

For calendar year 2021, or fiscal year beginning 2021, and ending 2021, Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service

Name of filer: Community Inspired Lexington, Inc. EIN or SSN: 45-2543064

Rebecca Webb X, President  
 Name and title of officer or person subject to tax

Part I Type of Return and Return Information  
 Check the box for the return you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CF 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.

| Form 990 check here   | Form 990-EZ check here                         | Form 1120-POL check here              | Form 990-PF check here  | Form 8868 check here                | Form 990-T check here                       | Form 4720 check here                       | Form 5227 check here                                    | Form 5330 check here                     | Form 8038-CF check here  |
|---|--|---------------------------------------|---|-------------------------------------|---|--|---|--|--|
| <input type="checkbox"/> b  | <input checked="" type="checkbox"/> b          | <input type="checkbox"/> b            | <input type="checkbox"/> b                                      | <input type="checkbox"/> b          | <input type="checkbox"/> b                  | <input type="checkbox"/> b                 | <input type="checkbox"/> b                              | <input type="checkbox"/> b               | <input type="checkbox"/> b   |
| 1a Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 2a Total revenue, if any (Form 990-EZ, line 9) | 3a Total tax (Form 1120-POL, line 22) | 4a Tax based on investment income (Form 990-PF, Part V, line 5) | 5a Balance due (Form 8868, line 3c) | 6a Total tax (Form 990-T, Part III, line 4) | 7a Total tax (Form 4720, Part III, line 1) | 8a FMV of assets at end of tax year (Form 5227, item D) | 9a Tax due (Form 5330, Part II, line 19) | 10a Amount of credit payment requested (Form 8038-CF, Part III, line 22) |
| 28,610  |  |                                       |   |                                     |   |  |   |  |  |

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 2021 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 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 acknowledgment 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 Benbow Enterprises LLC to enter my PIN 19524 as my signature  
 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 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regarding 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.

Part III Certification and Authentication  
 Signature of officer or person subject to tax: \_\_\_\_\_ Date: 04-02-2022  
 ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. \_\_\_\_\_  
 I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 Must Retain This Form - See Instructions  
 Don't Submit This Form to the IRS Unless Requested To Do So  
 Date: 10-16-2022

|  |
|--|
|  |
|  |
|  |

|                   |                   |             |
|-------------------|-------------------|-------------|
| Other Liabilities | 10,038            | 0           |
| Category          | Beginning of Year | End of Year |

04. Description of total liabilities (Part II, line 26)

|                               |                   |             |
|-------------------------------|-------------------|-------------|
| Excess for the year and other | 0                 | 6,043       |
| Category                      | Beginning of Year | End of Year |

03. Description of other assets (Part II, line 24)

|                             |        |  |
|-----------------------------|--------|--|
| Other fixed assets and cash | 1,077  |  |
| Description                 | Amount |  |

02. Other changes in net assets or fund balances (Part I, line 20)

|                          |        |  |
|--------------------------|--------|--|
| Special Donation         | 2,367  |  |
| Summer Camp              | 4,235  |  |
| Food Pantry              | 594    |  |
| Podcast                  | 785    |  |
| Office Expense           | 13,308 |  |
| Event Expense            | 1,214  |  |
| Professional Development | 240    |  |
| Birchright Africa        | 176    |  |
| Boys and Girls Club      | 1,634  |  |
| Description              | Amount |  |

01. Description of other expenses (Part I, line 16)

|                                   |                                |            |
|-----------------------------------|--------------------------------|------------|
| Community Inspired Lexington, Inc | Employer identification number | 45-2543064 |
|-----------------------------------|--------------------------------|------------|

|  |   |  |
|--|---|--|
| <b>SCHEDULE O</b><br><b>(Form 990)</b><br>Department of the Treasury<br>Internal Revenue Service | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | <b>Open to Public Inspection</b><br><b>2021</b><br>OMB No. 1545-0047 |
|  | <b>Supplemental Information to Form 990 or 990-EZ</b>   |  |



**Supplemental Information Regarding Fundraising or Gaming Activities**  
 Complete if the organization entered more than \$15,000 on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 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.

