NDF110321CNm

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

Applicant/Program: Louisville Community Design Cente	Inc. 2021
Applicant Requested Amount: \$5,000	solar adults, as weighted head Maddusof 110ds
Appropriation Request Amount: \$3,750 \$4,0	000
3 3, 13 4 450	
Executive Summary of Request	
Funding for the 2021 Neighborhood Summit will provide so	cholarships to area residents, thus bringing greater
access to civic education, networking across and within ne	eighborhoods, and overall community engagement
with neighborhood improvement concepts. The funding wi a 100% scholarship to cover the \$25 / person ticket at no c	
In this magazam (nucleat a five decises)	DV EN
Is this program/project a fundraiser? 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	
within Metro Council guidelines and request approval of f organization's statement of public purpose to be furthered	funding in the following amount(s). I have read the
purpose is legitimate. I have also completed the disclosure	
	o bronon boton, in required.
I mer Tron	\$250 10/8/2021
District # Primary Sponsor Signature	Amount Date
Primary Sponsor Disclosure	family or your logislative againstant have with this
ist below any personal or business relationship you, your rganization, its volunteers, its employees or members of its	
- G	
opproved by:	
approved by:	
Appropriations Committee Chairman	Date
Appropriations Committee Chairman Final Appropriations Amount:	Date

1 | Page Effective May 2016

Applicant/Program	Ar	plies	nt/P	rogri	m
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Louisville Community Design Center dbe Center For Neighborhoods - 2021 Neighborhood Summit

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.

Councilman Arthur is a current board member.

Council Member Signature and Amount	
District 1 Jussica Green	\$_250
District 2	<u> </u>
District Beidea Davey	\$ ²⁵⁰
District 4 heory Arthur	\$ ²⁵⁰
District 5 Deman Punion	s ²⁵⁰
District 6	\$ ²⁵⁰
District 7	S
District(8	<u>\$250</u>
District 9 SW Helph	s ²⁵⁰
District 10 East Aller	s ²⁵⁰
District 11	<u> </u>
District PLB.	\$ <mark></mark>
District 13 Mark Fox	\$250
District 14	<u> </u>

2 | Page Effective May 2016

District is

Applica	nt/Pro	gram:
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Louisville Community Design Center dba Center For Neighborhoods - 2021 Neighborhood Summit

Additional Disclosure and Signatures

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

District 16	\$	
District 17 Markus Winkler	<u>\$250</u>	
District 18	<u> </u>	
District 19	\$	
District 20	 \$	
District 21	\$	
District 22 Robin J. Engl	<u>\$250</u>	
District 23	\$	
District 24 <u>Madonna Flood</u>	\$	
District 25	\$	
District 26 Brut Ackerson	\$ <u>250</u>	
3 Page		

Legal Name of Applicant Organization Louisville Community Design Center, dba Center For Neighborhoods

Program Name and Request Amount 2021 Neighborhood Summit / \$2,250 \$5,000

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Is the proposed public purpose of the program viable and well-documented? Will all of the funding go to programs specific to Louisville/Jefferson County? Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Government? Internal Revenue Service?	Yes/No/NA Yes Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount? Is the proposed public purpose of the program viable and well-documented? Will all of the funding go to programs specific to Louisville/Jefferson County? Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government?	
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legal responsibility of that taxing district? Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government?	Yes
 ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? 	N/A
► Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	Yes No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	
Prepared by: Rachel Roarx District 21 Legislative Aide Date: 10/8/2021	Yes

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Legal Name of Applicant Organization: Center, Inc. Center Center, Inc. Center Louisville Community Design Str dba Ctr, For Neighborhoods							
(as listed on: http://www.so							***
Main Office Street & N				lvd, S	uite 300 Lo	livaiuc	lle, KY 40215
Website: www.centerforneighborhoods.org							
Applicant Contact:	Prasan	Prasanthi Persad Title: Development & Fin Director					Development & Fin Director
Phone:	(502) 5	(502) 589-0343 Email: prasanthip@centerfornelghborhoods					prasanthip@centerfornelghborhoods.org
Financial Contact:	Prasan	Prasanthi Persad Title:					Dev & Finance Director
Phone: (502) 589-0343 Email: prasanthip@centerformeighborhoods.or						prasanthip@centerforneighborhoods.org	
Organization's Represe	entative v	who att	ended NDF Tra	ining:	Prasanthi P	ersad	
GEOGR	LAPHICAL	AREA(S) WHERE PRO	GRAM	ACTIVITIES A	RE (WI	ILL BE) PROVIDED
Program Facility Locati	on(s):	Louis	ville Urban Le	ague S	Sports and Le	earnin	g Complex
Council District(s):		4			Zip Code(s):		40203
and the second s	SECTION))	hakiran Be		etinaneai. I	(Folky	MATION IN THE STATE OF THE STAT
PROGRAM/PROJECT NA	AME: 20	21 Nei	ghborhood Su	mmit	····		
Total Request: (\$)	\$ 5 ,00	0	Total Metro	Award	(this program) in pr	revious year: (\$) \$ 1,000.00
Purpose of Request (ch	eck all th	at appi	y):				
-		-	nnot exceed 33		•	•	
Programming,	/services	/events	for direct bene	fit to c	ommunity or	qualifi	ed individuals
Capital Projec	t of the o	rganiza	tion (equipmer	ıt, furn	ishing, buildin	g, etc)	
The Following are Requ	ired Atta	chmen	is:				
✓ IRS Exempt Status Determined Transport	☑ IRS Exempt Status Determination Letter ☐ Signed lease if rent costs are being requested						
Current year projected	budget			□	RS Form W9		
Current financial statem				To be	valuation forms	if used	d in the proposed program
Most recent IRS Form 9	90 or 112(D-H			nnual audit (if r	equire	d by organization)
✓ Articles of Incorporation	(current	& signe	d)	F	aith Based Orga	nizatio	n Certification Form, if applicable
Cost estimates from pro capital expense	posed vei	ndor if re	equest is for				
capital expense							
<u>-</u>	-	-	-		•		ved from Louisville Metro
	-		• •		_		rough Metro Federal Grants, at Funds). Attach additional
sheet if necessary.	Wick o C	our lett r	ppi opi iation (i	icigiib.	DITIOUG DEVER	pincii	it i dilasj. Attach edulational
Source: Lo	ou Metro	Counc	il Budget	Amo	unt; (\$)	\$ 50,	000.00
Source: Ex	cternal A	gency	fund	Amo	unt: (\$)	\$ 19,	500.00
Source) E/	AF from	Develo	p Louisville	Amo	unt: (\$)	\$ 95,	,000.00
Has the applicant contac	ted the B	BB Cha	rity Review for	partici	pation? 📝 Y	es 🔲	No
Has the applicant met th	e BBB Ch	arity Re	view Standards	? 🕖 Y	res No		
		٠.					
Page 1				-			
Effective May 2016							Applicant's Initials PP

SECTION 3 - AGENUT DE ÁILE

Describe Agency's Vision, Mission and Services:

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

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

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

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

Our Mission: Engaging with neighbors to build great neighborhoods

Signical Chargo of Director		

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

Describe the Board term limit policy:

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

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

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.):

Neighborhood Summit - Since launching this annual conference in 2016, the Neighborhood Summit has grown into a highlight event for community leaders and partners that provides practical, technical, and inspirational know how. The Neighborhood Summit is a one-day conference that showcases community building success stories and celebrates neighborhood development across the Louisville community. Through interactive workshops and an engaging keynote speaker, Neighborhood Summit attendees will learn about community achievements, make valuable connections, and come away inspired.

This year's Summit will take place on Saturday November 6th from 8:15 am to 3 pm at the Louisville Urban League Sports & Learning Complex. The Summit is open to the entire community and brings together residents from all over Louisville and the surrounding area to learn and connect on issues related to healthy neighborhoods and civic participation.

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

This funding for the Neighborhood Summit will provide scholarships to area residents, thus bringing greater access to civic education , networking across and within neighborhoods, and overall community engagement with neighborhood improvement concepts. The funding will go directly to sponsor scholarships for attendees, a 100% scholarship to cover the \$25 / person admission ticket at no cost to the resident.

C: If this request is a	fundraiser, please detail	how the procee	ds will be sper	nt:	· .	
C: If this request is a	fundraiser, please detail	how the procee	ds will be sper			
and ends on June 30 of funds to be spent before The funding reques application date, by if selecting this capplication.	elmbursement Only — The f Metro fiscal year in white the grant award period est is a reimbursement of out prior to the execution option, the invoice, receipt a required to submit financial	ch the grant is ap d, identify the ap f the following ex of the grant agre and payment docu	pproved. If any plicable circum penditures tha eement: mentation shoul	part of this fur istances: t will probably d not be availabl	be incurre	est is for d after the
by the primary cou invoices or proof of ✓ Attach a copy of identified in this ✓ Attach a copy of	invoices and/or receipts to	g request is a rein	nbursement of urchase of activit	the following	expenditur ith the worl	es (attach

- 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:
- 1. Networking: Bridging neighborhoods across Metro Louisville, providing connection between community members (neighborhood leaders, local government officials and non-profit partners) where they can learn together, learn from each other, and build new relationships to work together
- 2. Expert Keynotes: Provide opportunity to learn from local and national experts on imortant and ground breaking efforts in community building
- 3. Awards: A community celebration of the great work neighborhood leaders, volunteers, public servants and other great work occurring in Louisville neighborhoods, acknowledging and encouraging ongoing support of these efforts and inspiring others

We believe that residents benefit from these three core areas to learn, connect, and be inspired. The Neighborhood Summit is the only event that annually brings together hundreds of people across Metro Louisville with a common goal of neighborhood improvement and volunteerism.

