

**Oldham County Fiscal Court**

**Grant Application**

**Date of Application:** August 11, 2025

**Official Name of Organization:** Critically Loved

**Address:** PO Box 43047 Louisville, KY 40253

**EIN:** 81-5273913

**Date and Place of Incorporation:** February 7, 2017 Kentucky

**Name, Complete Address, Email and Phone Number of Contact Person:**

Megan Doyle

PO Box 43047 Louisville, KY 40253

megan@criticallyloved.org

502-689-6359

**Purpose of Organization and Services Rendered:**

Critically Loved exists to provide hope and guidance to families with chronically and critically ill children. We assist our families with navigating hospital stays, bill payment, and schooling issues as well as providing education, recreational, and emotional support to foster community.

\_\_\_\_\_

**Proposal for funding:**

**Statement of need**

**Proposed use of funds**

**Project budget**

**Attachments:**

- List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.
- Copy of 501c(3) tax-exempt status letter.
- Most recent Organization/Agency budget, balance sheet, or income statement
- If a recipient of funds for the prior year, a statement of the use of those funds.
- Photographs and/or letters of support.



## Oldham County Fiscal Court Grant Application

Critically Loved exists to provide hope and guidance to families with chronically or critically ill children. After years of navigating the complexities of her daughter's life-threatening condition, Executive Director, TyiaLynn Scott, noticed a big gap in information and services that was being provided to parents. Critically Loved was created to help other parents who have found themselves on a similar path. We recognized that most children's diagnoses don't have a specialty charity to support them. We partner with 72 healthcare providers and nonprofit partners in the Louisville, Kentucky area to serve our families, in addition to surrounding counties including Oldham County, Bullitt County, Spencer County, Shelby County and more.

Our partnerships with organizations such as Skool Aid, Barren Heights, Down Syndrome of Louisville, and many others allows us to serve the entire family in a variety of ways, regardless of the child's diagnosis. We meet one-on-one with parents to answer questions, point them to financial resources and help them get organized to manage their child's healthcare with a "Getting Started" medical binder at the onset of a child's diagnosis. The binder becomes a resource to organize the child's healthcare, educational, and other information. Critically Loved also offers group support to parents around our community both in person and via Zoom. We also offer professional counseling to our families when needed.

Our focus also includes special needs child abuse prevention, as well as Inclusion Education, where typical children learn to appreciate differences in their special needs peers. We are proud to have helped provide this programming to over 15,000 students in 2024! **We are so thankful for Oldham County Fiscal Court's support in providing this important training to 2 schools in Oldham County this year and would love the opportunity to offer this programming to 2 additional students in Oldham County in 2026!**

We are humbly requesting \$4,000 for our Inclusion Education program to provide this necessary training to 2 new Oldham County schools. Our services are provided at no cost to our families, so we truly appreciate donations from foundations such as yours. I would be happy to provide any additional information. I can be reached at (502) 689-6359 or fundraiser@criticallyloved.org. I look forward to your reply and hope we can partner together to make a difference.

Sincerely,

A handwritten signature in black ink that reads "Megan Doyle". The signature is written in a cursive, flowing style.

Megan Doyle

Operations and Development Manager

# Proposal: Support for Critically Ill Children and their families

## Critically Loved

### **MISSION**

Critically Loved exists to provide hope and guidance to families with chronically and critically ill children.

### **VISION**

Critically Loved seeks to positively impact the lives of families with chronically or critically ill children by assisting them in navigating hospital stays, bill payment, and schooling issues as well as providing educational, recreational, and spiritual support to foster community.

### **HISTORY**

After years of navigating the complexities of her daughter's life-threatening condition, Executive Director, TyiaLynn Scott, noticed a big gap in information and services that is being provided to parents. Critically Loved was created to help other parents who have found themselves on a similar path.

### **WHAT WE DO**

We meet one-on-one with parents to answer questions, support them emotionally, point them to financial resources and help them organize to manage their child's healthcare. As a result, more time can be spent by the parent caring for and loving their child.

