EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	ror the	2023 calendar year, or tax year beginning and	enaing	-	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		46-09631	42
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final return/	P.O. BOX 24362		859-963-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,125,255.
	Ameno return	DEXINGION, KI 40524		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer:DANIELLE CLORE		for subordinates	
	pendir	9 P.O. BOX 24362, LEXINGTON, KY 40524		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websit			H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: KY
		Summary			<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: KENT	UCKY N	ONPROFIT NE	TWORK, INC.
Activities & Governance		EXÍSTS TO SERVE, STRENGTHEN AND ADVANCE :	KENTUC	KY'S NONPRO	FIT
rna	1 .	Check this box if the organization discontinued its operations or dispo			
) Ve	3	•		3	10
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	10
တ္		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
iŧi	1	Total number of volunteers (estimate if necessary)			37
€		Total unrelated business revenue from Part VIII, column (C), line 12			27,939.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
	1 ~			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		248,241.	2,698,424.
n		Program service revenue (Part VIII, line 2g)		214,473.	321,351.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		324.	77,541.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,470.	27,939.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		488,508.	3,125,255.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	1			252,929.	388,995.
Se	162	Professional fundraising fees (Part IX column (Δ), line 11e)		0.	0.
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 11,6	28.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		193,395.	335,667.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		446,324.	724,662.
		Revenue less expenses. Subtract line 18 from line 12		42,184.	2,400,593.
Or Pos	3	Tevende loce expenses. Cabitaet inte 10 ffetti inte 12	Be	ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		282,869.	2,684,761.
ASS Ba	21	Total liabilities (Part X, line 26)		102,679.	103,978.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		180,190.	2,580,783.
P	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,,
	,	7 ((((((((
Sig	ın	Signature of officer		Date	
He		DANIELLE CLORE, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	SHAWN D. LANHAM, CPA SHAWN D. LANHAM	. CPA1	·, -	P00281788
	parer	Firm's name LANHAM & COMPANY, PSC	,		1-1012095
	Only	Firm's address P.O. BOX 307		THIII S LIN U	
550	y	HARRODSBURG, KY 40330		Phone no (A	59) 734-5439
N/a	v tha IF	RS discuss this return with the preparer shown above? See instructions		Li none no. 7 O	X Yes No
ivia	y une it	no diocupo uno return with the preparer shown above? See instructions			LAND TES LINO

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KENTUCKY NONPROFIT NETWORK, INC. (KNN) SERVES, STRENTHENS AND ADVANCES
	KENTUCKY'S NONPROFIT ORGANIZATIONS THROUGH QUALITY AND AFFORDABLE
	EDUCATIONAL OPPORTUNITIES AND TECHNICAL ASSISTANCE; RESOURCES ON
	NONPROFIT MANAGEMENT BEST PRACTICES; A UNIFIED VOICE FOR THE SECTOR ON
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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. (Code:) (Expenses \$184 , 496 • _ including grants of \$) (Revenue \$
4a	(Code:) (Expenses \$ 184,490 including grants of \$) (Revenue \$ 20,432 including grants of \$)
	EDUCATION
	KNN PROVIDES NONPROFIT EXECUTIVES, BOARD MEMBERS, STAFF AND VOLUNTEERS
	WITH ACCESS TO HIGH QUALITY, AFFORDABLE EDUCATIONAL OPPORTUNITIES.
	SEMINARS, WORKSHOPS, WEBINARS, AND VIRTUAL CALLS FOCUSING ON NONPROFIT
	MANAGEMENT BEST PRACTICES, CAPACITY BUILDING, AND THE LATEST ISSUES
	IMPACTING CHARITABLE NONPROFITS ARE PROVIDED TO ASSIST NONPROFIT
	LEADERS IN EFFECTIVELY ACCOMPLISHING THEIR MISSION AND SERVING THEIR
	COMMUNITIES.
4b	(Code:) (Expenses \$331,529 •including grants of \$) (Revenue \$300,919 •)
	MEMBERSHIP AND OUTREACH
	KNN IS A TRUSTED RESOURCE FOR KENTUCKY'S NONPROFIT COMMUNITY. TO
	ACHIEVE OUR MISSION OF SERVING, STRENGTHENING AND ADVANCING KENTUCKY'S
	NONPROFITS, KNN IS THE CENTRAL STATEWIDE RESOURCE FOR SHARING TOOLS AND
	KNOWLEDGE; COMMUNICATING WITH NONPROFITS ON MANAGEMENT BEST PRACTICES;
	PROVIDING ACCESS TO MEMBER BENEFITS AND MOBILIZING NONPROFITS TO
	ACHIEVE GREATER IMPACT IN THEIR COMMUNITIES.
	4 100
4C	(Code:) (Expenses \$4,100. including grants of \$) (Revenue \$) KENTUCKY GIVES DAY
	REMIOCKI GIVED DAI
	KNN HOSTS THE ANNUAL KENTUCKY GIVES DAY, A 24 HOUR ONLINE FUNDRAISING
	EVENT PROVIDING KENTUCKY'S NONPROFITS WITH AN OPPORTUNITY TO GENERATE
	NEW AND ADDITIONAL DOLLARS FOR THEIR MISSIONS VIA ONLINE GIVING. OUR
	EFFORTS TO HOST KENTUCKY GIVES DAY ALSO PROVIDES NONPROFITS WITH
	TECHNICAL ASSISTANCE IN IMPLEMENTING ONLINE FUNDRAISING AND SOCIAL
	MEDIA STRATEGIES. KENTUCKY GIVES DAY IS A SUCCESSFUL EFFORT FOR
	NONPROFITS PARTICULARLY IN SOME OF KENTUCKY'S MOST RURAL COMMUNITIES
	AND EFFECTIVELY ENCOURAGES PHILANTHROPY ACROSS KENTUCKY. KENTUCKY
	GIVES DAY EXPENSES ARE SUPPORTED BY SPONSORSHIPS INCLUDED IN DONATION
	INCOME.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	E20 12E
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
0.4	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ ^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
JZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		Α.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
3 3	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	

