



April 29, 2024

Mr. Nick Hunter  
Catholic Charities of Louisville, Inc.  
435 E Broadway St  
Louisville, KY 40202

Dear Nick:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

A handwritten signature in black ink that reads 'Cherry Bekaert Advisory LLC'.

Cherry Bekaert Advisory LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

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**Prepared For:**

Mr. Nick Hunter  
Catholic Charities of Louisville, Inc.  
435 E Broadway St  
Louisville, KY 40202

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**Prepared By:**

Cherry Bekaert Advisory LLC  
101 South 5th Street Ste 2100  
Louisville, KY 40202  
888-587-1719

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**File Tax Return and Make Payment (if applicable):**

Not applicable

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**Return Must be Filed On or Before:**

Not applicable

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**Special Instructions:**

Electronic filing regulations require us to receive your signed authorization forms within TEN DAYS of our processing your tax returns. We ask that you please help us comply with these rules by promptly returning your signed authorization forms.

We appreciate your business!

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

Kentucky also requires a copy of the return to be filed with the Attorney General's office. Please sign and mail to:

Office of the Attorney General  
Consumer Protection  
ATTN: Charitable Registration  
1024 Capital Center Drive, Ste. 200  
Frankfort, KY 40601

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**CATHOLIC CHARITIES OF LOUISVILLE, INC.**

EIN or SSN

**61-1239600**

Name and title of officer or person subject to tax

**NICHOLAS HUNTER  
CHIEF FINANCIAL OFFICER**

## 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.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>71,529,906.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

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

### PIN: check one box only

I authorize **CHERRY BEKAERT ADVISORY LLC** to enter my PIN **39600**  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date

## 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.

**61031239600**

Do not enter all zeros

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

ERO's signature

Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>CATHOLIC CHARITIES OF LOUISVILLE, INC.</b>	Taxpayer identification number (TIN)  <b>61-1239600</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>435 E BROADWAY ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**LISA DEJACO CRUTCHER**

- The books are in the care of ▶ **435 E BROADWAY ST - LOUISVILLE, KY 40202**

Telephone No. ▶ **502-637-9786** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CATHOLIC CHARITIES OF LOUISVILLE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>435 E BROADWAY ST</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40202</b> <b>F</b> Name and address of principal officer: <b>LISA DEJACO CRUTCHER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>61-1239600</b>  <b>E</b> Telephone number <b>502-637-9786</b>  <b>G</b> Gross receipts \$ <b>72,274,615.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.CCLOU.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CATHOLIC CHARITIES OFFERS A WIDE VARIETY OF PROGRAMS THAT WELCOME, EMPOWER AND STRENGTHEN PEOPLE</b>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>174</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>439</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>23,042,692.</b>	<b>70,830,583.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>1,181,333.</b>	<b>1,239,936.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>48,292.</b>	<b>-646,857.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>84,650.</b>	<b>106,244.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>24,356,967.</b>	<b>71,529,906.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>14,448,044.</b>	<b>57,790,068.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,064,113.</b>	<b>7,439,619.</b>	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>498,818.</b>			
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,507,922.</b>	<b>6,508,702.</b>	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>23,020,079.</b>	<b>71,738,389.</b>	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,336,888.</b>	<b>-208,483.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>13,531,827.</b>	<b>14,956,607.</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>2,551,466.</b>	<b>4,065,433.</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>10,980,361.</b>	<b>10,891,174.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>NICHOLAS HUNTER, CHIEF FINANCIAL OFFICER</b>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELEANOR A. LIVINGSTON, CP</b>	Preparer's signature
	Firm's name <b>CHERRY BEKAERT ADVISORY LLC</b>	Date
	Firm's address <b>101 SOUTH 5TH STREET STE 2100 LOUISVILLE, KY 40202</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00226461</b>
		Firm's EIN <b>88-2730877</b>
		Phone no. <b>888-587-1719</b>

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 [X]

1 Briefly describe the organization's mission: CATHOLIC CHARITIES OF LOUISVILLE SERVES PEOPLE IN NEED, ESPECIALLY THE POOR AND OPPRESSED. CONSISTENT WITH THE PRINCIPLES OF CATHOLIC SOCIAL TEACHING, WE BUILD BRIDGES OF HOPE, MERCY, AND JUSTICE AS WE ACCOMPANY STRUGGLING FAMILIES AND INDIVIDUALS TO GREATER SELF-SUFFICIENCY, ONE

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 [X] 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 [X] 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 \$ 64,440,079. including grants of \$ 56,479,392. ) (Revenue \$ 11,930. ) REFUGEE PROGRAMS: CCL HAS PARTICIPATED IN THE REFUGEE RESETTLEMENT EFFORTS OF THE U.S. CONFERENCE OF CATHOLIC BISHOPS (USCCB) SINCE SHORTLY AFTER WORLD WAR II. IT OFFICIALLY FORMED THE MIGRATION AND REFUGEE SERVICES (MRS) PROGRAM IN 1975, IN ANTICIPATION OF AN INFLUX OF REFUGEES FROM SOUTHEAST ASIA. THROUGH USCCB, CCL HAS CONTRACTS WITH THE STATE DEPARTMENT AND THE OFFICE OF REFUGEE RESETTLEMENT OF THE HEALTH AND HUMAN SERVICES DEPARTMENT TO PROVIDE RESETTLEMENT SERVICES TO VARIOUS IMMIGRANT GROUPS INCLUDING REFUGEES, ASYLEES, AND CUBAN PAROLEES. THROUGH THE KENTUCKY OFFICE FOR REFUGEES (A DEPARTMENT OF CATHOLIC CHARITIES), MRS ALSO RECEIVES FUNDING TO PROVIDE THESE INDIVIDUALS WITH SERVICES AND ASSISTANCE.

4b (Code: ) (Expenses \$ 2,226,355. including grants of \$ 2,630. ) (Revenue \$ 1,228,006. ) SOCIAL ENTERPRISE: LANGUAGE SERVICES (LS), PROVIDES INTERPRETERS TO MORE THAN 200 GOVERNMENTAL, EDUCATIONAL, HEALTHCARE, AND OTHER BUSINESS ENTITIES IN LOUISVILLE AND ACROSS THE STATE. LS COMPLETED JUST UNDER 20,000 INTERPRETING ASSIGNMENTS IN 2023, AND PROVIDED TRAINING TO OVER 100 NEW INTERPRETERS. LS IS CONSTANTLY WORKING TO ELEVATE PROFESSIONAL INTERPRETING AND TRANSLATION AS A CAREER PATH FOR THOSE WHO ARE QUALIFIED WHILE HELPING ENTITIES THROUGHOUT THE STATE INCREASE SERVICE CAPACITY TO RESIDENTS WHO ARE DEAF, HARD OF HEARING, AND/OR LIMITED ENGLISH PROFICIENCY. LS ANTICIPATES A SIGNIFICANT INCREASE IN DEMAND FOR SERVICES AS REFUGEE ARRIVALS INCREASE.