We provide online resources, and we partner with pediatricians' offices, specialized charities, and children's hospitals to distribute a "Getting Started" medical binder at the onset of a child's diagnosis. The binder becomes a resource to organize the child's healthcare, educational, and other information. It also contains information parents need to get started and templates of forms they need.

Critically Loved also offers group support to parents around our community and via Zoom. Over the course of 6 weeks, we help parents release anger about their child's condition and see beauty among the ashes. We also offer professional counseling to our families when needed. This support has become the heartbeat of Critically Loved.

Our newest program, Building Family Unity, aims at working with the family as a unit to reduce the risk of abuse in the home. The program utilizes a therapist and a horse to work with children over the course of 5 weeks, while parents watch a training video on how to promote a positive atmosphere at home.

Critically Loved also has a focus on special needs child abuse prevention, as well as Inclusion Education, where typical children learn to appreciate differences in their special needs peers.

### **2024 Impact**

- Worked with 70 pediatric health providers and nonprofit partners to service 1,793 families with critically and chronically ill children
- Provided 357 Getting Started Medical Binders to parents near the onset of their child's serious diagnosis to help them navigate a difficult road

## Program Budget for Grant Application 2026

**Organization Name:** Critically Loved  
**Program Title:** Inclusion Education Program

	Funding Requested from Oldham Co Fiscal Court	Total Project Budget
<b>Program/Project Expenses</b>		
Inclusion Education Training for School #1	\$2,000	\$2,000
Inclusion Education Training for School #2	\$2,000	\$2,000
Inclusion Education Training for School #3	\$0	\$2,000
Inclusion Education Training for School #4	\$0	\$2,000
Inclusion Education Training for School #5	\$0	\$2,000
Inclusion Education Training for School #6	\$0	\$2,000
Inclusion Education Training for School #7	\$0	\$2,000
Inclusion Education Training for School #8	\$0	\$2,000
Inclusion Education Training for School #9	\$0	\$2,000
Inclusion Education Training for School #10	\$0	\$1,000
<b>TOTAL COSTS</b>	<b>\$4,000</b>	<b>\$19,000</b>
Additional Notes:		

# critically



## 2025 Board of Directors

**Angie Pryor**, Director of the Board, Chairwoman  
Realtor at Rick Shaw Realty  
502-821-0101

**Bruce Zoeller**, Director of the Board, Vice Chairman  
Founder and President of The Christian Advantage  
502-419-8248

**Daphne Delaine Evers**, Director of the Board  
Assistive Technology Professional at Oldham Co Schools in Kentucky  
502-648-2443

**Kathy Boyer**, Director of the Board, Secretary  
First Vice President of Investments at Stifel, Nicolaus and Co.  
502-594-9777

**Dawn Krebs**, Director of the Board, Treasurer  
Co-Owner Krebs Kontracting  
502-415-1452

**Ann Bailey Smith**, Non-Voting Director of the Board  
Jefferson County Circuit Court Judge  
502-558-1205

*Board members do NOT receive any compensation. All work is completed in a volunteer capacity.*



## Budget 2025

### Source Funds

Events	\$ 31,000
Grants	87,000
Individual Donations	45,100
Corporate Donations	<u>15,000</u>
<b>Total Income</b>	<b>\$178,100</b>

### Expenses

Administrative Expenses	\$ 2,700
Association Dues	500
Counseling/therapy for families	15,000
Data Base	2,500
Events for Families	8,000
Family Support	6,000
Fundraising Expenses	8,000
Inclusion Program	19,000
Insurance (liability and professional)	1,600
Marketing	800
Medical Binder cost	3,300
Partner Support	500
Payroll and Benefits Expenses	95,000
Professional Fees	1,500
Telephone, Telecommunications	2,700
Travel/Meeting Expenses	9,500
Tech Support and Products	<u>1,500</u>
<b>Total Expenses</b>	<b>\$178,100</b>

