990

Form (Rev January 2020) Department of the Treasury

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.

OMB No. 1545-0047

2019

Open to Public

For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/					
IC Name of agranuation	20				
Check if applicable C Name of organization Louisville Community Design		D Employe	er Identification number		
Address change Center, Inc.					
Name change Doing business as Center for Neighborhoods			61-0889003		
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor			
Initial return 1126 Berry Blvd  Final return/ City or town, state or province, country, and ZIP or foreign postal code		502-	<u>-589-0343</u>		
terminated					
Amended return Louisville KY 40215		G Gross red	cerpts\$ 568,15		
Name and address of principal officer	H(a) Is this a gro	in rotum for a	subordinates? Yes X		
Application pending Mellone F Long	H(a) is uits a gro	ip return for s	subordinates / Tes A		
507 South 3rd Street	H(b) Are all sub	ordinates inc	luded? Yes		
Louisville KY 40202	tf "No,"	attach a list	(see instructions)		
Tax-exempt status   X 501(c)(3) 501(c) ( )   √ (Insert no ) 4947(a)(1) or 527   √					
website ▶ www.centerforneighborhoods.org	H(c) Group exen	notton numb	er 🕨		
	rear of formation 1		M State of legal domicile		
Part! Summary			The state of regardentials		
Briefly describe the organization's mission or most significant activities					
To serve and assist neighborhoods to empower and equip	rocidonto	+0 20	niovo		
to serve and assist neighborhoods to empower and equip					
positive change in their community through planning, re-	vitalizati	on and	1		
improvement, leadership development and education.					
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		1		
3 Number of voting members of the governing body (Part VI, line 1a)		3	18		
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	18		
positive change in their community through planning, reviewed this box positive change in their community through planning, reviewed this box improvement, leadership development and education.  Check this box if the organization discontinued its operations or disposed of more than 25%.  Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1b).  Total number of individuals employed in calendar year 2019 (Part V, line 2a).  Total number of volunteers (estimate if necessary).		5	12		
6 Total number of volunteers (estimate if necessary)		6	50		
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a			
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39		7b			
	Pnor Yea		Current Year		
8 Contributions and grants (Part VIII, line 1h)	467	7,715	561,02		
9 Program service revenue (Part VIII, line 2g)	2:	, 535			
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		542	58		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,00		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	480	792			
- · · · · · · · · · · · · · · · · · · ·		, , , , , ,	300,10		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)					
14 Benefits paid to or for members (Part IX, column (A), line 4)	434	442	470.03		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	434	, 442	479,83		
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶  17. Other expenses (Part IX column (A), line 11d, 11d, 11d, 11d, 11d, 11d, 11d, 11d					
b Total fundraising expenses (Part IX, column (D), line 25) ► 36, 618					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,177	185 <u>,</u> 5€		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,619			
19 Revenue less expenses Subtract line 18 from line 12 RECEIVED	-217	7,827	-97,24		
1604	Beginning of Curr		End of Year		
20 Total assets (Part X, line 16)		3,145			
	62	2,425	37,84		
on real		720	343,47		
21 Total liabilities (Part X, line 26) MAR 0 1 2021	44(	, , , , , , ,			
21 Total liabilities (Part X, line 26) MAR 0 1 2021	440	, 120			
21 Total liabilities (Part X, line 26) MAR 0 1 2021	nts, and to the bes	at of my kno	owledge and belief, it is		
21 Total liabilities (Part X, line 26) MAR 0 1 2021	nts, and to the bes	at of my kno	owledge and belief, it is		
21 Total liabilities (Part X, line 26) MAR 0 1 2021	44 ( ints, and to the bes as any knowledge	at of my kno	owledge and belief, it is		
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have exampled this returnants (Index parts) is based on all information of which preparer have true, correct, and complete Declaration of preparer fother than officer) is based on all information of which preparer have	nts, and to the bes	at of my kno	owledge and belief, it is		
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return ANS diggrappompagying schedules and stateme true, correct, and complete Declaration of preparer fother than officer) is based on all information of which preparer has signature of officer	nts, and to the bes as any knowledge	t of my kno	194/20		
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have exampled this returnANS degrapes in particular and stateme true, correct, and complete peclaration of preparer to the rhan officer) is based on all information of which preparer has signature of officer  Mellone F Long  Executives  MAR 0 1 2021  INTERNAL REVENUE SERVICE  INTERNAL REVENUE SERVICE  Signature of officer  Signature of officer  Executives	nts, and to the besas any knowledge	t of my kno	194/20		
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have exampled this return ANS degrapes in parting schedules and stateme true, correct, and complete declaration of preparer tother than officer) is based on all information of which preparer has signature of officer  Signature of officer  Mellone F Long  Executives	ints, and to the bes as any knowledge tive Dir	of my kno	2/24/20		
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return ANSI (1900 appropriate of perjury). I declare that I have examined this return ANSI (1900 appropriate of perjury) is based on all information of which preparer has Signature of officer  Mellone F Long  Execution of the property of t	tive Dir	Date ector	2/34/20d		
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21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return ANSI (190 approximation of which preparer has true, correct, and complete peclapation of preparer fother man officer) is based on all information of which preparer has Signature of officer  Mellone F Long  Preparer's signature  Barbara Lasky  Firm's name  Baldwin CPAS, PLLC	tive Dir	Date ector	PTIN PO0015280		
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21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return ANSI (190 approximation of which preparer has true, correct, and complete peclapation of preparer fother man officer) is based on all information of which preparer has Signature of officer  Mellone F Long  Preparer's signature  Barbara Lasky  Firm's name  Baldwin CPAS, PLLC	tive Dir	Date Check 221 self-en	PTIN PO0015280 20-1416603		
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Form 990 (2019)	Louisville Co	mmunity Design	61-0889003	Page 2
Part III S	Statement of Program	Service Accomplishments		
	Check if Schedule O co	ontains a response or note to any line i	n this Part III	X
Center	for Neighborho	oods supports and empowe cal communities.	rs neighborhoods to c	reate
prior Form 9	anization undertake any signifi 190 or 990-EZ? scribe these new services on	icant program services during the year which were	e not listed on the	Yes X No
services?	anization cease conducting, or scribe these changes on Sche	r make significant changes in how it conducts, any	y program	Yes X No
4 Describe the expenses S	e organization's program serv Section 501(c)(3) and 501(c)(4	rice accomplishments for each of its three largest p 4) organizations are required to report the amount or each program service reported		
4a (Code See Sch	) (Expenses \$ edule O	490, 950 including grants of \$	) (Revenue \$	5,537
	·			
•			· · · · · ·	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
N/A		,		
			i	
			41.4	
	6 - 6 - 6			
4c (Code N/A	) (Expenses \$ ·	including grants of \$	) (Revenue \$	)
	-			
	ım services (Describe on Sch	•		
(Expenses 4e Total program	\$ m service expenses ▶	including grants of \$ 490,950	) (Revenue \$	)