THE MISSION OF IMMIGRATION LEGAL SERVICES (ILS) IS TO PROTECT THE

4c (Code: ) (Expenses \$ 3,470,103. including grants of \$ 1,308,046. ) (Revenue \$ ) CASE MANAGEMENT SERVICES: BAKHITA EMPOWERMENT INITIATIVE, AN ANTI-HUMAN TRAFFICKING PROGRAM, WAS CREATED IN 2007, WITH A MISSION TO INCREASE AWARENESS OF HUMAN TRAFFICKING, PROVIDING TRAINING, AWARENESS, AND TECHNICAL ASSISTANCE TO PROFESSIONALS AND COMMUNITY MEMBERS, ENGAGE IN PREVENTION WORK, OFFER OUTREACH TO HIGH-RISK POPULATIONS, PROVIDE DIRECT SERVICES TO SURVIVORS OF TRAFFICKING, AND INCREASE CAPACITY TO ADDRESS HUMAN TRAFFICKING ISSUES IN KENTUCKY AND THE LARGER ANTI-TRAFFICKING FIELD. BAKHITA'S VISION IS TO DISMANTLE SYSTEMS THAT PROMOTE HUMAN TRAFFICKING, SUPPORT SURVIVORS, AND BUILD CAPACITY TO ADDRESS HUMAN TRAFFICKING AT ALL LEVELS. TODAY CCL'S PROGRAM EMPLOYS FOUR FULL-TIME STAFF MEMBERS LOCATED IN LOUISIVLLE, OWENSBORO, AND LEXINGTON TO PROVIDE STATEWIDE SUPPORT TO SURVIVORS OF ANY AGE OR

4d Other program services (Describe on Schedule O.) (Expenses \$ 186,497. including grants of \$ 0. ) (Revenue \$ )

4e Total program service expenses 70,323,034.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 193	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	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		174
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	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
<b>16</b>	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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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  
LISA DEJACO CRUTCHER - 502-637-9786  
435 E BROADWAY ST, LOUISVILLE, KY 40202

**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) LISA DEJACO CRUTCHER CHIEF EXECUTIVE OFFICER	35.00	X		X			125,371.	0.	16,340.	
(2) NICHOLAS HUNTER CHIEF FINANCIAL OFFICER	35.00			X			90,384.	0.	17,774.	
(3) PETER CUMMINS CHAIR	2.00	X		X			0.	0.	0.	
(4) BRO. PETER CAMPBELL TREASURER	1.00	X		X			0.	0.	0.	
(5) DCN DEAN GIULITTO BOARD MEMBER	1.00	X					0.	0.	0.	
(6) DCN KEITH MCKENZIE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) ED CORTAS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) GREG SHADE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JIM MATTINGLY BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOHN DREES BOARD MEMBER	1.00	X					0.	0.	0.	
(11) LISA JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LUCY WEAVER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MADONNA FLOOD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MARY LANG BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MIA COOPER BOARD MEMBER	2.00	X					0.	0.	0.	
(16) NAGY TAWFIK BOARD MEMBER	1.00	X					0.	0.	0.	
(17) NASTACIA GORDON BOARD MEMBER	1.00	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			
(18) PAUL BURKE BOARD MEMBER	3.00	X						0.	0.	0.
(19) PAUL HUMPHREY, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(20) REV. MICHAEL TOBIN BOARD MEMBER	1.00	X						0.	0.	0.
(21) SARAH OSBORN HILL BOARD MEMBER	1.00	X						0.	0.	0.
(22) SUE PERRAM BOARD MEMBER	1.00	X						0.	0.	0.
(23) SUSAN OVERTON BOARD MEMBER	1.00	X						0.	0.	0.
(24) TRINITY GIVENS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>							215,755.	0.	34,114.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							215,755.	0.	34,114.	

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 1

	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
FAMILY HEALTH CENTERS 2215 PORTLAND AVE, LOUISVILLE, KY 40212	MEDICAL	711,890.
ZIP CLINIC URGENT CARE, 2070 MCKELVEY RD, MARYLAND HEIGHTS, MO 63043	MEDICAL	563,850.
NORTON CHILDREN'S MEDICAL GROUP - NULU, 1050 EAST MARKET STREET, LOUISVILLE, KY	MEDICAL	321,328.
JUSTIFY SOLUTIONS, 9900 BIRD CHERRY CT APT 210, LOUISVILLE, KY 40241	CONSULTING	264,132.
HMPs INTERNAL MEDICINE OF WEST LOUISVILLE 927 W MAIN ST, LOUISVILLE, KY 40202	MEDICAL	261,594.

