

O-229-23

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

**Applicant/Program:** Garvin Gate Association, Inc. / 2023 Garvin Gate Blues Festival  
**Applicant Requested Amount:** \$10000.00  
**Appropriation Request Amount:** \$10000.00

**Executive Summary of Request**

Funding for the 2023 Garvin Gate Blues Festival. Metro Funds will be used towards lights and sound *and stage.*

Is this program/project a fundraiser? ☒ Yes ☐ No  
 Is this applicant a faith based organization? ☐ Yes ☒ No  
 Does this application include funding for sub-grantee(s)? ☐ Yes ☒ No

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

6  
 District #

*Philip B...*  
 Primary Sponsor Signature

10,000.00  
 Amount

9-25-23  
 Date

**Primary Sponsor Disclosure**

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

None.

**Approved by:**

*Pat Blumel*  
 Appropriations Committee Chairman

12/8/2023

Date

Final Appropriations Amount: \_\_\_\_\_

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b>	Garvin Gate Association, Inc.
<b>Program Name and Request Amount</b>	2023 Garvin Gate Blues Festival / \$10000.00
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> YES
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> YES
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> YES
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> YES
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> YES
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> YES
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> YES
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> YES
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> YES
Is the current Fiscal Year Budget included?	<input type="checkbox"/> YES
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> YES
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> YES
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> YES
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> YES
Is the IRS Form W-9 included?	<input type="checkbox"/> YES
Is the IRS Form 990 included?	<input type="checkbox"/> YES
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> NO
Prepared by: Anthony Hardin  Date: 9/23/2023	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a> ) Garvin Gate Association, Inc			
<b>Main Office Street &amp; Mailing Address:</b> 1226 S 61 Street, Louisville, KY 40203			
<b>Website:</b> www.garvingatebluesfestival.com			
<b>Applicant Contact:</b>	Howard Rosenberg	<b>Title:</b>	Chair, Garvin Gate Blues
<b>Phone:</b>	(502) 445-4193	<b>Email:</b>	hrosenberg@twc.com
<b>Financial Contact:</b>	Howard Rosenberg	<b>Title:</b>	Above
<b>Phone:</b>	(502) 445-4193	<b>Email:</b>	hrosenberg@twc.com
<b>Organization's Representative who attended NDF Training:</b> Howard Rosenberg Rosenberg			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
<b>Program Facility Location(s):</b>	Corner of Garvin and Oak,		
<b>Council District(s):</b>	6	<b>Zip Code(s):</b>	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Garvin Gate Blues Festival			
<b>Total Request: (\$)</b>	\$ 10,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$ 10,000.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

The members join together:

- A. For the mutual protection of our persons and property.
- B. To work for the continued improvement and proper maintenance of all property within our area.
- C. In order to preserve the unique character of our neighborhood as a livable and attractive part of Old Louisville.
- D. To work with other organizations, private and public, that have as their aim the improvement preservation of Old Louisville.

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Luanne McGuire President <i>MAGUIRE, PRESIDENT ML</i>	12/31/2023
Megan McLain Secretary	12/31/2023
Donna Chencellor Treasurer	12/31/2023
Joan Williams Vice president	12/31/2023
Joan Williams Director	12/31/2023
Howard Rosenberg	12/31/2023
Luanne McGuire <i>MAGUIRE ML</i>	12/31/2023

### Describe the Board term limit policy:

Officers and Directors serve one year terms beginning in January and ending in December

Three Highest Paid Staff Names	Annual Salary
<i>N/A</i>	

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The 2023 Garvin Gate Blues Festival will be held October 13 and 14, 2023.

The Garvin Gate Blues Festival is an annual two-day arts and music festival featuring local and national performers and is considered to be one of the most prestigious blues festivals between Chicago and Mississippi.

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

NDF Funds will be spent for stage, light, and sound to Louisville Sound Company

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Proceeds will be spent for neighborhood upkeep

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

- ☒ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- ☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

A celebration of both the blues and the arts, our festival attracts a multiracial, intergenerational audience. In addition to continuous live entertainment from some of the best blues bands, the festival has an array of food and drink vendors.

The Garvin Gate Blues Festival has long been about giving back. From its beginnings, the objective was to keep the festival free and provide the community with an event that not only showcases the best in blues music but also gives something back. Run and supported by volunteers, we are proud to showcase our Victorian neighborhood, one of the most diverse in Metro Louisville.

