

0-207-26

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

Applicant/Program: Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program
Applicant Requested Amount: \$22,000.00
Appropriation Request Amount: ~~\$12,500.00~~ \$12,750

Executive Summary of Request

This ordinance will transfer Neighborhood Development Funds to Celebrate Recovery (CR) Fairdale Corp. to support meals and transportation for individuals attending recovery meetings. CR provides a free, faith-based, biblically balanced 12-step recovery program that is free and open to the public. CR serves participants throughout Jefferson County by offering support and resources to individuals seeking recovery.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☒ Yes ☐ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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

13
District #


Primary Sponsor Signature

\$10,000
Amount

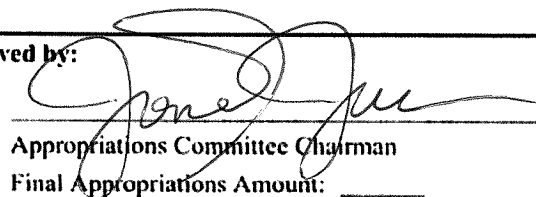
7/22/26
Date

Primary Sponsor Disclosure

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

There are no personal or business relationships with Celebrate Recovery Fairdale, Corp.

Approved by:


 Appropriations Committee Chairman
 Final Appropriations Amount: _____

8/15/26
Date

Applicant/Program:

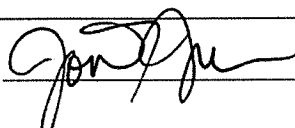
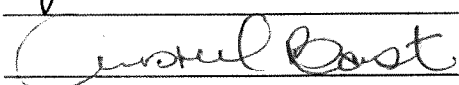
Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program

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.

There are no personal or business relationships with Celebrate Recovery Fairdale, Corp.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12		\$ 500.00
District 13	_____	\$ _____
District 14		\$ 2,000.00
District 15	_____	\$ _____

Applicant/Program:

Celebrate Recovery Fairdale, Corp./Celebrate Recovery Program

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.

There are no personal or business relationships with Celebrate Recovery Fairdale, Corp.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ 250

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization *Celebrate Recovery Fairdale Corp.*
Program Name and Request Amount *Celebrate Recovery Program / \$22,000.00*

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	☐ Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	☐ Yes
Is the proposed public purpose of the program viable and well-documented?	☐ Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	☐ Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	☐ Yes
Has prior Metro Funds committed/granted been disclosed?	☐ Yes
Is the application properly signed and dated by authorized signatory?	☐ Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	☐ Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	☐ N/A
Is the entity in good standing with:	
▶ Kentucky Secretary of State?	
▶ Louisville Metro Revenue Commission?	
▶ Louisville Metro Government?	☐ Yes
▶ Internal Revenue Service?	
▶ Louisville Metro Human Relations Commission?	
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?	☐ N/A
Is a copy of Signed Lease (if rent costs are requested) included?	☐ N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	☐ Yes
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
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	☐ N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	☐ No

Prepared by: *Joan Connor*

Date: 7/22/26

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
as listed on: http://www.sos.ky.gov/business/records Celebrate Recovery Fairdale, Corp			
Main Office Street & Mailing Address: 9000 Brown Austin Rd, Fairdale, KY 40118			
Website: https://www.facebook.com/recoveryfcc			
Applicant Contact:	Phillip Rosell	Title:	Treasurer
Phone:	(502) 396-8199	Email:	philrosell@yahoo.com
Financial Contact:	Phillip Rosell	Title:	Treasurer
Phone:	(502) 396-8199	Email:	philrosell@yahoo.com
Organization's Representative who attended NDF Training: Phillip Rosell			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	9000 Brown Austin Rd, Fairdale, KY 40118		
Council District(s):	13	Zip Code(s):	40118
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Celebrate Recovery Fairdale, Corp			
Total Request: (\$)	\$ 22,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 20,000.00
Purpose of Request (check all that apply):			
☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
☒ Programming/services/events for direct benefit to community or qualified individuals			
☐ Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
☒ IRS Exempt Status Determination Letter		☐ Signed lease if rent costs are being requested	
☒ Current year projected budget		☒ IRS Form W9	
☒ Current financial statement		☒ Evaluation forms if used in the proposed program	
☒ Most recent IRS Form 990 or 1120-H		☐ Annual audit (if required by organization)	
☒ Articles of Incorporation (current & signed)		☒ Faith Based Organization Certification Form, if applicable	
☐ Cost estimates from proposed vendor if request is for capital expense			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Neighborhood Dev Funds	Amount: (\$)	\$ 22,000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ☒ No			
Has the applicant met the BBB Charity Review Standards? ☐ Yes ☒ No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

