Print Form

O-215-26

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

Applicant/Program: Central Louisville Community Ministries, Inc.//CLCM NDF LG&E 2026
Applicant Requested Amount: $10,000
Appropriation Request Amount: $10,000

Executive Summary of Request
Funding for a program that helps low-income residents of the Central Louisville Community Ministries service areas with LG&E bills. $9,000 for client assistance and $1,000 for staff and administering the program.

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

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

6		$10,000	7/23/2026
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

Appropriations Committee Chairman Date

Final Appropriations Amount: _____

Applicant/Program:

Central Louisville Community Ministries, Inc.//CLCM NDF LG&E 2026

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ $_____

District 2 _____ $_____

District 3 _____ $_____

District 4 _____ $_____

District 5 _____ $_____

District 6 _____ $_____

District 7 _____ $_____

District 8 _____ $_____

District 9 _____ $_____

District 10 _____ $_____

District 11 _____ $_____

District 12 _____ $_____

District 13 _____ $_____

District 14 _____ $_____

District 15 _____ $_____

Applicant/Program:

Central Louisville Community Ministries, Inc.//CLCM NDF LG&E 2026

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $_____

District 25 _____ $_____

District 26 _____ $_____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Central Louisville Community Ministries, Inc.

Program Name and Request Amount $10,000 for CLCM NDF LG&E 2026

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: ▸ Kentucky Secretary of State? ▸ Louisville Metro Revenue Commission? ▸ Louisville Metro Government? ▸ Internal Revenue Service? ▸ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	~~N/A~~ Yes
Is a copy of Signed Lease (if rent costs are requested) included?	~~Yes~~ N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	~~Yes~~ N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes

Prepared by: Nick Conder **Date:** 07/23/2026

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records* Central Louisville Community Ministries			
Main Office Street & Mailing Address: 809 S. 4th Street, Louisville, KY 40203			
Website: www.CentralLouisvilleCM.org			
Applicant Contact:	Ahmed Farah	**Title:**	Assistant Director
Phone:	(404) 824-2367	**Email:**	clcmkyad@gmail.com
Financial Contact:	Refer to above	**Title:**	
Phone:		**Email:**	
Organization's Representative who attended NDF Training: Ahmed Farah			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	809 S. 4th Street, Louisville, KY 40203		
Council District(s):	6 and 4	**Zip Code(s):**	40203

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: CLCM NDF LG&E 2026			
Total Request: ($)	$10,000	**Total Metro Award (this program) in previous year: ($)**	$0.00

Purpose of Request (check all that apply):

- ☑ Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- ☑ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

☑ IRS Exempt Status Determination Letter	☐ Signed lease if rent costs are being requested
☑ Current year projected budget	☑ IRS Form W9
☑ Current financial statement	☐ Evaluation forms if used in the proposed program
☑ Most recent IRS Form 990 or 1120-H	☐ Annual audit (if required by organization)
☑ Articles of Incorporation (current & signed)	☐ Faith Based Organization Certification Form, if applicable
☐ Cost estimates from proposed vendor if request is for capital expense	

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Metro EAF Formula Grant	**Amount: ($)**	$131,900
Source:		**Amount: ($)**	
Source:		**Amount: ($)**	

Has the applicant contacted the BBB Charity Review for participation? ☑ Yes ☐ No

Has the applicant met the BBB Charity Review Standards? ☑ Yes ☐ No

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Central Louisville Community Ministries' (CLCM) mission is to collaborate with the Association of Community Ministries, our community partners, and our neighbors to meet immediate needs and to act as a trusted advocate.
Our vision is to defeat the cycle of need in central Louisville.

CLCM offers the following assistance:

Financial Assistance with Rent or Utilities - Clients who are under the threat of eviction or of having utilities cut off and live in our service area may receive assistance from CLCM. Financial assistance is provided by calling or emailing for an appointment or folks may walk up during morning hours

Prescription Vouchers - CLCM pays for client's prescription medication in emergency situations

Community Winterhelp - CLCM participates with other agencies in administering and distributing funds for LG&E bills during program availability

Personal Care Items - SNAP does not cover hygiene or household items, so we offer items every-other-month. Distribution Mon. & Wed. 9:30-11:30

Haircut Vouchers - In partnership with Louisville Barber College Mon. & Wed. 9:30-11:30

Bikes and Locks - In partnership with PedalPower, refurbished bikes are made available

TARC passes - 4-hour passes available once monthly

Referral Services, on-site Mental Health Support, on-site Passport Community Health Worker

The Dorothy Jones Food Pantry at Calvary Episcopal Church - Mon., Tues., Thurs. 9:30-11:30. There are currently no restrictions on service area or frequency

CLCM Clothes Closet - Wed. 9:30-11:30, all welcome

Case Management to address barriers to stability

Seasonal Assistance, including Back-to-School Supplies, Winter Coat and Accessories Giveaway, and Thanksgiving Turkey and Ham Giveaway, as well as bike giveaways

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Sally Baker	12/31/2027
Rev. Matt Bradley	12/31/2026
Brenda McWaters	12/31/2028
Kathy Gapsis	12/312028
James Moody	12/31/2026
Rev. Wesley Davis	12/31/2026
April DuVal	12/31/2027
Carlotta Ingram	12/31/2027
Kathy Boron	12/31/2026
Rev. Angela Johnson	12/31/2027
Linette Lowe--Executive Director	
Ahmed Farah--Assistant Director	
Nova Stubbs--Neighbor Navigator	
Pat Gould--Bookkeeper	
Derhonda Thomas --Intake Coordinator	

Describe the Board term limit policy:

All Directors shall be appointed for three-year terms and may serve successive terms after which at least one year shall elapse before a Director may be re-appointed.

Three Highest Paid Staff Names	Annual Salary
Linette Lowe	$74,170
Ahmed Farah	$59,000
Nova Stubs	$41,340

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

CLCM NDF for LG&E program will begin August 3, 2026 and conclude December 31, 2026. NDF funding will be used to assist clients residing in the CLCM service area with past-due LG&E bills. Clients must provide proof of income at or under 250% of the federal poverty level, photo ID, past due bill, and must complete an intake form.

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

There will be no sub grantees in the program. CLCM will allocate up to $500 per client for past due LG&E bills provided they meet the above criteria. $9,000 will be spent on direct client assistance and $1,000 will be used to administer and staff the program.

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

☑ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

LG&E stabilization is a key to eviction prevention for our neighbors. Keeping people in their homes with utilities on supports health, public safety, and educational achievement in a cost-effective and humane way, and, when widely supported, can mitigate homelessness in our city. The CLCM NDF for LG&E program will utilize an intake application and require proof of income and arrearages. 30 days of service must be guaranteed. Program participants will also have access to our other supports, including rent and water assistance, mental health support, a Community Health worker, and other basic needs assistance.

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

CLCM is one of the 13 Community Ministries making up the Association of Community Ministries, and as such, we partner closely with ACM and the other Ministries to ensure that folks throughout the Metro have access to basic needs, especially housing, utilities, and food. ACM's partnerships with the LG&E Foundation, the Louisville Water Company Foundation, and Metro Government are essential to that work. CLCM and ACM have received grants from Metro United Way for both basic needs and advocacy work. CLCM partners with our member faith communities to provide food at the pantry and clothes at our clothes closet, as well as supplying volunteers, board members, and financial support. CLCM also partners with Kentucky Refugee Ministries to supply refugee families with much-needed seasonally appropriate clothing. We partner with Kentucky College of Barbering in the Goodwill Opportunity Center to provide haircuts. We are part of the Safe and Stable Housing Collective along with organizations such as the Coalition for the Homeless and the Metro Housing Coalition, working to prevent evictions and homelessness. We also partner with Metro United Way and JCPS for a pilot program serving students and families, the Legacy Foundation through ACM, and MAC Construction through MSD Community Benefits program as well as Pedal Power for bike giveaways.
Our partnerships with these groups and others bring a breadth and depth of understanding to the issues our neighbors face daily and opportunities to work towards visionary solutions. Our program participants benefit from these partnerships through increased access to resources and additional opportunities to advocate for their needs.