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
**Community Inspired Lexington, Inc**  
 Employer identification number  
**45-2543064**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations  
 b  Internet and email solicitations  
 c  Phone solicitations  
 d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
 Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| 1            | (i) Name and address of individual or entity (fundraiser) | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|--|----|-----------------------------------|---|---|
|              |   | Yes  | No |                                   |   |   |
| 1            |   |  |    |                                   |   |   |
| 2            |   |  |    |                                   |   |   |
| 3            |   |  |    |                                   |   |   |
| 4            |   |  |    |                                   |   |   |
| 5            |   |  |    |                                   |   |   |
| 6            |   |  |    |                                   |   |   |
| 7            |   |  |    |                                   |   |   |
| 8            |   |  |    |                                   |   |   |
| 9            |   |  |    |                                   |   |   |
| 10           |   |  |    |                                   |   |   |
| <b>Total</b> |   |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Name of organization

Community Inspired Lexington, Inc

Employer identification number

45-2543064

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
|---------|---|-------------------------|---|
| 1       | Bluegrass Community<br>470 Cooper Drive<br>Lexington KY 40506                         | \$ 5,000                | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2       | Office of Disaster Assistance<br>409 3rd Street, SW Suite 6050<br>Washington DC 20416 | \$ 10,000               | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3       | US Small Business Assistance<br>1309 E. 3rd Ave<br>Durango CO 81301                   | \$ 5,000                | Person <input type="checkbox"/><br>Payroll <input checked="" type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| (a) No. | (b) Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |

**Schedule B (Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Organization type (check one):

Form 990 or 990-EZ  501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF  501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Employer identification number  
45-2543064

**2021**

OMB No. 1545-0047

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ ▶

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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



**Section D - Distributions**

|    |  |    |
|----|--|----|
| 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 2021 from Section C, line 6   | 9  |
| 10 | Line 8 amount divided by line 9 amount   | 10 |

**Section E - Distribution Allocations** (see instructions)

|   |   |  |  |
|---|---|--|--|
| 1 | Distributable amount for 2021 from Section C, line 6  |  |  |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |  |  |
| 3 | Excess distributions carryover, if any, to 2021   |  |  |
| a | From 2016   |  |  |
| b | From 2017   |  |  |
| c | From 2018   |  |  |
| d | From 2019   |  |  |
| e | From 2020   |  |  |
| f | Total of lines 3a through 3e  |  |  |
| g | Applied to underdistributions of prior years  |  |  |
| h | Applied to 2021 distributable amount  |  |  |
| i | Carryover from 2016 not applied (see instructions)  |  |  |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |  |
| 4 | Distributions for 2021 from Section D, line 7: \$   |  |  |
| a | Applied to underdistributions of prior years  |  |  |
| b | Applied to 2021 distributable amount  |  |  |
| c | Remainder. Subtract lines 4a and 4b from line 4.  |  |  |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |  |
| 7 | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |  |  |
| 8 | Breakdown of line 7:  |  |  |
| a | Excess from 2017  |  |  |
| b | Excess from 2018  |  |  |
| c | Excess from 2019  |  |  |
| d | Excess from 2020  |  |  |
| e | Excess from 2021  |  |  |

**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 | <b>Adjusted Net Income</b> (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 | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d                          |
| e | <b>Discount</b> 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 | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8                           |

**Section C - Distributable Amount**

|   | (A) Prior Year  | (B) 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 | <b>Distributable Amount.</b> 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). |                  |

**Part IV Supporting Organizations (continued)**

|    |  |     |  |     |    |
|----|--|-----|--|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?<br>a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?<br>b A family member of a person described in line 11a above?<br>c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11a |  | Yes | No |
|    |  | 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 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. | 1 |  | Yes | No |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2 |  |     |    |

**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). | 1 |  | Yes | No |
|---|--|---|--|-----|----|

**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? | 1 |  | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2 |  |     |    |
| 3 | By reason of the relationship described in 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.   | 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).<br>a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.<br>b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.<br>c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | 1 |  | Yes | No |
|---|--|---|--|-----|----|

|   |   |    |  |     |    |
|---|---|----|--|-----|----|
| 2 | Activities Test. Answer lines 2a and 2b below.  | 2a |  | Yes | No |
| 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. | 2a |  |     |    |
| 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.  | 2b |  |     |    |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below.  | 3a |  |     |    |
| 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.  | 3a |  |     |    |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b |  |     |    |