At Celebrate Recovery Fairdale, our vision to help others who may be struggling in life from any kind of addictive behavior, but our primary focus is to concentrate on the most vulnerable who are recovering from alcohol and/or drug addiction. Our mission is to effectively use our resources to provide services that support their physical, emotional, social, and spiritual needs by providing site-to-site transportation, nutritious meals, and childcare services during weekly meetings. As our cornerstone, we are dedicated to using the Celebrate Recovery's 12-Step Program adopted from Alcoholic Anonymous as an evidence-based methodology as a practical means for handling life stresses and issues. We also combine these foundational methods with a dedicated celebratory ceremony for recognizing their individual achievements. Our goal is to help them find freedom from these adverse addictions in order to build stronger personal relationships with family and other supportive members which ultimately leads to a better community. We strive to do this in collaboration with several other community partners such as transitional living facilities who provide wrap-around services and share in our vision of helping others. Currently we support the Healing Place, ARC/Crown Recovery, Isaiah House, Bell Tower, Volunteers of America, Adult Teen Challenge, Second Hope, DISMAS, Exodus Family Ministry, God's Gang, Prisoners Hope and Women of Worth. While we are a faith-based organization, anyone may attend or volunteer for our program without expectations of belonging to a certain church or practicing a specific religion.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Larry Mitchum, President	12/10/2028
Rudolph Machacek, VP of Special Events	12/10/2026
Vivian Collins, VP of Operations/Secretary	12/10/2027
Phillip Rosell, Treasurer/Compliance Officer	12/10/2028

Describe the Board term limit policy:

Each director shall hold office for a period of a minimum of one year, and until his/her successor is elected and qualifies. New term policies can be renewed with board agreement. The board can elect to qualify a director up to a maximum of three years before a new board approval is required.

Three Highest Paid Staff Names	Annual Salary
All volunteers (No paid staff)	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Our program is centered around weekly meetings that support 200-250 participants. The program is based on Celebrate Recovery's (CR) 12-Step Program adopted from Alcoholic Anonymous as an evidence-based methodology as a practical means for handling life stresses and issues. Celebrate Recovery has been around on the national level for over 30 years. This is our eighth year at CR Fairdale. Our goal is to help participants find freedom from these adverse addictions in order to build stronger personal relationships with family and other supportive members which ultimately leads to better community. We strive to do this in collaboration with other community partners such as transitional living facilities who provide wrap-around services and share in our vision of helping others.

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

We are applying for funding to help with the two of the main direct assistance components of our program: transportation and weekly meals.

-\$6,600 for In-Town Travel (Transportation Costs). Celebrate Recovery utilizes Jefferson Tours to rent a full-size school bus to pick up and return clients from the Men and Women's Healing Place each Friday night. Without this transportation, most of these participants would not be able to attend.

-\$15,400 for Community Events (Meal Costs). This helps offset the cost of weekly meals for participants, which helps to entice them to begin coming to meetings. The meals are open to anyone in the community. We feed approximately 200-250 people each week with an average cost of \$1,000 per week.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The program is based on Celebrate Recovery's (CR) 12-Step Program adopted from Alcoholic Anonymous as an evidence-based methodology as a practical means for handling life stresses and issues. Celebrate Recovery uses a qualitative, faith-based framework rather than strictly clinical, data-driven metrics. Instead of standardized testing, it measures progress through spiritual growth, personal accountability, and abstinence milestones. Key indicators of success include completing the Christ-centered 12-Step study and maintaining peer-group stability. Since anonymity is an important aspect of the program, we have instituted voluntary surveys of the attendees concerning the helpfulness of the program to their recovery, what aspects help the most, what areas could be improved, length of clean time and other demographic and program impact questions.