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 7

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	36,465.				
	<b>d</b> Related organizations	<b>1d</b>	987,360.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	65,548,501.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,258,257.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,302,484.				
	<b>h Total.</b> Add lines 1a-1f			70,830,583.			
Program Service Revenue	<b>2 a</b> INTERPRETATION FEES	<b>Business Code</b>	624100	1,228,006.	1,228,006.		
	<b>b</b> PROGRAM/ACTIVITY INCOME		900099	11,930.	11,930.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,239,936.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			42,323.		42,323.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	689,180.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-689,180.				
<b>d</b> Net gain or (loss)			-689,180.		-689,180.		
<b>8 a</b> Gross income from fundraising events (not including \$ 36,465. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		145,393.				
			55,529.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			89,864.		89,864.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	16,380.		16,380.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			16,380.			
<b>12 Total revenue.</b> See instructions			71,529,906.	1,239,936.	0.	-540,613.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,471,982.	37,471,982.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,318,086.	20,318,086.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	249,869.	202,577.	35,444.	11,848.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,646,021.	5,311,339.		334,682.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	318,097.	257,890.	45,123.	15,084.
<b>9</b> Other employee benefits	778,104.	630,833.	110,375.	36,896.
<b>10</b> Payroll taxes	447,528.	362,825.	63,482.	21,221.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	49,786.		49,786.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,287,654.	4,132,669.	130,984.	24,001.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	584,836.	321,146.	224,820.	38,870.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	521,061.	384,147.	128,518.	8,396.
<b>17</b> Travel	41,502.	25,722.	15,780.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	276,256.	217,033.	51,403.	7,820.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	54,851.	25,421.	29,430.	
<b>23</b> Insurance	25,136.	6,153.	18,983.	
<b>24</b> 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.)				
<b>a</b> PROGRAM & ACTIVITY EXPE	436,880.	425,072.	11,808.	
<b>b</b> BAD DEBT	230,100.	229,800.	300.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	640.	339.	301.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	71,738,389.	70,323,034.	916,537.	498,818.
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,474,129.	<b>1</b>	2,168,442.
	<b>2</b> Savings and temporary cash investments .....	932,496.	<b>2</b>	1,914,509.
	<b>3</b> Pledges and grants receivable, net .....	4,821,249.	<b>3</b>	2,902,951.
	<b>4</b> Accounts receivable, net .....	263,374.	<b>4</b>	657,536.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	109,716.	<b>8</b>	174,379.
	<b>9</b> Prepaid expenses and deferred charges .....	33,801.	<b>9</b>	21,957.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,530,297.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 797,168.	734,076.	<b>10c</b> 5,733,129.
	<b>11</b> Investments - publicly traded securities .....	54,402.	<b>11</b>	186,328.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,108,584.	<b>15</b>	1,197,376.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,531,827.	<b>16</b>	14,956,607.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,551,466.	<b>17</b>	3,941,450.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	123,983.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,551,466.	<b>26</b>	4,065,433.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,077,149.	<b>27</b>	8,301,051.
	<b>28</b> Net assets with donor restrictions .....	7,903,212.	<b>28</b>	2,590,123.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,980,361.	<b>32</b>	10,891,174.
<b>33</b> Total liabilities and net assets/fund balances .....	13,531,827.	<b>33</b>	14,956,607.	

**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	71,529,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,738,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	-208,483.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,980,361.
5	Net unrealized gains (losses) on investments	5	119,296.
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	10,891,174.

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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.
- 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? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15025401.	13082282.	14650806.	23042692.	70830583.	136631764
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	15025401.	13082282.	14650806.	23042692.	70830583.	136631764
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						136631764

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	15025401.	13082282.	14650806.	23042692.	70830583.	136631764
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,249.	17,216.	27,309.	48,292.	42,323.	138,389.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				84,650.	89,864.	174,514.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,386.	14,323.	12,391.		16,380.	57,480.
<b>11 Total support.</b> Add lines 7 through 10						137002147
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,575,159.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	99.73 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	99.70 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

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

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

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

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

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

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

CATHOLIC CHARITIES OF LOUISVILLE, INC.

Employer identification number

61-1239600

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(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  <b>CATHOLIC CHARITIES OF LOUISVILLE, INC.</b>	Employer identification number  <b>61-1239600</b>
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**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	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVE. SW  WASHINGTON, DC 20201	\$ 63,245,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CATHOLIC CHARITIES OF LOUISVILLE, INC.</b>	Employer identification number  <b>61-1239600</b>
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>CATHOLIC CHARITIES OF LOUISVILLE, INC.</b>	Employer identification number  <b>61-1239600</b>
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**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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: CATHOLIC CHARITIES OF LOUISVILLE, INC. Employer identification number: 61-1239600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a-2b regarding art and historical treasures collections and reporting requirements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	636,095.	658,388.	538,565.	503,519.	502,607.
b Contributions		100,000.		29,266.	
c Net investment earnings, gains, and losses	58,916.	-122,293.	119,823.	5,780.	912.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	695,011.	636,095.	658,388.	538,565.	503,519.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 10.1768 %
  - b Permanent endowment 89.8232 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X   |    |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		5,118,170.		5,118,170.
c Leasehold improvements		1,017,606.	485,210.	532,396.
d Equipment		41,285.	41,285.	0.
e Other		353,236.	270,673.	82,563.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,733,129.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN THIRD PARTY TRUST	1,197,376.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,197,376.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	71,704,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	119,296.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	55,529.	
e	Add lines 2a through 2d	2e		174,825.
3	Subtract line 2e from line 1	3		71,529,906.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		71,529,906.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	71,793,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	55,529.	
e	Add lines 2a through 2d	2e		55,529.
3	Subtract line 2e from line 1	3		71,738,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		71,738,389.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511.

THE ORGANIZATION EVALUATES ALL LOCAL, STATE, AND FEDERAL INCOME TAX RETURNS FOR POTENTIAL UNCERTAIN TAX POSITIONS TAKEN. MANAGEMENT HAS CONCLUDED THERE ARE NO TAX POSITIONS ATTRIBUTED TO THE REPORTING ENTITY WHICH MEET THE MORE-LIKELY-THAN-NOT CRITERION IN THE ASC. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN

**Part XIII** Supplemental Information *(continued)*

THE STATEMENTS OF ACTIVITIES OR ACCRUED IN THE STATEMENTS OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 55,529.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 55,529.





**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ROULER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	181,858.		181,858.
	2	Less: Contributions	36,465.		36,465.
	3	Gross income (line 1 minus line 2)	145,393.		145,393.
Direct Expenses	4	Cash prizes	1,000.		1,000.
	5	Noncash prizes			
	6	Rent/facility costs	2,150.		2,150.
	7	Food and beverages	25,698.		25,698.
	8	Entertainment	6,536.		6,536.
	9	Other direct expenses	20,145.		20,145.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				89,864.