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Form 990 (2023) KENTUCKY NONPROFIT NETWORK, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Set in the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12a Set b If at least one is reported on line 2a, did the organization file all required federal employment tax returner? 3b X X					Yes	No
b If a least one is reported on line 2a, did the organization file all regulared referred employment tax returns? 2b	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 980-ff for this year? If "No! to line 3b, provide an explanation on Schedule O. 3c If If yes, the price of the year of year		filed for the calendar year ending with or within the year covered by this return	2a 6			
b If Yes, * fast if filled a Form 990-T for this year? If Wo * to fire 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a fire financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes, * enter the name of the foreign country Seui instructions for filling requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitote tax shofter transaction at any time during the tax year? 5b Did any textile party notify the organization that was or is a party to a prohibitote act shelfer transaction? 5c U * Yes * to line 5a or 5b, did the organization file Form 8886 17 6c I * Yes * to line 5a or 5b, did the organization file Form 8886 17 6d Does the organization and gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions of the organization solicit any contributions where the solicitation and express statement that such contributions or gifts were not tax deductible? 6c Did * Yes, * did the organization traceve a payment in soces of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Carpainzation start may receive deductible contributions under section 170(c). a bid the organization seal, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882 filed during the year 6 bid the organization seal, exchange, or otherwise dispose of fangible personal property for which it was required 6 to file Form 8882 filed during the year 7 bid the organization curve year, pay premiums, circetly or indirectly, to pay premiums on a personal benefit contract? 7 c X 7 d If Yes, * indicate the number of Forms 8222 filed during the year 9 bid the organization have excessed payments, directly or indirectly, to pay premiums on a personal benefit	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		X
4a A 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 (auch as a bank account, securities account, or other infancial account)? 5b If Yeas, "Inter the name of the foreign country (auch as a bank account, securities account, or other infancial accounts (FBAR). 5c If Yeas to line 5a or 5b, did the foreign country (auch as a bank account, and the financial accounts (FBAR). 5c If Yeas to line 5a or 5b, did the foreign country to a prohibited tax whether transaction? 5c If Yeas to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yeas to line 5a or 5b, did the organization the organization the organization and any contributions that were not tax deductibles contributions or any contributions that were not tax deductibles contributions under section 170(c). 5d If Yeas, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170(c). 5d If Yeas, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 or Organizations that many receive deductible contributions under section 170(c). 8 If Yeas, "did the organization notity the dorn of the value of the goods or services provided? 7 or Deanization receive a payment in excess of \$75 made partly as a contribution of authority to the foreign and the payment of the organization notity and partly as a contribution of authority of the organization received a contribution of authority of underly, to pay premiums on a personal benefit contract? 7 or SX If If Yeas, "indicate the number of Forms 8282 filed during the year 9 to lid the organization received a contribution of airo, boats, simplanes, or other vehicles, did the organization file a Form 1098-07 by If If Yeas, "indicate the number of Forms 8282 filed	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, fire the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at your time during the tax year? 5b Did any textible party notify the organization file Form 8898-77 6 If Yes, 1 to line 5 or 5b, did the organization file Form 8898-77 6 Does the organization should provide that twen or is a problem of the organization solicit any contributions that were not tax deductible as charitatele contributions? b If Yes, 2 title the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7 7 Organizations that may receive deductible contributions under section 170(c). b If Yes, 2 did the organization notify the donor of the value of the goods or services provided 7 7 Organizations that may receive deductible as dispose of tanglish personal property for which it was required to the Form 88292? 6 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payor? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file of Porm 8829 are equired? h If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organization have excess business holdings at any time during the year? 10 Section 501(c)(2) organizations. Enter: 11 Organ	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
b If "Yes," in the same of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for the organization file form 88967. 5b Id any taxable party notify the organization file Form 88967. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles carbriatable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles carbriatable contributions. 6b Organizations that may receive deductible contributions under section 170(c). 6c Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charable contributions and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," inclinate the number of Forms 8822 filed during the year 9 Did the organization sell, exchange, or otherwise disposes of tangitise personal property for which it was required to the Form 88967. 7c X 7d Id the organization received an contribution of qualified intellectual property, did the organization free Form 88967. 7e Did the organization form you year, pay premiums, directly or indirectly, on a personal benefit contract? 7e X 7f If Wes, "Indicate the number of Forms 8822 filed during the year 9 Did the organization received an contribution of qualified intellectual property, did the organization file a Form 108407 8 Sponsoring organizations and services, boats, airplanes, or other verbised, did the organization file a Form 108407 8 Sponsoring organizations and services and services and services and services and services and se	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	10	Section 501(c)(7) organizations. Enter:				
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If "Yes," complete Form 6069.	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		If "Yes," complete Form 6069.				