Our evaluation consists of a survey and qualitative evaluation of the general experience of the Summit, as well as an evaluation offered for each workshop session. These are used to inform the following year's topics and logistics

Measurable outcomes from the 2020 Virtual Summit:

85 attendees served

6 awardees

average of 3.5 on a scale of 4 for "usefulness of information" recieved during learning sessions

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.

Most learning sessions (keynote and 7 of the 9 workshops) are done in partnership with other organizations. Together, we work with these organizations for months ahead of the Summit to develop a unique curriculum that highlights important information, creates learning objectives, and provides action steps for residents. The collaboration of this process is critical and facilitates cross-sector connection and new opportunities for dialogue across our community about relevant topics

SECTION 8 - PROGRAM/PROJECT BUDGET SLIMMARY

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

	Golumn	Column 9	Column (1#2)=3
Prögram/Project Expenses	Proposed Mëtro Eunds	flon- Metro	Total Funds
A: Personnel Costs including Benefits	\$ 4,300.00	\$ 16,200.00	\$ 20,500.00
B: Rent/Utilities		\$ 1,536.00	\$ 1,536.00
C: Office Supplies		\$ 1,000.00	\$ 1,000.00
D: Telephone		\$ 161.00	\$ 161.00
E: In-town Travel		\$ 150.00	\$ 150.00
F: Client Assistance (See Detailed List on Page 8)		\$ 0.00	\$ 0.00
G: Professional Service Contracts		\$ 5,000.00	\$ 5,000.00
H: Program Materials	\$ 700.00	\$ 300.00	\$ 1,000.00
I: Community Events & Festivals (See Detailed List on Page 8)		\$ 0.00	\$ 0.00
J: Machinery & Equipment		\$ 500.00	\$ 500.00
K: Capital Project		\$ 0.00	\$ 0.00
L: Other Expenses (See Detailed List on Page 8)		\$ 500.00	\$ 500.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 5,000.00	\$ 25,347.00	\$ 30,347.00
% of Program Budget	16.48%	83.52%	100%

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

** Total Revenue for Columns 2 Expenses	\$ 25,347.00
Other (please specify)	\$ 10,147.00
Fees Collected from Program Participants	\$ 3,000.00
Private Contributions (do not include individual donor names)	\$ 10,000.00
United Way	\$ 0.00
Other State, Federal or Local Government	\$ 2,200.00

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

^{**}Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Advertising/Marketing Expenses		\$ 500.00	\$ 500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
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			\$ 0.00
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			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Tota	\$ 0.00	\$ 500.00	\$ 500.00

Page 8 Effective May 2016

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Incl anything not bought with cash revenues of the agency).	ude
Domor Time of Contribution Value of Contribution Bathadraf Value	

Donor*/Type of Contributi	on.	Value of Contribution	on Method of Valuation
Volunteers - workshop support		\$ 2,700.00	\$27 / hour; 10 volunteers at 10 hours each
		<u> </u>	
•		***************************************	
Total Value of In-Kind		MANAGE CONTRACTOR OF THE CONTR	
(to match Program Budget Line Volunteer Contribution &Other I	iceiii.	\$ 2,700.00	
TED INDIVIDUALLY, BUT GROUPED T	OGETHER O	M ONE LINE AS A TOTA	L HOTHING HOW WANT HOOKS PER
TED INDIVIDUALLY, BUT GROUPED T RSON PER WEEK ency Fiscal Year Start Date: 07/01/20 es your Agency anticipate a significar)21 nt increase (
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DONOR INFORMATION REFERS TO WESTED INDIVIDUALLY, BUT GROUPED TO RESON PER WEEK THE PROOF OF THE)21 nt increase (or decrease in your bud	

SECTION 7 - CERTIFICATIONS & ALSURANCES

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

- 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.
- 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.
- 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.
- 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 involces). 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.

Council Member Jecorey Arthur is a board member.

SECTION 8 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Priya Prasanthi Persad		Date:	10/05/2021
Legal Signatory: (please print):		P. Prasanthi persad		Title: Dev & Finance Dir	
Phone:	(502) 589-0343	Extension:	Email:	l: prasanthip@centerforneighborhoods.org	

DISTRICT DIRECTOR
INTERNAL REVENUE SERVICE
CINCINHATI, OHIO

JUL + 8 1975

This ruling to applicate only to the temperar runned herein. It exist per be relead on, essal, or time has a propodent by temper sevence der to peratural in the disputation of paths cross. RECEIVED

EP/EO DIVISION 3 1978

E:E0:T:R:1:3

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

Key District: Cincinnati, Ohio
Accounting Period Ending: December 31
Form 990 Required: X 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.

- 2 - REVI

The Louisville Community Design Center, Ind. 7 3 53 and 13

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

最近发展的企业的

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

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

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

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

Thank you for your cooperation.

Sincerely yours,

[[Signed] Jeanne S. Gessay

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

SParrish:bn 6-24-75

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

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

FY22 REVENUE

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

FY22 EXPENSES - PERSONNEL

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

	Non Personnel Total	170,737
8660	Bank & Merchant Fees	700
8520	Insurance	2,500
7520	Contract - Audit / 990	7,500
8570	Advertising Expenses (Marketing)	1,200
8530	Membership Dues - Org	1,540
8540	Staff Training & Development	6,992
8310	Travel (out of town)	1,399
8310	Travel (in town)	2,218
8210	Rent	16,818
8590	Other Expenses - MicroGrants to NI alum	2,500
8190	Contract Services - Program	26,000
8180	Technology Expenses	8,743
8170	Printing & Copying	6,000
8140	Postage & Shipping	1,150
8130		2,477
8120		13,500
8110	, , , ,	69,500
	FY22 EXPENSES - NON PERSONNEL	

TOTAL EXPENSES	769,154.84

BUDGET DEFICIT

11:44 AM 09/13/21 Accrual Basis

LOUISVILLE COMMUNITY DESIGN CTR Statement of Financial Position

As of June 30, 2021

	1 ** **
ASSETS	Jun \$0, 21
Current Assets	
Checking/Savings	
1000 · Cash in Bank	
1010 · Savings Account	35,553.50
1020 · PNC Checking	38,828.62
Total 1000 · Cash in Bank	74,382.12
Total Checking/Savings	74,382.12
Accounts Receivable	
	\$10K River Fields Neighborhood Plan; \$11K CFL; \$21.5 Louisville Parks
1200 - Accounts Receivable	42,525,00 Foundation
Total Accounts Receivable	42,525.00
Other Current Assets	
Grants Receivable	55,000.00 \$12.5K Metro; \$27.5K FFTA Our Team MOA Renegotiations; \$15K Truist
1210 · Promises to Give	20,000.00 \$20K Anonymous FY22 Grant
1230 - Prepaid Expenses	4,104.20 Rent Deposit; Airline Credit; July Rent Prepaid
Total Other Current Assets	79,104.20
Total Current Assets	196,011.32
Fixed Assets	
1500 · Equipment	
1510 · Computers	5,153.95
1612 · Accumulated Depreciation	-3,098.00
1500 · Equipment - Other	5,449.32
Total 1500 - Equipment	7,505.27
Total Fixed Assets	7,505.27
TOTAL ASSETS	203,816.59
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 - Accounts Payable	27,100.01 Kale & Flax; Artist; TreesLouisville; Bookkeeping
Total Accounts Payable	27,100.01
Credit Cards	1,035.67
Other Current Liabilities	
2100 · Payroll Liabilities	
2109 - Simple IRA	2,091.04
Total 2100 · Payroll Liablities	2,091.04
2110 · Accrued Payroll Expense	
2110-2 - Vacation	23,220.02
2110 · Accrued Payroll Expense - Other	27,381.54
Total 2110 · Accrued Payroll Expense	50,601,58
2116 · Accrued Expenses	685.00 Admin Contractor
2600 · Fiscal Sponsorships	
2514 · Fiscal Sponsorship Deposits	
2514-9 · Orchards of Beechmont	4,256.48
Total 2614 · Fiscal Sponsorship Deposits	4,256,48
Total 2500 - Fiscal Sponsorships	4,256.48
Total Other Current Liabilities	57,614.08
Total Current Liabilities	85,749.76
Total Liabilities	85,749.76
Equity	
3600 · Net Assets w Donor Restrictions	
3515 · AARP	12,941.34
3618 · Anonymous	20,000.00
3619 - Truist	15,000.00
Total 3500 · Net Assets w Donor Restrictions	47,941.34
3900 - Net Assets w/o Donor Restrictio	26,424.75
Net Income	43,400.74
Total Equity	117,766.83
OTAL LIABILITIES & EQUITY	203,616.69

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2019 Open to Public Inspection