(Complete only if you checked a box in 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**

| 1   | 2  | 3a  | 3b   | 3c  | 4a  | 4b  | 4c   | 5a  | 5b  | 5c   | 6   | 7   | 8   | 9a  | 9b  | 9c   | 10a  | 10b  |
|---|--|---|--|---|---|---|--|---|---|--|---|---|---|---|---|--|--|--|
| 1   | 2  | 3a  | 3b   | 3c  | 4a  | 4b  | 4c   | 5a  | 5b  | 5c   | 6   | 7   | 8   | 9a  | 9b  | 9c   | 10a  | 10b  |
| Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | Was any supported organization not organized in the United States ("foreign supported organization"? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | Substitutions only. Was the substitution the result of an event beyond the organization's control? | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 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 Part VI. | 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 Part VI. | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 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.) |

|     |  |                                     |
|-----|--|-------------------------------------|
| 20  | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.  | <input type="checkbox"/>            |
| b   | 33 1/3% support tests - 2020. 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. | <input type="checkbox"/>            |
| 19a | 33 1/3% support tests - 2021. 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.           | <input checked="" type="checkbox"/> |
| 18  | Investment income percentage from 2020 Schedule A, Part III, line 17   | 0.00 %                              |
| 17  | Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))   | 0.00 %                              |

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

|    |   |          |
|----|---|----------|
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15                       | 100.00 % |
| 15 | Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 100.00 % |

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

organization, check this box and stop here

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)

| Calendar year (or fiscal year beginning in) | (a) 2017  | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|----------|----------|----------|----------|-----------|
| 9   | Amounts from line 6   | 149,098  | 43,767   | 18,448   | 28,610   | 239,923   |
| 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   |          |          |          |          |           |
| 13  | Total support. (Add lines 9, 10c, 11, and 12.)  | 0        | 43,767   | 18,448   | 28,610   | 239,923   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) | (a) 2017   | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|--|----------|----------|----------|----------|-----------|
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 149,098  | 43,767   | 18,448   | 28,610   | 239,923   |
| 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   | Total. Add lines 1 through 5   | 149,098  | 43,767   | 18,448   | 28,610   | 239,923   |
| 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   | Public support. (Subtract line 7c from line 6.)  |          |          |          |          |           |

**Section A. Public Support**

(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.)

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

(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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1   |          |          |          |          |          |           |
| 2   |          |          |          |          |          |           |
| 3   |          |          |          |          |          |           |
| 4   |          |          |          |          |          |           |
| 5   |          |          |          |          |          |           |
| 6   |          |          |          |          |          |           |
| Public support. Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7   |          |          |          |          |          |           |
| 8   |          |          |          |          |          |           |
| 9   |          |          |          |          |          |           |
| 10  |          |          |          |          |          |           |
| 11  |          |          |          |          |          |           |
| 12  |          |          |          |          |          |           |
| 13  |          |          |          |          |          |           |
| 14  |          |          |          |          |          |           |
| 15  |          |          |          |          |          |           |
| 16a   |          |          |          |          |          |           |
| 17a   |          |          |          |          |          |           |
| 18  |          |          |          |          |          |           |

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

|     |   |    |   |
|-----|---|----|---|
| 14  | Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))   | 14 | % |
| 15  | Public support percentage from 2020 Schedule A, Part II, line 14  | 15 | % |
| 16a | 33 1/3% support test - 2021. 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.   |    |   |
| b   | 33 1/3% support test - 2020. 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.  |    |   |
| 17a | 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 17a, 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.      |    |   |
| b   | 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 17a, 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. |    |   |
| 18  | Private foundation. If the organization did not check a box on line 13, 16a, 17a, or 17b, check this box and see instructions   |    |   |

**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.

**Open to Public Inspection**

**2021**

OMB No. 1545-0047

**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 in 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>                       |          |   |   |    |   |   |

**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 |
|     | 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 |
|     | X  |

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

|     |    |
|-----|----|
| Yes | No |
| X   |    |

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

|     |    |
|-----|----|
| Yes | No |
| X   |    |

**49b** If "Yes," was the related organization a section 527 organization?

|     |    |
|-----|----|
| Yes | No |
| X   |    |

**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                                |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |
|                                     |  |  |   |  |