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.

Celebrate Recovery (CR) Fairdale has several collaboration partners. Collaboration was key part of the CR vision that we started the Recovery Resource Network which consisted of several dozen Louisville-based nonprofits, churches, elected officials, and community advocate agencies. The level of collaboration is one of the primary reasons that makes Celebrate Recovery a good return on the grant dollars invested. The list of partners are growing all the time. We collaborate with several other community partners such as transitional living facilities who provide wrap-around services and share in our vision of helping others. Currently we support the Healing Place, ARC/Crown Recovery, Isaiah House, Bell Tower, Volunteers of America, Adult Teen Challenge, Second Hope, DISMAS, Exodus Family Ministry, God's Gang, Prisoners Hope and Women of Worth.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$ 0.00	\$ 0.00	\$ 0.00
B: Rent/Utilities	\$ 0.00	\$ 0.00	\$ 0.00
C: Office Supplies	\$ 0.00	\$ 1,000.00	\$ 1,000.00
D: Telephone	\$ 0.00	\$ 0.00	\$ 0.00
E: In-town Travel	\$ 6,600.00	\$ 8,400.00	\$ 15,000.00
F: Client Assistance (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
G: Professional Service Contracts	\$ 0.00	\$ 17,520.00	\$ 17,520.00
H: Program Materials	\$ 0.00	\$ 8,800.00	\$ 8,800.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 0.00	\$ 40,700.00	\$ 40,700.00
J: Machinery & Equipment	\$ 0.00	\$ 0.00	\$ 0.00
K: Capital Project	\$ 0.00	\$ 10,000.00	\$ 10,000.00
L: Other Expenses (See Detailed List on Page 8)	\$ 15,400.00	\$ 10,987.00	\$ 26,387.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 22,000.00	\$ 97,407.00	\$ 119,407.00
% of Program Budget	18.42%	81.58%	100%

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

Other State, Federal or Local Government	\$ 20,387.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 77,020.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify)	\$ 0.00
Total Revenue for Columns 2 Expenses **	\$ 97,407.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
I _____	\$		
Community Events (Meal Costs)	\$ 15,400.00	\$ 40,700.00	\$ 56,100.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 15,400.00	\$ 40,700.00	\$ 56,100.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
30+ Volunteers each week (3 Hours Each) <i>\$30.60/hour</i>	\$ 143,208.00	Independentsector.org/research/ (Vol rate by State)
Fairdale Christian Church/Meeting Space/Kitchen	\$ 26,000.00	\$500 per week for gym, sanctuary, kitchen, etc.
Southeast Christian Church (Site for Night of Hope Concert)	\$ 5,000.00	Rate for Event Space
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$ 174,208.00	

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

Agency Fiscal Year Start Date: 01/01/2026

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

If YES, please explain:

We had a capital purchase of \$10,433 for a kitchen upgrade. We have no capital purchases planned for next year.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:				Date:	07/13/2026
Legal Signatory: (please print):		Phillip Rosell		Title:	Treasurer
Phone:	(502) 396-8199	Extension:		Email:	philrosell@yahoo.com



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

CELEBRATE RECOVERY FAIRDALE CORP
C/O LARRY MITCHUM PRESIDENT
9000 BROWN AUSTIN RD
LOUISVILLE, KY 40118

Date: 12/10/2021
Employer ID number: 87-1813466
Person to contact: Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending: December 31
Public charity status: 170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: July 22, 2021
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053609001991