# ABDO Page

Part IV Checklist of Required Schedules

	In the graphization described in costion 501/o/(2) or 4047/o/(1) (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_ 4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_ 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9	x	
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	^	
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16 <sup>9</sup> If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a	Х	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	$\Box$	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	-+	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Consessed government on that the continuity of the transfer of the control of the			

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	$\sqcup$	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\sqcup$	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	$\sqcup$	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		i i	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	}		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	$\vdash$	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3.5
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30	$\vdash$	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32	$\vdash$	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
250	·		-	X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	$\vdash \dashv$	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>""</del>	$\vdash$	
55	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	x	
P	Art Y Statements Regarding Other IRS Filings and Tax Compliance		!	
	Check if Schedule O contains a response or note to any line in this Part V			
	C. Son in Conceded & Contemb & responde of note to diff line in this I dit 4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25	[	1.63	.,,,,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	$\mathbf{x}$	
DAA			m 990	(2019)
		1 01		(-5.5)

		<u></u>	<u> </u>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12			•
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ŀ		١.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					v
_	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	•	4a_		X
b	If "Yes," enter the name of the foreign country ►  See part of Foreign For filter requirements for Fig.CEN Form 114. Report of Foreign Back and Figure 14.	ounto /E	=DAD\			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ounts (F	-BAH)			х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5a		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		5b 5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			36		
ou.	organization solicit any contributions that were not tax deductible as chantable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		Ja .		
•	gifts were not tax deductible?	Ji		6ь	ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			55		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	s				
_	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7 <del>1</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Fo	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l	by the				
	sponsoring organization have excess business holdings at any time during the year?			_8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	
10	Section 501(c)(7) organizations. Enter		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	11b_		—— . <u>.</u>		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			125		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	125	i			
	the organization is licensed to issue qualified health plans  Enter the amount of receives on head.	13b				
с 14а	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	130	L	14a		X
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C	)		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			1.40	$\vdash$	
	excess parachute payment(s) during the year?	01		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			.3		<del>-</del> -
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?		16		X
. •	If "Yes," complete Form 4720, Schedule O					<del>-</del> -
	ii 190, complete i cini 1720, concepto O					1/2010