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **CATHOLIC CHARITIES OF LOUISVILLE, INC.** Employer identification number **61-1239600**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BLUEGRASS COMMUNITY & TECHNICAL COLLEGE FOUNDATION - 500 NEWTON PIKE - LEXINGTON, KY 40508	76-0826082	501(C)(3)	37,118.	0.			REFUGEE SOCIAL SERVICES
BOWLING GREEN INDEPENDENT SCHOOL 1211 CENTER STREET BOWLING GREEN, KY 42101	20-8622576	GOVERNMENT ENTITY	134,864.	0.			REFUGEE SCHOOL IMPACT
COMMUNITY ACTION OF SOUTHERN KENTUCKY - 921 BEAUTY AVENUE - BOWLING GREEN, KY 42101	61-0660969	501(C)(3)	112,036.	0.			REFUGEE SOCIAL SERVICES, YOUTH MENTORING PROGRAMS AND REFUGEE HEALTH PROMOTION
FAMILY HEALTH CENTER 4805 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-0716483	501(C)(3)	42,529.	0.			REFUGEE HEALTH PROMOTION
FAYETTE COUNTY PUBLIC SCHOOLS 701 E. MAIN ST. LEXINGTON, KY 40502	61-1295655	GOVERNMENT ENTITY	17,481.	0.			REFUGEE SCHOOL IMPACT
GATE OF HOPE MINISTRIES INTERNATIONAL INC - 604 INDIAN RIDGE RD - LOUISVILLE, KY 40207	26-0281018	501(C)(3)	18,507.	0.			REFUGEE SOCIAL SERVICES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

**3** Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE 1951 BISHOP LN LOUISVILLE, KY 40218	13-5660870	501(C)(3)	100,943.	0.			REFUGEE SOCIAL SERVICES
JEFFERSON COUNTY PUBLIC SCHOOLS 1325 BLUEGRASS AVENUE LOUISVILLE, KY 40215	61-1021128	GOVERNMENT ENTIT	150,299.	0.			REFUGEE SCHOOL IMPACT
JEWISH FAMILY & CAREER SERVICES 2821 KLEMPNER WAY LOUISVILLE, KY 40205	61-0444704	501(C)(3)	126,942.	0.			REFUGEE SOCIAL SERVICES
KENTUCKY REFUGEE MINISTRIES, INC. 969 B CHEROKEE ROAD LOUISVILLE, KY 40204	61-1229842	501(C)(3)	32,471,407.	0.			REFUGEE SOCIAL SERVICES, ELDERLY SERVICES, REFUGEE SCHOOL IMPACT, YOUTH MENTORING PROGRAMS,
KY STEPS, LLC 2815 RUSSELLVILLE RD BOWLING GREEN, KY 42101	46-2489390	501(C)(3)	62,017.	0.			REFUGEE SOCIAL SERVICES
NORTON CHILDRENS HOSPITAL PO BOX 776879 CHICAGO, IL 60677	84-2411303	501(C)(3)	43,414.	0.			REFUGEE SOCIAL SERVICES
OWENSBORO COMMUNITY & TECHNICAL COLLEGE - 4800 NEW HARTFORD ROAD - OWENSBORO, KY 42303	61-1109704	501(C)(3)	47,405.	0.			REFUGEE SOCIAL SERVICES
OWENSBORO SCHOOL DISTRICT 450 GRIFFITH AVENUE OWENSBORO, KY 42301	61-6001339	GOVERNMENT ENTIT	46,024.	0.			REFUGEE SCHOOL IMPACT
REFUGE BOWLING GREEN, INC. 601 GRAHAM DR BOWLING GREEN, KY 42101	83-2610788	501(C)(3)	22,889.	0.			REFUGEE SOCIAL SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ROMAN CATHOLIC BISHOP OF OWENSBORO 600 LOCUST ST OWENSBORO, KY 42301	61-6032455	501(C)(3)	204,124.	0.			REFUGEE SOCIAL SERVICES
SOUTHCENTRAL KENTUCKY COMMUNITY & TECHNICAL COLLEGE - 1845 LOOP DRIVE - BOWLING GREEN, KY 42101	02-0738080	501(C)(3)	38,646.	0.			REFUGEE SOCIAL SERVICES
WARREN COUNTY PUBLIC SCHOOLS 303 LOVERS LANE BOWLING GREEN, KY 42103	26-3727755	GOVERNMENT ENTIT	270,016.	0.			REFUGEE SCHOOL IMPACT
WESTERN KENTUCKY REFUGEE MUTUAL ASSISTANCE ASSOCIATION, INC - 806 KENTON STREET - BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	3,525,321.	0.			REFUGEE SOCIAL SERVICES, YOUTH MENTORING PROGRAMS, KENTUCKY WILSON FISH ALTERNATIVE, REFUGEE CASH

**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
MIGRATION & REFUGEE SERVICES	4583	19,052,067.	1,266,019.	FMV	CLOTHING AND HOUSEHOLD GOODS

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

**PART I, LINE 2:**

THE ORGANIZATION ADHERES TO THE SUBRECIPIENT AND CONTRACTOR MONITORING REQUIREMENTS AND REGULATIONS STIPULATED IN ITS GRANT AGREEMENTS WITH THE FEDERAL AWARDING AGENCIES.

REFUGEE RESETTLEMENT AGENCIES: KENTUCKY REFUGEE MINISTRIES (KRM): THE MAIN OFFICE IS LOCATED IN LOUISVILLE, KY AND THE SUB OFFICE LOCATED IN LEXINGTON KY. KRM IS KOR'S PRIMARY SUBRECIPIENT; THE AGENCY IS AWARDED APPROXIMATELY 55% OF ALL SUBAWARDED FUNDING. KRM ADMINISTERS REFUGEE CASH ASSISTANCE

**Part IV Supplemental Information**

(RCA), PROVIDES FOUNDATIONAL AND INTENSIVE CASE MANAGEMENT SERVICES, EMPLOYMENT SERVICES, ENGLISH LANGUAGE TRAINING, CULTURAL ORIENTATION AND OTHER SOCIAL SERVICES TO NEWLY ARRIVING REFUGEES. THEY ALSO PROVIDE SERVICES TO YOUTH WHICH INCLUDES MENTORING, EMPLOYMENT AND PARTNERSHIPS WITH THE PUBLIC SCHOOLS SERVING REFUGEE CHILDREN IN BOTH OF THEIR LOCATIONS. KRM PROVIDES CITIZENSHIP CLASSES, DRIVER'S EDUCATION AND OLDER REFUGEE SERVICES TO REFUGEES RESIDING IN JEFFERSON COUNTY, INCLUDING REFUGEES SERVED BY CATHOLIC CHARITIES, MIGRATION AND REFUGEE SERVICES.

WKRMAA AKA. INTERNATIONAL CENTER: THE MAIN OFFICE IS LOCATED IN BOWLING GREEN, KY AND THE SUB OFFICE IS LOCATED IN OWENSBORO, KY. WKRMA IS THE SECOND LARGEST SUBRECIPIENT FOR FUNDING; THE AGENCY IS AWARDED 6% OF ALL SUBAWARDED FUNDING. WKRMAA ADMINISTERS REFUGEE CASH ASSISTANCE (RCA), PROVIDES FOUNDATIONAL AND INTENSIVE CASE MANAGEMENT SERVICES, EMPLOYMENT SERVICES, OTHER SOCIAL SERVICES AND YOUTH MENTORING SERVICES TO NEWLY ARRIVING REFUGEES.