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

Α	For the 2019 c	alendar year, or tax year beginning 07/01/19, and ending 06/30/20			
	Check if applicable:	C Name of organization Louisville Community Design	D Employer identification number		
X	Address change	Center, Inc.			
	Name change	Doing business as Center for Neighborhoods		889003	
\Box	· ·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1126 Berry Blvd	E Telephone number 502-589-0343		
Щ	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code	302	303-0343	
	terminated		F69 154		
	Amended return	Louisville KY 40215 F Name and address of principal officer:	G Gross receipts \$ 568,154		
	Application pending		H(a) Is this a group return for subordinates? Yes No		
			H(b) Are all subordinates included?		
				(see instructions)	
_	Tax-exempt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			
<u>:</u>			xemption number	er •	
<u>. </u>	Form of organization:			M State of legal domicile: KY	
F		ımmary		,	
		scribe the organization's mission or most significant activities:			
-	_	erve and assist neighborhoods to empower and equip residents	to acl	nieve	
ng		tive change in their community through planning, revitalizat			
Activities & Governance		overent leadership development and education			
o Ve	* * * * * * * * * * * * * * * * * * * *	s box ▶ if the organization discontinued its operations or disposed of more than 25% of its net asset			
Ğ		of voting members of the governing body (Part VI, line 1a)	1 _	18	
Š		of independent voting members of the governing body (Part VI, line 1b)		18	
ij	5 Total num	nber of individuals employed in calendar year 2019 (Part V, line 2a)	5	12	
Ę		ber of volunteers (estimate if necessary)	_	50	
⋖		elated business revenue from Part VIII, column (C), line 12		0	
		ated business taxable income from Form 990-T, line 39		0	
		Prior Y	'ear	Current Year	
a	8 Contribut		67,715		
Revenue	9 Program	service revenue (Part VIII, line 2g)	<u>21,535</u>		
eve	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)	542	589	
Œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,008	
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,792	568,154	
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	
		paid to or for members (Part IX, column (A), line 4)		0	
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,442	479,831	
xpenses	16a Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10) 4. nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 36,618		0	
x be	b Total fund	Iraising expenses (Part IX, column (D), line 25) ▶ 36, 618			
Ш	17 Other exp		73,177	185,565	
	18 Total exp		07,619	665,396	
			17,827	-97,242	
Net Assets or		Beginning of C		End of Year	
sset	20 Total ass	` '	$\frac{03,145}{62,425}$	381,321	
e F	21 Total liabi	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u>62,425</u> 40,720		
1,1,1,1,1			10,720	343,478	
		gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	•	owleage and belief, it is	
Sig	nn	ignature of officer	Date		
He	9'' '	Mellone F Long Executive Di			
He	_	ype or print name and title	TECCOL	•	
		preparer's name Preparer's signature Date	Check	if PTIN	
Daid			Check	"	
	naror	Delder CDA DIIC	Firm's EIN	20-1416603	
	Firm's na	10180 Linn Station Road Suite 200	riiii S EIN 🖊	20 1410003	
	Firm's ad	Tarriandilla VV 40222	Phone no.	859-626-9040	
Mar		s this return with the preparer shown above? (see instructions)			
		etian Act Nation and the consents instructions	<u> </u>		

Form 990 (2019) Louisville Community		61-0889003	Page 2
Part III Statement of Program Service			
Check if Schedule O contains a re	esponse or note to any l	ine in this Part III	<u>X</u>
1 Briefly describe the organization's mission:	_		
Center for Neighborhoods su	pports and empo	wers neighborhoods	to create
stronger and more vital com	munities.		
2 Did the organization undertake any significant program	services during the year which	were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Schedule O.			
3 Did the organization cease conducting, or make signifi	cant changes in how it conduct	s, any program	.
services?			
If "Yes," describe these changes on Schedule O.			
4 Describe the organization's program service accomplis			
expenses. Section 501(c)(3) and 501(c)(4) organization		nount of grants and allocations to others,	
the total expenses, and revenue, if any, for each progra	am service reported.		
45 (Cada: \(\sigma \) (Figure 222 \(\phi \)	950 including average of ©) (Davisson	\$ 5,537
0 0 - h l 0) (Revenue	
see schedule o			
•			
•			
•			
•			
•			
4b (Code:) (Expenses \$	including grants of ¢) (Payonua	e \
N/A) (nevenue	Ψ)
N/A			
•			
•			
•			
•			
•			
4c (Code:) (Expenses \$	including grants of \$) (Revenue	e)
N/A	including grants or \$) (nevenue	Φ)
N/A			
•			
•			
•			
•			
•			
•			
·			
•			
44 Others and the Control of the Cont			
4d Other program services (Describe on Schedule O.)	areate of th) (Daviere	,
(Expenses \$ including 4e Total program service expenses ▶	grants of \$ 490,950) (Revenue \$)
+e rotal program service expenses ►			

Form 990 (2019) Louisville Community Design

Part IV Checklist of Required Schedules

61-0889003

	Oncomist of required ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		х
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
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? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·····		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			22
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		22	
U	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
1	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	00000000	-55555555	60-50-50-50
а	complete Schedule D, Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
C	of its total accepts reported in Part V. line 162 If "Voc." complete Schoolule D. Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			22
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Zu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
4a	Did the executivation resistain as office annulations of the United Ctates C	4.4-		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		Х
5	toreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
5	for any facility appoint in 2016 (1975) 2 appoints Calculuta E. Darte II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
		16		Х
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I (see instructions)	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			22
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) Louisville Community Design
Part IV Checklist of Required Schedules (continued)

61-0889003

						Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		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						.,
04-	employees? If "Yes," complete Schedule J				23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	246					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2	24D			04-		X
_	through 24d and complete Schedule K. If "No," go to line 25a						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
С	to defeace any tay exempt hende?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess by				240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	CHCIII			25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr	ior	• • • •		250		 -
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E						
	If "Yes," complete Schedule L, Part I				25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	ey					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	•					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, F	art					
	IV instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf					
	"Yes," complete Schedule L, Part IV				28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV						X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	·			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						3,7
	conservation contributions? If "Yes," complete Schedule M						X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule No.</i> 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	l, Part	1		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				00		x
00	complete Schedule N, Part II				32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation and 201,7701, 2 and				22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III				33		_ ^
34					34		х
35a	Did the appropriation being a controlled antih within the propriet of a stirm 54.0(h)/40\2						X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				000		
~	controlled autiturishing the propries of posting Ed.O/b/(d.O/O/K #//co. " postulate Colondal & D. Dout V. line O.				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organizati						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a						
	19? Note: All Form 990 filers are required to complete Schedule O.				38	X	
P	statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part	/	<u></u>	<u></u>	<u></u>	<u> </u>	
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	_	25			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	\perp '	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				6000000		
	reportable gaming (gambling) winnings to prize winners?		<u>.</u>		1c	X	

Form 990 (2019) Louisville Community Design 61-0889003

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

					Yes	No
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	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			00000000		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?		4a	00000000	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 According to the control of	ounts (F	FBAR).	00000000		
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r		CI.		
_	gifts were not tax deductible?			6b	20000000	:::::::::::::::::::::::::::::::::::::::
7	Organizations that may receive deductible contributions under section 170(c).	_				
а	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?			70	80000000	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?					Λ
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
С	required to file Form 8282?			7c		х
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 contra			7e	900000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			74		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			0000000		
а	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	Section 501(c)(12) organizations. Enter:			0000000		
а	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a	3303333333	(0)(0)(0)(0)
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	30000000	:::::::::::::::::::::::::::::::::::::::
	Note: See the instructions for additional information the organization must report on Schedule O.			0000000		
b	Enter the amount of reserves the organization is required to maintain by the states in which	105				
_	the organization is licensed to issue qualified health plans	13b 13c		0000000		
C 1/1a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a	0503030355	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C					
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			140		
13				15		х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?		16	160606666	X
	If "Yes," complete Form 4720, Schedule O.					
				10,00,000		

Form 990 (2019) Louisville Community Design 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 on 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 Enter the number of voting members of the governing body at the end of the tax year 18 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 18 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records > Mellone F Long 507 South 3rd Street **KY 40202** Louisville

Form 990 (2019	Louisville Community D	esign 61-	0889003	Page 7
Part VII C	Compensation of Officers, Directors	s, Trustees, Key Employees,	Highest Compensated Employees, ar	nd
li	ndependent Contractors			_
	Check if Schedule O contains a respon	nse or note to any line in this F	art VII	📙
		-		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organ	1	elated	d org			com	pens	T		
(A) Name and title	(B) Average hours per week (list any hours for	box	x, unle	Pos heck ss pe nd a d	rson i	than c s both or/trusto	an ee)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1039-INIGO)	(W 2 1603 MIGG)	related organizations
(1) Tim Holz	1 00									
President	1.00	X		х				0	0	0
(2) Leo Clarer	0.00	Λ		Λ				0	0	0
(2) Leo Clarer	1.00									
Vice President	0.00	X		X				0	0	0
(3) Kent Weyland										
<u>-</u>	1.00									
Treasurer/Secretary	0.00	X		X				0	0	0
(4) BJ Adkins										
	1.00									
Board Member	0.00	X						0	0	0
(5) Roberto Bajandas	1.00									
Board Member	0.00	x						0	0	0
(6) Jennifer Chappel		Λ						0		
(o) ocimizate chapped	1.00									
Board Member	0.00	X						0	0	0
(7) Dr. Ralph Fitzpa	trick									
-	1.00									
Board Member	0.00	X						0	0	0
(8) Nancy Hancock										
	1.00									
Board Member	0.00	X						0	0	0
(9) Melissa Mershon	1.00									
Board Member	0.00	x						0	0	0
(10) Eboni Neal Cochr		Λ						0	0	0
(10) EBOILE NOOL COOLL	1.00									
Board Member	0.00	X						0	0	0
(11) Stephen Perkins									-	
_	1.00									
Board Member	0.00	X						0	0	0