With the support of the Garvin Gate Neighborhood Association, the Garvin Gate Blues Festival benefits the Old Louisville community and Metro Louisville and the quality of life in our city. Proceeds from the festival help to preserve and improve our Old Louisville neighborhood.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

With our festival run entirely by volunteers, proceeds from donations, sponsorships and vendor sales benefit The Garvin Gate Neighborhood Association, the historic Old Louisville preservation district neighborhood.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	\$ 10,000.00	\$ 37544.04	\$ 47544.04
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>			\$ 0.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 10,000.00	\$ 37544.04	\$ 47544.04
<b>% of Program Budget</b>	21.03%	78.97%	<b>100%</b>

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 37544.04
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses **	\$ 37544.04

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

\*\*Must equal or exceed total in column 2.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Secura Insurance	\$ 0.00	\$ 3,918.04	\$ 3,918.04
Vendor Permits	\$ 0.00	\$ 900.00	\$ 900.00
Electric Meters	\$ 0.00	\$ 125.00	\$ 125.00
ABC License	\$ 0.00	\$ 100.00	\$ 100.00
Electrician	\$ 0.00	\$ 5,000.00	\$ 5,000.00
Louisville Productions	\$ 0.00	\$ 3,500.00	\$ 3,500.00
Motion Power	\$ 0.00	\$ 3,000.00	\$ 3,000.00
Louisville Sound	\$ 10,000.00	\$ 3,980.00	\$ 13,980.00
Bands	\$ 0.00	\$ 10,100.00	\$ 10,100.00
Security	\$ 0.00	\$ 5,600.00	\$ 5,600.00
Printing	\$ 0.00	\$ 221.00	\$ 221.00
Barricades	\$ 0.00	\$ 430.00	\$ 430.00
Louisville Metro	\$ 0.00	\$ 540.00	\$ 540.00
Rumpke	\$ 0.00	\$ 130.00	\$ 130.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	<b>\$ 10,000.00</b>	<b>\$ 37,544.04</b>	<b>\$ 47,544.04</b>

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$ 0.00	

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

**Agency Fiscal Year Start Date:** 01/01/2023

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>	<i>Howard Rosenberg</i>	<b>Date:</b>	08/08/2023
<b>Legal Signatory: (please print):</b>	Howard Rosenberg	<b>Title:</b>	Chair
<b>Phone:</b>	(502) 445-4193	<b>Extension:</b>	
<b>Email:</b>	hrosenberg@twc.com		

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

DEC 09 2016

GARVIN GATE ASSOCIATION INC  
1210 GARVIN PL  
LOUISVILLE, KY 40203

Employer Identification Number:  
61-1148800  
DLN:  
17053195311046  
Contact Person:  
DIANE M GENTRY ID# 31361  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
July 11, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

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

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

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

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

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

GARVIN GATE ASSOCIATION INC

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper", is written over a faint, circular embossed seal. The seal contains text that is mostly illegible but appears to include "OFFICE OF THE DIRECTOR".

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

GARVIN GATE ASSOCIATION INC

Your effective date of exemption under IRC 501(c)(3) is July 11, 2016, the date that you submitted your Form 1023. Prior to that date you were exempt under IRC 501(c)(4).

## 2023 Garvin Fate Blues Festival Budget

Secura Insurance	\$	3,918.04
Vendor Permits	\$	900.00
Electric Meters	\$	125.00
ABC License	\$	100.00
Electrician	\$	5,000.00
Louisville Productions	\$	3,500.00
Motion Power	\$	3,000.00
Louisville Sound	\$	13,980.00
Bands	\$	10,100.00
Security	\$	5,600.00
Printing	\$	221.00
Barricades	\$	430.00
Louisville Metro	\$	540.00
Rumpke	\$	130.00
<b>TOTAL</b>	<b>\$</b>	<b>47,544.04</b>



# Business Checking

PNC Bank


For the period 08/01/2023 to 08/31/2023


GARVIN GATE ASSOCIATION INC  
1230 GARVIN PL  
LOUISVILLE KY 40203-3006

Primary account number [REDACTED]

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Number of enclosures: 0

For 24-hour banking sign on to  
 PNC Bank Online Banking on pnc.com  
FREE Online Bill Pay

 For customer service call 1-877-BUS-BNKG  
PNC accepts Telecommunications Relay Service (TRS) calls

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch.