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

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

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

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

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P

Celebrate Recovery Fairdale Corporation - 2026 Budget

Revenue	Budget	Percent of Budget
Grant - Metro Louisville (NDF)	\$ 20,000.00	16.85%
Grant - Opioid Abatement	\$ 19,687.00	16.58%
Corporate Donations	\$ 18,000.00	15.16%
Individual Donations - Direct	\$ 18,000.00	15.16%
Church Donations - Fairdale Christian Church	\$ 20,000.00	16.85%
Church Donations - Other Churches	\$ 16,000.00	13.48%
CR Weekly Cash Donations	\$ 7,020.00	5.91%
In Kind/Refunds	\$ -	0.00%
Total Revenue	\$ 118,707.00	100.00%

Expenses	Budget	Percent of Budget
Community Events - Weekly Dinner	\$ 41,600.00	34.84%
Community Events - Weekly Breakfast	\$ 6,500.00	5.44%
Community Events - Concert	\$ 8,000.00	6.70%
Professional Services - Weekly Music	\$ 5,200.00	4.35%
Professional Services - Weekly Childcare	\$ 8,320.00	6.97%
Professional Services - Consulting Fees	\$ 4,000.00	3.35%
Transportation - Weekly Bus	\$ 15,000.00	12.56%
Transportation - Van Fuel/Maintenance	\$ 900.00	0.75%
Program Materials - Tshirts/Backpacks/Etc.	\$ 4,000.00	3.35%
Program Materials - Training	\$ 1,800.00	1.51%
Program Materials - Chips/Tokens	\$ 3,000.00	2.51%
Appreciation Dinner	\$ 5,000.00	4.19%
Office Supplies - Paper/Ink/Name Tags/Etc.	\$ 1,000.00	0.84%
Insurance	\$ 3,000.00	2.51%
Capital - Kitchen Upgrade	\$ 10,000.00	8.37%
Contingency	\$ 2,087.00	1.75%
Total Expenses	\$ 119,407.00	100.00%

Year to Date Actuals**As of 6/30/26****Celebrate Recovery Fairdale Corporation**

Revenue	Budget	Actual
Grants	\$ 39,687.00	\$ 24,584.50
Donations	\$ 79,020.00	\$ 36,989.16
In Kind/Refunds	\$ -	\$ 968.00
Total Revenue	\$ 118,707.00	\$ 62,541.66

Expenses	Budget	Actual
Community Events	\$ 56,100.00	\$ 32,617.96
Professional Services	\$ 17,520.00	\$ 4,585.00
Transportation	\$ 15,200.00	\$ 13,470.03
Program Materials	\$ 8,800.00	\$ 3,056.77
Appreciation Dinner	\$ 5,000.00	\$ 15.66
Office Supplies	\$ 1,000.00	\$ 297.00
Insurance	\$ 3,000.00	\$ 3,182.71
Capital	\$ 10,000.00	\$ 10,433.00
Contingency	\$ 2,087.00	\$ 2,798.90
Total Expenses	\$ 118,707.00	\$ 70,457.03

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2025**Open to Public
Inspection**

A For the 2025 calendar year, or tax year beginning 01/01/2025 and ending 12/31/2025	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization CELEBRATE RECOVERY FAIRDALE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9000 Brown Austin Road City or town, state or province, country, and ZIP or foreign postal code Fairdale, KY 40118
D Employer identification number 87-1813466	
E Telephone number 502-396-8199	
F Group Exemption Number	
G Accounting Method: ☒ Cash ☐ Accrual Other (specify):	
H Check ☐ if the organization is not required to attach Schedule B (Form 990).	
I Website:	
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 105,566	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I ☒	
Revenue	1 Contributions, gifts, grants, and similar amounts received 105,566
	2 Program service revenue including government fees and contracts 0
	3 Membership dues and assessments 0
	4 Investment income 0
	5a Gross amount from sale of assets other than inventory 0
	5b Less: cost or other basis and sales expenses 0
	5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 0
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 0
Expenses	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0
	6b Less: direct expenses from gaming and fundraising events 0
	6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
	7a Gross sales of inventory, less returns and allowances 0
	7b Less: cost of goods sold 0
	7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 0
	8 Other revenue (describe in Schedule O) 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 105,566
	10 Grants and similar amounts paid (list in Schedule O) 0
	11 Benefits paid to or for members 0
Net Assets	12 Salaries, other compensation, and employee benefits 0
	13 Professional fees and other payments to independent contractors 0
	14 Occupancy, rent, utilities, and maintenance 0
	15 Printing, publications, postage, and shipping 0
	16 Other expenses (describe in Schedule O) 105,289
	17 Total expenses. Add lines 10 through 16 105,289
	18 Excess or (deficit) for the year (subtract line 17 from line 9) 277
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 43,764	
20 Other changes in net assets or fund balances (explain in Schedule O) 0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 44,041	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2025) Created 5/2/25

