JONES, NALE & MATTINGLY PLC
401 WEST MAIN STREET, SUITE 1100
LOUISVILLE, KY 40202

LOUISVILLE URBAN LEAGUE SPORTS
AND LEARNING COMPLEX, INC.
3029 WEST MUHAMMAD ALI BOULEVARD
LOUISVILLE, KY 40212

326340
04-01-23

CLIENT'S COPY

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
LOUISVILLE URBAN LEAGUE SPORTS AND LEARNING COMPLEX, INC.

Taxpayer identification number (TIN)
83-4011875

Number, street, and room or suite no. If a P.O. box, see instructions.
3029 WEST MUHAMMAD ALI BOULEVARD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOUISVILLE, KY 40212

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of PRESIDENT
3029 WEST MUHAMMAD ALI BOULEVARD - LOUISVILLE, KY 40212

Telephone No. 502-585-4622 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, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
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.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2024)

LHA 323841 12-22-23

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

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

C Name of organization
LOUISVILLE URBAN LEAGUE SPORTS AND LEARNING COMPLEX, INC.

Doing business as NORTON HEALTHCARE SPORTS AND LEA

Number and street (or P.O. box if mail is not delivered to street address) 3029 WEST MUHAMMAD ALI BOULEVARD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40212

F Name and address of principal officer: SADIQA REYNOLDS
SAME AS C ABOVE

D Employer identification number 83-4011875

E Telephone number 502-585-4622

G Gross receipts $ 2,219,852.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

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

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.SPORTSANDLEARNINGCOMPLEX.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2019

M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: LOUISVILLE URBAN LEAGUE SPORTS AND LEARNING COMPLEX, INC. (THE ORGANIZATION) IS A CHARITABLE AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	320
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,434,840.	119,708.
9	Program service revenue (Part VIII, line 2g)	22,662.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,326.	6,201.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,254,185.	2,093,943.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,715,013.	2,219,852.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 92,069.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,775,361.	5,120,004.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,775,361.	5,120,004.
19	Revenue less expenses. Subtract line 18 from line 12	-1,060,348.	-2,900,152.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	61,263,584.	58,978,842.
21	Total liabilities (Part X, line 26)	33,817,453.	34,432,863.
22	Net assets or fund balances. Subtract line 21 from line 20	27,446,131.	24,545,979.

Part II Signature Block

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

Sign Here

Signature of officer

Date

SADIQA REYNOLDS, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TRAVIS C. FRICK			[ ]	P01728213

Firm's name JONES, NALE & MATTINGLY PLC — Firm's EIN 61-0420207

Firm's address 401 WEST MAIN STREET, SUITE 1100
LOUISVILLE, KY 40202 — Phone no. (502)583-0248

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 332001 12-21-23 Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION