

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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization: SOUTH FOURTH STREET ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address): 1347 SOUTH THIRD ST 304
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: LOUISVILLE, KY 40208

D Employer identification number: 74-3175454
E Telephone number:
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
I Website: SFOURTH.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 123,265

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

Table with 21 rows and 2 columns. Rows are categorized into Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values are provided for various lines, such as Total Revenue (123,265) and Total Expenses (122,370).

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	125,512	22 126,407
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	125,512	25 126,407
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	125,512	27 126,407

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO ESTABLISH AND MAINTAIN A NEIGHBORHOOD IMPROVEMENT ASSOCIATION IN LOUISVILLE, KENTUCKY FOR COMMUNITY AND NEIGHBORHOOD IMPROVEMENT IN THE OLD LOUISVILLE SECTION OF THE CITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	121,369

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JIM BROOKS PRESIDENT	2 00	0		
BOB WESSLES VICE PRESIDE	1 00	0		
ANN TRIPLETT SECRETARY	1 00	0		
BLAIR BUTLER TREASURER	1 00	0		

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 46 No

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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 2018-10-05 Date
JIM BROOKS PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MARY C MORROW Preparer's signature Date 2018-11-09 Check if self-employed PTIN P00769897
Firm's name MARY MORROW & ASSOCIATES Firm's EIN 73-1688464
Firm's address 1347 S 3RD ST STE 304 LOUISVILLE, KY 402083300 Phone no (502) 419-8025

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 74-3175454

Name: SOUTH FOURTH STREET ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 NEIGHBORHOOD SAFETY AND IMPROVEMENT (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	44,203

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 ST JAMES COURT ART SHOW (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>68,576</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 SUPPORT OTHER COMMUNITY PROJECTS/ORGANIZATIONS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">8,590</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH FOURTH STREET ASSOCIATION

Employer identification number

74-3175454

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES SOFTWARE 201 ALARM 91 TRAVELERS INS 876 HYLAND BLOCK INS 1,012 STREETScape 2,551 STREETScape SUPPLIES 13,475 UTILITIES 3,012 GIFTS TO OTHER CHARITIES 5,000 OTHER COMMUNITY SUPPORT 3,590 ST JAMES COURT ART SHOW 55,552 TOTAL 85,360

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO ESTABLISH AND MAINTAIN A NEIGHBORHOOD IMPROVEMENT ASSOCIATION IN LOUISVILLE, KENTUCKY FOR COMMUNITY AND NEIGHBORHOOD IMPROVEMENT IN THE OLD LOUISVILLE SECTION OF THE CITY