**PUBLIC SCHOOLS: 1% OF ALL SUBAWARDS**

THE PUBLIC SCHOOLS INCLUDE JEFFERSON, FAYETTE, DAVIESS AND WARREN COUNTIES, BOWLING GREEN INDEPENDENT AND OWENSBORO PUBLIC SCHOOLS. KOR FUNDING TO THE PUBLIC SCHOOLS ARE DESIGNED TO ADDRESS THE LANGUAGE, ACADEMIC AND CULTURAL ADJUSTMENT NEEDS OF NEWLY ARRIVED REFUGEE YOUTH. FUNDING IS ALSO USED FOR AFTER SCHOOL AND SUMMER PROGRAMMING SUCH AS DEVELOPMENT OF SPECIALIZED CLASSROOM LEARNING MATERIALS, HIRING OF BILINGUAL AND CULTURALLY COMPETENT SUPPORT STAFF, PARENT ENGAGEMENT ACTIVITIES, PROFESSIONAL DEVELOPMENT FOR SCHOOL STAFF, AND COMPREHENSIVE SCHOOL INTAKE AND ORIENTATION PROCESSES.

**TECHNICAL COMMUNITY COLLEGES: 0.02% OF ALL SUBAWARDS**

**Part IV** Supplemental Information

THE TECHNICAL COMMUNITY COLLEGES INCLUDE SOUTHERN KENTUCKY TECHNICAL COLLEGE, OWENSBORO TECHNICAL COLLEGE AND BLUEGRASS TECHNICAL COLLEGE. FUNDING TO THE TECHNICAL COMMUNITY COLLEGES PROVIDES ENGLISH LANGUAGE TRAINING TO NEWLY ARRIVED REFUGEES IN BOWLING GREEN, OWENSBORO AND LEXINGTON, KENTUCKY. OWENSBORO TECHNICAL COLLEGE ALSO PROVIDES EMPLOYMENT SERVICES FOR LONGER TERM REFUGEES LIVING IN OWENSBORO.

OTHER MAINSTREAM PROVIDERS: 7% OF ALL SUBAWARDS THIS INCLUDES JEWISH FAMILY CAREER SERVICES (JFCS) WHICH PROVIDES CAREER PLANNING AND PLACEMENT SERVICES TO REFUGEES LIVING IN JEFFERSON COUNTY. COMMUNITY ACTION OF SOUTHERN KENTUCKY PROVIDES EMPLOYMENT SERVICES TO LONGER TERM REFUGEES RESIDING IN BOWLING GREEN KY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY REFUGEE MINISTRIES, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE SOCIAL SERVICES, ELDERLY SERVICES, REFUGEE SCHOOL IMPACT, YOUTH MENTORING PROGRAMS, KENTUCKY WILSON FISH ALTERNATIVE & REFUGEE CASH AND MEDICAL PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN KENTUCKY REFUGEE MUTUAL ASSISTANCE ASSOCIATION, INC (H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE SOCIAL SERVICES, YOUTH MENTORING PROGRAMS, KENTUCKY WILSON FISH ALTERNATIVE, REFUGEE CASH AND MEDICAL PROGRAMS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CATHOLIC CHARITIES OF LOUISVILLE, INC.**

Employer identification number

**61-1239600**

**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		1,266,019.	FAIR MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>AUCTION ITEMS</b> )	X	90	36,465.	FAIR MARKET VALUE
26 Other ( _____ )				
27 Other ( _____ )				
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** 0

30a During the year, did the organization receive by contribution any property reported in 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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CATHOLIC CHARITIES OF LOUISVILLE, INC.

Employer identification number

61-1239600

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGHOUT THE ARCHDIOCESE OF LOUISVILLE AND BEYOND. WE SERVE CLIENTS  
OF ALL RELIGIOUS, ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS. WE WELCOME  
THE STRANGER, HELPING OUR IMMIGRANT AND REFUGEE BROTHERS AND SISTERS  
OVERCOME BARRIERS AND BECOME SELF SUFFICIENT IN THEIR NEW HOMES. WE  
EMPOWER CLIENTS THROUGH SOCIAL ENTERPRISE PROGRAMS THAT PROVIDE A  
PATHWAY TOWARD SELF-SUFFICIENCY AND ADVANCE A POSITIVE SOCIAL MISSION.  
WE STRENGTHEN INDIVIDUALS AND FAMILIES, PROVIDING A NETWORK OF SOCIAL  
SERVICES THAT RESTORE HOPE TO THE POOREST AND MOST VULNERABLE AMONG US.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELATIONSHIP AT A TIME. WE COLLABORATE AND ADVOCATE FOR NECESSARY  
CHANGES IN SOCIAL POLICY. WE CALL THE LOCAL CATHOLIC CHURCH AND OTHERS  
OF GOODWILL TO ENGAGE IN ACTS OF MERCY AND JUSTICE. WE SUPPORT AND  
RESOURCE OUR 110 PARISHES TO EXPAND THIS WORK ACROSS THE ARCHDIOCESE OF  
LOUISVILLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MRS MANDATE IS TO ASSIST CLIENTS TO BECOME FINANCIALLY AND SOCIALLY  
INDEPENDENT AND INTEGRATED INTO THE LARGER SOCIETY HERE IN THE UNITED  
STATES, ALL WITHIN A REASONABLE TIME FRAME. MRS APPLIES A HOLISTIC  
APPROACH IN REFUGEE RESETTLEMENT, USING ALL THE METHODS OF SOCIAL WORK  
TO PROVIDE LONG-LASTING SOLUTIONS TO THE PROBLEMS AND SITUATIONS THAT  
REFUGEES AND IMMIGRANTS FACE. MRS PROVIDES CASE MANAGEMENT, EMPLOYMENT,  
AND NON-EMPLOYMENT SERVICES TO ITS CLIENTS, INCLUDING ENGLISH LANGUAGE  
TRAINING AT ITS OWN ENGLISH LANGUAGE SCHOOL, WHERE ADULTS LEARN THE

