

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>2022</p> <p>Tax ID Number 45-2543064</p>	<p>Notes about the return</p> <p>Community Inspired Lexington, Inc</p>
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Short Form  
Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 2022, and ending 2022

B Check if applicable

C Name of organization: Community Inspired Lexington, Inc

D Employer identification number: 45-2543064

E Telephone number: (859) 361-9524

F Group Exemption Number: 604 Greenleaf Court

G Accounting Method:  Cash  Accrual Other (specify)

H Check  if the organization is not required to attach Schedule B (Form 990).

I Website:

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

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)	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)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	20	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	13	Professional fees and other payments to independent contractors		
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)	18	Excess or (deficit) for the year (subtract line 17 from line 9)		
b	Gross income from fundraising events (not including \$ of contributions	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)		
c	Less: direct expenses from gaming and fundraising events	20	Other changes in net assets or fund balances (explain in Schedule O)		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	21	Net assets or fund balances at end of year. Combine lines 18 through 20		
7a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold				
c	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				

**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

22	Cash, savings, and investments	11,653	22	13,829
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	341
25	Total assets	11,653	25	14,170
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)	11,653	27	14,170

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

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

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

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.

**Boys and Girls Club, PR/Marketing, Professional Development**

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a 6,252

29a 23,803

30a 7,309

31a 37,364

32 37,364

32 Total program service expenses (add lines 28a through 31a)

31 Other program services (describe in Schedule O)

30a If this amount includes foreign grants, check here

31a If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

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

Rebecca Webb, Director

President

36.00

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

(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

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.

Form 990-EZ (2022) questions 33-41. 33: Did the organization engage in any significant activity not previously reported to the IRS? 34: Were any significant changes made to the organizing or governing documents? 35a: Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 36: Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a: Enter amount of political expenditures, direct or indirect, as described in the instructions during the year? 37b: Did the organization file Form 1120-POL for this year? 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? 38b: If "Yes," complete Schedule L, Part II, and enter the total amount involved. 39: Section 501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on line 9. b. Gross receipts, included on line 9, for public use of club facilities. 40a: Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4913; section 4914; section 4915; section 4916; section 4917; section 4918; section 4919; section 4920; section 4921; section 4922; section 4923; section 4924; section 4925; section 4926; section 4927; section 4928; section 4929; section 4930; section 4931; section 4932; section 4933; section 4934; section 4935; section 4936; section 4937; section 4938; section 4939; section 4940; section 4941; section 4942; section 4943; section 4944; section 4945; section 4946; section 4947; section 4948; section 4949; section 4950; section 4951; section 4952; section 4953; section 4954; section 4955; section 4956; section 4957; section 4958; section 4959; section 4960; section 4961; section 4962; section 4963; section 4964; section 4965; section 4966; section 4967; section 4968; section 4969; section 4970; section 4971; section 4972; section 4973; section 4974; section 4975; section 4976; section 4977; section 4978; section 4979; section 4980; section 4981; section 4982; section 4983; section 4984; section 4985; section 4986; section 4987; section 4988; section 4989; section 4990; section 4991; section 4992; section 4993; section 4994; section 4995; section 4996; section 4997; section 4998; section 4999; section 5000. 40b: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40c: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 4955, and 4958 on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40d: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e: All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T. 41: List the states with which a copy of this return is filed: UT. 42a: The organization's books are in care of: Rebecca Webb. Located at: 604 Greenleaf Court, Lexington, KY. Telephone no. 859-361-9524. ZIP + 4 40505. 42b: 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)? 42c: At any time during the calendar year, did the organization maintain an office outside the United States? 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.

Form 990-EZ (2022) questions 44-45. 44a: Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b: Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44c: Did the organization receive any payments for indoor tanning services during the year? 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: Did the organization have a controlled entity within the meaning of section 512(b)(13)? 44e: 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.

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

Table with 2 columns: Yes, No. Row 46: Yes [X], No [ ]

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

Table with 2 columns: Yes, No. Row 47: Yes [ ], No [X]

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

Table with 2 columns: Yes, No. Row 48: Yes [X], No [ ]

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

Table with 2 columns: Yes, No. Row 49a: Yes [X], No [ ]

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

Table with 2 columns: Yes, No. Row 49b: Yes [X], No [ ]

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Includes 'NONE' entries.

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Includes 'NONE' entries.

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

Yes [X] 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: Rebecca Webb, President. Date: 5/18/23

Paid Preparer Use Only: Preparer's name: Benbow Enterprises LLC, Print/Type preparer's name: Israel Dell Benbow, Jr., Preparer's signature: [Signature], Date: 04-29-2023, Firm's address: 1005 Salt Court, Lexington KY 40515, Phone no: 859-245-9792

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Community Inspired Lexington, Inc

Employer identification number

45-2543064

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 for instructions and the latest information.

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 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).

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes rows for (A) through (E) and a Total row.

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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 - 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	<input type="checkbox"/>
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	0.00 %
18	Investment income percentage from 2021 Schedule A, Part III, line 17	0.00 %
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	<input checked="" type="checkbox"/>

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	100.00 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	100.00 %

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

14	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	<input type="checkbox"/>
9	Amounts from line 6	149,098
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,767
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	18,448
c	Add lines 10a and 10b	43,767
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	Total support. (Add lines 9, 10c, 11, and 12.)	149,098
14	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	<input type="checkbox"/>

**Section B. Total Support**

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	149,098
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	43,767
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
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	43,767
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	18,448
c	Add lines 7a and 7b	43,767
8	Public support. (Subtract line 7c from line 6.)	149,098

**Section A. Public Support**

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

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

**Schedule B (Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Community Inspired Lexington, Inc

Organization type (check one):

Filers of:

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

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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)(v), 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 (1) \$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.

<p>OMB No. 1545-0047</p> <p><b>2022</b></p>	<p><b>Schedule of Contributors</b></p> <p>Attach to Form 990 or Form 990-PF.</p> <p>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</p>	<p>Employer identification number</p> <p>45-2543064</p>
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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	Commonwealth of Kentucky 700 Capital Ave No. 152 Frankfort KY 40601	\$ 14,095	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

**Open to Public Inspection**

OMB No. 1545-0047

**2022**

Community Inspired Lexington, Inc  
Employer identification number  
45-2543064

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

Description	Amount
Boys and Girls Club	115
Special Donations	1,481
PR/Marketing	5,864
Professional Development	274
Event Expense	5,468
Office Expense	13,668
Podcast	2,667
Food Pantry	4,297
Summer Camp	1,530

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

Description	Amount	Taxes
		3,198

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

Category	Beginning of Year	End of Year
Excess Taxes	0	341