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			_	
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	*	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		-		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	+	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			77	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	a, 20.0.0 mm.g a.o.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
Ū	on Schedule O how this was done		120	х	
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		···	† 	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		102		
<u> 17</u>	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, a	and 990-T (section 501)	c)(3)s onl	v) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,355	,,-,,	,,	
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	and fine	ncial	
	statements available to the public during the tax year.	or or interest policy	, 4.14 11116		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
5	DANIELLE CLORE - 859-963-3203	55.15 and 1500rd5			
	P.O. BOX 24362, LEXINGTON, KY 40524				

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 n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		cer an	lu a u	recio	or/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		e e	nben		1099-NEC)	1099-1420)	and related
	below	dualt	tiona	L	nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- · g
(1) DANIELLE CLORE	40.00	_	_		_					
EXECUTIVE DIRECTOR		Х						155,697.	0.	38,198.
(2) JUDY SIMPSON	1.00									
TREASURER				Х				0.	0.	0.
(3) MARIAN GUINN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) FLORENCE TANDY	1.00									
VICE CHAIR	1 00			Х				0.	0.	0.
(5) RUSSELL HARPER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) SARAH RAZOR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ALAN ENGEL	1.00									
SECRETARY				Х				0.	0.	0.
(8) JEFF ASHLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SARAH JEFFERSON	1.00									
PRESIDENT				Х				0.	0.	0.
(10) NIKI KINKADE	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) EILEEN O'BRIEN	1.00									•
BOARD MEMBER		Х						0.	0.	0.
		$oxed{oxed}$								

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do			ition more	than	one	Reportable	Reportable		Esti	mated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	n an		compensation	n		ount of	
	week (list any		CCI AII	uau	II ecit	Ji/ ii us	(66)	from	from related			ther	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MIS			ensatio m the	'n
	related	e or d	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	C/		nizatior	1
	organizations	truste	al trus		ee/	mper		1099-NEC)	1000 1120)			related	
	below	idual	Institutional trustee	эc	Key employee	est co o yee	ıer	'			orgar	ization	s
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
di Ostasia								155,697.		0.	3 8	,198	<u></u>
1b Subtotal								133,037.		0.	30		0.
c Total from continuation sheets to Part Vid Total (add lines 1b and 1c)								155,697.		0.	3.8	,198	
Total number of individuals (including but n								-	0.000 of reportable	_		7 = 2	
compensation from the organization						-,		-	,				1
-												res N	Ю
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	emp	loye	e, or	hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3	2	<u>X</u>
4 For any individual listed on line 1a, is the su												,,	
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		eiat	ted organization or indivi	dual for services		5		X
Section B. Independent Contractors	piete Scrieduit	3 0 1	UI SI	ICIT	pers						3		
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of com	pens	ation fro	om	
the organization. Report compensation for	•	•							·				
(A)								(B)			(C)		
Name and business							_	Description of s		C	ompen	sation	
BART BALDWIN CONSULTING,		723	, ,	100	٦ 6 ١	=	- 1	PROFESSIONAL			1 2 6	000	^
506 MATTERHORN DR, SHELB	тутппе,	Λ.	1 4	<u> </u>	00.		\dashv	SERVICES			120	,000	<u></u>
							_						
2 Total number of independent control (n alı ıdin e det	ot II	mi+ -	4 + -	46-	00 11:	.+.	d abaya) wha received	acro than				
2 Total number of independent contractors (i	ncluaing but n	ot III	rnite	u to	tno	Se 119 1	stec	a above) who received m	iore than				