 Write to: Customer Service  
PO Box 609  
Pittsburgh, PA 15230 9738

 Visit us at PNC.com/smallbusiness

## Business Checking Summary

Garvin Gate Association Inc

Account number: [REDACTED]

Overdraft Protection has not been established for this account.

Please contact us if you would like to set up this service.

### Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
34,721.77	6,360.00	189.49	40,892.28
		Average ledger balance	Average collected balance
		38,968.93	38,852.89

### Deposits and Other Additions

Description	Count	Amount
Deposits	4	6,360.00
Total	4	6,360.00

### Checks and Other Deductions

Description	Count	Amount
ATM/Misc Debit Card Transactions	1	31.80
ACH Deductions	2	157.69
Total	3	189.49

### Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
08/01	34,721.77	08/17	39,511.77	08/25	40,892.28
08/04	38,261.77	08/21	39,479.97		
08/08	38,761.77	08/23	39,357.79		

### Activity Detail

#### Deposits and Other Additions

##### Deposits

Date posted	Amount	Transaction description	Reference number
08/04	3,540.00	Deposit	002388512
08/08	500.00	Deposit	030051706

Deposits continued on next page

## Business Checking

For 24-hour account information, sign on to  
pnc.com/mybusiness/

For the period 08/01/2023 to 08/31/2023

GARVIN GATE ASSOCIATION INC

Primary account number [REDACTED]

Page 2 of 2

Business Checking Account number: [REDACTED]

### Deposits - continued

Date posted	Amount	Transaction description	Reference number
08/17	750.00	Deposit	002333813
08/25	1,570.00	Deposit	037076619

### Checks and Other Deductions

#### ATM/Misc. Debit Card Transactions

Date posted	Amount	Transaction description	Reference number
08/21	31.80	5839 Recurring Debit Card Intuit *Qbooks Online Cl Intuit C Co	000570037275830232

#### ACH Deductions

Date posted	Amount	Transaction description	Reference number
08/23	122.18	ACH Web Web Pymts Louisville Gas & 300008722989	000232734008870833
08/25	35.51	ACH Web Payments Louisville Water 3482243533	000232737009652295

### Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 09/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 08/31/2023.

\*\* Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	Requirements Met
Account Maintenance Charge		.00	Included in Account
Combined Transactions	17	.00	
ACH Debits	2	.00	
Deposited Item - Consolidated	11	.00	
Deposit Tickets Processed	4	.00	
Branch - Consolidated Cash Deposited	2	.00	Included in Account
Total For Services Used This Period		.00	
Total Service Charge		.00	

**Forms 990 / 990-EZ Return Summary**

For calendar year 2022, or tax year beginning

, and ending

**61-1148800****GARVIN GATE ASSOCIATION, INC****Net Asset / Fund Balance at Beginning of Year****36,492****Revenue**

Contributions	<u>31,134</u>
Program service revenue	<u>3,631</u>
Investment income	
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	
<b>Total revenue</b>	<u><b>34,765</b></u>

**Expenses**

Program services	
Management and general	
Fundraising	
<b>Total expenses</b>	<u><b>44,097</b></u>
<b>Excess / (deficit)</b>	<u><b>-9,332</b></u>

Changes

**Net Asset / Fund Balance at End of Year****27,160****Reconciliation of Revenue**

<b>Total revenue per financial statements</b>	
<b>Less:</b>	
Unrealized gains	
Donated services	
Recoveries	
Other	
<b>Plus:</b>	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><b>36,492</b></u>

**Reconciliation of Expenses**

<b>Total expenses per financial statements</b>	
<b>Less:</b>	
Donated services	
Prior year adjustments	
Losses	
Other	
<b>Plus:</b>	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><b>44,097</b></u>

	<b>Beginning</b>	<b>Balance Sheet Ending</b>	<b>Differences</b>
Assets	<u><b>36,492</b></u>	<u><b>27,160</b></u>	
Liabilities			
Net assets	<u><b>36,492</b></u>	<u><b>27,160</b></u>	<u><b>-9,332</b></u>