Page	6

61-0889003 Form 990 (2019) Louisville Community Design Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 18 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? Х 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a **b** Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Ufficiency Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records > Mellone F Long

507 South 3rd Street

502-589-0343

**KY 40202** 

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

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

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

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

(A) Name and title	(B) (C) Average Position hours (do not check more than one per week box, unless person is both a (list any officer and a director/trustee							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Tim Holz										
	1.00									
President	0.00	X		X		<u> </u>		0	0	0
(2) Leo Clarer										
	1.00	l		l					_	_
Vice President	0.00	X	L	X		$oxed{oxed}$		0	0	0
(3) Kent Weyland	1 00									
	1.00	١		۱.,						
Treasurer/Secretary	0.00	X		X	-			0	0	0
(4) BJ Adkins	1 00									
Based Markey	1.00	x						О	o	0
Board Member (5) Roberto Bajandas	0.00	╇		-		-		<u> </u>	0	<u> </u>
(5) NODELCO Bajandas	1.00									
Board Member	0.00	x						О	o	0
(6) Jennifer Chappel		<del>  **</del>	$\vdash$	H	$\vdash$					
(o) Committee Chapper	1.00									
Board Member	0.00	x						0	o	0
(7) Dr. Ralph Fitzpa		1								
(,,====== <u>=</u> ============================	1.00	1								
Board Member	0.00	x						0	0	0
(8) Nancy Hancock										
-	1.00									
Board Member	0.00	X						0	0	0
(9) Melissa Mershon										
	1.00								ı	
Board Member	0.00	X						0	0	0
(10) Eboni Neal Cochr										
	1.00									_
Board Member	0.00	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	ļ	ļ			0	0	0
(11) Stephen Perkins										
	1.00	l								_
Board Member	0.00	X	l	l	l			0	0	0

Part VIF Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	npio	yees	, an	d Highest Compensated E	:mployees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a c	erson	than c is both or/trusto	ал	( <b>D</b> ) Reportable compensation from the organization	(E) Reportable compensation from related organizations	co	(F) mated amou of other ompensation from the	ı
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anization an ed organizati	
(12) Renita Rosa												
Board Member	1.00	x						0	0			0
(13) Doris Sims	0.00	<u>^</u>				-						
	1.00								_			
Board Member (14) Tina Walters	0.00	X	<u> </u>	_				0	0			0
(14) Tina Walters	1.00											
Board Member	0.00	x						0	0			0
(15) Jecorey Arthu										_		
Board Member	1.00	x						o	o			0
(16) Kimberly Kauf	field	^										
(==, ==================================	1.00											
Board Member	0.00	X		<u> </u>				0	0			0
(17) Bruce Duncan	1.00											
Board Member	0.00	x	1					o	0			0
(18) Mitchell Kers	ting											
	1.00											_
Board Member (19) Mellone F Lon	0.00	X	$\vdash$		$\vdash$	Н		0	0			0
(13) 110110110 1 1011	40.00											
Executive Director	0.00		L,	X				9,050	0		1,	938
1b Subtotal			_					9,050			1,	938
c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, Se	CTIO	n A					9,050	<del></del>			938
2 Total number of individuals (incl	luding but not lim	ited 1	to the	se li	sted	abov	e) w	<u> </u>	0,000 of			750
reportable compensation from the	ne organization	<u> </u>	0		<del></del> -			· · · · · · · · · · · · · · · · · · ·			Yes	No No
3 Did the organization list any for							ee, c	or highest compensated		Γ		
employee on line 1a? If "Yes," c  4 For any individual listed on line							ın ən	nd other compensation from	the	F	3	X
organization and related organiz	ations greater th	an \$1	50,0	000°	If "Y	es," (	com	plete Schedule J for such	uie			
<ul><li>individual</li><li>Did any person listed on line 1a</li></ul>	receive or accrus	- 600	nnen	satio	n fro	ım ar	nv i in	related organization or indiv	idual	-	4	X
for services rendered to the orga											5	<u> </u>
Section B. Independent Contractor												
Complete this table for your five compensation from the organization.	highest compen- ation Report com	sated	indi atior	epen 1 for	dent the c	conti	racto dar y	ors that received more than S year ending with or within the	§100,000 of e organization's tax year			
	(A) business address								(B) ion of services		(C) Compens	sation
								·				
<del></del>												
										ŀ		
						_		·	<u> </u>	$\overline{}$		
										$\longrightarrow$		
		-							<del></del>			
									<u> </u>			
2 Total number of independent co received more than \$100,000 of	ntractors (includi	ng b	ut no	t limi	ted t	o tho	se li	sted above) who				<del></del>
DAA	compensation if	oni (I	.e 01	garil	<u>-alių</u>				0	E	Form 99	0 (2019)