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits	$1000	$800	$1,800
B: Rent/Utilities			0
C: Office Supplies			0
D: Telephone			0
E: In-town Travel			0
F: Client Assistance (See Detailed List on Page 8)	$9,000		$9,000
G: Professional Service Contracts			0
H: Program Materials			0
I: Community Events & Festivals (See Detailed List on Page 8)			0
J: Machinery & Equipment			0
K: Capital Project			0
L: Other Expenses (See Detailed List on Page 8)			0
***TOTAL PROGRAM/PROJECT FUNDS**	$10,000	$800	$10,800
% of Program Budget	92.60	7.40	**100%**

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) Fundraising	$800
Total Revenue for Columns 2 Expenses **	$800

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

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

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
Payroll for Program and Staff	$1,000	$800	$1,800
LGE Assistance	$9,000		$9,000
			$ 0.00
CLCM's operating budget attached			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total	$10,000	$800	$10,800

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date: 07/01/2026

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

If YES, please explain:

Applicant's Initials AF

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Ahmed Farah			**Date:**	7/20/26
Legal Signatory: (please print):	Ahmed Farah			**Title:**	Assistant Director
Phone:	404-824-2367	**Extension:**		**Email:**	clcmkyad@gmail.com

Applicant's Initials AF

Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Central Louisville Community Ministries

Grantee Representative Name: Ahmed Farah

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

☑ I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or (False)
2. Name the three budget categories that require a detail list.
   Client Assistance, Community Events & Festivals and other expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. (True) or False
4. Which four questions should your financial support documentation answer at all times?
   Who, what, where and When
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? (True) or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or (False)

Ahmed Farah — Grantee Representative Signature

7/1/26 — Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Fax: 502-574-3219
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: May 6, 2002

Person to Contact:
Kim A. Chambers 31-07674
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
61-1082337

Help Ministries of Central Louisville, Inc.
219 W. Ormsby
Louisville, KY 40203-2819

Tax Exemption # D16962

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Help Ministries of Central Louisville, Inc.
61-1082337

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services

	2026-2027 Budget	
Revenue		
Metro EAF Grant	$131,900.00	
Memberships - Churches	$18,000.00	
Donations/Fundraising	$149,000.00	
Total ACM Grants - Restricted	$76,000.00	
Total Community Grants	$58,500.00	
Total Cash Revenue	**$431,100.00**	
Carryover	$4,798.00	
From Reserves	$25,700.00	
Total Revenue	**$463,898.00**	
Expenditures		
Metro Grant Direct Client Assistance	$35,412.00	
Turkeys	$5,000.00	
CLCM - Miracle	$30,000.00	
Professional Memberships	$1,500.00	
Pass-through donations expense	$5,000.00	
Total Personnel Expenses	$225,886.00	
Total Insurance	$3,500.00	
ACM Grant Expense	$70,000.00	
Total Community Grant Expense	$55,500.00	
Volunteer Development	$500.00	
Fundraising Expenses	$2,000.00	
Personal Care-Client Needs	$7,000.00	
Accounting Services	$5,500.00	
Total Office Expenses	$17,100.00	
Total Expenditures	**$463,898.00**	
nday, May 18, 2026 03:02:11 PM GMT-7 - Cash Basis		

Central Louisville Community Ministries
Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L
July 2025 - June 2026

	Jun 2026			Total - Fiscal Year 2026		
	Actual	Budget	over Budget	Actual	Budget	over Budget
Revenue						
40000 Metro Grant		10,800.00	-10,800.00	165,952.50	129,600.00	36,352.50
40000.1 Metro - Adj Jan 2026		6,550.00	-6,550.00	2,947.50	39,300.00	-36,352.50
Total 40000 Metro Grant	**$ 0.00**	**$ 17,350.00**	**-$ 17,350.00**	**$ 168,900.00**	**$ 168,900.00**	**$ 0.00**
40010 Memberships - Churches	1,500.00	1,500.00	0.00	17,500.00	18,000.00	-500.00
40011 Personal Care-Other Client Needs-R	600.00	583.37	16.63	9,540.00	7,000.00	2,540.00
40015 Donations & Fundraising		5,416.63	-5,416.63	0.00	65,000.00	-65,000.00
40015.2 Other Fundraising Activity	285.00		285.00	9,208.00	0.00	9,208.00
40015.3 Fundraising						
40015.3.1 Give for Good	1,260.00		1,260.00	31,799.83	0.00	31,799.83
40015.6 Annual Campaign			0.00	24,601.00	0.00	24,601.00
Total 40015.3 Fundraising	**$ 1,260.00**	**$ 0.00**	**$ 1,260.00**	**$ 56,400.83**	**$ 0.00**	**$ 56,400.83**
40015.7 CLCM Admin	12,050.00	1,000.00	11,050.00	47,396.82	12,000.00	35,396.82
Total 40015 Donations & Fundraising	**$ 13,595.00**	**$ 6,416.63**	**$ 7,178.37**	**$ 113,005.65**	**$ 77,000.00**	**$ 36,005.65**
40016 Miracle Fund - Restricted			0.00	30,287.00	0.00	30,287.00
40015.1 Miracle-CLCM Restricted		2,000.00	-2,000.00	5,997.80	24,000.00	-18,002.20
40015.1.5 Central Presbyterian Church Help Fund			0.00	25.00	0.00	25.00
Total 40016 Miracle Fund - Restricted	**$ 0.00**	**$ 2,000.00**	**-$ 2,000.00**	**$ 36,309.80**	**$ 24,000.00**	**$ 12,309.80**
40050 Pass-through Donations	391.00	416.63	-25.63	4,396.18	5,000.00	-603.82
40050.1 Pass Through-Rent Assistance			0.00	1,000.00	0.00	1,000.00
Total 40050 Pass-through Donations	**$ 391.00**	**$ 416.63**	**-$ 25.63**	**$ 5,396.18**	**$ 5,000.00**	**$ 396.18**
40055 Client Income Passthrough			0.00	889.00	0.00	889.00
40057 Donations-Pantry/Food		583.37	-583.37	12,573.00	7,000.00	5,573.00
40057.1 Turkeys - Thanksgiving	1,000.00		1,000.00	5,200.00	0.00	5,200.00
Total 40057 Donations-Pantry/Food	**$ 1,000.00**	**$ 583.37**	**$ 416.63**	**$ 17,773.00**	**$ 7,000.00**	**$ 10,773.00**
40065 Interest Income	336.71		336.71	1,803.43	0.00	1,803.43
40070 ACM Grants - Restricted						
40070.1 ACM LGE Assistance - restricted	7,280.00	4,166.63	3,113.37	86,181.94	50,000.00	36,181.94
40070.11 MUW JCPS Pilot		1,000.00	-1,000.00	8,738.00	5,000.00	3,738.00
40070.2 ACM Water Assistance-restricted		1,666.63	-1,666.63	19,947.00	20,000.00	-53.00
40070.4 ACM Admin Money	720.00	416.63	303.37	10,890.00	5,000.00	5,890.00
40070.9 ACM-Neighbor Network		200.00	-200.00	0.00	2,400.00	-2,400.00
40070.92 ACM - SLCM Neighborhood Navigator			0.00	22,375.00	0.00	22,375.00
Total 40070.9 ACM-Neighbor Network	**$ 0.00**	**$ 200.00**	**-$ 200.00**	**$ 22,375.00**	**$ 2,400.00**	**$ 19,975.00**
Total 40070 ACM Grants - Restricted	**$ 8,000.00**	**$ 7,449.89**	**$ 550.11**	**$ 148,131.94**	**$ 82,400.00**	**$ 65,731.94**
40071 Community Grants						
40015.1.2.1 LG&E Fdn Miracle			0.00	3,000.00	0.00	3,000.00
40071.2 Community Winterhelp		1,333.37	-1,333.37	20,000.00	16,000.00	4,000.00
40071.9 KY Colonels Good Works Program	2,113.98		2,113.98	3,503.01	0.00	3,503.01
40072 NDF - Lou Metro Council Client Asst			0.00	4,226.77	0.00	4,226.77
40076 Gheens Fdn - Professional Consulting			0.00	10,000.00	0.00	10,000.00
40077 MAC Community Grant	29,100.00		29,100.00	29,100.00	0.00	29,100.00
Total 40071 Community Grants	**$ 31,213.98**	**$ 1,333.37**	**$ 29,880.61**	**$ 69,829.78**	**$ 16,000.00**	**$ 53,829.78**
40074 Lou Presbyterian Theological Seminary			0.00	400.00	0.00	400.00
Total Revenue	**$ 56,636.69**	**$ 37,633.26**	**$ 19,003.43**	**$ 589,478.78**	**$ 405,300.00**	**$ 184,178.78**

