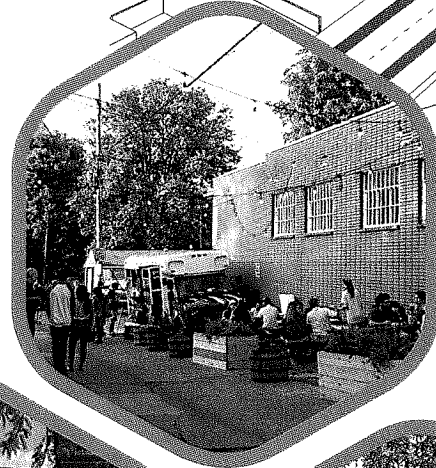
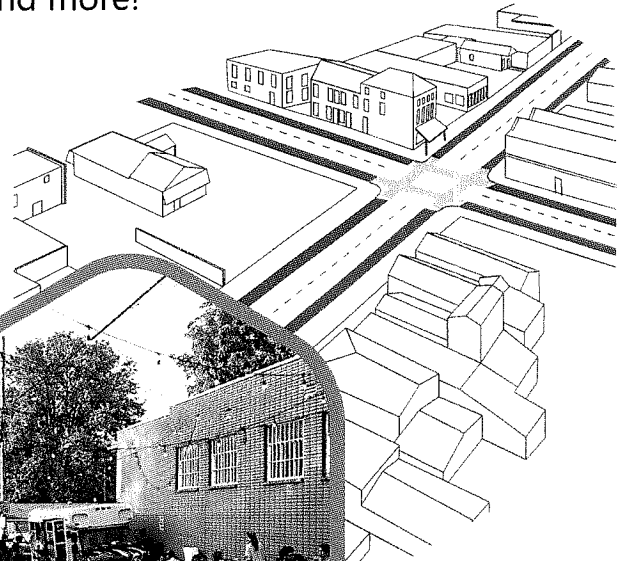
## Better Block Louisville



Past Better Block Louisville improvements include:  
Crosswalks • Neighborhood Greening • Murals •  
Food Truck Alley • Remodeled Storefronts • Beer  
Garden • Performance Sets • Pop up Park • Bike  
Lanes • Bus Stop • and more!

### 2018 Woodlawn Avenue

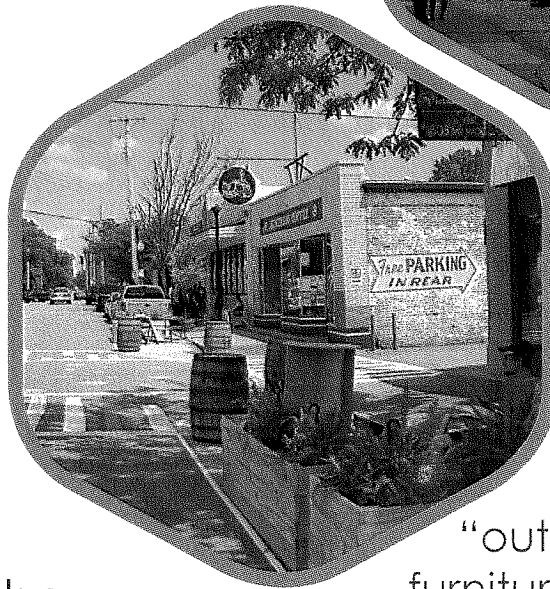
Focused on physical improvements, like repainting storefront facades, creating shared greenspace in a vacant lot, adding a safer, colorful crosswalk, activating the alley with lighting and food trucks, building seating across the block, and a new mural.



“more of a neighborhood vibe”

“I like the diversity here”

**“inviting”**



“outdoor furniture helps me feel like hanging out on the block”



“nice to have something in the neighborhood”

# How can YOU be involved in Better Block?

**Become a Sponsor**

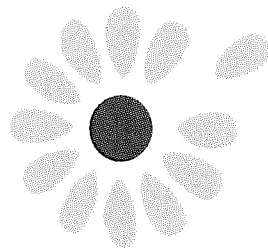
**Better Block is made possible by financial support from agencies and local businesses.**

**Sign up to Volunteer**

**Everyone is valuable to the process! Input, time, or building skills - from beginning to end there is a place for you!**

**Attend the Event**

**Come have fun! Experience the rich culture & innovation that make each neighborhood unique.**



## Center For Neighborhoods

VISION. KNOWLEDGE. ACTION.

Building healthy, sustainable, safe and attractive neighborhoods through engaged, informed, and committed neighbors.

**Email us!** [planning@centerforneighborhoods.org](mailto:planning@centerforneighborhoods.org)

[www.centerforneighborhoods.org](http://www.centerforneighborhoods.org)

502.589.0343

507 S 3rd Street Louisville, KY 40202





# Parkland Neighborhood

## June 2019

### Sponsorship Levels

#### **Presenting Sponsor - \$5,000**

- Exclusive "presented by" area
- Logo on event t-shirt
- Logo on event fliers
- Logo on on-site banners
- Logo on website
- Center For Neighborhoods 2019 membership
- Acknowledgment in Media Releases
- Three Social Media features

#### **Corridor Catalyst - \$2,500**

- Logo on event t-shirt
- Logo on event fliers
- Logo on on-site banners
- Logo on website
- Center For Neighborhoods 2019 membership
- Acknowledgment in Media Releases
- Two Social Media features

#### **Block Builder - \$1,000**

- Logo on event fliers
- Logo on on-site banners
- Logo on website
- Center For Neighborhoods 2019 membership
- Acknowledgment in Media Releases
- One Social Media feature

#### **Neighborhood Change Agent - \$500**

- Logo on website
- Center For Neighborhoods 2019 membership
- Acknowledgment in Media Releases
- One Social Media feature

For more information, please contact Terri Hathaway at 502-589-0343  
or [terrih@centerforneighborhoods.org](mailto:terrih@centerforneighborhoods.org)





**Better Block**

*Building Stronger  
Neighborhoods Together*

# Sponsorship Response Form Parkland, June 2019

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate your sponsorship level:

Presenting Sponsor: \$5,000

Corridor Catalyst: \$2,500

Block Builder: \$1,000

Neighborhood Change Agent: \$500

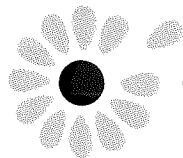
Check enclosed

Please invoice us

Please return to Terri Hathaway.

Scan and email to [terrih@centerforneighborhoods.org](mailto:terrih@centerforneighborhoods.org) or  
mail to Center For Neighborhoods, 507 S. 3rd St., Louisville, KY 40202

Questions? Call Terri at 502-589-0343



Center For Neighborhoods

[www.centerforneighborhoods.org](http://www.centerforneighborhoods.org)