**Part VIII** Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) Unrelated (D) Revenue excluded from tax under sections 512-514 function revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events Gifts, 1c d Related organizations 1d 139,100 16 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 421,920 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 561,020 Busines Code Various programs 5,537 5,537 f All other program service revenue 5,537 ..... g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and 589 other similar amounts) 589 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (n) Personal 6a Gross rents 6a 6b b Less rental expenses c Rental inc or (loss) 6c Net rental income or (loss)  $\triangleright$ Gross amount from (i) Secunties (ii) Other sales of assets other than inventory Less cost or other 7h basis and sales exps 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8b b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b . b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 1,008 1,008 11a Other Revenue d All other revenue 1,008 Total. Add lines 11a-11d ▶ 589 568,154 6,545 Total revenue. See instructions

## Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con		rganizations must complet	c column (A)	·· ·
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				····
5	Compensation of current officers, directors,	40.600	25 22		
	trustees, and key employees	49,600	37,200	9, 920	2,480
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	255 221	266 422	71 046	17.760
7	Other salaries and wages	355,231	266,423	71,046	17,762
8	Pension plan accruals and contributions (include	8,377	6 202	1 675	410
^	section 401(k) and 403(b) employer contributions)	31,352	6,283 23,515	1,675 6,272	419
9 10	Other employee benefits Payroll taxes	35,271	26,453	7,054	1,565 1,764
11	Fees for services (nonemployees)	33,211	20,433	7,034	1,704
a	Management				
b	Legal				<del></del>
c	Accounting	7,680		7,680	
d	Lobbying	,		.,,,,,,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule ()	81,144	58,528	18,714	3,902
12	Advertising and promotion	5,101			3,902 5,101
13	Office expenses	39,187	33,208	4,976	1,003
14	Information technology	-	•		
15	Royalties				
16	Occupancy	23, 425	17,569	4,685	1,171
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>			
19	Conferences, conventions, and meetings	8,849	6,637	1,770	442
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,971	1,478	394	99
23	Insurance	3,101	2,326	620	155
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule () Miscellaneous	13,799	10 340	2 760	
a	<u> </u>		10,349	2,760	690
b	Dues & subscriptions	1,308	981	262	65
c d	-				-
	All other expenses			-	·
е _25	Total functional expenses. Add lines 1 through 24e	665,396	490,950	137,828	36,618
26	Joint costs. Complete this line only if the	003,330		131,020	36,618
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
DAA				<u></u>	Form 990 (2019)