Pa	rt V	Ш	Statement of Re	ve	nue						
			Check if Schedule O	cont	tains a re	esponse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Government grants (conti All other contributions, gifts, similar amounts not included Noncash contributions included in	ribut gran I abo	tions)	1f 1g \$	570,400. 128,024.	2,698,424.			
							Business Code				
Program Service Revenue		b c	MEMBERSHIP AN EDUCATION	1D	OUTR	REAC	900099	300,919.			
Jra Re	'	d .									
roć	'	е .									
ш	1		All other program service					201 251			
			Total. Add lines 2a-2f					321,351.			
	3		Investment income (included) other similar amounts) Income from investment of					77,541.			77,541.
	5		Royalties								
						Real	(ii) Personal				
	6	а	Gross rents	6a	1						
	ı	b	Less: rental expenses	6b	,						
		С	Rental income or (loss)	6c	:						
		d	Net rental income or (loss	;)							
	7 :	а	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b	,						
Revenue			Gain or (loss)		:						
Re			Net gain or (loss)								
Other		а	Gross income from fundraisi including \$	ng e	vents (no	t					
			contributions reported on Part IV, line 18	line	1c). See	e 8a					
			Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamir Part IV, line 19			9a					
			Less: direct expenses								
			Net income or (loss) from	-	-	vities					
	10		Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sale	es of inve	entory					
ns			יהמועמט זוחוגפט	m	ממת	1 D 7 14	Business Code 524298	27,939.		27 020	
Miscellaneous Revenue			HEALTH BENEF	г т.	PRUG	TAM	344430	41,339.		27,939.	
ilar ven		b.									
Sce		C -I	All able an usur :								
Ξ			All other revenue					27,939.			
			Total. Add lines 11a-11d Total revenue. See instruction					3,125,255.	321 351	27 939	77 5/11
	12		TOTAL LEVELINE. 266 ILISH IJCIN	JHS				, , , , , , , , , , , , , , , , , , ,	, JUL,JJL.	1 41,333.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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 respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155,697.	93,418.	54,494.	7,785
6	trustees, and key employees	133,037.	73,410.	34,434.	7,705
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		141,827.	113,837.	27,036.	954
7 8	Other salaries and wages	T = T , U Z / •	113,037.	21,030•	754
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,240.	48,232.	18,974.	2.034
10	Payroll taxes	22,231.	15,486.	6,092.	2,034 653
11	Fees for services (nonemployees):	,,	25, 255.	0,002.	
''	Management				
b					
C	Legal Accounting	5,290.		5,290.	
d	Lobbying	33,500.	33,500.	7,200	
e	Professional fundraising services. See Part IV, line 17	30,000	30,000		
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	142,310.	116,855.	25,455.	
12	Advertising and promotion	•	•		
13	Office expenses	29,441.	17,081.	12,360.	
14	Information technology	29,939.	26,843.	3,096.	
15	Royalties	-	-		
16	Occupancy	14,400.		14,400.	
17	Travel	10,678.	5,715.	4,963.	
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,703.	24,703.		
20	Interest	4,708.		4,708.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,717.		1,717.	
23	Insurance	5,747.		5,747.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DUES/MEMBERSHIPS	8,990.	8,890.	100.	
b	MEMBERSHIP OUTREACH	8,613.	8,613.		
С	PROFESSIONAL DEVELOPMEN	5,540.	285.	5,255.	
d	KENTUCKY GIVES DAY	4,100.	4,100.		
е	All other expenses	5,991.	2,567.	3,222.	202
25	Total functional expenses. Add lines 1 through 24e	724,662.	520,125.	192,909.	11,628
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	. ^	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			278,488.	1	30,109
	2	Savings and temporary cash investments				2	2,646,181
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
₹	9	Prepaid expenses and deferred charges				9	
-	10a	Land, buildings, and equipment: cost or other		Ī			
		basis. Complete Part VI of Schedule D	10a	15,836.			
	b	Less: accumulated depreciation		7,365.	4,381.	10c	8,471
-	11	Investments - publicly traded securities				11	
-	12	Investments - other securities. See Part IV, line	11			12	
-	13	Investments - program-related. See Part IV, line	11			13	
.	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11				15	
-	16	Total assets. Add lines 1 through 15 (must equ		F	282,869.	16	2,684,761
	17	Accounts payable and accrued expenses	2,679.	17	3,978		
-	18	Grants payable	F		18		
-	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
g 2	22	Loans and other payables to any current or for	mer offi	cer, director,			
≝		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
<u>:</u> ן כ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D			100,000.	25	100,000
	26	Total liabilities. Add lines 17 through 25			102,679.	26	103,978
		Organizations that follow FASB ASC 958, ch		77			
Se		and complete lines 27, 28, 32, and 33.					
<u>a</u> a	27	Net assets without donor restrictions			180,190.	27	2,580,783
Ba	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC					
년		and complete lines 29 through 33.					
os la	29	Capital stock or trust principal, or current funds	S			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Ye	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			180,190.	32	2,580,783
- 1	33	Total liabilities and net assets/fund balances			282,869.	33	2,684,761

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	n 990 (2023) KENTUCKY NONPROFIT NETWORK, INC. rt XI Reconciliation of Net Assets	40-0	0963142	Page 1
	Check if Schedule O contains a response or note to any line in this Part XI			
	Check it Schedule O Contains a response of note to any line in this Fart At	T T		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	3,12	5,255
2	Total expenses (must equal Part IX, column (A), line 25)		72	4,662
3	Revenue less expenses. Subtract line 2 from line 1			0,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	$\overline{}$	180	0,190
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
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	2,58	0,783
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Sched			37
2a	, , , , , , , , , , , , , , , , , , , ,		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			x
b	Were the organization's financial statements audited by an independent accountant?		2b	^_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ	ate basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	

Form **990** (2023)

За

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

KENTUCKY NONPROFIT NETWORK, INC. 46-0963142 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	-	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2023 (14	%
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
r	33 1/3% support test - 2022. If the c	-					
17.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		_	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	•			•	17a and line 15 is	
C	more, and if the organization meets the						1070 UI
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						
	and organization	a.a .iot oriook a					(Form 990) 2023

332022 12-21-23

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.)