**Miscellaneous Information**

Amended return

Return / extended due date

**11/15/23**

Failure to file penalty

Form **990-EZ**

# 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)

OMB No. 1545-0047

**2022**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public  
Inspection****A For the 2022 calendar year, or tax year beginning , and ending****B Check if applicable:**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****GARVIN GATE ASSOCIATION, INC**

Number and street (or P.O. box if mail is not delivered to street address)

**1208 SOUTH 6TH ST**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**LOUISVILLE****KY 40203****D Employer identification number****61-1148800****E Telephone number****502-413-5721****F Group Exemption  
Number****G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_**I Website:** **WWW.GARVINGATEBLUESFESTIVAL.COM****J Tax-exempt status (check only one)** — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☒ **If the organization is not required to attach Schedule B (Form 990).****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ **34,765****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>31,134</b>
	2	Program service revenue including government fees and contracts	2	<b>3,631</b>
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>34,765</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<b>4,250</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<b>340</b>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<b>40</b>
	16	Other expenses (describe in Schedule O)	16	<b>39,467</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>44,097</b>
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	<b>-9,332</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>36,492</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>27,160</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

**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 .....	36,492	22	27,160
23 Land and buildings .....	0	23	
24 Other assets (describe in Schedule O) .....	0	24	
25 <b>Total assets</b> .....	36,492	25	27,160
26 <b>Total liabilities</b> (describe in Schedule O) .....	0	26	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	36,492	27	27,160

**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?**

**See Schedule O**

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 Schedule O		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 36,136
29	COMMUNITY IMPROVEMENT - GRANTS TO VARIOUS NEIGHBORHOOD ORGANIZATIONS TO BENEFIT FREE PERFORMING ARTS PERFORMED IN CENTRAL PARK, PLANTING TREES AROUND THE AREA AND LANDSCAPING IN AND AROUND THE PARK.		
	(Grants \$ 4,250) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 5,682
30	LIGHTS FOR COMMUNITY SAFETY AND BEAUTIFICATION		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 1,472
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 43,290

**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

[illegible]

Form 990-EZ (2022)

**GARVIN GATE ASSOCIATION, INC****61-1148800**Page **3****Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	<b>X</b>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		
<b>42a</b> The organization's books are in care of <b>DONNA CHANCELLOR</b> Telephone no. <b>502-558-2234</b> <b>1236 GARVIN GATE</b> Located at <b>LOUISVILLE KY</b> ZIP + 4 <b>40203-3005</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	<b>42c</b>	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<b>X</b>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<b>45b</b>	<b>X</b>

Form 990-EZ (2022)

GARVIN GATE ASSOCIATION, INC

61-1148800

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

	Yes	No
46		X

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

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

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

☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

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

48		X
----	--	---

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

49a		X
-----	--	---

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

49b		
-----	--	--

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

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

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

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

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

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

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer <b>DONNA CHANCELLOR</b>		Date <b>TREASURER</b>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>Mary C Morrow</b>	Preparer's signature	Date <b>08/08/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00769897</b>
	Firm's name <b>Mary Morrow &amp; Associates</b>			Firm's EIN <b>73-1688464</b>	
	Firm's address <b>1313 Lyndon Lane, Suite 100 Louisville, KY 40222</b>			Phone no. <b>502-419-8025</b>	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2022)

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

**GARVIN GATE ASSOCIATION, INC**

Employer identification number

**61-1148800****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022



Schedule A (Form 990) 2022

GARVIN GATE ASSOCIATION, INC

61-1148800

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,264	53,795	1,337	25,955	4,275	157,626
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	72,264	53,795	1,337	25,955	4,275	157,626
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)						
6 Public support. Subtract line 5 from line 4						157,626

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	72,264	53,795	1,337	25,955	4,275	157,626
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,531					5,531
11 Total support. Add lines 7 through 10						163,157
12 Gross receipts from related activities, etc. (see instructions)					12	17,995

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.61 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.62 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

GARVIN GATE ASSOCIATION, INC

61-1148800

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990) 2022

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part I</b> of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete <b>Part I</b> of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a 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? If "Yes" or "No," provide details in Part VI.
- 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 Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2022

GARVIN GATE ASSOCIATION, INC

61-1148800

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

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

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

GARVIN GATE ASSOCIATION, INC

61-1148800

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017 .....			
b From 2018 .....			
c From 2019 .....			
d From 2020 .....			
e From 2021 .....			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 .....			
b Excess from 2019 .....			
c Excess from 2020 .....			
d Excess from 2021 .....			
e Excess from 2022 .....			