Part X	Balance Sheet				· · ·						
	Check if Schedule O contains a response or r	note to a	ıny lıne	in this Part X	·						
					(A)		(B)				
Τ.					Beginning of year		End of year				
ı	Cash—non-interest-bearing				284,708	1	234,231				
l l	Savings and temporary cash investments		145 605	2							
- 1	Pledges and grants receivable, net			-	147,685	3	76,450				
1	Accounts receivable, net			<u></u>	61,540	4	60,000				
5	Loans and other receivables from any current or form										
	trustee, key employee, creator or founder, substantia	·	_								
_	controlled entity or family member of any of these pe			, . <b>-</b>	<del>,</del>	5					
. 1	Loans and other receivables from other disqualified p		•		•						
5 1	under section 4958(f)(1)), and persons described in	section	4958	c)(3)(B)		6					
7	Notes and loans receivable, net			<del> </del>	· · · · ·	7					
0	Inventories for sale or use			-	480	8	2 070				
9	Prepaid expenses and deferred charges	ſ	1	. · ·	400	9	3,879				
lua	Land, buildings, and equipment cost or other		40-	9,859	,	:	41444 1 4 1				
[	basis Complete Part VI of Schedule D	}	10a	3,098	8,732		6,761				
	Less accumulated depreciation	ι	10b	3,098	6,732	10c	0,701				
1	Investments—publicly traded securities			-		11 12					
1		nvestments—other securities See Part IV, line 11									
	Investments—program-related See Part IV, line 11 Intangible assets		_		13 14	<del></del>					
1	Other assets See Part IV, line 11			-		15					
1	Total assets. Add lines 1 through 15 (must equal lin	no 22\		-	503,145	16	381,321				
	Accounts payable and accrued expenses	16 00/			47,456	17	37,613				
	Grants payable			<u> </u> -	1,,150	18	37,023				
	Deferred revenue			<u> </u>		19					
1	Tax-exempt bond liabilities					20					
	Escrow or custodial account liability Complete Part	IV of Sc	hedul	.n	14,969	21	230				
امما	Loans and other payables to any current or former of			<i>,</i>	2.,,505						
	trustee, key employee, creator or founder, substantia										
	controlled entity or family member of any of these pe		Jul. 01,	,, 55%		22					
i   <sub>23</sub>	Secured mortgages and notes payable to unrelated t		ties			23					
	Unsecured notes and loans payable to unrelated thin					24					
1	Other liabilities (including federal income tax, payable	-		urd							
	parties, and other liabilities not included on lines 17-2										
	of Schedule D	,				25					
26	Total liabilities. Add lines 17 through 25				62,425	26	37,843				
_r	Organizations that follow FASB ASC 958, check	here 🕨	X		•						
	and complete lines 27, 28, 32, and 33.		_								
27	Net assets without donor restrictions				122,540	27	73,843				
28	Net assets with donor restrictions				318,180	28	269,635				
[	Organizations that do not follow FASB ASC 958	<b>▶</b> □ □									
<u>:</u>	and complete lines 29 through 33.										
29	Capital stock or trust principal, or current funds				_	29					
30	Paid-in or capital surplus, or land, building, or equipr	ment fur	nd			30					
31	Retained earnings, endowment, accumulated income	e, or oth	er fun	ds		31					
27 28 29 30 31 32	Total net assets or fund balances				440,720	32	343,478				
33	Total liabilities and net assets/fund balances				503,145	33	<u>381,321</u>				

Form	1 990 (2019) Louisville Community Design 61-0889003			Pa	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	68,	154
2	Total expenses (must equal Part IX, column (A), line 25)	2			396
3	Revenue less expenses Subtract line 2 from line 1	3	-	97,	242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	40,	720
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3.	43,	<u>478</u>
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
			<b>,</b>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			. For	n 990	(2019)

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

**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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Louisville Community Design Center, Inc.