804	ction A. Public Support	elow, please comp	nete Part II.)						
		() 2040	# \ 0000	() 000 ((D 0000	() 0000	(0.7		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	406 554	450 004	0 000	040 044	0.500.40.4	255666		
	include any "unusual grants.")	196,551.	178,091.	255,299.	248,241.	2698424.	3576606.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity hat is related to the	214 809.	183,964.	181,096.	214,473.	321 351.	1115693.		
2	organization's tax-exempt purpose	214,000.	103,304.	101,000.	211,170	321,331.	1113033.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ-								
_	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
Ŭ	furnished by a governmental unit to								
	the organization without charge								
6	•	411,360.	362,055.	436,395.	462,714.	3019775.	4692299.		
	Total. Add lines 1 through 5	411,300.	302,033.	430,333.	402,714.	3013773.	40022000		
7 8	Amounts included on lines 1, 2, and	5,900.	10,205.	11,806.	4,868.	15,344.	48,123.		
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	3,500.	10,203.	11,000.	±,000.	13,344.	40,123.		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b	5,900.	10,205.	11,806.	4,868.	15,344.	48,123.		
	Public support. (Subtract line 7c from line 6.)	,	, ,	,	,	,	4644176.		
Sec	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2023	(f) Total		
	Amounts from line 6	411,360.	(b) 2020 362, 055.	(c) 2021 436, 395.	462,714.	(e) 2023 3019775.	(f) Total 4692299.		
	Gross income from interest,	411,300.	302,033.	430,333.	102,711.	3013773•	4032233		
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources	70.	74.	104.	324.	77,541.	78,113.		
h	Unrelated business taxable income	_			-	, -			
	(less section 511 taxes) from businesses acquired after June 30, 1975								
,	Add lines 10a and 10b	70.	74.	104.	324.	77,541.	78,113.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is	700	, 10	1010	3210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7071131		
	regularly carried on		16,123.	20,779.	25,470.	27,939.	90,311.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	411,430.	378,252.	457,278.	488,508.	3125255.	4860723.		
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,		
	check this box and stop here	· ·			,	(,(,)	,		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2023 (I			column (f))		15	95.54 %		
	Public support percentage from 2022		•	.,,		16	95.12 %		
	ction D. Computation of Inves					10	70 70		
	· · · · · · · · · · · · · · · · · · ·			no 12 polyman (f)		17	1.61 %		
	Investment income percentage for 20					- 			
	Investment income percentage from 2					18			
19a	33 1/3% support tests - 2023. If the								
	more than 33 1/3%, check this box a						X		
b	33 1/3% support tests - 2022. If the	•			•				
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions			

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)				
	, territoria, terr		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing body of a supported organization?	11a			
	A family member of a person described on line 11a above?	11b			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
Sect	tion B. Type I Supporting Organizations	•			
			Yes	No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or				
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.				
Sect	tion C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Sect	tion D. All Type III Supporting Organizations				
			Yes	No	
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_			
	tion E. Type III Functionally Integrated Supporting Organizations	3			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).		
	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	2a			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in				
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				
	these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023 332025 12-21-23

Sche	dule A (Form 990) 2023 KENTUCKY NONPROFIT NET			46-0963142 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting orga	anization (see
	instructions).			

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990) 2023

3 4

5

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023 21

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2023

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
DISQUALIFIED PERSONS	5,900.	10,205.	11,806.	4,868.	15,344.
Total to Schedule A, Part III, Line 7a	5,900.	10,205.	11,806.	4,868.	15,344.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

Name of the organization

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

INC.

KENTUCKY NONPROFIT NETWORK,

46-0963142

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		· NONDROETE NEED	WORK THE	Empl	oyer identification number
			Y NONPROFIT NET			46-0963142
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Political	campaign activity expendit	ration's direct and indirect polit ures gn activities		\$	
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
			incurred by the organization ur	` <i>`</i>	• -	
			incurred by organization mana			
			n 4955 tax, did it file Form 472			
b	f "Yes,"	describe in Part IV.				
Pa	art I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the	e amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities \$	
2	Enter the	e amount of the filing organ	ization's funds contributed to	other organizations for s	section 527	
	exempt	function activities			\$	
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	
	line 17b				\$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	made pa contribu	lyments. For each organiza	mployer identification number (tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