Name of the organization CATHOLIC CHARITIES OF LOUISVILLE, INC.	Employer identification number 61-1239600
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SKILLS NEEDED TO ENTER THE WORKFORCE, AND SERVICES TO CHILDREN SUCH AS SCHOOL ENROLLMENT AND ACCESS TO DAYCARE. IN RECENT YEARS MRS HAS EXPANDED ITS SERVICES TO INCLUDE FAMILY LEARNING PROGRAMMING AND WRAP-AROUND SERVICES ASSOCIATED WITH HEAD START AND EARLY HEAD START PROGRAMS TO ENGLISH LEARNER FAMILIES (REFUGEES OR OTHER IMMIGRANTS). THROUGH FUNDING FROM LIRS, MRS ALSO PARTICIPATES IN THE SAFE RELEASE SERVICES AND HOME SAFETY/POST-RELEASE SERVICES PROGRAMS, WHICH PROVIDE SCREENING AND CASE MANAGEMENT SERVICES TO SPONSORS RECEIVING MINORS AS THEY ARE RELEASED FROM OFFICE OF REFUGEE RESETTLEMENT RUN SHELTERS. FROM JULY 2023-JANUARY 2024, MRS PROVIDED REFUGEE CASH ASSISTANCE TO 3080 INDIVIDUALS. AS OF THIS WRITING, MRS HAS SERVED 451 REFUGEE ARRIVALS SINCE JULY 2023. MRS IS READY TO RESPOND TO AN ANTICIPATED INFLUX OF REFUGEES IN THE NEXT COUPLE OF YEARS, AS THE BIDEN ADMINISTRATION INTENDS TO INCREASE REFUGEE ADMISSIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RIGHTS OF ITS CLIENTS UNDER THE LAWS OF THE UNITED STATES AND HELP THEM TO ACCESS ALL THE FREEDOMS OF OUR SOCIETY. IT FULFILLS THAT MISSION BY PROVIDING QUALITY PROFESSIONAL SERVICES AT LOW FLAT-RATE FEES, TURNING NO ONE AWAY FOR THE INABILITY TO PAY. AS A MEMBER OF CATHOLIC LEGAL IMMIGRATION NETWORK, INC. (CLINIC), CCL IS OBLIGED TO KEEP FEES AFFORDABLE TO SERVE THE GREAT DEMAND FOR LOW-COST LEGAL SERVICES IN IMMIGRATION LAW. IMMIGRATION LEGAL SERVICES (ILS) PROVIDES SERVICES IN 26 DIFFERENT CATEGORIES RANGING FROM SIMPLE CONSULTATIONS TO REPRESENTATIONS IN THE IMMIGRATION COURT. IN FY2023 ILS OPENED 856 CASES AND DURING THE FIRST SIX MONTHS OF FY2024 IT OPENED 626 CASES.

COMMON TABLE (CT) IS A UNIQUE CULINARY ARTS TRAINING PROGRAM IN

Name of the organization CATHOLIC CHARITIES OF LOUISVILLE, INC.	Employer identification number 61-1239600
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LOUISVILLE BECAUSE IT IS OFFERED YEAR-ROUND TO COMMUNITY MEMBERS. THE COMMON TABLE (CT) PROJECT WAS OFFICIALLY LAUNCHED ON JUNE 1, 2015, WITH THE PURPOSE OF OFFERING AN OPPORTUNITY FOR UNEMPLOYED OR UNDER-EMPLOYED INDIVIDUALS TO OBTAIN MARKETABLE FOOD SERVICE SKILLS. CT IS TRAINING THOSE WHO FACE BARRIERS TO EMPLOYMENT TO GAIN NECESSARY SOFT SKILLS AND A MARKETABLE FOOD HANDLING CERTIFICATION TO WORK IN COMMERCIAL KITCHENS. IN JUNE OF 2020, COMMON TABLE MOVED TO A NEW DARE TO CARE FACILITY IN WEST LOUISVILLE FROM ITS ORIGINAL LOCATION AT ST. ANTHONY'S. CURRENTLY CT HAS GRADUATES PLACED AT GREAT ESTABLISHMENTS IN THE CITY OF LOUISVILLE SUCH AS DARE TO CARE, BLACK COFFEE, AND UNIVERSITY OF LOUISVILLE.

THE COMMON EARTH GARDENS (CEG) PROGRAM WAS CREATED 17 YEARS AGO WITH A MISSION TO PROVIDE COMMUNITY MEMBERS AND NEWLY ARRIVED REFUGEES WITH THE OPPORTUNITY TO GROW FOOD, TO BUILD A COMMUNITY, TO PARTICIPATE IN THE SOCIETY, AND TO ACCESS LOCAL MARKETS TO SUPPLEMENT THEIR INCOMES. CURRENTLY, COMMON EARTH GARDENS MANAGES SIX ESTABLISHED COMMUNITY GARDENS WITH TWO GARDENS IN DEVELOPMENT THROUGHOUT LOUISVILLE, WHERE PLOTS ARE TENDED BY LOW-INCOME FAMILIES, MANY OF THEM REFUGEES. THE GARDENS ARE VERY POPULAR AND GARDENERS RARELY RELINQUISH THEIR PLOTS, LEAVING LITTLE OPPORTUNITY FOR NEW FAMILIES TO OBTAIN A PLOT IN ONE OF THE GARDENS. CURRENTLY 367 GROWERS ARE GROWING IN 491 COMMUNITY GARDEN PLOTS. CEG ALSO MANAGES AN INCUBATOR FARM WHERE 50 FARMERS ARE TRAINED TO GROW THEIR CROP AND SELL IT IN MARKETS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GENDER, WHO HAVE EXPERIENCED SEX OR LABOR TRAFFICKING. BAKHITA SUPPORTS FOREIGN-BORN AND DOMESTIC SURVIVORS, ENSURING THAT CASE MANAGEMENT

Name of the organization

CATHOLIC CHARITIES OF LOUISVILLE, INC.

Employer identification number

61-1239600

SERVICES ARE INDIVIDUALIZED TO BEST SUPPORT EACH INDIVIDUAL. SUPPORT WAS PROVIDED TO 115 SURVIVORS OF HUMAN TRAFFICKING THROUGH BAKHITA, INCLUDING CASE MANAGEMENT, PROVISION OF BASIC NEEDS (FOOD, CLOTHING, ETC.), LEGAL ADVOCACY, INTERPRETER SERVICES, IMMIGRATION LEGAL SERVICES, THERAPY SERVICES AND HOUSING ASSISTANCE. SUPPORTIVE SERVICES HELP TO ENSURE THEIR PERSONAL SAFETY, INCREASE STABILITY, ENCOURAGE EMPOWERMENT, AND IMPROVE THE OVERALL WELL-BEING OF SURVIVORS. 570 PROFESSIONALS WERE TRAINED ON ISSUES RELATED TO HUMAN TRAFFICKING. 91 YOUTH WERE REACHED THROUGH PREVENTION EDUCATION AND AWARENESS.