Schedule A (Form 990) 2022

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 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

Other income	\$ 5,531
--------------	----------

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**GARVIN GATE ASSOCIATION, INC**

Employer identification number

**61-1148800****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
ADVERTISING	\$ 768
SUPPLIES	\$ 634
WEBSITE	\$ 220
SOFTWARE	\$ 310
MEALS	\$ 169
INSURANCE	\$ 3,853
BLUES FEST EXPENSES	\$ 3,754
STREET LIGHTS	\$ 1,472
NEIGHBORHOOD IMPROVEMENTS	\$ 554
DUES	\$ 25
BANDS	\$ 10,250
ELECTRIC METERS	\$ 384
FACILITIES	\$ 14,868
PERMITS	\$ 643
MEALS	\$ 60
MERCHANDISE	\$ 480
MISCELLANEOUS SERVICE	\$ 240
RENTALS	\$ 539
WATER METER	\$ 244
<b>Total</b>	<b>\$ 39,467</b>

**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022



Schedule O (Form 990) 2022

Page 2

Name of the organization

Employer identification number

GARVIN GATE ASSOCIATION, INC

61-1148800

Description	Amount
ACCOUNTS RECEIVABLE	\$ 0
PRIOR PERIOD ADJUST RECEIVABLE	\$ 0

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
VICTORIAN LOUISVILLE	\$ 0	\$ 0
Total	\$ 0	\$ 0

## Form 990-EZ, Part III - Primary Exempt Purpose

A NEIGHBORHOOD ASSOCIATION IN HISTORIC OLD LOUISVILLE WHOSE PRIMARY GOALS INCLUDE:

- 1) BEAUTIFICATION EFFORTS IN STREETSCAPES AND PUBLIC SPACES
- 2) NEIGHBORHOOD IMPROVEMENTS
- 3) PRESERVING THE NEIGHBORHOODS HISTORIC AND ARCHITECTURAL CHARACTER
- 4) FOSTERING A COOPERATIVE COMMUNITY SPIRIT
- 5) SUPPORTING OTHER CHARITABLE, EDUCATIONAL AND CULTURAL ACTIVITIES

## Form 990-EZ, Part III, Line 28 - First Accomplishment

GARVIN GATE BLUES FESTIVAL - A TWO DAY EVENT THAT IS THE LARGEST FREE NEIGHBORHOOD STREET MUSIC FESTIVAL IN LOUISVILLE KY. MORE THAN 16,000 PEOPLE ARE ESTIMATED TO ATTEND THE FREE DISPLAY OF MUSIC AND ARTS FROM THE LOUISVILLE COMMUNITY AND BEYOND.

GARVINGATE GARVIN GATE ASSOCIATION, INC  
61-1148800  
FYE: 12/31/2022

8/8/2023 12:17 PM

**Federal Statements**

**Schedule A. Part II. Line 12 - Current year**

Description	Amount
BLUES FEST COMMISSIONS	
BLUES FEST MERCHANDISE SALES	\$ 3,431
BLUES FEST VENDOR FEES	200
INTEREST	
Total	<u>\$ 3,631</u>

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2022**Name and title of officer or person subject to tax **GARVIN GATE ASSOCIATION, INC**

EIN or SSN

**61-1148800**Name and title of officer or person subject to tax **DONNA CHANCELLOR  
TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
<input checked="" type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	<b>34,765</b>
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **Mary Morrow & Associates** to enter my PIN **61114** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **06/30/23****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61213452535**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **06/30/23****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.  
DAAForm **8879-TE** (2022)

09/21/90

ARTICLES OF INCORPORATION  
OF  
GARVIN GATE ASSOCIATION, INC.

WE, THE UNDERSIGNED, having associated for the purpose of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be "Garvin Gate Association, Inc."

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is:  
1208 South Sixth Street, Louisville, Kentucky 40203.