	,	Form 990) 2023	KENTUCKY NO	NPROFIT NET	WORK, INC.		963142 Page 2		
Pa	art II-A	Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under		
Δ	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,								
	Officer		re of excess lobbying		TT art IV cacif animated	group member 3 nam	c, address, Eliv,		
В	Check		ation checked box A ar	' '	visions apply.				
		Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals		
1	a Total lol	obying expenditures to infl	uence public opinion (grassroots lobbying)		1,448.			
	b Total lol	obying expenditures to infl	uence a legislative boo	dy (direct lobbying)		70,961.			
		obying expenditures (add I				72,409.			
		xempt purpose expenditur				657,375.			
	e Total ex	empt purpose expenditure	es (add lines 1c and 1c	d)		729,784.			
	f Lobbyin	g nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	134,468.			
	If the am	ount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:				
	not ove	r \$500,000,	20% of	the amount on line 1e.					
	over \$5	00,000 but not over \$1,000	0,000, \$100,00	0 plus 15% of the exc	ess over \$500,000.				
	over \$1	,000,000 but not over \$1,5	00,000, \$175,00	0 plus 10% of the exc	ess over \$1,000,000.				
	over \$1	,500,000 but not over \$17,	000,000, \$225,00	0 plus 5% of the exce	ss over \$1,500,000.				
	over \$1	7,000,000,	\$1,000,0	000.					
	g Grassro	ots nontaxable amount (er	nter 25% of line 1f)			33,617.			
	h Subtrac	t line 1g from line 1a. If zer	o or less, enter -0			0.			
		t line 1f from line 1c. If zero				0.			
	j If there	is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_			
	reportin	g section 4911 tax for this	•			L	Yes No		
		(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.		
			Lobbying Exper	nditures During 4-Yea	ar Averaging Period				
		Calendar year al year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2	a Lobbyir	g nontaxable amount	84,982.	76,636.	89,249.	134,468.	385,335.		
	h Lobbyin	a coiling amount							

b Lobbying ceiling amount 578,003. (150% of line 2a, column(e)) 36,652. 56,538. 69,687. 72,409 235,286. c Total lobbying expenditures 22,312. 21,246. 96,334. 19,159. 33,617. d Grassroots nontaxable amount e Grassroots ceiling amount 144,501. (150% of line 2d, column (e)) 1,100. 1,100. 1,394. 1,448. 5,042. f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k)
	e lobbying activity.				
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	j Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
ا	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	o If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F01/a	/E\ 0× 00	otion	
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 50 1(c)	(5), Or Se	CLION	
	331(3)(3).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization make only includes lobbying expenditures of \$2,000 or less: Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	(b) Part		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
t	Carryover from last year		l _		
_	; Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and property and the second street and the second street and the second street are second street as a second street and second street are second street as a second st		4		
-	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
5 P a	rt IV Supplemental Information		5		
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list\· Part II	I-Δ lines 1	and 2 (see	
	ructions); and Part II-B, line 1. Also, complete this part for any additional information.	, 113t), 1 art 11	17, III C3 1 1	and 2 (300	
	actions, and that it b, into 1.7 too, complete the part of any additional information.				

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

Open to Public Inspection

Name of the organization

KENTUCKY NONPROFIT NETWORK, INC. **Employer identification number** 46-0963142

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	organization answered Tes Off Officeso, Faitty, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Troodivation	or a sertifica filotorio strastaro
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the for	Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		I I
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqui		
u	•	• • • •	2d
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax
	year	annest in leasted	
4	Number of states where property subject to conservation eas	•	_
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	3, 1 3,	<i>,</i> 3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan	,	•
b	If the organization elected, as permitted under FASB ASC 958		
~	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items.	Sampleon, education, or research in tu	Table and of public convicts,
			\$
	(i) Revenue included on Form 990, Part VIII, line 1		
0		pource or other similar appets for finance	
2	If the organization received or held works of art, historical trea		biai gaiii, provide
	the following amounts required to be reported under FASB AS	_	Φ.
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