Central Louisville Community Ministries
Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L
July 2025 - June 2026

	Jun 2026			Total - Fiscal Year 2026		
	Actual	Budget	over Budget	Actual	Budget	over Budget
Expenditures						
10100.1 Bank Service Charges (Republic)			0.00	12.00	0.00	12.00
10100.3 Merchant Fees-Credit Card Fees	5.15		5.15	108.87	0.00	108.87
Total 10100.1 Bank Service Charges (Republic)	**$ 5.15**	**$ 0.00**	**$ 5.15**	**$ 120.87**	**$ 0.00**	**$ 120.87**
50000 Metro Grant Assistance		3,981.63	-3,981.63	0.00	47,780.00	-47,780.00
50000.1 Metro - client rent	8,434.00		8,434.00	79,530.00	0.00	79,530.00
50000.11 Metro - Amended Q3 2026		5,895.00	-5,895.00	0.00	35,370.00	-35,370.00
50000.2 Metro - client LG&E			0.00	4,203.91	0.00	4,203.91
Total 50000 Metro Grant Assistance	**$ 8,434.00**	**$ 9,876.63**	**-$ 1,442.63**	**$ 83,733.91**	**$ 83,150.00**	**$ 583.91**
50010 Food for Food Pantry		583.37	-583.37	12,573.00	7,000.00	5,573.00
50010.1 Turkeys			0.00	3,221.07	0.00	3,221.07
Total 50010 Food for Food Pantry	**$ 0.00**	**$ 583.37**	**-$ 583.37**	**$ 15,794.07**	**$ 7,000.00**	**$ 8,794.07**
50015 CLCM - Miracle		2,000.00	-2,000.00	0.00	24,000.00	-24,000.00
50015.1 CLCM Rent Assistance-Unrestricted	2,402.00		2,402.00	5,689.00	0.00	5,689.00
50015.2 CLCM LG&E Assistance-Restricted	75.00		75.00	4,532.29	0.00	4,532.29
50015.5 Director Discretion-Unrestricted	1,137.50		1,137.50	3,174.25	0.00	3,174.25
50015.8 LG&E Unrest Client Asst			0.00	6,460.00	0.00	6,460.00
50015.9 Central Pres Help Fund			0.00	25.00	0.00	25.00
Total 50015 CLCM - Miracle	**$ 3,614.50**	**$ 2,000.00**	**$ 1,614.50**	**$ 19,880.54**	**$ 24,000.00**	**-$ 4,119.46**
50016 CLCM Admin - PR	3,906.08		3,906.08	36,201.61	0.00	36,201.61
50020 Professional Memberships		166.63	-166.63	1,487.50	2,000.00	-512.50
50025 Pass-through donations expense		416.63	-416.63	870.84	5,000.00	-4,129.16
50025.1 Pass Thru - Rent	449.00		449.00	1,837.63	0.00	1,837.63
50025.2 Pass Thru - LG&E			0.00	0.37	0.00	0.37
Total 50025 Pass-through donations expense	**$ 449.00**	**$ 416.63**	**$ 32.37**	**$ 2,708.84**	**$ 5,000.00**	**-$ 2,291.16**
5003 Personnel Expenses						
50030 DIRECTOR Salary	-150.00	6,000.87	-6,150.87	-449.99	72,010.00	-72,459.99
50031 Director Salary - Metro Net	4,053.54	0.00	4,053.54	49,369.14	0.00	49,369.14
50033 Director Salary-CLCM Net			0.00	1,992.18	0.00	1,992.18
50035 Director w/h - CLCM			0.00	8,790.48	0.00	8,790.48
Total 50030 DIRECTOR Salary	**$ 3,903.54**	**$ 6,000.87**	**-$ 2,097.33**	**$ 59,701.81**	**$ 72,010.00**	**-$ 12,308.19**
50031.1 Simple IRA - EE	170.68	184.88	-14.20	2,216.59	2,219.00	-2.41
50040 Salary -Admin Assistant	-150.00	1,008.87	-1,158.87	-450.00	12,106.00	-12,556.00
50040.1 Metro Net-Admin Asst	440.56		440.56	5,727.28	0.00	5,727.28
50040.2 CLCM-w/h-Admin Asst	640.64		640.64	3,556.20	0.00	3,556.20
50040.3 CLCM Net-Admin Asst			0.00	1,517.06	0.00	1,517.06
Total 50040 Salary -Admin Assistant	**$ 931.20**	**$ 1,008.87**	**-$ 77.67**	**$ 10,350.54**	**$ 12,106.00**	**-$ 1,755.46**
50041 Salary-Bookkeeper	133.31	958.13	-824.82	-995.53	11,498.00	-12,493.53
50041.1 Metro Net-Bookkeeper	566.44		566.44	7,363.72	0.00	7,363.72
50041.2 CLCM-w/h- Bookkeeper			0.00	2,410.92	0.00	2,410.92
50041.3 CLCM-Net-Bookkeeper			0.00	1,781.60	0.00	1,781.60
Total 50041 Salary-Bookkeeper	**$ 699.75**	**$ 958.13**	**-$ 258.38**	**$ 10,560.71**	**$ 11,498.00**	**-$ 937.29**

Central Louisville Community Ministries
Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L
July 2025 - June 2026