THE COMMUNITY SUPPORT SERVICES GROUP ENCOMPASSES SEVERAL PROGRAMS THAT CATER TO THE NEEDS OF OUR COMMUNITY FROM BIRTH TO DEATH. FAMILY SUPPORT SERVICES BEGAN AS THE MOTHER INFANT CARE PROGRAM IN 2000 TO CONTINUE THE MISSION OF HELPING YOUNG PREGNANT WOMEN IN OUR COMMUNITY AFTER THE CLOSURE OF LOUISVILLE'S INFANT HOME. WITH PARTIAL FUNDING FROM THE QUEEN'S DAUGHTERS ORGANIZATION, FSS HAS GROWN FROM PROVIDING MOTHER/INFANT CARE CLASSES TO SUPPORT GROUPS FOR PARENTS OF TODDLERS, DIRECT AID (RENT, UTILITIES AND BABY SUPPLIES, APPROXIMATELY \$35,000) TO STRUGGLING FAMILIES, A PARISH-BASED WALKING WITH MOMS IN NEED PROGRAM, AND NOW A FAMILY STABILITY PROGRAM. THE FAMILY STABILITY PROGRAM WILL EMPHASIZE LEARNING FUNCTIONAL SKILLS SUCH AS FAMILY BUDGETING, PARENTING, ACCESSING COMMUNITY RESOURCES AND TENANT RIGHTS AND RESPONSIBILITIES. WITH THE ADDITION OF ACCESS TO SECTION 8 VOUCHERS THE GOAL IS TO PREVENT FAMILIES SLIDING INTO EVICTION AND HOMELESSNESS. FAMILY MINISTRIES IS ALSO AN INTEGRAL PART OF COMMUNITY SUPPORT SERVICES AND WITH OUR COLLABORATION WITH THE ARCHDIOCESE THROUGH A SHARED STAFF MEMBER, PROGRAMS SUCH AS WALKING WITH MOMS IN NEED, SENIOR RETREAT, PROGRAMS FOR FAMILY CAREGIVERS OF ILL FAMILY MEMBERS, AND

Name of the organization

CATHOLIC CHARITIES OF LOUISVILLE, INC.

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61-1239600

GRIEF PROGRAMS ARE ALL BEING FACILITATED. LOOKING FORWARD, RESEARCH INTO A "GRANDPARENTS PARENTING GRANDCHILDREN" PROGRAM HAS BEGUN WITH THE GOAL OF ESTABLISHING SUPPORT GROUPS FOR THIS INCREASING DEMOGRAPHIC. FATHER JACK JONES FOOD PANTRY STARTED 3 YEARS AGO IN THE BASEMENT OF HOLY NAME'S RECTORY. IT HAS EVOLVED INTO A FOCAL POINT OF SUPPORT FOR THE SURROUNDING COMMUNITY. IN 2023 FJJFP SERVED 9,360 INDIVIDUALS WHICH MEANS 19,286 HOUSEHOLD MEMBERS WERE POSITIVELY IMPACTED. THE FOOD PANTRY COULD NOT OPERATE WITHOUT ITS TEAM OF EXTREMELY DEDICATED VOLUNTEERS WHO LOGGED 3,132 HOURS. DONATIONS DIRECTLY TO THE FOOD PANTRY ENABLE THE DISTRIBUTION OF MEAT AND OTHER PROTEIN SOURCES EVERY WEEK TO SUPPLEMENT THE FOOD THAT DARE TO CARE PROVIDES. THE FOOD PANTRY WILL REMAIN AT HOLY NAME EVEN WHEN THE OFFICES MOVE TO EAST BROADWAY. THE HISPANIC SERVICES PROGRAM SERVES THE UNDOCUMENTED, ASYLUM SEEKERS ALL AND NEWLY ARRIVED HISPANIC COMMUNITY MEMBERS, WITH REFERRALS TO RESOURCES TO START THEIR LIVES IN LOUISVILLE. THE INDIGENT BURIAL PROGRAM BEGAN IN ITS CURRENT FORM IN JULY 2021. INDIGENT BURIAL PROVIDES END OF LIFE SERVICES FOR JEFFERSON COUNTY RESIDENTS AT LITTLE OR NO COST TO FAMILIES THROUGH OUR WORK WITH COMMUNITY PARTNERS SUCH AS THE CORONER'S OFFICE, HOSPITALS, VETERANS AFFAIRS, FUNERAL HOMES AND OTHERS. WE ARE ABLE TO PROVIDE DIGNIFIED AND RESPECTFUL BURIALS OR CREMATIONS TAILORED TO THE INDIVIDUAL'S FAITH PRACTICES. ESPECIALLY IN CASES WHERE THERE IS NO FAMILY OR COMMUNITY TO BE PRESENT AT THE BURIALS, VOLUNTEERS STEP IN.

CCL HAS HOUSED THE LONG-TERM CARE OMBUDSMAN PROGRAM (LTCO) IN THE LOUISVILLE AREA FOR MORE THAN TWENTY-FIVE YEARS. THE LTCO PROGRAM IS DEDICATED TO IMPROVING THE LIVES OF THE RESIDENTS WHO LIVE IN LONG-TERM CARE FACILITIES IN THE KIPDA AND LINCOLN TRAIL DISTRICTS BY PROTECTING

