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OMB No 1545-1150

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)

2017

Open to Public Inspection

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 for instructions and the latest information

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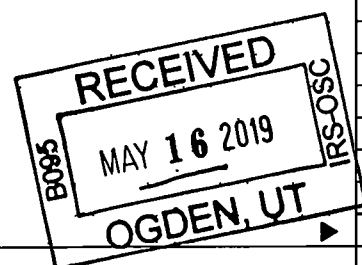
A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable		C Name of organization		D Employer identification number			
<input type="checkbox"/>	Address change	CHEROKEE TRIANGLE ASSOCIATION, INC		61-1211574			
<input type="checkbox"/>	Name change						
<input type="checkbox"/>	Initial return			Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/>	Final return/terminated			PO BOX 4306		502-459-0256	
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number			
<input type="checkbox"/>	Application pending	LOUISVILLE KY 40204-0306		04			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____				H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: WWW.CHEROKEETRIANGLE.ORG							
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____							
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 177,515							

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																7,329													
	2	Program service revenue including government fees and contracts																165,477													
	3	Membership dues and assessments																													
	4	Investment income																													
	5a	Gross amount from sale of assets other than inventory																													
	b	Less cost or other basis and sales expenses						9,288																							
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							-9,288																						
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	b	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)									3,745																				
c	Less direct expenses from gaming and fundraising events									1,732																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											2,013																			
7a	Gross sales of inventory, less returns and allowances												499																		
b	Less cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)												499																		
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O)																													
17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

SCANNED AUG 21 2019

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	302,033	22	323,705
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	12,682	24	
25 Total assets	314,715	25	323,705
26 Total liabilities (describe in Schedule O)	705	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,010	27	323,705

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 ART FAIR	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	89,266
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$ 7,585) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	45,178
32 Total program service expenses (add lines 28a through 31a)		32	134,444

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID DOWELL PRESIDENT	0.00	0	0	0
RHONDA PETR 1ST VICE PRESIDENT	0.00	0	0	0
JIM GIBSON 2ND VICE PRESIDENT	0.00	0	0	0
AMY WELLS TREASURER	0.00	0	0	0
MARK THOMPSON SECRETARY	0.00	0	0	0
SUSAN FROCKT BOARD MEMBER	0.00	0	0	0
DAVID BARTLEY BOARD MEMBER	0.00	0	0	0
STUART MACLEAN BOARD MEMBER	0.00	0	0	0
JOHN ELGIN BOARD MEMBER	0.00	0	0	0
ZACH FRY BOARD MEMBER	0.00	0	0	0
ERIC GRANINGER BOARD MEMBER	0.00	0	0	0
TIM HOLMAN BOARD MEMBER	0.00	0	0	0

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	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

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?

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	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CICELY NEVITT BOARD MEMBER	0.00	0	0	0
LEA HARDWICK BOARD MEMBER	0.00	0	0	0
PETE KIRVEN BOARD MEMBER	0.00	0	0	0
JENNIFER SCHULTZ BOARD MEMBER	0.00	0	0	0
DEIRDRE SEIM BOARD MEMBER	0.00	0	0	0
EMILY FOLZ BOARD MEMBER	0.00	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
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	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
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		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ KY		
42a The organization's books are in care of ▶ BRIAN SHERRY Telephone no ▶ 502-459-0256 PO BOX 4306 Located at ▶ LOUISVILLE KY ZIP + 4 ▶ 40204		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <input type="checkbox"/> 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

Sign Here	Signature of officer	Date
	DAVID DOWELL	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARC J. MCCORMICK, CPA	Preparer's signature MARC J. MCCORMICK, CPA	Date 01/18/19	Check <input type="checkbox"/> if self-employed	PTIN P00382234
	Firm's name ▶ RODEFER MOSS & CO, PLLC			Firm's EIN ▶ 35-1663728	
	Firm's address ▶ 301 E. ELM STREET NEW ALBANY, IN 47150			Phone no 812-945-5236	

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2017****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

CHEROKEE TRIANGLE ASSOCIATION, INC

Employer identification number

61-1211574**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
MISCELLANEOUS	\$ 100
TOTAL	\$ 100

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
ART FAIR	
DIRECT ART FAIR EXP	\$ 87,346
ART FAIR INSURANCE	\$ 1,584
ART FAIR BOOTH EXP	\$ 336
EXPENSES	
OFFICE	\$ 1,005
COMPUTER SERVICE	\$ 229
WEBSITE	\$ 458
WEBSITE REVAMP	\$ 250
	\$ 3,095
BOARD EXPENSE	\$ 87
MEMBERSHIPS	\$ 762
CONCERTS	\$ 8,258
FALL COCKTAIL PARTY	\$ 5,205
FAMILY FESTIVAL	\$ 3,600
PARK MAINTENANCE	\$ 3,195
OTHER	\$ 1,908
NEWSLETTER	\$ 9,815

Name of the organization CHEROKEE TRIANGLE ASSOCIATION, INC	Employer identification number 61-1211574
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POT LUCK	\$	977
TREE COMMITTEE	\$	3,738
TOTAL	\$	131,848

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 3,394	\$ 0
EQUIPMENT	\$ 19,200	\$ 0
LESS ACCUMULATED DEPRECIATION	\$ 10,974	\$ 0
WEBSITE	\$ 4,500	\$ 0
LESS ACCUMULATED AMORTIZATION	\$ 3,438	\$ 0
TOTAL	\$ 12,682	\$ 0

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 705	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

CHAMPION PRESERVATION OF HISTORICAL NEIGHBORHOOD THROUGH PUBLICATIONS,
FORUMS AND NEWSLETTERS.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

OTHER PROGRAM EXPENSES SUCH AS:

- FAMILY FESTIVAL
- FALL COCKTAIL PARTY
- DONATIONS

Name of the organization

CHEROKEE TRIANGLE ASSOCIATION, INC

Employer identification number

61-1211574**-CONCERTS****-NEWSLETTERS**