*With allocation of expenses the following percentages apply:*

*Administrative: 10%*

*Fundraising: 7%*

*Programming: 83%*

# Statement of Activity

Critically Loved.org

January 1-June 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
Dividend Income	277.40
Donations Received	( )
Corporate Contributions	( )
Voss Industries	5,000.00
<b>Total for Corporate Contributions</b>	<b>\$5,000.00</b>
Corporate Sponsorship	( )
Krebs Contracting	1,000.00
<b>Total for Corporate Sponsorship</b>	<b>\$1,000.00</b>
Individual Donations	<b>\$15,520.00</b>
Southeast Christian Church	1,500.00
<b>Total for Donations Received</b>	<b>\$23,020.00</b>
Fundraising	( )
Kroger Rewards	44.00
<b>Total for Fundraising</b>	<b>\$44.00</b>
Grants Received	<b>\$21,888.00</b>
Investments	( )
Interest-Savings, Short-term CD	1,459.10
<b>Total for Investments</b>	<b>\$1,459.10</b>
<b>Total for Income</b>	<b>\$46,688.60</b>
Cost of Goods Sold	
<b>Gross Profit</b>	<b>\$46,688.60</b>
Expenses	<b>\$65,673.00</b>
<b>Net Operating Income</b>	<b>-\$18,984.30</b>
Other Income	
Other Expenses	
<b>Net Other Income</b>	( )
<b>Net Income</b>	<b>-\$18,984.30</b>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 07 2017**

CRITICALLY LOVED INC  
1250 PINEHURST DR  
SHELBYVILLE, KY 40065

Employer Identification Number:  
81-5273913  
DLN:  
17053046360017  
Contact Person:  
DEL TRIMBLE ID# 31309  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
February 7, 2017  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

CRITICALLY LOVED INC

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with a large, sweeping initial "J" and a long horizontal stroke at the end.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



**Thanks to a generous donation from the Oldham County Fiscal Court, we are proud to have provided our Inclusion Education program to Buckner Elementary on August 6<sup>th</sup>!**



# Inclusion Education Program

# IMPACT!

Coming from a parent who has a child that uses an assistive walking device, this training was incredible! Overall, I think this program really helps the children to embrace differences and opens their eyes to the challenges that others may face. Learning to be kind and courageous were some of the key takeaways. I would definitely recommend this program!

*-Sarah Madison, Luke's Mom*



critically *recommended*

# INCLUSION

# Education

critically



presented by



- Critically Loved works with an organization outside of Cincinnati called Skool Aid to bring this program to Kentucky and Indiana schools
- Aims to teach youth to be more inclusive, therefore reducing the risk of abuse amongst special needs children.
- Helps strengthen the mental health and emotional connections between typical children and their peers with special needs
- As a result, all children are given their best opportunity to have a successful educational experience and an overall better quality of life when they feel included
- Typical children are able to think outside the box of ways to include their peers with different abilities through friendly class competitions with the winning class receiving a pizza party!



Scan the QR Code or visit our website  
for more information on this program:  
[criticallyloved.org/inclusion-education](http://criticallyloved.org/inclusion-education)




To the Oldham County Fiscal Court,

I am writing to whom it may concern in support of bringing Critically Loved's Inclusion Education program to more schools in Oldham County. As the Assistive Technology Coordinator for Oldham County Schools, I know firsthand the current need for this sort of programming for our students. I believe the program will help to teach our youth to be more inclusive, therefore reducing the number of special needs children being abused in a school setting. Typical children here would benefit from this programming by learning how to better interact with their peers who have special needs. We know it is so important that all children feel included in school so that they are able to have a successful educational experience. The program encourages staff to continue conversations in the classroom and that our families to continue the conversation at home. The program could have a lasting impact on students in Oldham County as we can continue to reiterate the lessons learned during the training.

I know Critically Loved was extremely appreciative of the grant received this year from the Oldham County Fiscal Court, which made it possible to bring this programming to Buckner Elementary! I hope you will consider Critically Loved's request for additional funding in Oldham County for to bring this program to other Oldham County schools. our area. I would be happy to answer any additional questions you may have regarding the interest in bringing this programming to Oldham County schools. Critically Loved was able to help provide the Inclusion Education program to over 15,000 students in Kentucky and Southern Indiana in 2024 and are hoping to reach even more students during the 2025-2026 school year! We would love the opportunity to offer this programming to more of our students.