**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   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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

**g** 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 . . . . .

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: **Rebecca Webb X**

Type or print name and title: **Rebecca Webb X, President**

Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/preparer's name: **Israel Dell Benbow, Jr**

Preparer's signature: \_\_\_\_\_

Date: **10-16-2022**

Check  if self-employed

PTIN: **P00427311**

Firm's name: **Benbow Enterprises LLC**

Firm's address: **1005 Salt Court Lexington KY 40515**

Phone no.: **859-245-9792**

Firm's EIN: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

Yes  No

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

|     |     |   |  |
|-----|-----|---|--|
| 33  | 33  | X | 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  |
| 34  | 33  | X | 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  |
| 35  | 34  | X | 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)?   |
| 35a | 35a | X | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |
| 35b | 35b |   | Was the organization a section 501(c)(4), 501(c)(5), 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.   |
| 36  | 35c | X | 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.   |
| 37  | 36  | X | Enter amount of political expenditures, direct or indirect, as described in the instructions   |
| 37a | 37a |   | Did the organization file Form 1120-POL for this year?   |
| 38  | 37b | X | 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 year covered by this return?   |
| 38a | 38a | X | If "Yes," complete Schedule L, Part II, and enter the total amount involved  |
| 39  | 38b |   | Section 501(c)(7) organizations. Enter:  |
| 39a | 39a |   | Initiation fees and capital contributions included on line 9.  |
| 39b | 39a |   | Gross receipts, included on line 9, for public use of club facilities.   |
| 40  | 39b |   | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |
| 40a | 39b |   | section 4911   |
| 40a | 39b |   | section 4912   |
| 40a | 39b |   | section 4955   |
| 40a | 39b |   | 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. |
| 40c | 40b | X | 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   |
| 40c | 40b |   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |
| 41  | 40e | X | 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   |
| 42  | 40e |   | List the states with which a copy of this return is filed  |
| 42a | 40e |   | The organization's books are in care of  |
| 42a | 40e |   | Rebecca Webb   |
| 42a | 40e |   | Telephone no.  |
| 42a | 40e |   | 859-361-9524   |
| 42a | 40e |   | ZIP + 4  |
| 42a | 40e |   | 40505  |
| 42a | 40e |   | Located at   |
| 42a | 40e |   | 604 Greenleaf Court, Lexington, KY   |
| 42a | 40e |   | 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)?   |
| 42b | 42b | X | If "Yes," enter the name of the foreign country  |
| 42c | 42c | X | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |
| 43  | 43  |   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.   |
| 43  | 43  |   | and enter the amount of tax-exempt interest received or accrued during the tax year.   |
| 44  | 44a | X | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  |
| 44a | 44a | X | 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 | 44b | X | Did the organization receive any payments for indoor tanning services during the year?   |
| 44c | 44c | X | 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 | 44d |   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |
| 44e | 44d | X | 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  |

| (a) Name and title     | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------|--|---|---|--|
| Rebecca Webb, Director | 36.00  | STMA01  |   | 0  |
| Jerry Reese            | 20.00  |   |   | 0  |
| 1st Vice President     |  |   |   | 0  |
| Martha Crumble         | 5.00   |   |   | 0  |
| 2nd Vice President     |  |   |   | 0  |
| Alicia Brown           | 5.00   |   |   | 0  |
| Secretary              |  |   |   | 0  |
| La'Keshia Campbell     | 5.00   |   |   | 0  |
| Director of Youth      |  |   |   | 0  |
| Misty Sullivan         | 10.00  |   |   | 0  |
| Fundraising Director   |  |   |   | 0  |
| Charles Kilgore        | 3.00   |   |   | 0  |
| Board Member           |  |   |   | 0  |
| James Brown            | 3.00   |   |   | 0  |
| Board Member           |  |   |   | 0  |
| Father Norman Fisher   | 3.00   |   |   | 0  |
| Board Member           |  |   |   | 0  |