Form **990** (2019)

Part VII Section A. Officers. Directors Trustees Key Emplayees and U.S. 102982 01/21/2021 2:07 PM PUBLIC DISCLOSURE COPY 61-0889003

Section A. Onicers	, Directors, Trus	Siees	, 100	y L.	iibio	yees	, an	u riigilesi compensateu i	inployees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo of	x, unle icer a	Pos check ess pe nd a d	rson i lirecto	than o	an ee)	(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
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1093-WISC)	(W 2 1000 MICO)	related organizations
(12) Renita Rosa	1.00									
Board Member	0.00	X						0	0	c
(13) Doris Sims										
	1.00								_	_
Board Member	0.00	X						0	0	C
(14) Tina Walters	1.00									
Board Member	0.00	x						0	0	C
(15) Jecorey Arthu									-	
	1.00									_
Board Member (16) Kimberly Kauf	0.00	X						0	0	C
(16) Kimberly Kauf	1.00									
Board Member	0.00	X						0	0	C
(17) Bruce Duncan										
	1.00									
Board Member (18) Mitchell Kers	0.00	X						0	0	С
(10) MICCHEIL REIS	1.00									
Board Member	0.00	X						0	0	C
(19) Mellone F Lor	_									
Executive Director	40.00			x				9,050	0	1,938
1b Subtotal	4			Λ			•	9,050	0	1,938
c Total from continuation shee		ectic	n A				•			
d Total (add lines 1b and 1c)							>	9,050		1,938
2 Total number of individuals (increportable compensation from t	J		to the	ose li	sted	abov	ve) v	vho received more than \$100	0,000 of	
	<u> </u>									Yes No
3 Did the organization list any for employee on line 1a? If "Yes," of										3 X
4 For any individual listed on line	1a, is the sum of	repo	rtabl	e cor	nper	nsatio	on ar	nd other compensation from		
organization and related organizindividual	· ·					-		•		4 X
5 Did any person listed on line 1a	a receive or accru	e cor	nper	satio	n fro	om ar	ny ui	nrelated organization or indiv		
for services rendered to the org		s," cc	mple	ete S	chec	dule .	J for	such person		5 X
Section B. Independent Contractor1 Complete this table for your five		sate	d ind	enen	dent	cont	tract	ors that received more than	\$100 000 of	
compensation from the organiz	ation. Report con							year ending with or within the	e organization's tax year.	1 (2)
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independent correceived more than \$100,000 o							ose l	listed above) who	_	
received more than \$100,000 0	i compensation i	IUIIII	iie 0	ıyaılı	zali	л I 🚩			0	poccessossossossossossossoss

Form 990 (2019) Louisville Community Design

Part VIII Statement of Revenue

61-0889003

80,000	750300-50	Check if	Sch	edule O cont	tains a	a respor	nse or not	e to any line in th	is Part VIII		
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
lts ts	1a	Federated campa	aigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b			-			
Ω, Ĕ	С	Fundraising ever	nts		1c			-			
ar A	d	Related organiza	tions		1d						
S, G	е	Government grants (co			1e		139,100				
Sign	f	All other contributions,					•	-			
be the		and similar amounts no			1f		421,920				
ÖĒ	g	Noncash contributions	included	in lines 1a-1f	1g		•	-			
a So	h	Total. Add lines						561,020			
							Business Code	9			
ω.	2a	Various pr	ogram	ıs				5,537	5,537		
Program Service Revenue	b										
Sel	С										
ram	d										
5 B	е										
Д.	f	All other program									
	g	Total. Add lines	2a-2f				>	5,537			
	3	Investment incon	ne (inc	luding dividends	, interes	st, and					
		other similar amo	ounts)				•	589			589
	4	Income from inve	estmen	t of tax-exempt b	ond pro	oceeds	•				
	5	Royalties									
				(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
			e or (lo	ss)							
	7a	Gross amount from sales of assets		(i) Securities	5	(ii)	Other				
		other than inventory	7a								
ē	b	Less: cost or other									
en		basis and sales exps.	7b								
ž	С	Gain or (loss)	7с								
er l	d	Net gain or (loss))								
Other Revenue		Gross income from									
_		(not including \$									
		of contributions rep	orted o	n line 1c).							
		See Part IV, line 18	3		8a						
	b	Less: direct expe	enses		8b						
		Net income or (lo			vents						
	9a	Gross income from	gamin	g activities.							
		See Part IV, line 19	9		9a						
	b	Less: direct expe	enses		9b						
		Net income or (lo			ties		▶				
	10a	Gross sales of in	ventor	y, less							
		returns and allow	ances		10a						
	b	Less: cost of goo	ds sol		10b						
		Net income or (Ic			ntory		>				
Ø							Business Code				
Miscellaneous Revenue	11a	Other Reve	nue					1,008	1,008		
sellane evenu	b										
Sel	С										
Mis	d	All other revenue									
_		Total. Add lines	11a–1	<u>1d</u>	<u></u> .	<u></u>	>	1,008			
	12							568 154	6 545	Λ	589

Form 990 (2019) Louisville Community Design

61-0889003

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 49,600 37,200 9,920 2,480 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 355,231 266,423 71,046 17,762 Pension plan accruals and contributions (include 8,377 6,283 1,675 419 section 401(k) and 403(b) employer contributions) 31,352 6,272 Other employee benefits 23,515 1,565 9 35,271 26,453 7,054 1,764 Payroll taxes Fees for services (nonemployees): a Management Legal 7,680 7,680 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 3,902 81,144 (A) amount, list line 11g expenses on Schedule O.) 58,528 18,714 5,101 5,101 12 Advertising and promotion 1,003 39,187 33,208 4,976 13 Office expenses Information technology 14 Royalties 15 23,425 17,569 4,685 1,171 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials $6,\overline{637}$ 8,849 1,770 Conferences, conventions, and meetings 442 19 20 Payments to affiliates 21 1,971 1,478 394 99 Depreciation, depletion, and amortization 22 3,101 2,326 620 155 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10,349 2,760 13,799 690 Miscellaneous 1,308 981 262 65 Dues & subscriptions d e All other expenses 665,396 490,950 137,828 36,618 25 Total functional expenses. Add lines 1 through 24e . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) .

Form 990 (2019) Louisville Community Design

Part X Balance Sheet

61-0889003

Page **11**

Pari	ιX	Balance Sheet Check if Schedule O contains a response or note	to any lina in this	Part V			
		Check if Schedule O contains a response of note	to arry line in this	Fait A	(A)		(B)
					Beginning of year		End of year
1		sh—non-interest-bearing			284,708	1	234,231
2	2 Sa	vings and temporary cash investments				2	
3	3 Ple	edges and grants receivable, net			147,685	3	76,450
4	4 Ac	counts receivable, net			61,540	4	60,000
5	5 Loa	ans and other receivables from any current or former	officer, director,				
	trus	stee, key employee, creator or founder, substantial co	ontributor, or 35%				
	cor	ntrolled entity or family member of any of these person	ns			5	
(6 Loa	ans and other receivables from other disqualified pers	ons (as defined				
ts	und	der section $4958(f)(1)$), and persons described in sec	tion 4958(c)(3)(E	3)		6	
Assets	7 No	tes and loans receivable, net				7	
٤ ٦	B Inv	rentories for sale or use				8	
٤	9 Pre	epaid expenses and deferred charges			480	9	3,879
10		nd, buildings, and equipment: cost or other					
	bas	sis. Complete Part VI of Schedule D	10a	9,859			
	b Les	ss: accumulated depreciation	401	3,098	8,732	10c	6,761
11	1 Inv	restments—publicly traded securities				11	
12	2 Inv	restments—other securities. See Part IV, line 11				12	
13	3 Inv	restments—program-related. See Part IV, line 11				13	
14		angible assets				14	
15	5 Oth	her assets. See Part IV, line 11				15	
16	6 To	tal assets. Add lines 1 through 15 (must equal line 3	3)		503,145		381,321
17	7 Ac	counts payable and accrued expenses			47,456	17	37,613
18		ants payable				18	
19	9 De	ferred revenue			19		
20	0 Tax	x-exempt bond liabilities				20	
21	1 Esc	crow or custodial account liability. Complete Part IV of	f Schedule D		14,969	21	230
g 22		ans and other payables to any current or former office					
Liabilities	trus	stee, key employee, creator or founder, substantial co	ntributor, or 35%				
api	cor	ntrolled entity or family member of any of these person	ns			22	
コ 23		cured mortgages and notes payable to unrelated third				23	
24		secured notes and loans payable to unrelated third pa	aution.			24	
25	5 Oth	her liabilities (including federal income tax, payables t	o related third				
	par	rties, and other liabilities not included on lines 17-24).	Complete Part X				
	of S	Schedule D				25	
26	6 To	tal liabilities. Add lines 17 through 25			62,425	26	37,843
	Org	ganizations that follow FASB ASC 958, check he	re ▶ X				
es es	and	d complete lines 27, 28, 32, and 33.					
ğ 27	7 Ne	t assets without donor restrictions			122,540	27	73,843
<u>ğ</u> 28	8 Ne	at assets with donor restrictions			318,180	28	73,843 269,635
<u>و</u>	Org	ganizations that do not follow FASB ASC 958, ch	eck here ▶				
Assets or Fund Balances		d complete lines 29 through 33.	,				
Ö 29		unital atauly an torrat ordinalisal, an accompatitive da				29	
g 30		id-in or capital surplus, or land, building, or equipmen	4 £ al			30	
S 3		tained earnings, endowment, accumulated income, o				31	
32 32					440,720	32	343,478
Z 33		tal liabilities and net assets/fund balances			503,145	33	381,321