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0; section 4912: 0; section 4955: 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: <u>Phillip Rosell</u> Telephone no. <u>502-396-8199</u> Located at: <u>9000 Brown Austin Road, Fairdale, KY 40118</u> ZIP + 4 <u>40118</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

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

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

Sign Here	Signature of officer		Date	
	Phillip Rosell, Treasurer			
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	Firm's name		Firm's EIN	
	Firm's address		Phone no.	
			Check ☐ if self-employed	

May the IRS discuss this return with the preparer shown above? See instructions

☐ **Yes** ☐ **No**

Form **8453-TE**

Tax-Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2025, or tax year beginning 01/01/2025 and ending 12/31/2025
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP.
Go to www.irs.gov/Form8453TE for the latest information.

2025

Name of filer

CELEBRATE RECOVERY FAIRDALE

EIN or SSN

87-1813466

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	☒	b Total revenue, if any (Form 990-EZ, line 9)	2b	105,566
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Phillip Rosell

May 08, 2026

Phillip Rosell, Treasurer

Signature of officer or person subject to tax

Date

Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				
	EIN				
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name				
	Firm's address				
					Phone no.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

CELEBRATE RECOVERY FAIRDALE

Employer identification number

87-1813466

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,580	70,864	83,115	101,053	87,647	397,259
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				16,667	17,919	34,586
4 Total. Add lines 1 through 3	54,580	70,864	83,115	117,720	105,566	431,845
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)						19,121
6 Public support. Subtract line 5 from line 4						412,724

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	54,580	70,864	83,115	117,720	105,566	431,845
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						431,845
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	95.57 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	100 %
16a 33¹/₃% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b 33¹/₃% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2025. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33¹/₃% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).	
2 Activities Test. Answer lines 2a and 2b below.		
a	Yes	No
Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b	Yes	No
Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a , 3b , and 3c below.		
a	Yes	No
Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .		
3a		
b	Yes	No
Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		
c	Yes	No
Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3c		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 . . .			
b Excess from 2022 . . .			
c Excess from 2023 . . .			
d Excess from 2024 . . .			
e Excess from 2025 . . .			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CELEBRATE RECOVERY FAIRDALE

Employer identification number

87-1813466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

CELEBRATE RECOVERY FAIRDALE

Employer identification number

87-1813466

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	Tony Walker 8303 Shelbyville Road Louisville, KY 40222	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Marlow Riedling 12503 Saxony Park Circle Louisville, KY 40229	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CELEBRATE RECOVERY FAIRDALE

87-1813466

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

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

Name of organization

Employer identification number

CELEBRATE RECOVERY FAIRDALE

87-1813466

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CELEBRATE RECOVERY FAIRDALE

Employer identification number

87-1813466

Form 990-EZ, Part I, Line 16 - Community Events - Weekly Dinner 60,817 Community Events - Concert 825 Professional Services - Weekly Music 5,438 Professional Services - Weekly Childcare 4,578 Professional Services - Consulting Fees 600 Transportation - Bus 18,688 Transportation - Van Fuel 453 Program Materials - Tshirts/Backpacks/Etc. 946 Program Materials - Training 200 Contingency & Kitchen Upgrade & Facility Maintenance 2,816 Office Supplies - Paper/Ink/Name Tags/Etc. 473 Insurance 708 Community Events - Weekly Breakfast 3,766 Total 105,289 Program Materials - Chips/Tokens 4,981