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

**Part IV**

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

|  |        |     |
|--|--------|-----|
| 32 Total program service expenses (add lines 28a through 31a)  | 24,554 | 32  |
| 31 Other program services (describe in Schedule O) (Grants \$ 7,196) If this amount includes foreign grants, check here <input type="checkbox"/> | 7,196  | 31a |
| 30 Food Pantry, Summer Camp, Special Donation (Grants \$ 15,308) If this amount includes foreign grants, check here <input type="checkbox"/>     | 15,308 | 29a |
| 29 Event Expenses, Office Expenses, Podcast (Grants \$ 2,050) If this amount includes foreign grants, check here <input type="checkbox"/>        | 2,050  | 28a |
| 28 Boys and Girls Club, Birthright Africa, Professional Development  |        |     |

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

What is the organization's primary exempt purpose? **To decrease community violence.**

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

**Part III**

Statement of Program Service Accomplishments (see the instructions for Part III)

|  |        |    |
|--|--------|----|
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 6,519  | 27 |
| 26 Total liabilities (describe in Schedule O)                                  | 10,038 | 26 |
| 25 Total assets  | 16,557 | 25 |
| 24 Other assets (describe in Schedule O)                                       | 0      | 24 |
| 23 Land and buildings  | 0      | 23 |
| 22 Cash, savings, and investments  | 16,557 | 22 |
| (A) Beginning of year  |        |    |
| (B) End of year  |        |    |

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

**Part II**

Balance Sheets (see the instructions for Part II)

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c)(1), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 2021, and ending 2021

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

**C** Name of organization: **Community Inspired Lexington, Inc**  
Number and street (or P.O. box if mail is not delivered to street address) \_\_\_\_\_  
City or town, state or province, country, and ZIP or foreign postal code: **Lexington, KY 40505**

**D** Employer identification number: **45-2543064**

**E** Telephone number: **(859) 361-9524**

**F** Group Exemption Number: \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B

**I Website:** \_\_\_\_\_

**J Tax-exempt status (check only one) -**  501(c)(3)  501(c) \_\_\_\_\_ (insert no.)  4947(a)(1) or  527  527

**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

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

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

2.

1.

990EZ

2021 990EZ

income tax return was accepted on 04-13-2022 using a Personal Identification Number (PIN) as an electronic signature. The entry entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 6132392022103ynpkurk

income tax return for Federal was filed electronically. The electronic filing services were provided by Benbow Enterprises LLC

Thank you for participating in IRS e-file.

Entry address

Lexington, KY 40505

604 Greenleaf Court

Names) as shown on return  
Community Inspired Lexington, Inc

Employer Identification Number  
\*\*-\*\*\*3064

**Acknowledgement and General Information for Entities That File Returns Electronically**

2021

Federal return has a MESSAGE PAGE.

EF Notes

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The following returns have been suppressed or are not eligible and will NOT be transmitted.

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The following state returns will be transmitted:

- The following will be transmitted to the IRS.
- 990
  - 990-T
  - Amended 990
  - Amended 990-T
  - 8868
  - 4720
  - FinCEN 114

|   |   |                          |
|---|---|--------------------------|
| 990EF   | EF Transmission Status<br>(Keep for your records) | 2021                     |
| Community Inspired Lexington, Inc<br>Name(s) as shown on return |   | 45-2543064<br>EIN number |

245 ELECTRONIC FILING MANDATE: The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series for tax years beginning after July 1, 2019. Paper-filing these returns is no longer allowed. See Drake Software Knowledge Base article 16383 for additional information.

|                                      |   |
|--------------------------------------|---|
| <p><b>Notes about the return</b></p> | <p>Name(s) as shown on return<br/>Community Inspired Lexington, Inc</p> <p>Tax ID Number<br/>45-2543064</p> |
| <p><b>2021</b></p>                   |   |

0001 PREVIOUSLY ACCEPTED RETURN: The return for this organization has been previously e-filed and accepted by the IRS.  
(IRS Business Rule R0000-932.)

|               |  |                            |
|---------------|--|----------------------------|
|               | <p><b>ELECTRONIC FILING MESSAGES</b><br/> <b>MUST be corrected before electronic filing is allowed.</b></p> <p>(Keep for your records)</p> | Name(s) as shown on return |
| Tax ID Number | Community Inspired Lexington, Inc  |                            |
| 45-2543064    |  |                            |