Best Regards,



Daphne Evers



*Daphne Evers*  
**Assistive Technology Coordinator**

📞 502-241-3500  
🌐 [oldham.kyschools.us](http://oldham.kyschools.us)

*Ignite Passion. Experience Excellence.*



Short Form Return of Organization Exempt From Income Tax

2024

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Header section A through L containing organization details: Name (CRITICALLY LOVED, INC.), EIN (22-333913), Telephone (502-209-8009), Website (CRITICALLYLOVED.ORG), and Form of organization (Corporation).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I [X]

Main table with 21 rows and 4 columns. Rows 1-9: Revenue (Total: 125080). Rows 10-17: Expenses (Total: 154341). Rows 18-21: Net Assets (Total: 66082).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Part II Balance Sheets (see the instructions for Part II)

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

Table with 2 columns: Description of program services, Expenses. Rows 28-31 describe program services with associated expenses and foreign grant indicators.

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

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Lists TYIA LYNN SCOTT, BRUCE ZOELLER, DAPHNE EVERS, ANN BAILEY SMITH, ANGIE PRYOR, KATHY BOYER.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of TYIA LYNN SCOTT Telephone no. 502-209-8009 Located at: 3827 GARWOOD PLACE, LOUISVILLE, KY ZIP + 4 40241
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	<b>Yes</b>	<b>No</b>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	<b>Yes</b>	<b>No</b>
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

<b>Sign Here</b>	Signature of officer <b>TYIA LYNN SCOTT, EXECUTIVE DIRECTOR</b>	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TIMOTHY A. MASTERSON CPA</b>	Preparer's signature	Date <b>05/03/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00037134</b>
	Firm's name <b>TIMOTHY A. MASTERSON CPA, PSC</b>	Firm's EIN <b>** - *** 8235</b>			
	Firm's address <b>12700 TOWNEPARK WAY, SUITE 332 LOUISVILLE, KY 40243</b>	Phone no. <b>(502) 254-6124</b>			

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	72819.	118700.	136072.	125332.	109755.	562678.
<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 .....	72819.	118700.	136072.	125332.	109755.	562678.
<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.						562678.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	72819.	118700.	136072.	125332.	109755.	562678.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....					207.	207.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	18241.	13394.	23863.	26600.	22956.	105054.
<b>11 Total support.</b> Add lines 7 through 10						667939.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	84.24 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	85.48 %
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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 ( <i>explain in detail in Part VI</i> ):		
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 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

CRITICALLY LOVED, INC.

Employer identification number

\*\*-\*\*\*3913

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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>CRITICALLY LOVED, INC.</b>	Employer identification number  <b>** - ***3913</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	VOSS INDUSTRIES  701 LOOP ROAD  JEFFERSONVILLE, IN 47130	\$ 5016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LIFT A LIFE FOUNDATION  6000 BROWNSBORO PARK BLVD  LOUISVILLE, KY 40207	\$ 11000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KOSAIR CHARITIES  982 EASTERN PKWY  LOUISVILLE, KY 40217	\$ 12500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ZOELLER COMPANY  3649 CANE RUN RD  LOUISVILLE, KY 40211	\$ 7500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CRALLE FOUNDATION  614 W MAIN ST, STE. 2500  LOUISVILLE, KY 40202	\$ 5000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KROGER  1600 ORMSBY STATION CT.  LOUISVILLE, KY 40223	\$ 5000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CRITICALLY LOVED, INC.</b>	Employer identification number  <b>** - ***3913</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
7	BERNARD FINEMAN  12307 FOREST SCHOOL LANE  LOUISVILLE, KY 40223	\$ 5000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NEL S. MORRISON TRUST  10503 TIMBERWOOD CIRCLE STE. 120  LOUISVILLE, KY 40223	\$ 5000.	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.)

Name of organization  <b>CRITICALLY LOVED, INC.</b>	Employer identification number  <b>** - ***3913</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>CRITICALLY LOVED, INC.</b>	Employer identification number  <b>** - *** 3913</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>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**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))
		URBAN RAPPELLING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	22605.		22605.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	22605.		22605.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6533.		6533.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6533.
	11	Net income summary. Subtract line 10 from line 3, column (d)			16072.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: OVER THE EDGE

(I) ADDRESS OF FUNDRAISER:

181 HERRING COVE ROAD, HALIFAX, NOVA SCOTIA, CANADA B3P 1K9

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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 instructions and the latest information.