Form 990-EZ, Part II, Line 24 - Transport Van

Form 990-EZ, Part II, Line 26 - Credit Card Balance

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NAOI
1160679.09
Michael G. Adams
Secretary of State
Received and Filed
7/22/2021 5:43:06 PM
Fee receipt: \$8.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Celebrate Recovery Fairdale, Corp

Article II: The street address of the company's initial registered office in Kentucky is

7601 Oswego Circle, Fairdale, KY 40118

and the name of the initial registered agent at that address is **Larry Mitchum President**

Article III: The mailing address of the company's initial principal office is

7601 Oswego Circle, Fairdale, KY 40118

Article IV: The name and mailing address of each incorporator is

Larry Mitchum President 7601 Oswego Circle, Fairdale, KY 40118

Article V: The number of directors constituting the initial board of directors is 4. The name and mailing address of each director is

Larry Mitchum	7601 Oswego Circle, Louisville, KY 40214
Vivian Collins	9000 Brown Austin Rd, Fairdale, KY 40118
Jaime Schnell	9000 Brown Austin Rd, Fairdale, KY 40118
Rudolph J Machacek	9000 Brown Austin Rd, Fairdale, KY 40118

Article VI: The purpose of the company is: **The exempt purposes for Celebrate Recovery Fairdale, set forth in section 501(c)(3) are charitable: for spiritual/religious, and educational purposes for men and women in Recovery, with a history of addiction to alcohol and or drugs.**

Executed by the Incorporator on Thursday, July 22, 2021

Name of incorporator: **Larry Mitchum President**

Signature of individual signing on behalf of Incorporator: **Larry Mitchum President**

I, **Larry Mitchum President**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

1160679.09
Michael G. Adams
Secretary of State
Received and Filed
7/22/2021 5:43:06 PM
Fee receipt: \$8.00

NAOI

NAI

company serving as Registered Agent:

Larry Mitchum President

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Celebrate Recovery Fairdale, Corp	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☒ Other (see instructions) Non-Profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 9000 Brown Austin Road	Requester's name and address (optional)
6 City, state, and ZIP code Fairdale KY 40118		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number								
			-					
or								
Employer identification number								
8	7	-	1	8	1	3	4	6

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *Trigo Rodell*

Date *7/13/20*

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

2025

Celebrate Recovery Evaluation Tally Sheet

Celebrate Recovery receives grant funds to support our programming. As a condition of this funding, we are asked to report general demographics, as well as the impact our program is having. Survey results will be tallied and reported in full. No individual surveys or personal identifiers will be shared separately. Please help us continue to receive funding by answering this survey as completely as possible.