Employer identification number 61-0889003

P	irt l	Reas	on for Public Charity	Status (All organizations	must c	complete	e this part.) See instructi	ons.				
he	orgar			t is (For lines 1 through 12, chec			•					
1		A church, cor	nvention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)( <i>l</i>	A)(i).					
2	$\sqcap$			)(ii). (Attach Schedule E (Form 9								
3	Ħ			organization described in section			1/1					
4	H		-	n conjunction with a hospital desc			70/b\/1\/A\/iii\ Enter the becaut	al'a aama				
-	ш			ii conjunction with a nospital desc	Jibea iii s	section 1	ro(b)(T)(A)(III). Enter the nospit	a) s name,				
5	П	City, and state		a college or university owned or o	nerated h	v a nover	nmental unit described in					
•	ш	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		-		ernmental unit described in <b>secti</b>	on 170(b	)(1)(A)(v)						
7	X			bstantial part of its support from a								
			section 170(b)(1)(A)(vi). (Co		- <b>3</b>		January Pages					
8	Ц	A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	)							
9	$\sqcup$	An agricultura	al research organization desci	ribed in section 170(b)(1)(A)(ix)	operated	in conjund	ction with a land-grant college					
		or university of university	or a non-land-grant college of	agriculture (see instructions) Ent	ter the nar	me, city, a	nd state of the college or					
10		An organization	on that normally receives (1)	more than 33 1/3% of its support	from cont	tributions,	membership fees, and gross					
	_	receipts from	activities related to its exemp	t functions—subject to certain exc	ceptions,	and (2) no	more than 33 1/3% of its					
		• •	=	unrelated business taxable incom	•		1 tax) from businesses					
	$\Box$		•	1975. See section 509(a)(2). (C	•	•						
11	$\square$	-	•	clusively to test for public safety			• •					
12	Ш	-	•	clusively for the benefit of, to perf								
			, , ,,	tions described in section 509(a)								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	а			ated, supervised, or controlled by or to regularly appoint or elect a m		•	17					
			• '' '	mplete Part IV, Sections A and		ine directe	or trustees or the					
	ь	$\neg$	• •	ervised or controlled in connectio		supported	l organization(s), by having					
	-			ng organization vested in the same			• • • •					
			ion(s) You must complete I		•		<b>3</b>					
	C			upporting organization operated in								
	d		• , , ,	uctions) You must complete Pa		-	·					
	ū			<ul> <li>A supporting organization opera organization generally must satisf</li> </ul>								
			• •	ust complete Part IV, Sections		•						
	e		,	ved a written determination from t								
	_			functionally integrated supporting	organızat	ion						
	f		nber of supported organization									
_	g	Provide the fo	ollowing information about the	supported organization(s)								
(1)		e of supported	(h) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
	org	janization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)				
				, , ,	Yes	No	,					
(A)												
(B)												
·~		· · · · · · · · · · · · · · · · · · ·										
(C)						1						
(D)												
ν,			`									
(E)					<u> </u>							
,_,												

Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			,	product compre	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	122,402	264,676	1,139,070	467,715	561,020	2,554,883
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	122,402	264,676	1,139,070	467,715	561,020	2,554,883
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						051 574
6	Public support. Subtract line 5 from line 4					***************************************	851,574 1,703,309
	tion B. Total Support						1,703,303
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	122,402	264,676	1,139,070	467,715	561,020	2,554,883
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10		74	542	589	1,215
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					1,008	1,008
11	Total support. Add lines 7 through 10						2,557,106
12	Gross receipts from related activities, etc. (s	ee instructions)				12	232,675
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year as	a section 501(c)(3		
	organization, check this box and stop here					, 	▶ □
<u>Sec</u>	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2019 (line 6, o	column (f) divided by	y line 11, column (f	))		14	66.61%
15	Public support percentage from 2018 Scheo	lule A, Part II, line 1	4			15	73.58%
16a	33 1/3% support test—2019. If the organize		· ·		3% or more, check	this	_
	box and stop here. The organization qualified						<b>▶ X</b>
b	33 1/3% support test—2018. If the organize				33 1/3% or more, cl	heck	
	this box and stop here. The organization qu						▶ ∐
17a						i	
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the "fact	s-and-circumstance	es test i ne organi	zation qualifies as a	a publicly supported		. □
b	organization	If the eroperation	al.al asset altra-1 1		05 <b>47</b> 11		▶ 🗆
	10%-facts-and-circumstances test—2018. 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 meet						
	supported organization	a uic iacis-aiu-ciii	comstances test	i ne organization qu	ames as a publicly		▶ □
18	Private foundation. If the organization did r	not check a box on I	ine 13, 16a, 16b, 1	7a or 17h chack th	us hox and see		
-	instructions	555 4 500 511 1	10, 100, 100, 1	. a, or 170, oncok (r	DOX CITY SEE		▶ □
	· · · · · · · · · · · · · · · · · · ·						·

15 16

17	Investment	ncome percentage for 2019 (line 10c, column (t), divided by line 13, column (t))	
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Investment income percentage from 2018 Schedule A, Part III, line 17 33 1/3%/support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 19a

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

18

%

18

#### Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

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

## Section A. All Supporting Organizations

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

	FTTTTT	Yes	No
	1		
	2		
	3a		
	3b		
	20		
	3c		<del></del>
	4a	ļ	
	4b		
	4c		
	5a		
	5b		
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	8		
i	9a		
	9b		
	9c		<del></del>
	10a		
	10b		
Δ /F		0.000	F7\ 2019