OMB No. 1545-0047

Open to Public  
 Inspection

Name of the organization **CRITICALLY LOVED, INC.** Employer identification number **\*\* - \*\*\* 3913**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:  
 DESCRIPTION OF PROPERTY: AMOUNT:  
 DIVIDEND INCOME 207.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  
 DESCRIPTION OF OTHER EXPENSES: AMOUNT:  
 MEMBERSHIPS AND REGISTRATIONS 245.  
 MARKETING AND DATA BASE 2615.  
 COMMUNICATION AND WEBSITE 2972.  
 PAYROLL TAX 5951.  
 PROGRAMING COST 42005.  
 TRAVEL CONFERENCES AND MEETINGS 10122.  
 OFFICE FEES 336.  
 INSURANCE 1458.  
 TOTAL TO FORM 990-EZ, LINE 16 65704.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  
 DESCRIPTION BEG. OF YEAR END OF YEAR  
 INVESTMENT IN STOCK 10000. 10000.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:  
 DESCRIPTION BEG. OF YEAR END OF YEAR  
 PAYROLL LIABILITIES 2081. 2344.  
 OTHER LIABILITIES 5827. 5821.  
 TOTAL TO FORM 990-EZ, LINE 26 7908. 8165.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE FAMILIES OF  
 CRITICALLY AND CHRONICALLY ILL CHILDREN WITH PRACTICAL, SPIRITUAL, AND  
 EMOTIONAL ASSISTANCE. THIS INCLUDES DIRECTING THEM TO FINANCIAL  
 RESOURCES AND ASSISTING THEM TO MANAGE THEIR CHILD'S HEALTHCARE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
 WE PROVIDE HOPE AND GUIDANCE TO FAMILIES WITH CRITICALLY  
 AND CHRONICALLY ILL CHILDREN. THIS INCLUDES ASSITING THEM  
 IN NAVIGATING HOSPITAL STAYS, BILL PAYMENT AND SCHOOLING  
 ISSUES. WE ALSO SUPPORT EDUCATIONAL, RECREATIONAL AND SPIRITUAL SUPPORT  
 TO FOSTER COMMUNITY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
 OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
 OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

**0975764**  
**Michael G. Adams**  
**KY Secretary of State**  
 Received and Filed  
**2/24/2025 4:06:02 PM**  
**Fee receipt: \$15.00**

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

**Annual Report**  
**Online Filing**  
**For the Year 2025**

**ARP**

**Company:** CRITICALLY LOVED, INC.  
**Company ID:** 0975764  
**State of origin:** Kentucky  
**Formation date:** 2/7/2017 12:00:00 AM  
**Date filed:** 2/24/2025 4:04:32 PM  
**Fee:** \$15.00

**Principal Office**

P.O. BOX43047  
 LOUISVILLE, KY 40253

**Registered Agent Name/Address**

TYIALYNN SCOTT  
 3827 GARWOOD PLACE  
 LOUISVILLE, KY 40241

**Current Officers**

Secretary	Kathy Boyer	2910 Lilac Way, Louisville, KY 40206
Treasurer	Dawn Krebs	1228 Audubon Parkway, Louisville, KY 40213
President	Angie Pryor	1706 Coral Ct., Prospect, KY 40059

**Directors**

Director	Bruce Edward Zoeller	1844 Boone Trail, Louisville, KY 40245
Director	Daphne Delaine Evers	9527 Poplar Hill Drive, Louisville, KY 40014
Director	Angie Pryor	1706 Coral Ct., Prospect, KY 40059
Director	Ann Bailey-Smith	600 W. Jefferson St., Louisville, KY 40202
Director	Kathy Boyer	2910 Lilac Way, Louisville, KY 40206
Director	Dawn Krebs	1228 Audubon Parkway, Louisville, KY 40213

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

**Signatures**

<b>Signature</b>	TyiaLynn Scott
<b>Title</b>	Executive Director