The name and address of the initial registered agent for service of process is located at such address is:

John Sistarenik  
1208 South Sixth Street  
Louisville, Kentucky 40203

The principal office of the Corporation is located at:

1208 South Sixth Street  
Louisville, Kentucky 40203

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

H2

#### ARTICLE IV

The Corporation is organized and shall be operated exclusively for the promotion of social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(4).

The purposes of the Corporation shall be to establish and maintain a neighborhood association in Louisville, Kentucky, in the Old Louisville area of said city with particular reference to that portion thereof bounded on the north by Oak Street, on the east by Fourth Street, on the south by Ormsby Avenue and on the west by Seventh Street, and for the promotion of the harmony, health and happiness of the inhabitants of the neighborhood including the preservation, improvement and beautification of the public and private buildings and facilities therein; and to that end to adopt by-laws and other rules and regulations appropriate to the objects and purposes aforesaid, and including but not limited to, the establishment of dues and assessments for membership, the promotion of fund raising events for the benefit of the corporation, and the right to take title to, hold, manage, and dispose of property, real and personal, both as principal or agent, including the right to incur indebtedness and to enter into any and all types of contracts consistent with the purposes of the corporation.

#### ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

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#### ARTICLE VI

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 Kentucky Statutes, except as follows and as otherwise stated in these Articles.

Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(4) of the Internal Revenue Code of 1954, or the corresponding provisions of any subsequent Federal tax laws.

#### ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATORS	ADDRESS
Robert B. Laufer, Jr.	1215 Garvin Place Louisville, Kentucky 40203
John Shircliffe	1237 Garvin Place Louisville, Kentucky 40203

#### ARTICLE VIII

The initial Board of Directors shall consist of three (3) Directors. The names and addresses of the members of the initial Board of Directors are:

Jean Crowe	605 West Ormsby Avenue Louisville, Kentucky 40203
Robert B. Laufer, Jr.	1215 Garvin Place Louisville, Kentucky 40203
John Shircliffe	1237 Garvin Place Louisville, Kentucky 40203

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## ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

## ARTICLE X

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation. The Corporation may make any indemnification permitted by law as authorized by its Articles of Incorporation, its By-Laws, or by a resolution adopted by the Corporation's Board of Directors.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

- 1) concerned or concerns a transaction in which the director's personal financial interest was or in conflict with the financial interests of the Corporation;
- 2) was not in good faith or involved or involves intentional misconduct on the part of the director;
- 3) was known by the director to be a violation of law; or
- 4) resulted in an improper personal benefit to the director.

This paragraph b) applies only to acts or omissions or breaches of duty occurring after July 15, 1988.

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#### ARTICLE XI

Any director or officer or former director or officer of the Corporation, may be indemnified by the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which s/he is made a party by reason of being or having been such director or officer, except in relation to matters as to which s/he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other Indemnification permitted by law and authorized by its Articles of Incorporation, or its By-Laws or a resolution adopted after notice to members entitled to vote.

#### ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for the promotion of social welfare as shall at the time qualify as an exempt organization under Section 501(c)(4) or 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.





ARTICLE XIII

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263(2) (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of the Corporation, this 21 day of SEPTEMBER, 1990.

John S. Sitarénik  
Robert B. Langer, Jr.

STATE OF KENTUCKY   )  
                                  )  
COUNTY OF JEFFERSON )

Before me, the undersigned authorities, personally appeared and being first duly sworn, acknowledged that they were the Incorporators of the aforementioned Corporation, and that they signed the foregoing Articles of Incorporation as their free act and deed.

Witness my signature and seal of office this 21<sup>st</sup> day of September, 1990.

Notary Public, State at Large, KY.  
My commission expires Feb. 8, 1994

My Commission Expires: \_\_\_\_\_

This Document Prepared By:

Joni Purdum  
Notary Public

John Sitarénik  
John Sitarénik  
1208 South Sixth Street  
Louisville, Kentucky 40203

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**AMENDMENTS TO THE ARTICLES OF INCORPORATION OF  
GARVIN GATE ASSOCIATION, INC.**

Resolution having been made and the members having been duly noticed in accordance with KRS 273.161 to 273.390, the bylaws, and all applicable law, the following amendments to the Articles of Incorporation of Garvin Gate Association, Inc., adopted on the 21<sup>st</sup> day of September, 1990, were proposed to the members at large for a vote on the 18<sup>th</sup> day of April, 2016.