	Jun 2026			Total - Fiscal Year 2026		
	Actual	Budget	over Budget	Actual	Budget	over Budget
50042 Salary-Financial Asst Coordinator	-150.00	1,412.37	-1,562.37	-450.32	16,948.00	-17,398.32
50042.1 CLCM-w/h-Finance Asst Coord			0.00	1,919.05	0.00	1,919.05
50042.2 Metro Net-Financial Asst Coord	755.26		755.26	9,818.38	0.00	9,818.38
50042.3 CLCM NET-Financial Asst Coord			0.00	1,453.50	0.00	1,453.50
Total 50042 Salary-Financial Asst Coordinator	**$ 605.26**	**$ 1,412.37**	**-$ 807.11**	**$ 12,740.61**	**$ 16,948.00**	**-$ 4,207.39**
50043 Neighbor Navigator	-149.99	3,347.50	-3,497.49	-2,134.35	40,170.00	-42,304.35
50043.1 Metro Net - Neighbor Navigator	755.26		755.26	9,818.38	0.00	9,818.38
50043.2 Neighbor Navigator - CLCM Withholding			0.00	3,689.49	0.00	3,689.49
50043.6 Neighborhood Navigator - SLCM PR	2,484.74		2,484.74	22,914.73	0.00	22,914.73
Total 50043 Neighbor Navigator	**$ 3,090.01**	**$ 3,347.50**	**-$ 257.49**	**$ 34,288.25**	**$ 40,170.00**	**-$ 5,881.75**
50044 Intake Coordinator	382.50		382.50	293.58	0.00	293.58
Total 50044 Intake Coordinator	**$ 382.50**	**$ 0.00**	**$ 382.50**	**$ 293.58**	**$ 0.00**	**$ 293.58**
50066 Health Care Stipend - PR	750.00	750.00	0.00	9,525.00	9,000.00	525.00
50068 Retirement - SIMPLE IRA	341.36	184.88	156.48	4,430.93	2,219.00	2,211.93
70000 CLCM Employer FICA	0.00	973.75	-973.75	-34,868.90	11,685.00	-46,553.90
Total 5003 Personnel Expenses	**$ 10,874.30**	**$ 14,821.25**	**-$ 3,946.95**	**$ 109,239.12**	**$ 177,855.00**	**-$ 68,615.88**
50046 Intern Stipend		125.00	-125.00	0.00	1,500.00	-1,500.00
50062 Professional Development		125.00	-125.00	647.64	1,500.00	-852.36
50065 Insurance		291.63	-291.63	0.00	3,500.00	-3,500.00
50065.3 Commercial Package			0.00	3,171.78	0.00	3,171.78
50065.4 Worker's Comp			0.00	282.82	0.00	282.82
Total 50065 Insurance	**$ 0.00**	**$ 291.63**	**-$ 291.63**	**$ 3,454.60**	**$ 3,500.00**	**-$ 45.40**
50070 ACM Grant Expense						
50070.1 ACM LG&E Assistance	14,498.00	4,166.63	10,331.37	79,921.00	50,000.00	29,921.00
50070.2 ACM Water Assistance	1,712.00	1,666.63	45.37	13,373.00	20,000.00	-6,627.00
Total 50070 ACM Grant Expense	**$ 16,210.00**	**$ 5,833.26**	**$ 10,376.74**	**$ 93,294.00**	**$ 70,000.00**	**$ 23,294.00**
50071 Community Grant Expense						
50071.11 JCPS Pilot Program (incl PR)			0.00	7,944.00	0.00	7,944.00
50071.2 U L Comm Winterhelp Assistance		1,333.37	-1,333.37	20,204.00	16,000.00	4,204.00
50071.4 KY Colonels Grant	2,113.98		2,113.98	3,539.70	0.00	3,539.70
50072 Lou Metro NDF Funds - Client Asst			0.00	4,323.00	0.00	4,323.00
50073 Lou Metro NDF Funds - Adm			0.00	2,143.71	0.00	2,143.71
50030.5 Payroll - Metro NDF Adm		0.00	0.00	0.00	0.00	0.00
50042.5 Financial Coordinator - Metro NDF - Adm			0.00	308.52	0.00	308.52
Total 50030.5 Payroll - Metro NDF Adm	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 308.52**	**$ 0.00**	**$ 308.52**
Total 50073 Lou Metro NDF Funds - Adm	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 2,452.23**	**$ 0.00**	**$ 2,452.23**
Total 50071 Community Grant Expense	**$ 2,113.98**	**$ 1,333.37**	**$ 780.61**	**$ 38,462.93**	**$ 16,000.00**	**$ 22,462.93**
50080 Volunteer Development		41.63	-41.63	10.00	500.00	-490.00
50085 Fundraising Events	225.00	166.63	58.37	537.50	2,000.00	-1,462.50
50085.1 Special Events			0.00	52.14	0.00	52.14
50085.2 Annual Campaign Expense			0.00	118.00	0.00	118.00
Total 50085 Fundraising Events	**$ 225.00**	**$ 166.63**	**$ 58.37**	**$ 707.64**	**$ 2,000.00**	**-$ 1,292.36**
50090 Personal Care-Client Needs	574.23	583.37	-9.14	8,416.47	7,000.00	1,416.47
50095 Professional Services		0.00	0.00	5,000.00	0.00	5,000.00
50095.1 Consulting - Gheens Fdn	5,000.00	0.00	5,000.00	5,000.00	0.00	5,000.00
50100 Accounting Services		433.37	-433.37	0.00	5,200.00	-5,200.00
51000 Office Expenses						

Central Louisville Community Ministries
Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L
July 2025 - June 2026

	Jun 2026			Total - Fiscal Year 2026		
	Actual	Budget	over Budget	Actual	Budget	over Budget
50050 Office Space-Rent	45.00	700.00	-655.00	3,770.00	8,400.00	-4,630.00
50050.1 Rent - Office - Fy26 Metro Govt Amended	655.00	655.00	0.00	3,930.00	3,930.00	0.00
Total 50050 Office Space-Rent	**$ 700.00**	**$ 1,355.00**	**-$ 655.00**	**$ 7,700.00**	**$ 12,330.00**	**-$ 4,630.00**
50055 Phone	119.00	125.00	-6.00	1,309.00	1,500.00	-191.00
50060 Supplies	53.33	125.00	-71.67	1,326.95	1,500.00	-173.05
50061 Computer Equipment/Software/Subscriptions	97.52	208.37	-110.85	2,012.53	2,500.00	-487.47
50075 Equipment & Maintenance	233.88	208.37	25.51	2,734.17	2,500.00	234.17
Total 51000 Office Expenses	**$ 1,203.73**	**$ 2,021.74**	**-$ 818.01**	**$ 15,082.65**	**$ 20,330.00**	**-$ 5,247.35**
60000 Miscellaneous Expense		16.63	-16.63	1,090.00	200.00	890.00
Payroll Expenses						
Wages	4,688.46		4,688.46	41,479.14	0.00	41,479.14
Total Payroll Expenses	**$ 4,688.46**	**$ 0.00**	**$ 4,688.46**	**$ 41,479.14**	**$ 0.00**	**$ 41,479.14**
Unapplied Cash Bill Payment Expense	0.00		0.00	0.00	0.00	0.00
Total Expenditures	**$ 57,298.43**	**$ 38,836.14**	**$ 18,462.29**	**$ 481,811.53**	**$ 426,735.00**	**$ 55,076.53**
Net Operating Revenue	**-$ 661.74**	**-$ 1,202.88**	**$ 541.14**	**$ 107,667.25**	**-$ 21,435.00**	**$ 129,102.25**

EXTENDED TO MAY 15, 2026

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
809 SOUTH 4TH STREET

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40203

F Name and address of principal officer: LINETTE LOWE
809 SOUTH 4TH STREET, LOUSIVILLE, KY 40203

D Employer identification number
-*2337

E Telephone number
502-587-1999

G Gross receipts $ 1,244,234.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CENTRALLOUISVILLECM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1985 | M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO MINISTER TO THE NEEDS OF LOW INCOME RESIDENTS OF THE CENTRAL LOUISVILLE AREA.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	945,522.	1,244,234.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,457.	-2,130.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	944,065.	1,242,104.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	811,911.	1,047,811.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,201.	157,594.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,382.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,406.	29,233.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	974,518.	1,234,638.
19	Revenue less expenses. Subtract line 18 from line 12	-30,453.	7,466.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	107,254.	127,046.
21	Total liabilities (Part X, line 26)	30,677.	43,003.
22	Net assets or fund balances. Subtract line 21 from line 20	76,577.	84,043.

Part II Signature Block

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

Sign Here

Signature of officer — Date

LINETTE LOWE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SALLY M. MUDD, CPA		02/09/26	☐	P01990551

Firm's name MATHER & CO. CPAS, LLC — Firm's EIN **-***0177

Firm's address 9100 SHELBYVILLE ROAD, STE 200
LOUISVILLE, KY 40222 — Phone no. (502) 429-0800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:
CENTRAL LOUISVILLE COMMUNITY MINISTRIES PROVIDES EMERGENCY ASSISTANCE FOR RENT, UTILITIES AND MEDICATION. ALSO PROVIDE IN-KIND ASSISTANCES FOR FOOD, CLOTHING, PERSONAL CARE ITEMS,SCHOOL SUPPLIES AND HAIRCUT VOUCHERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,189,086. including grants of $ 1,047,811.) (Revenue $)
CENTRAL LOUISVILLE COMMUNITY MINISTRIES PROVIDES EMERGENCY ASSISTANCE FOR RENT, UTILITIES AND MEDICATION. ALSO PROVIDE IN-KIND ASSISTANCES FOR FOOD, CLOTHING, PERSONAL CARE ITEMS, SCHOOL SUPPLIES AND HAIRCUT VOUCHERS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,189,086.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** 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*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