1. 96 Male 59 Female Other
2. 101 Caucasian 40 Black 1 Asian 10 Hispanic 2 Mixed 1 Other
3. 7 Age 16-24 33 25-35 49 36-45 36 46-55 25 56-65 5 65+
4. Active Duty or Veteran: 6 Yes 0 No
5. Current Zip Code 40047 (1), 40061 (13), 40118 (2), 40165 (1), 40202 (38), 40203 (11), 40204 (7), 40206 (2), 40207 (2), 40208 (2), 40210 (25), 40211 (2), 40212 (2), 40213 (1), 40214 (8), 40215 (1), 40216 (1), 40217 (2), 40218 (1), 40219 (1), 40222 (1), 40223 (1), 40229 (1), 40243 (1), 40245 (2), 40258 (2), 40272 (3), 40291 (1), 40299 (1), 40502 (1), 40962 (2), 41005(1), 42101 (1), 47129 (1) 47150 (1), 47167 (1)
6. What hurts, habits, or hangups are you struggling with currently or had in the past? (check all that apply)
41 Alcohol 40 Methamphetamines 27 Opioids 23 Marijuana 17 Abuse
20 Co-dependency 30 Mental Health 16 Anger 8 Other (please describe) _____
7. How long have you been struggling with or been impacted by these issues?
1 < 1 month 3 1-3 months 0 3-6 months 1 6-9 months 0 9-12 months 3 1-2 years
7 2-5 years 11 5-10 years 55 10+ years
8. 62 I'm still struggling to get a handle on my hurts, habits, and/or hangups
69 I've got them under control
9. Amount of time you've been sober/clean/free of habits holding you back
16 I'm still working on it! 10 < 1 month 24 1-3 months 34 3-6 months 24 6-9 months
5 9-12 months 21 1-2 years 9 2-5 years 6 5-10 years 3 10+ years
10. How long have you been attending Celebrate Recovery meetings at Fairdale Christian?
53 < 1 month 24 1-3 months 26 3-6 months 16 6-9 months 5 9-12 months 9 1-2 years
14 2-5 years 6 5+ years
11. Please rate the following (with 1 being "not useful" and 5 being "tremendously helpful")
 - a. The help/tools/lessons CR provides are 1 (2) 2 (3) 3 (15) 4 (31) 5 (98)
 - b. The format of the general session is 1 (1) 2 (2) 3 (16) 4 (36) 5 (94)
 - c. The format of the small group session is 1 (1) 2 (5) 3 (15) 4 (30) 5 (100)
 - d. The leaders of CR are 1 (0) 2 (2) 3 (11) 4 (22) 5 (112)
 - e. Spending time with others who understand is 1 (0) 2 (0) 3 (10) 4 (24) 5 (112)
12. Please rate the following (with 1 being "not a fan" and 5 being "love it")
 - a. The food 1 (0) 2 (2) 3 (7) 4 (20) 5 (113)
 - b. The facility (Fairdale Christian Church) 1 (3) 2 (1) 3 (6) 4 (17) 5 (113)
 - c. The transportation (if we pick you up) NA 1 (0) 2 (0) 3 (11) 4 (16) 5 (69)
 - d. The music 1 (0) 2 (3) 3 (11) 4 (27) 5 (107)
 - e. The speakers/lessons 1 (0) 2 (1) 3 (10) 4 (26) 5 (125)
13. I would recommend this program to a friend: 149 Yes 1 No 1 Undecided

Anything you'd like to share with us (good or bad) about the program? _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:

Celebrate Recovery Fairdale, Corp

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:

Phillip Rosell

Date: 7/13/26

Legal Signatory (please print):

Phillip Rosell

Title: Treasurer

Phone: 502-396-8199 Extension:

Email: philrosell@yahoo.com



SECRETARY OF STATE MICHAEL ADAMS

Secure Online System

Thank you for your payment!

Please complete your Business Registration by clicking the Finish button.

Summary

Confirmation Number 50360983

Payment Made: 07/22/2021 05:42 PM EDT

Payment Method: American Express Credit Ending With 1007

Account Holder Details

Larry Mitchum

7601 Oswego Circle

Louisville KY 40214

Cart Items

Description	Price	Quantity	Extended Total
New Business Registration	\$8.00	1	\$8.00
Total			\$8.00

Thank you for your payment! Please complete your Business Registration by clicking the Finish button.

Larry Mitchum

From: donotreply@ky.gov
Sent: Thursday, July 22, 2021 5:43 PM
To: l.mitchum@twc.com
Subject: Kentucky Business One Stop: Celebrate Recovery Fairdale, Corp – Status Update

Thank you for submitting your registration through Kentucky Business One Stop for Celebrate Recovery Fairdale, Corp. Your application has met all of the requirements and has been approved. Please select your business in the "My Businesses" grid on the One Stop Dashboard to view and manage your business information on file with the Commonwealth of Kentucky.



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: CELEBRATE RECOVERY FAIRDALE CORP

Grantee Representative Name: Trillip Rosell

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

Please check:



I viewed the NDF training material on the website

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

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
CLIENT ASSISTANCE, COMMUNITY EVENTS and OTHER EXPENSES
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements True or False
4. Which four questions should your financial support documentation answer at all times?
WHO, WHAT, WHEN and WHERE
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment True or False.

Trillip Rosell
Grantee Representative Signature

7/13/26
Date

NOTE: Please return to Roxanne Steele

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

Fax: 502-574-3219

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