Name of the organization CATHOLIC CHARITIES OF LOUISVILLE, INC.	Employer identification number 61-1239600
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THEIR RIGHTS. THE LTCO PROGRAM REPRESENTS THE RESIDENTS OF LONG-TERM CARE FACILITIES (NURSING FACILITIES, PERSONAL CARE HOMES, FAMILY CARE HOMES, AND AS OF OCTOBER 2022 ASSISTED LIVING FACILITIES), INVESTIGATING COMPLAINTS MADE BY RESIDENTS, FAMILY, OR OTHER CONCERNED COMMUNITY MEMBERS, AND BRINGING ABOUT A RESOLUTION THAT IS SATISFACTORY TO THE RESIDENT. LTCO STAFF VISIT EACH FACILITY AT LEAST ONCE PER QUARTER TO ENSURE THAT RESIDENTS RECEIVE THE CARE AND SERVICES THEY NEED, AND MAKE SURE THEY ARE AWARE THAT LTCO SERVICES ARE AVAILABLE TO THEM AT NO CHARGE. LTCO STAFF ALSO PROVIDES TRAINING TO THE STAFF OF NURSING HOME FACILITIES ON THE OLDER AMERICANS ACT, RESIDENTS RIGHTS, AND REGULATORY COMPLIANCE. COMPLAINTS AND CONCERNS HAVE ALWAYS BEEN RECEIVED THROUGH A VARIETY OF COMMUNICATION. OMBUDSMEN PROVIDE MANY SERVICES TO RESIDENTS AND FAMILIES VIA FACE TO FACE VISITS AND PHONE CALLS. LTCO RESPONDS TO ANY COMPLAINT WITH THE PERMISSION OF THE RESIDENT OR RESIDENT REPRESENTATIVE/LEGAL GUARDIAN TO INVESTIGATE, AND WORKS TO FIND RESOLUTION TO THE ISSUE. CURRENTLY LTCO IS RESPONSIBLE FOR NEARLY 9,200 BEDS IN THE KIPDA DISTRICT AND OVER 2,100 BEDS IN THE LINCOLN TRAIL DISTRICT.

THE SISTER VISITOR CENTER IS AN EMERGENCY ASSISTANCE PROGRAM THAT ASSISTS INDIVIDUALS AND FAMILIES THROUGH FINANCIAL CRISIS AND FOOD INSECURITY. THEY STRENGTHEN THE COMMUNITY BY WORKING IN SOLIDARITY WITH THE ECONOMICALLY VULNERABLE. THE CENTER'S MISSION IS TO HELP MEET THE BASIC NEEDS OF NEIGHBORS LIVING IN THE PORTLAND, RUSSELL, AND SHAWNEE NEIGHBORHOODS OF WEST LOUISVILLE. THE CENTER PROVIDES EMERGENCY FINANCIAL ASSISTANCE WITH RENT, LG&E AND WATER, ACCESS TO A SUPERMARKET CHOICE MODEL FOOD PANTRY, ESSENTIAL ITEMS FOR BABY AND TODDLERS, EMERGENCY SUPPLIES FOR NEIGHBORS EXPERIENCING HOMELESSNESS, ONE-ON-ONE

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CASE MANAGEMENT, COMMUNITY RESOURCES, REFERRALS, AND SNAP ENROLLMENT ASSISTANCE. IN FY2023, SVC ASSISTED 4,600 UNIQUE HOUSEHOLDS, COMPRISED OF 9,240 UNDUPLICATED INDIVIDUAL CLIENTS WITH FOOD, CLOTHING, CASE MANAGEMENT, AND ASSISTANCE WITH UTILITIES AND RENT. OUT OF THESE UNDUPLICATED INDIVIDUALS, 5,576 RECEIVED ASSISTANCE WITH FOOD, INCLUDING 736 SENIORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CATHOLIC IDENTITY AND EXTERNAL RELATIONS: CATHOLIC CHARITIES ENGAGES PARISHES AND THE WIDER COMMUNITY WITH OUR PROGRAMS AND PROVIDES PARISHES AND OTHERS WITH SUPPORT AND RESOURCES TO DO THE WORKS OF CHARITY AND JUSTICE. MISSION STAFF COLLABORATE WITH LOCAL SCHOOLS, PARISHES, INTERFAITH ORGANIZATIONS, AND OTHER NON-PROFITS TO EDUCATE ON COMMUNITY ISSUES, AND PROVIDE TOOLS TO STRENGTHEN EACH INDIVIDUAL'S VOICE. WE ADVOCATE FOR MATERIAL DONATIONS AND VOLUNTEERS TO SUPPORT CATHOLIC CHARITIES PROGRAMS. WE FACILITATE WORKSHOPS ON CATHOLIC SOCIAL TEACHING AND CURRENT SOCIAL ISSUES. WE ORGANIZE REFUGEE CAMP SIMULATIONS WITH LOCAL SCHOOLS TO HELP YOUNG PEOPLE BETTER UNDERSTAND THE CHALLENGES FACED BY MISSIONS WORLDWIDE ON THEIR QUEST TO A NEW LIFE IN A NEW HOME. CATHOLIC CHARITIES MANAGES AND AWARDS LOCAL GRANTS THROUGH NATIONAL AND ARCHDIOCESAN COLLECTIONS FOR CATHOLIC RELIEF SERVICES, CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT AND OPPORTUNITIES FOR LIFE.

EXPENSES \$ 186,497. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER, THE ROMAN CATHOLIC ARCHBISHOP OF

Name of the organization	CATHOLIC CHARITIES OF LOUISVILLE, INC.	Employer identification number	61-1239600
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LOUISVILLE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS ONE MEMBER WHO MAY ELECT ALL MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE ANNUAL 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO ITS FILING. INTERNALLY, THE CEO AND CFO HAVE THE PRIMARY RESPONSIBILITY FOR THE 990 PREPARATION WITH ASSISTANCE FROM THE ORGANIZATION'S STAFF ESPECIALLY ON PROGRAM ACTIVITIES. ADDITIONAL INPUT IS PROVIDED BY THE EXTERNAL AUDITORS AND THE GOVERNING BODY'S FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, WHICH IS DONE IN CONNECTION WITH EMPLOYMENT AND CONTRACTING DECISIONS AND ANY ISSUES ARE ROUTINELY REVIEWED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THERE ARE ESTABLISHED SALARY GRADE RANGES FOR ALL POSITIONS IN THE AGENCY WHICH ARE BENCHMARKED TO ARCHDIOCESAN SCHEDULES AND TO NATIONAL AND REGIONAL DATA COMPILED BY CATHOLIC CHARITIES USA.

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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE ORGANIZATION'S GOVERNING BODY AND FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AS IN PRIOR YEARS.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **CATHOLIC CHARITIES OF LOUISVILLE, INC.** Employer identification number **61-1239600**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROMAN CATHOLIC BISHOP OF LOUISVILLE AKA ARCHDIOCESE OF LOUISVILLE - 61-04446, 212 E COLLEGE ST, LOUISVILLE, KY 40201	RELIGIOUS ORGANIZATION	KENTUCKY	501(C)(3)	LINE 1	NA		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>	X	
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