		<u>889003                                  </u>		Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		_
Sect	ion B. Type I Supporting Organizations	1116		
occi	ion b. Type I Supporting Organizations			<del></del>
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	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		1
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		:	1
C4	the supported organization(s)	1		
Seci	ion D. All Type III Supporting Organizations			ı
		······	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion 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 instruct	ions)		
'a	The organization satisfied the Activities Test. Complete line 2 below	ions,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
		tructions)		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	aucuons)		
_	Astronous Test America (a) and (b) below	1	V	Nic
	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3ь		
	o. no supported organizations in 100, december in the train role player by the organization in this regard			

Schedule A (Form 990 or 990-EZ) 2019 Louisville Community De	esign	61-0889	9003 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Support		tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov 20, 1970 (	explain in Part VI) See	
instructions. All other Type III non-functionally integrated supporting organization	ons must complete S	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	<del></del>	
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)			1
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)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	_	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<del>-</del>	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ	grated Type III suppo	orting organization (see	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

and 4c.

Breakdown of linc 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Excess distributions carryover to 2020. Add lines 3

Part VI

Schedule A (Form 990 or 990-EZ) 2019 Louisville Community Design

61-0889003

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

Part II, Line 10 - Other Income Detail

1,008

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification numbe Louisville Community Design Center, Inc. 61-0889003 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used ~only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

6,761

e Other

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

Schedule D (Fe	orm 990) 2019 Louisville Community I	Design	61-0889003	Page <b>3</b>
Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial d	lerivatives		-	
(2) Closely hel	d equity interests	·		-
(3) Other				-
(A)				<del></del>
				<del></del>
(B)				
(C)				<del></del>
(D)				
(E)				
(F)		<u>-</u>		
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)			
Pari VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)			_	
(2)	<del></del>		<del>                                     </del>	
			_	
(3)		<del> </del>	-	<del></del>
(4)	<del></del>			
(5)				
(6)		ļ		
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11d. See Form 990, F	art X, line 15.
	(a) Description		Ī	(b) Book value
(1)				
(2)	•			
(3)				
	<del></del>	·	<del></del>	-
(4)				
(5)				
(6)				
(7)				
(8)	ſ			
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes	<u></u>		
(2)		· ·		
(3)				
(4)				
	<del></del>		<del>-</del>	
(5)	<del></del>			
(6)				<del></del>
(7)				
<u>(8)</u>				
(9)		-		<del></del>
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	<u> </u>
2. Liability for u	uncertain tax positions. In Part XIII, provide the text of the footnote	e to the organization's financ	cial statements that reports the	_
organization's li	ability for uncertain tax positions under FASB ASC 740 Check h	ere if the text of the footnote	has been provided in Part XIII	X

Louisville Community Design 61-0889003 Schedule D (Form 990) 2019 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Pari XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 568,154 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 568,154 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 568,154 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. <u>665,396</u> 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 665,396 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 665,396 5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

Part IV, Line 2b - Escrow Liability Arrangement Explanation

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

#### Part X - FIN 48 Footnote

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

<sup>2,</sup> Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2019 Louisville Community Design
Part XIII Supplemental Information (continued)

61-0889003

Page 5

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Louisville Community Design Center, Inc.

Employer Identification number

61-0889003

Doing Business As - Additional Names

Center for Neighborhoods

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

Today, CFN works in four key areas including Community Engagement & Technical Assistance; Education & Training; Data, Mapping & Resources; and, Neighborhood Planning & Design. We envision a greater Louisville community with caring and empowered people and civic institutions working in partnership with local government to renew and build neighborhoods that are healthy, sustainable, safe and attractive. Center For Neighborhoods is a 501(c)3 nonprofit organization.

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

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

CFN has an extensive background in neighborhood assessment and planning, which includes facilitating broad stakeholder input. Neighborhood Assessments and Walkability Assessments help identify current conditions,

61-0889003

Louisville Community Design

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

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

The Form 990 is first reviewed by the Executive Director and then the Audit

Committee prior to its filing. It is then given to the full board of directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board is required to disclose any conflicts of interest annually.

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation They are not made available to the public.

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

· To	t/Prog	Service		Mgt & Gene	ral	Fundraising
Contract Services						
\$	<b>3</b>	58,528	\$	15,60	07 \$	3,902
Payroll Processing Fees						
\$	<b>3</b>	0	\$	3,10	97 \$	0
Tota	1					
\$	5	58,528	\$	18,7	14 \$	3,902
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