	dule D (Form 990) 2023 KENTUCKY							096314		age 2
Pai	rt III Organizations Maintaining Coll	ections of Ar	t, His	torical Tr	easures,	or Other	Similar As	sets(cont	inued)	
3	Using the organization's acquisition, accession,	and other records	s, chec	k any of the	following tha	at make sig	nificant use o	f its		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	how th	ney further t	he organizat	ion's exem	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or re-									
	to be sold to raise funds rather than to be mainta	ained as part of th	ne orga	nization's co	ollection?			Yes		No
Pai	rt IV Escrow and Custodial Arrange	ments Complet	e if the	organizatior	answered "	Yes" on Fo	rm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Part X,	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	liary for	contributio	ns or other a	ssets not ir	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII and									
	, i	•	J					Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Form							Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch					-				j
	t V Endowment Funds Complete if the									_
		a) Current year		rior year) Three years ba	ack (e) Foi	ır years	back
1a	Beginning of year balance	,		-			-			
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
·	,									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the current	t year and balance	lino 1	a column ()) polq ac.	<u> </u>				
	Board designated or quasi-endowment	•	%	g, coluitii (a	ajj rielu as.					
a b	Permanent endowment	%								
0	Term endowment %									
C	The percentages on lines 2a, 2b, and 2c should	ogual 100%								
20	Are there endowment funds not in the possession	-	tion the	at are hold a	nd administ	arad for tha				
Sa	organization by:	on or the organiza	נוטוו נוופ	at are rielu a	nu auminist	sieu ioi iiie			Yes	No
	,							20(1)	+	110
	(i) Unrelated organizations?							3a(i)		
b	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization								'	
								3b		
4 Dai	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipmen		wment	turias.						
ı aı	Complete if the organization answered "Y		Dart IV	/ line 11a 9	Saa Form 901) Dart Y lir	ne 10			
	•							(-N.D-	-1	
	Description of property	(a) Cost or ot basis (investm			or other (other)		umulated eciation	(a) Bo	ok valu	е
	Land	Dasis (IIIVESUI	ent)	Dasis	(Other)	uepre	olatioi I			
	Land	-								
b	Buildings	-								
	Leasehold improvements	-		1	5,836.		7,365.		8,4	71
	Equipment				٠,٥٥٥٠		1,305.		0,4	<u>/ Ι •</u>
е	Other	1		I						

Schedule D (Form 990) 2023

8,471.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	NPROFIT NETWO	RK, INC.	16-0963142 _{Page}
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Part IV line	11h Soo Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(A) = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) DOOK Value	(c) Wethod of Valuation. Cost of	end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	. (2))		
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
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)	EIDL LOAN	100,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	100,000.

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...

Schedule D (Form 990) 2023

Par		onciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return
	Com	plete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenu	e, gains, and other support per audited financial statements		1
2	Amounts ind	cluded on line 1 but not on Form 990, Part VIII, line 12:		
а		ed gains (losses) on investments		
b	Donated ser	vices and use of facilities	2b	
С		of prior year grants		
d	Other (Desc	ribe in Part XIII.)	2d	
е	Add lines 2a	-		2e
3	Subtract line	e 2e from line 1		3
4		cluded on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		expenses not included on Form 990, Part VIII, line 7b		-
b		ribe in Part XIII.)	4b	-
_	Add lines 4a			4c
5		ne. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Dotume
Pai		onciliation of Expenses per Audited Financial Stateme		Return
		plete if the organization answered "Yes" on Form 990, Part IV, line 12a.		т. т
1		ses and losses per audited financial statements		1
2		cluded on line 1 but not on Form 990, Part IX, line 25:		
а		vices and use of facilities		-
b		ljustments		-
С		S		-
d		ribe in Part XIII.)		1
_		through 2d		2e
3		e 2e from line 1		3
4		cluded on Form 990, Part IX, line 25, but not on line 1: expenses not included on Form 990, Part VIII, line 7b	4a	
a b		ribe in Part XIII.)		-
	Add lines 4a			4c
		n and 4b ses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.) </i>		5
		plemental Information		
		ptions 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
		nd Part XII, lines 2d and 4b. Also complete this part to provide any addi		., ,
	,_,_	,		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

KENTUCKY NONPROFIT NETWORK, INC.

 $Employer\ identification\ number \\ 46-0963142$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Z Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the very did any payon listed on Faver 2000 Dark VIII. Cooking A. line 15 with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		Х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 44.0, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIELLE CLORE	(i)	155,697.	0.	0.	0.	38,198.	193,895.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

KENTUCKY NONPROFIT NETWORK, INC.

Employer identification number 46-0963142

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

ORGANIZATIONS WORKING TO IMPROVE THE QUALITY OF LIFE IN OUR

COMMONWEALTH.

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

ISSUES THAT AFFECT THE CAPACITY OF NONPROFITS TO ADDRESS THEIR

COMMUNITIES'NEEDS; AND MEMBER BENEFITS FOR CHARITABLE ORGANIZATIONS.

KENTUCKY NONPROFIT NETWORK, INC. EXISTS TO CREATE A STRONG, VIBRANT,

CONNECTED NONPROFIT COMMUNITY ACROSS THE COMMONWEALTH AND BUILD THE

CAPACITY OF THESE VITAL ORGANIZATIONS WORKING TO IMPROVE THE QUALITY OF

LIFE FOR ALL KENTUCKIANS.

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

THE BOARD OF DIRECTORS OF KNN IS PROVIDED WITH AN ELECTRONIC COPY OF FORM 990 FOR REVIEW AND VOTES TO APPROVE THE FORM 990 PRIOR TO FILING.

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

CONFLICT OF INTEREST POLICY AND DISCOSURE STATEMENTS ARE COMPLETED ANNUALLY
BY KNN BOARD MEMBERS SHOWING THEY UNDERSTAND THE POLICY AND ARE DISCLOSING
POTENTIAL CONFLICTS. THE COMPLETED DISCLOSURE STATEMENTS ARE REVIEWED BY
ALL BOARD MEMBERS AND APPROVED BY THE BOARD. ACTUAL, PERCEIVED OR
POTENTIAL CONFLICTS ARE ADDRESSED WHEN APPROPRIATE OR AS NEEDED.