LINETTE LOWE - 502-587-1999

809 SOUTH 4TH STREET, LOUISVILLE, KY 40203

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV ALMA WOOLEY	1.00									
VICE PRESIDENT				X				0.	0.	0.
(2) APRIL DUVAL	1.00									
DIRECTOR		X						0.	0.	0.
(3) JAMES MOODY	1.00									
DIRECTOR		X						0.	0.	0.
(4) KATHY BORON	1.00									
TREASURER				X				0.	0.	0.
(5) REV ANGELA JOHNSON	1.00									
DIRECTOR		X						0.	0.	0.
(6) CAROL SYVERTSEN	1.00									
DIRECTOR		X						0.	0.	0.
(7) KATHY GAPSIS	1.00									
PRESIDENT				X				0.	0.	0.
(8) JOE BEST	1.00									
DIRECTOR		X						0.	0.	0.
(9) CARLOTTA INGRAM	1.00									
DIRECTOR		X						0.	0.	0.
(10) REV MATT BRADLEY	1.00									
SECRETARY				X				0.	0.	0.
(11) REV. WESLEY DAVIS	1.00									
DIRECTOR		X						0.	0.	0.
(12) SALLY BAKER	0.00									
DIRECTOR		X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	40,633.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	224,273.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	979,328.				
	g Noncash contributions included in lines 1a-1f	1g	$ 769,376.				
	h Total. Add lines 1a-1f			1,244,234.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 40,633. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	2,130.				
	c Net income or (loss) from fundraising events			-2,130.			-2,130.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			1,242,104.	0.	0.	-2,130.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,047,811.	1,047,811.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,713.	62,363.	8,095.	1,255.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	74,183.	54,558.	19,625.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,698.	9,375.	2,223.	100.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,500.		4,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	2,015.		2,015.	
14 Information technology				
15 Royalties				
16 Occupancy	8,400.	6,720.	1,680.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,113.	2,495.	591.	27.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	5,374.	4,299.	1,075.	
b PROFESSIONAL DEVELOPMEN	3,528.		3,528.	
c TELEPHONE	1,428.	1,142.	286.	
d DUES AND SUBSCRITIONS	472.		472.	
e All other expenses	403.	323.	80.	
25 **Total functional expenses.** Add lines 1 through 24e	1,234,638.	1,189,086.	44,170.	1,382.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	107,254.	1	127,046.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	107,254.	16	127,046.
Liabilities	17	Accounts payable and accrued expenses	5,417.	17	4,367.
	18	Grants payable		18	
	19	Deferred revenue	25,260.	19	38,636.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	30,677.	26	43,003.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	76,577.	27	84,043.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	76,577.	32	84,043.
	33	Total liabilities and net assets/fund balances	107,254.	33	127,046.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,242,104.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,234,638.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,577.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	84,043.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC	**-***2337

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	685,913.	646,208.	861,487.	945,528.	1244234.	4383370.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	685,913.	646,208.	861,487.	945,528.	1244234.	4383370.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						4383370.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	685,913.	646,208.	861,487.	945,528.	1244234.	4383370.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	31,432.	26,383.	25,357.	38,050.	40,633.	161,855.
11 **Total support.** Add lines 7 through 10						4545225.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	96.44 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	93.11 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **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).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

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

		Yes	No
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	

Section D. All Type III Supporting Organizations

		Yes	No
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	
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year.* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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.**		
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	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (describe in **Part VI**). See instructions.	6	
7	**Total annual distributions.** 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 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number
-*2337

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

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

[X] 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 **(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).

Name of organization
CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number
-*2337

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	LOUISVILLE METRO GOVERNMENT OFFICE OF RESILIENCE AND COMMUNI 710 W ORMSBY AVE , 2ND FLOOR LOUISVILLE, KY 40203	$ 224,273.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ASSOCIATION OF COMMUNITY MINISTRIES P.O. BOX 99545 LOUISVILLE, KY 40269	$ 91,318.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	LOUISVILLE URBAN LEAGUE 1535 W BROADWAY LOUISVILLE, KY 40203	$ 15,730.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	SOUTH LOUISVILLE MINISTERIES 41501/2 W ASHLAND AVE LOUISVILLE, KY 40214	$ 9,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number: **-***2337

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number: **-***2337

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number **-***2337

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
e ☐ Solicitation of nongovernment grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 LETTER WRITING AND (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	40,633.			40,633.
	2 Less: Contributions	40,633.			40,633.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,130.			2,130.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,130.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-2,130.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number **-***2337

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROVIDED SERVICES FOR RENT, UTILITIES, PRESCRIPTIONS AND WATER	0	277,155.	0.		
PROVIDED SERVICES FOR PERSONAL CARE , HAIRCUTS AND HOUSEHOLD	10769	0.	6,165.	FAIR VALUE OF ITEMS DISTRIBUTED	
PROVIDED FOOD	34451	0.	723,471.	FAIR VALUE OF FOOD DISTRIBUTED	
PROVIDED SCHOOL SUPPLIES AND BOOKBAGS	175	0.	8,750.	FAIR VALUE OF ITEMS DISTRIBUTED	
PROVIDED BIKES	57	0.	3,192.	FAIR VALUE OF ITEMS DISTRIBUTED	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROVIDED CLOTHING	7,654.	0.	27,798.		

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number: **-***2337

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		27,798.	FAIR VALUE OF ITEMS
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	34,451	723,471.	FAIR VALUE OF ITEMS
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SCHOOL SUPPLIES)	X	175	8,750.	FAIR VALUE OF ITEMS
26	Other (HAIRCUTS AND HO)	X	239	6,165.	FAIR VALUE OF ITEMS
27	Other (BIKES)	X	56	3,192.	FAIR VALUE OF ITEMS
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

Employer identification number: **-***2337

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE EXECUTIVE OFFICERS OF THE BOARD AND THEN REVIEWED BY THE FULL BOARD

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL DISCLOSURE FORM

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS INCLUDES THE FOLLOWING ELEMENTS: (1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF CENTRAL LOUISVILLE COMMUNITY MINISTRIES (CLCM), (2) US OF DATA AS TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING

1)REVIEW AND APPROVAL: THE COMPENSATION OF THE PERSON REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTE OF CLCM, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW OR APPROVAL.

2) USE OF DATA AS TO COMPARABLE COMPENSATION. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATION, TO THE EXTENT AVAILABLE.

3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH REPSECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:
BOARD MEMBERS ARE REQUIRED TO SIGN ANNUAL DISCLOSURE FORM

Client: 611082337 - CENTRAL LOUISVILLE COMMUNITY MINISTRIES
Engagement: good - CENTRAL LOUISVILLE COMMUNITY MINISTRIES
Period Ending: 6/30/2025
Trial Balance: 9-TB - Blank Trial Balance
Workpaper: 9.3 - AJE Report

Account	Description	W/P Ref	Debit	Credit
Adjusting Journal Entries				
Adjusting Journal Entries JE # 1		I-2		
To adjust Payroll tax accruals				
21003.1	KY INCOME TAXES		8,987.52	
21005	FEDERAL TAXES		32,617.73	
21007	JEFFERSON CNTY		979.96	
21008	JEFFERESON CNTY SD		441.91	
21009	LOUISVILLE		573.94	
70000	PAYROLL TAXES		5,724.59	
21000	PAYROLL LIABILITIES			2,247.11
21001	FEDERAL WITHHOLDING			15,462.62
21002	FICA			22,473.64
21003	KY WITHHOLDING TAX			4,601.53
21004	METRO LOUISVILLE EMPLOYMENT TAX			1,655.85
21004.1	LY LOCAL TAXES			728.36
22010	STATE/LOCAL REVENUE TAX PAYABLE			2,156.41
Total			49,426.62	49,426.62
Adjusting Journal Entries JE # 2		I-1		
To adjust beginning net assets				
11000	ACCOUNTS RECEIVABLE		6,105.78	
40015	DONATIONS & FUNDRAISING		82.47	
32000	UNRESTRICTED NET ASSETS			6,188.25
Total			6,188.25	6,188.25
Adjusting Journal Entries JE # 3	Carryover 6.30.25	I-1		
To adjust or carryover				
40015.1	MIRACLE-CLCM RESTRICTED		4,787.80	
40050	PASS-THROUGH DONATIONS		1,828.18	
40055	CLIENT INCOME PASSTHROUGH		869.00	
40070.1	ACM LGE ASSISTANCE - RESTIRCTED		2,601.94	
40070.2	ACM WATER ASSISTANCE - RESTRICTED		9,417.00	
40070.92	ACM-SLCM NEIGHBORHOOD NAVIGATOR		2,512.60	
40072	NDF LOUISVILLE METRO CLIENT ASSIST		4,226.77	
40075	SOUTH LOUISVILLE MINISTERIES		12,362.40	
25000	OTHER CURRENT ASSETS			38,635.69
Total			38,635.69	38,635.69
Adjusting Journal Entries JE # 4		M-4		
To record inkind donations				
65000	INKIND SERVICES		769,376.00	
46000	INKIND DONATIONS			769,376.00
Total			769,376.00	769,376.00
	Total Adjusting Journal Entries		863,626.56	863,626.56
	Total All Journal Entries		863,626.56	863,626.56

EG – cold review of adjustments

(A) To be reversed in FYE 6.30.26

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 20 25

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer: CENTRAL LOUISVILLE COMMUNITY MINISTRIES INC

EIN or SSN: 61-1082337

Name and title of officer or person subject to tax: LINETTE LOWE
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	Form 990 check here	[X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	1,242,104.
2a	Form 990-EZ check here	[ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	[ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	[ ]	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	[ ]	b **Balance due** (Form 8868, line 3c)	5b	
6a	Form 990-T check here	[ ]	b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	[ ]	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	[ ]	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	Form 5330 check here	[ ]	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	[ ]	b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that [X] 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 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize MATHER & CO. CPAS, LLC to enter my PIN 52337
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61336137133
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature MATHER & CO. CPAS, LLC Date 02/09/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

DB00727 PG0567

RESOLUTION OF THE BOARD OF DIRECTORS
HELP MINISTRIES OF CENTRAL LOUISVILLE, INC.