Form **990** (2019)

Form	1 990 (2019) Louisville Community Design	61-0889003			Pa	ge 12
Pε	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in the	his Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	5	68,	154
2	Total expenses (must equal Part IX, column (A), line 25)		2			396
3	Revenue less expenses. Subtract line 2 from line 1		3			242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A	A))	4	4	40,	720
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities		. 6			
7	Investment expenses					
8	Prior period adjustments		8			
9	Other share as for all as a few disclarations (souls as Och adula O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Par	t X, line				
	32, column (B))		10	3.	43,	<u>478</u>
Pε	ort XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in the	his Part XII				
				E	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other		_ *************************************		
	If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent a	accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or		00000000		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and sepa	arate basis		00000000		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	re audited on a		3333333		
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate	arate basis		*********		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	ibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independ			2c	X	
	If the organization changed either its oversight process or selection process during the	tax year, explain on		00000000		
	Schedule O.			00000000		
3a	As a result of a federal award, was the organization required to undergo an audit or aud	lits as set forth in the				
				3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization di					1
	required audit or audits, explain why on Schedule O and describe any steps taken to ur	ndergo such audits		3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Louisville Community Design

Employer identification number 61–0889003

			Center, In	ic.			61-088	9003
P	art I	Reas	on for Public Cha	rity Status (All organizations	s must c	omplete	e this part.) See instruction	ons.
The	orgai	nization is not a	a private foundation beca	use it is: (For lines 1 through 12, ched	ck only one	e box.)		
1		A church, cor	nvention of churches, or	association of churches described in s	section 17	70(b)(1)(<i>A</i>	A)(i).	
2		A school desc	cribed in section 170(b)	(1)(A)(ii). (Attach Schedule E (Form 9	990 or 990	-EZ).)		
3		A hospital or a	a cooperative hospital se	rvice organization described in sectio	n 170(b)(1)(A)(iii).		
4		A medical res	earch organization opera	ated in conjunction with a hospital des	cribed in s	ection 17	70(b)(1)(A)(iii). Enter the hospita	al's name,
		city, and state) :					
5		An organization		fit of a college or university owned or o				
		section 170(I	b)(1)(A)(iv). (Complete I	Part II.)		-		
6		A federal, stat	te, or local government o	r governmental unit described in sect	ion 170(b)(1)(A)(v)		
7	X	-	on that normally receives section 170(b)(1)(A)(vi)	a substantial part of its support from . (Complete Part II.)	a governm	ental unit	or from the general public	
8				on 170(b)(1)(A)(vi). (Complete Part II.	.)			
9	П			described in section 170(b)(1)(A)(ix)		n conjunc	ction with a land-grant college	
		or university o	or a non-land-grant collec	ge of agriculture (see instructions). En	ter the nar	ne, city, a		
10		An organization receipts from support from the support fr	on that normally receives activities related to its ex gross investment income	: (1) more than 33 1/3% of its support tempt functions—subject to certain ex e and unrelated business taxable inco e 30, 1975. See section 509(a)(2). (0	t from cont ceptions, a me (less s	ributions, and (2) no ection 51	more than 33 1/3% of its	
11			=	ed exclusively to test for public safety.	-)(4).	
12	П	_	-	ed exclusively for the benefit of, to perf				
	ш	-		anizations described in section 509(a				
		Check the box	x in lines 12a through 12	d that describes the type of supporting	g organiza	tion and c	complete lines 12e, 12f, and 12g.	
	а	the suppo	orted organization(s) the	operated, supervised, or controlled by power to regularly appoint or elect a m st complete Part IV, Sections A and	najority of t	-	. ,	
	b			supervised or controlled in connection		supported	l organization(s), by having	
		control or	management of the sup	porting organization vested in the sam				
	С		•	lete Part IV, Sections A and C. A supporting organization operated in	n connecti	on with. a	nd functionally integrated with.	
		its suppor	rted organization(s) (see	instructions). You must complete P	art IV, Se	ctions A,	D, and E.	
	d	that is not	t functionally integrated.	ated. A supporting organization opera The organization generally must satisf ou must complete Part IV, Sections	fy a distrib	ution requ	irement and an attentiveness	
	е	Check thi	s box if the organization	received a written determination from	the IRS th	at it is a T		
			nber of supported organiz	non-functionally integrated supporting				
	f g			t the supported organization(s).				
,		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
,		ganization	(11) = 111	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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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 Lor if the organization failed to qualify upon the complete only if you checked the box on line 5. 7.

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,402	264,676	1,139,070	467,715	561,020	2,554,883
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	122,402	264,676	1,139,070	467,715	561,020	2,554,883
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						851,574
6	Public support. Subtract line 5 from line 4						1,703,309
	etion B. Total Support	(-) 0045	(h) 0040	(-) 0047	(4) 0040	(-) 0040	(O. T)
	····· , ···· (·· ······· , ····· , ········	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	122,402	264,676	1,139,070	467,715	561,020	2,554,883
	similar sources	10		74	542	589	1,215
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,008	1,008
11	Total support. Add lines 7 through 10						2,557,106
12	Gross receipts from related activities, etc. (s	see instructions)	•			12	232,675
13	First five years. If the Form 990 is for the					i)	•
	organization, check this box and stop here					, 	▶ □
Sec	tion C. Computation of Public S	upport Percen					
14	Public support percentage for 2019 (line 6,	column (f) divided by	/ line 11, column (f))		14	66.61%
15	Public support percentage from 2018 Scheo	dule A, Part II, line 14	4	"		15	73.58%
16a	Public support percentage from 2018 Sched 33 1/3% support test—2019. If the organiz	ation did not check t	he box on line 13,	and line 14 is 33 1/	3% or more, check	this	
	box and stop here. The organization qualifi						▶ X
b	33 1/3% support test—2018. If the organiz	ation did not check a	a box on line 13 or				
	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	ation			>
17a	10%-facts-and-circumstances test—2019	9. If the organization	did not check a bo				
	10% or more, and if the organization meets	the "facts-and-circur	mstances" test, ch	eck this box and st o	op here. Explain in		
	Part VI how the organization meets the "factorganization		_	·			> 🗌
b	10%-facts-and-circumstances test—2018	8. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line		
	15 is 10% or more, and if the organization n			•	•		
	Explain in Part VI how the organization mee supported organization						> 🗆
18	Private foundation. If the organization did instructions	not check a box on li	ine 13, 16a, 16b, 1	7a, or 17b, check the	his box and see		▶ □

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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.)

Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , ,		, , ,				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,		. ,	. ,			.,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						30000000	
8	Public support. (Subtract line 7c from							
500	tion B. Total Support						988888888888888888888888888888888888888	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019		(f) Total
9	Amounts from line 6	(a) 2013	(6) 2010	(6) 2017	(u) 2010	(6) 2010		(i) Total
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	_		•	. , .		I	▶ [
Sec	tion C. Computation of Public S		 ntage					
15	Public support percentage for 2019 (line 8,			(f))			15	%
16	Public support percentage from 2018 Sche	dule A, Part III, line	15				16	%
	tion D. Computation of Investment							
17	Investment income percentage for 2019 (lin			olumn (f))			17	%
18	Investment income percentage from 2018 S		1: 47				18	%
19a	33 1/3% support tests—2019. If the organ	ization did not ched						
	17 is not more than 33 1/3%, check this box	=	-					▶ ∟
b	33 1/3% support tests—2018. If the organ							
•	line 18 is not more than 33 1/3%, check this	-	-					
20	Private foundation. If the organization did	not check a box on	ı line 14, 19a, or 19l	o, check this box ar	nd see instructions			

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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

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

	Yes	No
1		
2	******	
3a		
3b		
JU	**********	
3с		
******	******	
4a		
	second title	
4b		
4c		
5a		
	2022222222	
5b		
5c		
	000000000000000000000000000000000000000	poded833333
6		
7		
8		
9a		
	0000000000	9000000000
9b		
		000000000000000000000000000000000000000
9с		
	uuooooooo	pudadaaaaa
10a	9099909999	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
00000000		
10b		