**The entire language in Article IV shall be removed and replaced as follows:**

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c) (3).

The purposes of the Corporation shall be to establish and maintain a neighborhood association in Louisville, Kentucky, in the Old Louisville area of said city with particular reference to that portion thereof bounded on the north by Oak Street, on the east by Fourth Street, on the south by Ormsby Avenue and on the west by Seventh Street, and for the promotion of the harmony, health and happiness of the inhabitants of the neighborhood.

The purposes of the Corporation shall be more specifically stated as follows:

1. to preserve, improve and beautify the public land, buildings and facilities in the area;
2. to unify property owners, tenants, business people and others interested in the area;
3. to encourage neighborhood improvement and betterment;
4. to promote community activities and interests of an educational and charitable nature;
5. to preserve the historic and architectural character of the neighborhood;
6. to encourage upkeep of residential and business property and to eliminate vandalism and littering;
7. to encourage the planting of trees and shrubs;
8. to encourage high quality fire and police protection and traffic law enforcement;
9. to assist in the development of better traffic design and flow;
10. to be concerned with the youth of the area;
11. to be concerned for the senior citizens of the area;

12. to encourage reasonable and adequate zoning and zoning code enforcement;
13. to encourage friendliness and cooperative community spirit in the area and in relations with other neighborhood groups in the Old Louisville Neighborhood Council and throughout the City of Louisville;
14. to support other charitable, educational and cultural activities which advance the general welfare of the community and its people; and
15. to adopt by-laws and other rules and regulations appropriate to the objects and purposes aforesaid, and including but not limited to, the establishment of dues and assessments for membership, the promotion of fund raising events for the benefit of the corporation, and the right to take title to, hold, manage, and dispose of property, real and personal, both as principal or agent, including the right to incur indebtedness and to enter into any and all types of contracts consistent with the purposes of the corporation.

**The entire language in Article VI shall be removed and replaced as follows:**

In carrying out the corporate purposes described in Article IV, the corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171, Kentucky Statutes, except as follows and as otherwise stated in these Articles.

Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1954, or the corresponding provisions of any subsequent Federal tax laws.

**The entire language in Article XII shall be removed and replaced as follows:**

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to the Federal government or to a State or local government for a public purpose as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located,

exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

The foregoing are hereby adopted as Amendments to the Articles of Incorporation of Garvin Gate Association, Inc. effective immediately. A meeting of members was held on the 18<sup>th</sup> day of April 2016, where a quorum was reached, and at least 2/3 of members present elected to adopt these Amendments.

Chris J. Bosson  
Christopher Bosson, President

5/2/16  
Date

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Garvin Gate Association Inc</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>1226 S 6th Street</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville KY 40203</b>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
				-					
or									
Employer identification number									
6	1			-	1	1	4	8	8 0 0

### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ► <i>Juanne Maguire President</i>	Date ► <i>10/1/2023</i>
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## General Instructions

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

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

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Kentucky Secretary of State  
Michael G. Adams

SOS Office Administration Elections Business Land Office Notary Commissions

Business Entity Search  
File Annual Report  
Form an LLC  
Business Registration Portal  
Name Availability Search  
Business Forms Library  
Prepaid Account Status  
Current Officer Search  
Founding Officer Search  
Registered Agent Search  
Validate Certificate of  
Existence/Authorization

GARVIN GATE ASSOCIATION, INC.

File Amended Annual Report Change Address or Registered Agent  
File Certificate of Assumed Name (DBA) File Dissolution Upload a filing File Registered Agent Resignation  
Printable Forms Subscribe to changes made to this entity Certificate of Good Standing

General Information

Organization Number	0277694
Name	GARVIN GATE ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/25/1990
Organization Date	9/25/1990
Last Annual Report	3/20/2023
Principal Office	1226 S 6TH STREET LOUISVILLE, KY 40203
Registered Agent	LUANNE MAGUIRE 1226 S 6TH ST 1226 S 6TH ST LOUISVILLE LOUISVILLE, KY 40203

Show Current Officers  
Show Initial Officers  
Show Images  
Show Former Names  
Show Activities  
Show Microfilm

Contact Site Map  
Privacy Security Disclaimer Accessibility