RESOLVED, that Article I of the Articles of Incorporation of Help Ministries of Central Louisville, Inc. be amended to read as follows:

ARTICLE I

The name of the Corporation shall be Central Louisville Community Ministries, Inc.

CERTIFICATE

I hereby certify that the foregoing is a true and correct copy of a resolution adopted by Help Ministries of Central Louisville, Inc. at a meeting held the 20 day of November, 2013 in accordance with the regulations of the organization, at which a quorum was present.

IN TESTIMONY WHEREOF, I have hereunto affixed my name as secretary of Help Ministries of Central Louisville, Inc. this 20 day of November 2013.

Help Ministries of Central Louisville, Inc.

ATTEST: Dawn Cooley
Secretary

Document No.: DN2013216084
Lodged By: ECKLER
Recorded On: 12/30/2013 11:12:30
Total Fees: 11.00
Transfer Tax: .00
County Clerk: BOBBIE HOLSCLAW-JEFF CO KY
Deputy Clerk: ANASHO

Multi-page document. Select page: 1 2

END OF DOCUMENT

Multi-page document. Select page: 1 2

0204114.09 BAlimonos AMD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
12/17/2013 11:24 AM
Fee Receipt: $8.00

ARTICLES OF AMENDMENT

OF

HELP MINISTRIES OF CENTRAL LOUISVILLE, INC.

Pursuant to the provisions of KRS 273.267, the undersigned hereby executes these Articles of Amendment on behalf of the above-referenced Kentucky non-profit corporation:

(A) The name of the corporation is Help Ministries of Central Louisville, Inc.

(B) The following amendment to the Articles of Incorporation, as heretofore amended, was adopted at a meeting of the Board of Directors of the corporation held on Nov. 20, 2013. Said amendment received the vote of a majority of the directors in office, there being no members otherwise entitled to vote.

(C) The effective date shall be January 1, 2014.

ARTICLE I

The name of the Corporation shall be Central Louisville Community Ministries, Inc.

I declare under penalty of perjury under the laws of the Commonwealth of Kentucky that the forgoing is true and correct.

Timothy J. Hagerty, President

Dated: Nov. 20, 2013

Multi-page document. Select page: 1 2

BOOK 0474 PAGE 332

RECEIVED & FILED
Ck $20
JAN 20 9 03 AM '95
BOB BABBAGE
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY

ARTICLES OF AMENDMENT

OF

THE HELP OFFICE, INC. OF LOUISVILLE

THE UNDERSIGNED, duly elected E. Benjamin Sanders, President of The Help Office, Inc. of Louisville hereby certifies that said corporation is a non-stock, non-profit corporation incorporated on July 23, 1985, under the laws of the Commonwealth of Kentucky, and Chapter 273 of the Kentucky Revised Statutes more particularly.

I further certify that the following Amendment was adopted at a regular meeting of the Board of the corporation held on November 7, 1994, that a quorum was present, and that said Articles received the vote of a majority of the Directors in office.

ARTICLE I

The name of the Corporation shall be Help Ministries of Central Louisville, Inc.

IN TESTIMONY WHEREOF, witness the signature of the President of this Corporation, this 19th day of January, ~~1994~~ 1995.

E. Benjamin Sanders
E. BENJAMIN SANDERS, PRESIDENT

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

The foregoing Articles of Amendment were acknowledged before me this 19th day of January, ~~1994~~ 1995, by E. Benjamin Sanders, President, of The Help Office, Inc., of Louisville, on behalf of the Corporation.

Witness my signature and seal of office this 19th day of January, ~~1994~~ 1995.

My Commission Expires: March 23, 1998.

Claudette Ann Daniel
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

Cassandra A. Culin
CASSANDRA A. CULIN
Attorney at Law
LEGAL AID SOCIETY, INC.
425 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

A8640

Document No: 1995008640
Lodged By: LEGAL AID
Recorded On: Jan 25, 1995 12:55:12 P.M.
Total Fees: $9.00
County Clerk: Rebecca Jackson
Deputy Clerk: TERI

END OF DOCUMENT

ORIGINAL ... RECORDED
FILED AND RECORDED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY
JUL 23 1985

BOOK 356 PAGE 67

ARTICLES OF INCORPORATION
of
THE HELP OFFICE, INC. OF LOUISVILLE

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

SECRETARY OF STATE

ARTICLE I

The name of the Corporation shall be THE HELP OFFICE, INC. OF LOUISVILLE

ARTICLE II

The duration of the Corporation shall be perpetual.

Commonwealth of Kentucky

ARTICLE III

The registered office of the Corporation is to be located at:

First Unitarian Church
322 York Street
Louisville, KY 40203

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

The name and address of the registered agent for service of process is:

The Rev. Robert Reed
First Unitarian Church
322 York Street
Louisville, KY 40203

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501 (c) (3).

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

The corporate purposes of the Help Office are to give direct and personal assistance to clients from the Old Louisville and near downtown areas of Louisville, who come seeking help meeting some of their needs, especially income maintenance needs, through (1) service, in the form of friendly human contact, referrals, and short-term assistance, and (2) advocacy, to improve the amount and quality of assistance from other public and private agencies.

ARTICLE V

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

BOOK 356 PAGE 67

ARTICLE VI

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

(a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

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

(c) If and so long as the Corporation is a private foundation as defined in Section 509 (a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

(1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

(2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941 (d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

(3) The Corporation shall not retain any excess business holdings as defined in Section 4943 (c) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

(4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

(5) The Corporation shall not make any taxable expenditures as defined in Section 4945 (d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The names and addresses of the incorporators are:

INCORPORATOR	MAILING ADDRESS
The Very Rev. Allen L. Bartlett, Jr.	Christ Church Cathedral, 421 South 2nd Street, 40202
The Rev. Robert Reed	1st Unitarian Church, 322 York Street, 40202
The Rev. Ronald Reinhardt	Central Presbyterian Church, 318 W. Kentucky Street, 40203
The Rev. Benjamin Sanders	Calvary Church, 821 South 4th Street, 40203
The Rev. Joseph Vest	Cathedral of the Assumption, 443 South 5th Street, 40202

ARTICLE VIII

The initial Board of Directors shall consist of five (5) Directors. The names and addresses of the members of the initial Board of Directors are:

The Very Rev. Allen L. Bartlett, Jr.	Christ Church Cathedral, 421 South 2nd Street, 40202
The Rev. Robert Reed	First Unitarian Church, 322 York Street, 40203
The Rev. Ronald Reinhardt	Central Presbyterian Church, 318 W. Kentucky Street, 40203
The Rev. Benjamin Sanders	Calvary Church, 821 South 4th Street, 40203
The Rev. Joseph Vest	Cathedral of the Assumption, 443 South 5th Street, 40202

ARTICLE IX

The initial By-laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be goverened by the By-laws.

ARTICLE X

The officers and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position as officers and members of the Corporation.

ARTICLE XI

In the event of the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

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

ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of K.R.S. 273.263.

IN TESTIMONY WHEREOF, witness the signatures of the Incorporators of this Corporation on this 9 day of June, 1982.