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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	0000000	80000000	
	below, the governing body of a supported organization?	11a	-	
b	A family member of a person described in (a) above?	11b	 	
Sect	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. ion B. Type I Supporting Organizations	11c		
0000	ion b. Type I dapporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	000000		
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	000000		
	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	10000000 0000000 0000000		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	200200000000000000000000000000000000000	************
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,	800000		
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	800000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		T	T
		000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	800000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	0000000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		888888888888888888888888888888888888888	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	800000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3333333	800000000000000000000000000000000000000	
•	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2	300000000	
3	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	0000000		
	supported organizations played in this regard.	3	000000000000000000000000000000000000000	96000000000000
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			I.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions).		
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	00000000		
	that these activities constituted substantially all of its activities.	2a		
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	000000		
	activities but for the organization's involvement.	2b		00000000000
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	 -	400000000	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	33333333	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		4666666	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Schedu	lle A (Form 990 or 990-EZ) 2019 Louisville Community Design		61-0889	003 Page 6		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1						
	instructions. All other Type III non-functionally integrated supporting organizations must con	mplete	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					
СО	lection of gross income or for management, conservation, or					
ma	intenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
ins	tructions for short tax year or assets held for part of year):					
	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
	e Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
se	e instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount				Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	pergency temporary reduction (see instructions).	6				

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

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

es Fell	i ype iii Non-Functionally integrated 509(a)(3	s) Supporting Organiza	ations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
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 suppo	orted 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 organizations	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

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	m 990 or 990-EZ) 2019		Community		61-0889003	Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	IV, Section A, lines 1; Part IV, Section C, lit V, line 1; Part V, Sec	, 2, 3b, 3c, 4b, 4c ine 1; Part IV, Sec ction B, line 1e; P	, 5a, 6, 9a, 9b, 9c, 1 ction D, lines 2 and 3 art V, Section D, line	ine 10; Part II, line 17a o 1a, 11b, and 11c; Part IV B; Part IV, Section E, line es 5, 6, and 8; and Part V	, Section s 1c, 2a, 2b,
	lines 2, 5, and 6	. Also complete this p	part for any addition	onal information. (Se	e instructions.)	
Part I	I, Line 10	- Other Incom	e Detail			
			\$	1,008		
•						
•						
•						

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-FZ, or Form 990-PE

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

Louisville Community Design Center, Inc.

Employer identification number

61-0889003

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Object if a second of the line	and by the Consent Bude are Consider Bude					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
or more (in money or pro	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						
regulations under section 13, 16a, or 16b, and that	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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it must	en't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 ertify 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Louisville Community Design

Page 1 of 1

Page 2

Employer identification number
61-0889003

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
. 1		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	- -	(c) Total contributions	(d) Type of contribution			
2		\$ 285,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.		(c) Total contributions	(d) Type of contribution			
3		\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	- -	(c) Total contributions	(d) Type of contribution			
4	-	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	-	(c) Total contributions	(d) Type of contribution			
5		\$ 14,400	Person X Payroll			
(a) No.	- -	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (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.

2019
Open to Public Inspection

Name of the organization Employer identification number Louisville Community Design Center, Inc. 61-0889003 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) **d** Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X......

	······································	re Communit			01-088					age Z
Pa	rt III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures	, or Other	Similar A	Assets	(conti	nuea)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records,	check any of the follow	ving that make	significant use	e of its				
а	Public exhibition	d	Loan or exchange pro	ogram						
b	Scholarly research		Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain he	ow they further the ord	anization's exe	empt purpose i	n Part				
•	XIII.	same oxplain	, /a.a.o. a.o org	,						
5	During the year, did the organization solicit or	r receive donations of a	art. historical treasures	s, or other simil	ar					
·	assets to be sold to raise funds rather than to							Ye	s	No
Pa	rt IV Escrow and Custodial A		-							
	Complete if the organization 990, Part X, line 21.	on answered "Yes	s" on Form 990, F	Part IV, line	9, or repor	ted an a	mount	on For	m	
1a	Is the organization an agent, trustee, custodi	an or other intermediar	y for contributions or c	ther assets no	t					
								Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII									,
		·	· ·					Amount		
С	Beginning balance					1c				
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or custoo	dial account lia	bility?			ΧYe	s	No
	If "Yes," explain the arrangement in Part XIII.								X	ĺ
	rt V Endowment Funds.	·	•							
	Complete if the organization	on answered "Yes	s" on Form 990, F	Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three year	s back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance (I	ine 1g. column (a)) he	ld as:			Į.			
а	Board designated or quasi-endowment ▶	%	0, (,,							
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	•	on that are held and ad	Iministered for	the					
	organization by:	3							Yes	No
	(i) Unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Eq									
	Complete if the organizati		s" on Form 990. F	Part IV. line	11a. See F	orm 990). Part	X. line	10.	
	Description of property	(a) Cost or other		r other basis	(c) Accur			(d) Book		
		(investment)	(0)	ther)	deprec	iation				
1a	Land						000 000			
b	Buildings									
c	Leasehold improvements									
d	Equipment			9,859		3,09	8		6.	761
-	Other			, , , , ,		,				
	I. Add lines 1a through 1e. (Column (d) must e		K, column (B), line 10c	.)			-		6,	761

DAA

Schedule D (Fo		Design	61-0889003	Page 3
Part VII	Investments – Other Securities.	_		
	Complete if the organization answered "Yes"			
	(a) Description of security or category	(b) Boo	ok value (c) Method o	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial d				
	d equity interests			
(3) Other				
(A)				
(B)				
(Ċ)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	on Form 000	Part IV line 11a Cae Form 000	Dort V line 12
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Boo	ok value (c) Method o Cost or end-of-yea	
(4)			Cost of this of year	ai mainet value
(1)				_
(2)			+	
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
-00000000000000000000000000000000000000	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) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.	_		
	Complete if the organization answered "Yes"	on Form 990,	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
	line 25.			T
1.	(a) Description of liability			(b) Book value
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) much a much Forms (OO) Book V, and (B) I'm (OS)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)	note to the	ration's financial attempets that reports the	
-	uncertain tax positions. In Part XIII, provide the text of the foot	_	-	

Schedule D (Form 990) 2019 Louisville Community I	Design 61-	0889003	Page 4
Part XI Reconciliation of Revenue per Audited Finar		ue 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	568,154
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
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			E C 0 1 E A
3 Subtract line 2e from line 1		3	568,154
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b	4.0	
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 			568,154
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Fina			300,134
Complete if the organization answered "Yes" on		ises pei netuiii.	
4 Table on a constitution of the constitution		1	665,396
Amounts included on line 1 but not on Form 990, Part IX, line 25:			003,330
a Donated services and use of facilities	2a		
	_		
c Other losses d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	665,396
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	0000000	
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			665,396
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	t to provide any additional information.		
Part IV, Line 2b - Escrow Liability A	Arrangement Explana	tion	
Figgal Changenghin Davible amoning	. Lian is the fissel	ananaan fa	
Fiscal Sponsorship Payable - organiza	ition is the fiscal	sponsor ro	r severai
small organizations that provide neigh	thorhood services		
small organizations that provide here	JIDOINOOU SELVICES.		
Part X - FIN 48 Footnote			
Management has concluded that any tax	k positions that wo	uld not mee	t the
· ····································			
more-likely-than-not criterion of FAS	SB ASC 740-10 would	be immater	ial to
·			
the financial statements taken as a	whole. Accordingly,	the accomp	anying
			····· · ··················
financial statements do not include a	any provision for u	ncertain ta	x
positions, and no related interest or	penalties have be	en recorded	in the
operating statement or accrued in the	balance sheet.		

Schedule D (Fo	orm 990) 2019	Louisville	Community	Design	61-0889003	Page 5
Part XIII	Supplemer	ntal Information (continued)			

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Louisville Community Design Center, Inc.

