Form **990**

Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20								, 20		
В	Check if a	applicable:	C Name of organization Loui	isville Grows	Incorporated			D	Employer identification no.	
	Address of	change	Doing business as						27-0959401	
	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to	o street address)		Room/suite	E	Telephone number	
	Initial retu	ırn	1641 Portland Avenue (502)791							
	Final retu	rn/terminated	erminated City or town, state or province, country, and ZIP or foreign postal code					G	Gross receipts	
	Amended	return	Louisville, KY 40203					\$ 460,278		
	Applicatio	n pending	ending F Name and address of principal officer: Kedrick Stanfield					H(a) Is this a group return for subordinates? Yes No		
			Same as C abov	Same as C above			H(b) Are all subordinates included? Yes No			
ı	Tax-exem	npt status:					If "No," attach a list. (see instructions)			
J	Website:	www.louisvillegrows.org					H(c) Group exemption number ▶			
K	Form of o	rganization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 2009 M State of legal domicile: KY								
Part I Summary										
	1	1 Briefly describe the organization's mission or most significant activities: Our mission is to increase community h							munity health	
		and sustainable living through establishing community gardens and sustainability programs								
nce		that educate citizens on the importance of proper nutrition and increase the availability								
rna		of fruits and vegetables as well as physical exercise.								
Š	2									
Activities & Governance	3	Number of v	umber of voting members of the governing body (Part VI, line 1a)					3	10	
	4		ndependent voting member					4	10	
	5	Total numbe	er of individuals employed in	n calendar year 201	7 (Part V, line 2a)	·		5	10	
	6		er of volunteers (estimate if					6		
	7a		ted business revenue from	* *				7a	0	
	b	Net unrelate	ed business taxable income	e from Form 990-T, I	ine 34			7b	0	
							Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, line	e 1h)			486	,696	427,596	
ne	9	Program service revenue (Part VIII, line 2g)					39,437			
Revenue	10	•	income (Part VIII, column (•					0	
	11		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					(162	7,013	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						,971		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							0	
	14					0				
	15			ompensation, employee benefits (Part IX, column (A), lines 5-10)			186,74		219,521	
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)						0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 22,694								
	17		nses (Part IX, column (A), li			202,635		219,408		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					389,38			
		Revenue less expenses. Subtract line 18 from line 12					136,59			
Net Assets or			· '				Seginning of Current Year		End of Year	
	20	Total assets	otal assets (Part X, line 16)					,398	-	
	g 21		ral liabilities (Part X, line 26)					,993		
	22	Net assets or fund balances. Subtract line 21 from line 20						,405		
Pa	art II	Signature Block								
			eclare that I have examined this retu				nowledge and belief, it	is is		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										
		Kedrick Stanfield								
Siç	gn	Signature of officer Date								
Не	re	Kedrick Stanfield, Executive Director								
		Type or	r print name and title							
		Print/Type pre	reparer's name	Preparer's signature		Date	Check X	if P	PTIN	
Paid		Tim Dar		Tim Darst		10-03-2018	self-employe		P10397855	
Prepare				J Darst, CPA	, LLC		Firm's EIN ▶			
	e Only			1534 Quadrant Avenue				Phone no.		
_	-,		Louisville KY 40205					502-276-5475		
Ma	the IRS	S discuss this	liscuss this return with the preparer shown above? (see instructions)					Yes 🔀 No		