The Very Rev. Allen L. Bartlett, Jr.	Allen L. Bartlett, Jr.
The Rev. Robert Reed	Robert Reed
The Rev. Ronald Reinhardt	Ronald Reinhardt
The Rev. Benjamin Sanders	E. Benjamin Sanders
The Rev. Joseph Vest	Joseph Vest

STATE OF KENTUCKY

COUNTY OF JEFFERSON

Before me, the undersigned authority, personally appeared Arnold Roland and being first duly sworn, acknowledged that he was an incorporator of the aforementioned Corporation, and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 9th day of June, 1985.

My commission expires July 15, 1987

NOTARY PUBLIC, KENTUCKY,
STATE-AT-LARGE

Document Prepared By:

Candy A. Culin

Candy A. Culin
ATTORNEY AT LAW
LEGAL AND SOCIETY, INC.
25 W. Muhammad Ali Blvd.
Louisville, KY 40202
(502) 584-1254

RECEIVED AND RECORDED
AUG 9 PM 2:16
PAID $ 705
JIM "POP" MALONE J.C.C.

A 61037

END OF DOCUMENT

BK 356 PAGE 70

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Central Louisville Community Ministries, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) **Nonprofit corporation exempt under 501(c)3**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

809 S. 4th Street

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, KY 40203

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			–			–				

or

Employer identification number

6	1	–	1	0	8	2	3	3	7

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person Laurie K. Howe Date 3/11/26

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

FINANCIAL STATEMENTS – MODIFIED CASH BASIS YEAR ENDED JUNE 30, 2025 with INDEPENDENT ACCOUNTANT'S REVIEW REPORT

CONTENTS

MATHER & COMPANY
SOLUTION-DRIVEN CPAs and Business Advisors

Mather & Co. CPAs, LLC
Suite 200
9100 Shelbyville Rd.
Louisville, KY 40222

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

The Board of Directors
Central Louisville Community Ministries, Inc.

We have reviewed the accompanying financial statements of Central Louisville Community Ministries, Inc., (a non-profit organization), which comprise the statement of assets, liabilities, and net assets – modified cash basis as of June 30, 2025, and the related statements of support, revenues, and expenses – modified cash basis, and functional expenses – modified cash basis for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of entity management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with the modified cash basis of accounting. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Central Louisville Community Ministries, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with the modified cash basis of accounting.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our conclusion is not modified with respect to this matter.

Mathew + Co. CPAs, LLC

Louisville, Kentucky
January 30, 2026

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS – MODIFIED CASH BASIS
June 30, 2025

ASSETS	
Cash	$ 127,046
Total assets	$ 127,046
LIABILITIES AND NET ASSETS	
Liabilities	
Unearned grant revenue	$ 38,636
Payroll liabilities	4,367
Total liabilities	43,003
Net assets without donor restrictions	84,043
Total liabilities and net assets	$ 127,046

See independent accountant's review report.

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

STATEMENT OF SUPPORT, REVENUES, AND EXPENSES – MODIFIED CASH BASIS
Year ended June 30, 2025

Support and revenues	
Grants:	
Association of Community Ministries:	
LG&E assistance	$ 62,281
Louisville Water assistance	18,791
Administrative	10,246
Total Association of Community Ministries	91,318
Louisville Metro Revenue	108,500
Louisville Metro – Navigator	115,773
Community WinterHelp	15,730
Metro United Way Safety Net	3,332
South Louisville Ministries - Navigator	9,600
M U W JCPS Pilot	5,000
Kentucky Colonels Good Works Program	1,685
Total grants	350,938
Member churches	21,850
CLCM assistance donations	14,855
Pass-through donations	7,292
Miracle Fund	10,427
Client needs donations	5,385
Other charitable donations	23,478
Fundraising events	40,633
In-kind donations	769,376
Total support and revenues	1,244,234
Expenses	
Program services	1,189,086
Support services:	
Management and general	44,170
Fundraising	3,512
Total support services	47,682
Total expenses	1,236,768
Change in net assets without donor restrictions	7,466
Net assets without donor restrictions at beginning of year	76,577
Net assets without donor restrictions at end of year	$ 84,043

See independent accountant's review report.

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

STATEMENT OF FUNCTIONAL EXPENSES – MODIFIED CASH BASIS
Year ended June 30, 2025

	Program Services	Support Services: Management and General	Support Services: Fundraising	Total Support Services	Total
Salaries	$ 116,921	$ 27,720	$ 1,255	$ 28,975	$ 145,896
Payroll taxes	9,375	2,223	100	2,323	11,698
Professional development	-	3,528	-	3,528	3,528
Emergency services:					
Rent	55,539	-	-	-	55,539
LG&E	92,981	-	-	-	92,981
Water	21,599	-	-	-	21,599
Other	11,263	-	-	-	11,263
Navigator grant	95,773	-	-	-	95,773
CLCM client assistance	1,280	-	-	-	1,280
In-kind services	769,376	-	-	-	769,376
Professional fees	-	4,500	-	4,500	4,500
Dues and subscriptions	-	472	-	472	472
Special events	-	-	2,130	2,130	2,130
Insurance	2,495	591	27	618	3,113
Supplies	-	2,015	-	2,015	2,015
Rent	6,720	1,680	-	1,680	8,400
Telephone	1,142	286	-	286	1,428
Volunteer appreciation	323	80	-	80	403
Equipment	4,299	1,075	-	1,075	5,374
Total expenses	$ 1,189,086	$ 44,170	$ 3,512	$ 47,682	$ 1,236,768

See independent accountant's review report.

1. Nature of organization and summary of significant accounting policies

Nature of organization – The Central Louisville Community Ministries, Inc. (the Organization), a non-profit organization, was founded in 1968. It was incorporated in the Commonwealth of Kentucky in 1985 as a non-stock, non-profit corporation under the name The Help Office Inc. of Louisville. The Organization amended its articles of incorporation effective January 1, 2014, changing its name to Central Louisville Community Ministries, Inc. The Organization is a member of the Association of Community Ministries. The Organization's purpose is to assist residents of Louisville, Kentucky in specified portions of zip codes 40202, 40203, and 40208 with financial and other human needs in times of crisis.

Basis of presentation – The accompanying financial statements have been prepared on the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, support, revenues, and expenses are not typically accrued, but are reported when cash is received or disbursed. However, if determinable, the Organization reports any donated services, materials, and use of facilities at fair value as contributions with an equivalent amount reported as expense.

Net assets and support, revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the Organization's net assets and changes therein are classified as follows on the accompanying financial statements:

Net assets without donor restrictions – Net assets without donor restrictions represent net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the Organization's primary objectives. Net assets without donor restrictions may be designated for specific purposes by the Organization's Board of Directors. No such designations have been made as of June 30, 2025.

Net assets with donor restrictions – Net assets with donor restrictions represent net assets whose use by the Organization are subject to donor-imposed stipulations that may be fulfilled by actions of the Organization pursuant to those stipulations, or that expire by the passage of time, and those whose use by the Organization is subject to donor-imposed stipulations that neither expire by passage of time nor can be otherwise removed by actions of the Organization. The Organization has no net assets with donor restrictions as of June 30, 2025.

Estimates – The accompanying financial statements include estimates based on management's assumptions based on general knowledge of values of contributed in-kind donations that affect certain reported amounts of support, revenues, and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Support and revenues– Grants and cash contributions are reported as an increase in net assets in the year in which the funds are received. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is received. All other donor-restricted support is reported as an increase in net assets with restrictions. When a restriction expires (either when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are released and reclassified to net assets without donor restrictions and reported on the statement of support, revenues, and expenses – modified cash basis as net assets released from donor restrictions. Special event revenue is principally derived from fundraising activities.

The Organization receives food and personal items from a variety of individuals and organizations who receive no fees, salaries, or other form of compensation. If determinable, the fair value of the contributed items are recorded as contributions with an equivalent amount recorded as expense. Those items for which there is no objective basis for valuation are not reflected in the accompanying financial statements. Contributions of donated services are recognized if the services create or enhance long-lived assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. A number of volunteers give significant time for the Organization's operations. However, these services do not meet the criteria for recognition as contributed services as previously described and are not reflected in the accompanying statement of support, revenues, and expenses – modified cash basis.