Employer identification number 61–0889003

Doing Business As - Additional Names

Center for Neighborhoods Form 990, Part III, Line 4a - First Accomplishment Today, CFN works in four key areas including Community Engagement & Technical Assistance; Education & Training; Data, Mapping & Resources; and, Neighborhood Planning & Design. We envision a greater Louisville community with caring and empowered people and civic institutions working in partnership with local government to renew and build neighborhoods that are healthy, sustainable, safe and attractive. Center For Neighborhoods is a 501(c)3 nonprofit organization. Our education and training programs cultivate effective neighborhood leaders citywide. Programs including the Neighborhood Institute, Green Institute, Neighborhood Summit and Community Workshops increase participation in neighborhood life and increase the capabilities of neighborhood-based organizations to carry out neighborhood improvement projects. Our neighborhood outreach services build relationships with neighborhood associations & stakeholder institutions to provide assistance through public awareness, meeting facilitation, problem-solving and project consultation. Our technical assistance helps neighborhoods enact their strategies and plans for community improvement. CFN has an extensive background in neighborhood assessment and planning, which includes facilitating broad stakeholder input. Neighborhood Assessments and Walkability Assessments help identify current conditions,

Schedule O (Form 990 or 990-EZ) (20	019)			le	Page
Name of the organization Louisville Commun	ity Desian			61-088	ntification number
		na to act	there Neighb		
future desires &			····· · ···		
residents to arti	culate a clear	vision f	or their neigh	borhood w	ith defined
goals and a work	plan.				
Form 990, Part VI	, Line 11b - O	rganizati	on's Process t	o Review I	Form 990
The Form 990 is f	irst reviewed	by the Ex	ecutive Direct	or and the	en the Audit
Committee prior t	o its filing.	It is th	en given to th	e full boa	ard of
directors.					
directors.					
Form 990, Part VI	, Line 12c - E	nforcemen	t of Conflicts	Policy	
Board is required	to disclose a	ny confli	cts of interes	t annually	Z ·
Form 990, Part VI	, Line 15a - C	ompensati	on Process for	Top Offic	cial
Board reviews					
Form 990, Part VI	Tine 19 - Go	werning D	ocuments Discl	osure Fyn	lanation
		· · · · · · · · · · · · · · · · · · ·		Osure Exp.	Lanacion
They are not made	available to	the publi	.C.		
Form 990, Part IX	, Line 11g - 0	ther Fees	for Services		
Description					
Tot/P	rog Service	Mgt	& General	Fur	ndraising
Contract Services					
		Ś	15,607	Ś	3 - 902
				.	
Payroll Processin					
\$	0	\$	3,107	\$	0
Total					
\$	58,528	\$	18,714	\$	3,902
				Page 1	l of 1

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 , 200%.

, its Chairman

990163,880163/503411.2

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

intem	Revenue Service Ga ta www.irs.gov/FormW9 for				
	Name (as shown on your Income tax return). Name is required on this line	; do not leave this line blank	t.		
	Louisville Community Design Center, Inc.	***************************************	***************************************		
	Business name/disregarded entity name, if different from above Center For Neighborhoods				
on page 3.	3 Check appropriate box for federal tax classification of the person whose following seven boxes. I Individual/sole proprietor or C C Corporation S Corporation	£	neck only one of the	certain ent	ions (codes apply only to ities, not individuals; see s on page 3):
e co	single-member LLC	on LI Pannersnip	L Irusvestate	Exempt pay	yee code (il any)
Print or type. See Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation Note; Check the appropriate box in the line above for the tax classification (LtC if the LtC is classified as a single-member LtC that is disregarded another LtC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	tion of the single-member ov I from the owner unless the o purposes, Otherwise, a sing	wner. Do not check owner of the LLC is ole-member LLC that	Exemption code (if any	from FATCA reporting
2	☐ Other (see instructions) ► 501(c)3 non-p	rofit organization	l	(Applies to seco	unts maintained outside the U.S.)
8	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name ar	nd address	(optional)
ð	PO Box 211086				
	6 City, state, and ZIP code				
ŀ	Louisville, KY 40221-1086 7 List account number(s) here (optional)				
I	First account number(s) here (optional)				
Par	Taxpayer Identification Number (TIN)				
Enter y	our TIN in the appropriate box. The TIN provided must match the ne	ime given on line 1 to avo	old Social secu	ırliy numbe	r
backup	o withholding. For individuals, this is generally your social security nu at alien, sole proprietor, or disregarded entity, see the instructions fo	imber (SSN). However, fo	ora T	1 []	
entities	it allert, sole proprietor, or disregarded entity, see the instructions to i, it is your employer identification number (EIN). If you do not have a	r Part I, later. For other I number, see <i>How to get</i>	в	-	-
TIN, lat	er.	_	or		
Note: I	If the account is in more than one name, see the instructions for line or To Give the Requester for guidelines on whose number to enter.	 Also see What Name a 	end Employer id	tentification	number
VU11100	o to care the hedroster to guidelines oil Milose lightber to eliter.		6 1 -	0 8 8	8 9 0 0 3
Part	Certification				<u> </u>
	penalties of perjury, I certify that:			*** ** ** ** **	
l am! Servi	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba ce (IRS) that I am subject to backup withholding as a result of a failunger subject to backup withholding; and	sckup withholding, or (b) !	have not been not	ified by the	e Internal Revenue
. I am	a U.S. citizen or other U.S. person (defined below); and				
	ATCA code(s) entered on this form (If any) indicating that I am exem	pt from FATCA reporting	is correct.		
Certification to the control of the	ation Instructions. You must cross out item 2 above if you have been ne falled to report all interest and dividends on your tax return. For real er on or abandonment of secured property, cancellation of debt, contribute an interest and dividends, you are not required to sign the certification.	olified by the IRS that you tale transactions, item 2 diams to an individual refire	are currently subjections not apply. For n	nortgage in	iterest paid,
ign lere	Gignature of U.S. person > U.S	Da	11a > 7/	28/	2021
aen (eral Instructions	• Form 1099-DIV (dMc	dends, including the	ose from s	tocks or mutual
ection oted.	references are to the Internal Revenue Code unless otherwise	* Form 1099-MISC (va proceeds)	rious types of inco	me, prizes	, awards, or gross
lated t	developments. For the latest information about developments o Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock of transactions by broken)		s and cert	ain other
after they were published, go to www.irs.gov/FormW9. • Form 1099-S (proceeds from real estate transactions)					
Purpose of Form • Form 1099-K (merchant card and third party network transactions)					
formati	dual or entity (Form W-9 requester) who is required to file an on return with the IRS must obtain your correct taxpayer	 Form 1098 (home mo 1098-T (tultion) 	ortgage Interest), 10	98-E (stud	dent loan interest),
SN), in	ition number (TIN) which may be your social security number dividual taxpayer identification number (ITIN), adoption	• Form 1099-C (cancel	•		
payer	identification number (ATIN), or employer identification number	• Form 1099-A (acquisit			
nount r	report on an information return the amount paid to you, or other eportable on an information return. Examples of information	Use Form W-9 only it alien), to provide your o	correct TIN.	•	-
	iclude, but are not limited to, the following. 099-INT (interest earned or paid)	If you do not return F be subject to backup w. later.	form W-9 to the req rithholding. See Wh	wester with	h a TIN, you might up withholding,



Center For Neighborhoods

VISION, KNOWLEDGE, ACTION.

Louisville Community Design Center, Inc.

DBA Center for Neighborhoods

Independent Auditors' Report and

Financial Statements for the Years Ended

June 30, 2020 and 2019

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Financial Statements:	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	5
Notes to Financial Statements	6



www.baldwincpas.com

Independent Auditors' Report

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

We have audited the accompanying financial statements of the Louisville Community Design Center, Inc. dba Center for Neighborhoods, (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Louisville Community Design Center, Inc. dba Center for Neighborhoods as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky November 5, 2020

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

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

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

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

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

		30	2020			7	2019	
		Program	Management	Fund		Program	Management	Fund
	Total	Services	and General	Raising	Total	Services	and General	Raising
Salaries and wages	\$ 402,893	\$ 302,170	\$ 80.579	\$ 20.144	\$ 355.628	\$ 266,721	\$ 71.126	\$ 17.781
Employee benefits and payroll taxes	76,938	57,704	15,388	3.846	78.814		15.763	
Contract services	78,037	58,528	15,607	3,902	99,406	74,555	19,881	4.970
Professional fees	10,787		10,787		40,199		40,199	•
Supplies	19,121	18,158	963	1	75,371	72,683	2.688	•
Telephone and IT	14,774	11,081	2,955	738	10,659	7,994	2,132	533
Marketing	5,101	1	3	5,101	3,258	•		3,258
Postage and printing	5,292	3,969	1,058	265	3,173	2,380	635	158
Occupancy	23,425	17,569	4,685	1,171	19,560	14,670	3,912	978
Travel, training, and meetings	8,849	6,637	1,770	442	14,017	10,513	2,803	701
Dues and subscriptions	1,308	981	262	65	651	488	130	33
Insurance	3,101	2,326	620	155	1,097	823	219	55
Depreciation	1,971	1,478	394	66	843	632	169	42
Miscellaneous	13,799	10,349	2,760	069	4,943	3,784	927	232
Total Expenses	\$ 665,396	\$ 490,950	\$ 137,828	\$ 36,618	\$ 707,619	\$ 514,354	\$ 160,584	\$ 32,681

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

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

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

Note 1. Summary of Significant Accounting Policies

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

Leadership Education & Training

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

Neighborhood Outreach & Technical Assistance

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

Neighborhood Planning & Design

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

Neighborhood Resource Center

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

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

Basis of Accounting

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

Note 1. Summary of Significant Accounting Policies (continued)

Basis of Presentation

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

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

<u>Net assets with donor restrictions</u>: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

Estimates

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

Cash

Cash consists solely of cash on deposit, held in checking and saving accounts.

Grants Receivable

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

Promises to Give

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

Furniture and Equipment

Furniture and equipment is recorded at cost and depreciated based on the straight-line method over the estimated useful life of the respective assets (5 years). The cost of furniture and equipment in excess of \$1,000 is capitalized.

Note 1. Summary of Significant Accounting Policies (continued)

Fiscal Agent Sponsorships

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

Contributions and Grants

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

Program Revenue

Program revenue is recognized when the program takes place.