Functional expenses – Costs related to program services, management and general, and fundraising are summarized on a functional basis on the accompanying statements of support, revenues, and expenses – modified cash basis, and functional expenses – modified cash basis. Expenses which can be identified specifically as benefitting a program or fundraising event are directly charged to that program or event. Expenses related to more than one function are allocated based on management's best estimates of time spent by employees on various functions. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the Organization's overall support and direction.

Subsequent events – The Organization's management has evaluated subsequent events through January 30, 2026 the date the financial statements were available for issue.

2. In-kind donations

The Organization depends on the generosity of many people and organizations with respect to their non-cash donations which are utilized to support the Organization's program services. In-kind donations are comprised of the following:

Food orders	$ 723,471
Personal care items	6,165
Winter coats	5,895

School supplies	$ 8,750
Bikes	3,192
Clothing	21,903
Total in-kind donations	$ 769,376

3. Operating lease

The Organization leases office space under a lease through June 30, 2026 with monthly payments totaling $700 per month including utilities.

4. Income taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and is not considered a private foundation by the Internal Revenue Service (IRS). However, the Organization could be subject to federal income tax in a year in which unrelated business income is recognized. No unrelated business income is recognized for the year ended June 30, 2025. The Organization is subject to IRS examination. However, there are currently no audits for any tax periods in progress. The Organization's management believes the Organization is no longer subject to IRS examination for years prior to the year ended June 30, 2022.

5. Liquidity and funds availability

Cash totaling $127,046 as of June 30, 2025 is available for the Organization's general expenditures within one year of the accompanying statement of assets, liabilities, and net assets – modified cash basis.

6. Risks, uncertainties, and concentrations

Certain grants require the fulfillment of certain conditions as set forth in the grant instrument. Failure to fulfill the conditions could result in the return of funds to grantors. Although possible, the Organization's Board of Directors deems the contingency remote, since by accepting the grants and their terms, it has accommodated the objectives of the Organization to the provisions of the grants and awards.

Continued support for the Organization may be dependent upon the continued deductibility for income tax purposes of contributions, general economic factors, and the donors' perceptions of the Organization's basic purpose. While the Organization's Board of Directors believes the Organization has the resources to continue its efforts and programs, its ability to do so and the extent to which it continues may be dependent on the aforementioned factors.

7. Subsequent events

The Louisville Metro Revenue grant expired June 30, 2025. The amount received by the Organization under this contract totaled $108,500 for the year ended June 30, 2025. The grant was renewed totaling $168,900 for the year ending June 30, 2026.

The member churches have pledged $17,350 for the year ending June 30, 2026.

NARP

0204114
Michael G. Adams
KY Secretary of State
Received and Filed
3/10/2026 12:13:56 PM
Fee receipt: $15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of St

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
http://www.sos.ky.gov

Annual Report
Online Filing
For the Year 2026

ARP

Company: CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.
Company ID: 0204114
State of origin: Kentucky
Formation date: 7/23/1985 12:00:00 AM
Date filed: 3/10/2026 12:11:02 PM
Fee: $15.00

Principal Office
809 SOUTH FOURTH STREET
LOUISVILLE, KY 40203

Registered Agent Name/Address
LINETTE LOWE
809 S. FOURTH STREET
LOUISVILLE, KY 40203

Current Officers

President	Kathy Gapsis	112 E. 16th St., New Albany, IN 47150
Vice President	Matt Bradley	421 S. 2nd St., Louisville, KY 40202
Treasurer	Kathy Boron	309 E. Market St., Louisville, KY 40202
Secretary	April DuVal	9822 Reynolda Rd., Louisville, KY 40223

Directors

Director	Wesley E. Davis	1480 S. 6th St., Louisville, KY, 40208
Director	Joe Best	6506 Upper Hunters Trace, Louisville, KY 40216
Director	Carlotta Ingram	531 E. Liberty, Louisville, KY 40202
Director	Sally Baker	900 W. 5th St., #310, Louisville, KY 40203
Director	Carol Syvertsen	421 S. 2nd St., Louisville, KY 40202
Director	James Moody	4362 Willow View, Louisville, KY 40299
Director	April DuVal	9822 Reynolda Rd., Louisville, KY 40223
Director	Angela Johnson	702 E. Breckinridge St., Louisville, KY 40203

County: JEFFERSON
Business size: Small
Business type: Social Services

Signatures

Signature Linette Lowe
Title Executive Director

LouisvilleKy.gov

Vendor Profile: Vendor Registrations/Prequalifications/Second Chance

Home

View

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Central Louisville Community Ministries B2G Vendor ID (VID): **21838883**

New Vendor Registration/Prequalification/Second Chance & Renewal

Active

Actions	Type	Org	Status	Action	Submit Date	Review Date	Expiration Date	Contact
View	Louisville Metro Government HRC Vendor Registration	LouisvilleKY	**Active (Auto-accepted)**	New	7/1/2026	7/1/2026	7/1/2027	Ahmed Farah

Ahmed Farah
CENTRAL LOUISVILLE
COMMUNITY MINISTRIES

CERTIFICATE OF COMPLIANCE

07-Jul-2026

Taxpayer Identification Number: 0000-847122

Taxpayer Name: CENTRAL LOUISVILLE COMMUNITY MINISTRIES

This certifies that **CENTRAL LOUISVILLE COMMUNITY MINISTRIES** has fulfilled all obligations to the Louisville Metro Revenue Commission and is in good standing.

This compliance is for the sole purpose of **Lou Metro Contracts**.

Compliance Status Expiration: **06-Aug-2026**

Louisville Metro Revenue
Commission
617 W. Jefferson Street
Louisville, Kentucky 40202
(502) 574-4860

Kentucky Secretary of State
Michael G. Adams

FAST TRACK

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

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

File Amended Annual report
Change Address or Registered Agent
File Certificate of Assumed Name (DBA)
File Dissolution
Upload a Filing
File Registered Agent Resignation
Manage Assumed Name
Subscribe to changes made to this entity
Print & Mail – Request Certificates

General Information

Organization Number :	0204114
Name :	CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Membership Organizations
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	7/23/1985
Organization Date :	7/23/1985
Last Annual Report :	3/10/2026

Principal Office : 809 SOUTH FOURTH STREET
LOUISVILLE, KY, 40203

Registered Agent : LINETTE LOWE
809 S. FOURTH STREET
LOUISVILLE, KY, 40203

Show Images

Show Activities

Show Assumed Names

Show Former Names

Show Current Officers

Show Initial Officers

Kentucky Secretary of State
Michael G. Adams

FAST TRACK

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

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

File Amended Annual report | Change Address or Registered Agent | File Certificate of Assumed Name (DBA) | File Dissolution | Upload a Filing | File Registered Agent Resignation | Manage Assumed Name | Subscribe to changes made to this entity

Print & Mail – Request Certificates

General Information

Organization Number :	0204114
Name :	CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Social Services
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	7/23/1985
Organization Date :	7/23/1985
Last Annual Report :	3/10/2026
Principal Office :	809 SOUTH FOURTH STREET LOUISVILLE, KY, 40203
Registered Agent :	LINETTE LOWE 809 S. FOURTH STREET LOUISVILLE, KY, 40203

Org ID: 0204114
Fee: $20.00

Renewal Certificate of Assumed Name

0204114.04 DCornish RNA

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/16/2018 1:44 PM
Fee Receipt: $20.00

This certifies that the assumed name of

THE HELP OFFICE OF CENTRAL LOUISVILLE COMMUNITY MINISTRIES

is hereby renewed by

CENTRAL LOUISVILLE COMMUNITY MINISTRIES, INC.

a business entity organized and existing in the state of Kentucky.

The certificate of assumed name was filed with the Secretary of State on December 17, 2013.

This renewal certificate is rendered by:

Linette B. Lowe
Signature

Linette B. Lowe, Executive Director
Print or type name and title

8/9/18
Date

Hide Former Names

Former Names

Name	Action
HELP MINISTRIES OF CENTRAL LOUISVILLE,INC.	Former Name
HELP MINISTRIES OF CENTRAL LOUISVILLE, INC.	Former Name
THE HELP OFFICE, INC. LOUISVILLE	Former Name