Expense Allocation

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

Income Tax Status

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

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

Note 1. Summary of Significant Accounting Policies (continued)

Recently Issued Accounting Standards

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

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

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

Note 2. Concentration of Credit Risk

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

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

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

Note 3. Promises to Give

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

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

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

Note 4. Furniture and Equipment

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

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

Note 5. Net Assets with Donor Restriction

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

	2020			2019
Subsequent years' activities	\$	269,635	\$_	318,180

Note 6. Lease Commitments

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

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

Note 7. Liquidity and Availability

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

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

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

Note 8. Recently Issued Accounting Standards Update

Accounting Standards Update 2016-02, Leases

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

Note 9. Subsequent Events

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

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

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

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



Kentucky Secretary of State Michael G. Adams

THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

Printable Forms

Additional Services

Certificates

General Information

Organization Number 0032078

Name

THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G-Good

State

KY

File Date

11/10/1972

Organization Date

11/10/1972 2/22/2021

Last Annual Report Principal Office

1126 BERRY BLVD

SUITE 300

LOUISVILLE, KY 40215

Registered Agent

MELLONE F. LONG

1126 BERRY BLVD

SUITE 300

LOUISVILLE, KY 40215

Current Officers

President Tim Holz Kent Weyland Secretary **Treasurer** Kent Weyland

Director Melissa Mershon

Director

Betty Adkins

Director	Doris Sims
Director	Eboni Cochran
Director	Jennifer Chappell
Director	Nancy Hancock
Director	Ralph Fitzpatrick
Director	Renita Rosa
Director	Tina Walters

Individuals / Entities listed at time of formation

Director	TOM SMITH
Director	RALPH KURTZ
Director	JOHN SHULHAFER
Incorporator	TOM SMITH
Incorporator	RALPH KURTZ
Incorporator	JOHN SHULHAFER

Images available online

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

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

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

CENTER FOR NEIGHBORHOODS CENTER FOR NEIGHBORHOODS

Active Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/22/2021	2/22/2021	
Alitidal Teport	10:17:06 AM	10:17:06 AM	
Added assumed name	12/3/2020	40/0/0000	CENTER FOR
Added assumed name	6:58:19 AM	12/3/2020	NEIGHBORHOODS
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Principal office change	5:20:08 PM	5:20:08 PM	
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Annual report	3:57:12 PM	3:57:12 PM	
Annual ranaut	7 /1/2017	7/1/2017	
Annual report	3:17:30 PM	3:17:30 PM	

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Annual report	2:09:40 PM	2:09:40 PM	•
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Registered agent address change	12:11:07 PM	12:11:07 PM	`.
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Annual report	11:25:09 AM	11:25:09 AM	
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Annual report	4:11:21 PM	4:11:21 PM	
	6/28/2013	6/28/2013	
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-	_12/6/2012	7.01.201 14	•
Amendment - Amended and restated articles / CL	P 2:15:21 PM	12/6/2012	
	6/30/2012	6/30/2012	
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	6/2/2011		
Annual report	2:47:29 PM	6/2/2011	
	6/28/2010		
Amendment to annual report	2:25:54 PM	6/28/2010	
	6/16/2010		
Annual report	1:30:26 PM	6/16/2010	
	4/17/2009	4/17/2009	
Annual report	12:08:17 PM	12:08:17 PM	
	2/29/2008		
Annual report	10:01:49 AM	2/29/2008	•
	3/21/2007		
Annual report	9:32:25 AM	3/21/2007	
	6/13/2006		
Registered agent address change	8:58:09 AM	6/13/2006	
	5/17/2006		
Annual report	1:50:57 PM	5/17/2006	
	8/9/2005		CENTER FOR
Added assumed name	10:16:21 AM	8/9/2005	NEIGHBORHOODS
Annual report	2/14/2005	2/14/2005	
Annual report	6/29/2001	6/29/2001	
Amendment - Miscellaneous amendments	7/15/1987	7/15/1987	
Amendment - Miscellaneous amendments	10/9/1974	10/9/1974	
net			

Microfilmed Images

Microfilm Images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	5/14/2004	1 page
Annual Report	4/15/2003	1 page

DocuSign Envelope ID: ABEC7972-1D93-4D47-990B-715ECAD1	4B52 5/2/2002	1 page
Annual Report	10/31/2001	1 page
Annual Report	8/10/2000	2 pages
Annual Report	8/4/1999	4 pages
Annual Report	8/2 6/1998	2 pages
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	2 pages
Statement of Change	9/1/1994	1 page
Annual Report	7/1/1994	2 pages
Annual Report	7/1/1993	1 page
Annual Report	3/18/1992	1 page
Annual Report	7/1/1991	2 pages
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	5 pages
Annual Report	7/1/1988	1 page
Amendment	7/15/1987	7 pages
Statement of Change	11/2/1982	2 pages
Amendment	10/9/1974	3 pages
Annual Report	5/22/1973	8 pages
Articles of Incorporation	11/10/1972	5 pages
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Kentucky Unbridled Spirit



Kentucky Secretary of State Michael G. Adams

CENTER FOR NEIGHBORHOODS

File Annual Report

Assumed Name Renewal

Printable Forms

Additional Services

General Information

Organization Number

0032078

Name

CENTER FOR NEIGHBORHOODS

Company Type

ASC - Assumed Name Corporation

Status

A - Active

State

KY

File Date

12/3/2020 12/3/2025

Expiration Date Renewal Date

6/3/2025

0/3/2023

Principal Office

1126 BERRY BLVD

SUITE 300

LOUISVILLE, KY 40215

Current Officers

Individuals / Entities listed at time of formation

Director

TOM SMITH

Director

RALPH KURTZ

Director

JOHN SHULHAFER

Incorporator

TOM SMITH

Incorporator

RALPH KURTZ

Incorporator

JOHN SHULHAFER

Images available online

created.

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Annual Report	2/22/2021	1 page	PDF	
Certificate of Assumed Name	12/3/2020	1 page	tiff	PDF
Registered Agent name/address	6/24/2020 5:27:56 PM	1 2000	PDF	
change	0/24/2020 3.27.30 PW	1 page	PUF	
Principal Office Address Change	6/24/2020 5:20:08 PM	1 page	PDF	
Annual Report	6/24/2020	1 page	PDF	
Registered Agent name/address	C/0E/0040 40-40-40 ANA	4	·	
change	6/25/2019 10:40:49 AM	1 page	PDF	
Annual Report	6/25/2019	1 page	PDF	
Annual Report	6/21/2018	1 page	PDF	
Annual Report	7/1/2017	1 page	PDF	
Amended Assumed Name	9/16/2016	1 page	tiff	PDF
Annual Report	7/1/2016	1 page	PDF	
Registered Agent name/address	0/00/0040 4 00 07 014			
change	6/30/2016 1:38:27 PM	1 page	PDF	
Principal Office Address Change	6/30/2016 1:34:14 PM	1 page	PDF	
Annual Report	6/16/2015	1 page	PDF	
Name Renewal	5/11/2015 12:25:17 PM	1 page	PDF	
Principal Office Address Change	5/11/2015 12:15:40 PM	1 page	PDF	
Registered Agent name/address		, -		
change	5/11/2015 12:11:07 PM	1 page	PDF	
Renewal of Assumed Name Return	3/3/2015	2 pages	tiff	PDF
Annual Report	6/30/2014	1 page	PDF	
Registered Agent name/address				
change	6/28/2013 4:01:28 PM	1 page	PDF	
Annual Report	6/28/2013	1 page	PDF	
Amendment	12/6/2012	3 pages	tiff	PDF
Annual Report	6/30/2012	1 page	PDF	,
Annual Report	6/2/2011	1 page	tiff	PDF
Annual Report Amendment	6/28/2010	1 page	tiff	PDF
Annual Report	6/16/2010	1 page	tiff	PDF
Name Renewal	6/11/2010	1 page	tiff	PDF
Annual Report	4/17/2009	1 page	PDF	
Annual Report	2/29/2008	1 page	tiff	PDF
Annual Report	3/21/2007	1 page	tiff	PDF
Statement of Change	6/13/2006	1 page	tiff	PDF
Annual Report	5/17/2006	1 page	tiff	PDF
Certificate of Assumed Name	8/9/2005	1 page	tiff	PDF
Annual Report	2/14/2005	1 page	PDF	
Annual Report	4/15/2003	1 page	tiff	PDF
Annual Report	5/2/2002	1 page	tiff	PDF
Annual Report	8/10/2000	2 pages	tiff	PDF
Annual Report	8/4/1999	4 pages	tiff	PDF
Annual Report	8/26/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	3 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Statement of Change	9/1/1994	1 page	tiff	PDF
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Annual Report	7/1/1993	1 page	tiff	PDF
Annual Report	3/18/1992	1 page	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	5 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Amendment	7/15/1987	7 pages	tiff	PDF

Assumed Name of

THE LOUISVILLE COMMUNITY DESIGN CENTER, INC.

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Added assumed name 12/3/2020 6:58:19 AM 12/3/2020		THE LOUISVILLE COMMUNITY	
		DESIGN CENTER, INC.	
Add	12/3/2020 6:58:19 Al	J. 10/2/2000	THE LOUISVILLE COMMUNITY
Add	12/3/2020 0.56. 19 At	VI 12/3/2020	DESIGN CENTER, INC.

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