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

THE PRESIDENT AND CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD

OF DIRECTORS AFTER A REVIEW OF COMPARABLE DATA.

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

Schedule O (Form 990) 2023

Name of the organization KENTUCKY NONPROFIT NETWORK, INC.	Employer identification number 46-0963142
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES DOCUMENTS IT IS LEGALLY REQUIRE	D TO MAKE PUBLICLY
AVAILABLE VIA ITS WEBSITE AND UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	116,855.
MANAGEMENT AND GENERAL EXPENSES	25,455.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	142,310.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	142,310.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name KENTUCKY NONPROFIT NETWORK, INC.	Employer Identification Num	ber
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - HEALTH BENEFIT	S PROGR	20,858.

319341 04-01-23

ype aı	nd Entity: HEAL	TH BENEFITS I	PROGRA POST-20		DETAIL C	ARRYOVER SCH	EDULE				
rear Origi- ated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amour Used fo						
2020	12,541. 2,702.										
2021 2022	658.										
2023	4,957.										
-	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail ype	E Amount S Used for B C —	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	1 1			1				1		1	

312571 04-01-23

Form	Form 990-T Exempt Organization Business Income Tax Return								rn	OMB No. 1545-0		
	(and proxy tax under section 6033(e))									0	000	
	For calendar year 2023 or other tax year beginning, and ending										023	
Departn Internal	nent of the Treasury Revenue Service	ı			OT for instructions as it may be made pu				i).	Open to F 501(c)(3)	Public Inspection for Organizations Only	
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)								ntification number	
	empt under section	Print	KENTUCKY	NONPROFI	T NETWORK,	INC	•				963142	
=	501(c)(3) 408(e) 220(e)	or Type	Number, street, an P.O. BOX		If a P.O. box, see instru	ictions.				oup exemp e instructio	tion number ons)	
	408A 530(a)				, and ZIP or foreign po	stal code				1	 	
	529(a)529A	C Bo	ok value of all ass	N, KY 40		2	.684	1,761.	─ ┡ └		k box if nended return.	
G C	heck organization	•	X 501(c) corpo		01(c) trust 401		_	Other trust	State		/university	
	3	,,		Applicable entity	,	,				·	•	
H C	heck if filing only to	o claim	Credit fr	om Form 8941	Refund shown of	on Form 2	2439	Elective payn	nent amo	ount from	m Form 3800	
I C	heck if a 501(c)(3)	organiz	zation filing a cons	olidated return wi	th a 501(c)(2) titleho	lding cor	poratio	n				
J E	nter the number of	attach	ed Schedules A (F	orm 990-T)						1		
			=		liated group or a par	ent-subs	idiary c	controlled group?		_ Yes	X No	
	"Yes," enter the na				corporation				0.50	0.60	2002	
	ne books are in car						Telep	hone number	859-	963-	-3203	
	t I Total Unr									1	0.	
1				•	all unrelated trades		•	, ,			<u> </u>	
2												
3	Add lines 1 and 2	<u>.</u>							. 3		0.	
4					s)							
5					ng losses. Subtract l							
6									6			
7				•	deduction and section				7			
0	Subtract line of in	om ime	orally \$1,000 but	ana inaturations f	or eventions)				. / 8		1,000.	
8					or exceptions)							
-	 9 Trusts. Section 199A deduction. See instructions 10 Total deductions. Add lines 8 and 9 										1,000.	
10 11					n line 7. If line 10 is g				. 10		0.	
	t II Tax Com			Stract line 10 from	Tille 7. II lille 10 is g	reater tri	all lille	7, enter zero	. ''			
1				Multiply Part I lin	e 11 by 21% (0.21)				1		0.	
2					putation. Income tax				··			
_					chedule D (Form 104				2			
3	Proxy tax. See in											
4	-											
5	Alternative minim								· -			
6									·			
7					·s						0.	
Par	t III Tax and			•					•			
1a	Foreign tax credit	t (corpo	orations attach Fo	rm 1118; trusts at	ttach Form 1116)		1a					
b	Other credits (see	e instru	ıctions)				1b					
С	General business	credit	. Attach Form 380	0 (see instruction	s)		1c					
d	Credit for prior-ye	ar mini	imum tax (attach f	orm 8801 or 882	7)		1d					
е	Total credits. Ad	ld lines	1a through 1d						. 1e			
2	Subtract line 1e f	rom Pa	art II, line 7						. 2		0.	
За	Amount due from	Form	4255				3a					
b	Amount due from	Form	8611				3b					
С	Amount due from	Form	8697				3с					
d	Amount due from	Form	8866				3d					
е	Other amounts d	•	,			_	3е				_	
f	Total amounts du	ıe. Add	l lines 3a through	3e <u></u>					. 3f		0.	
4	Total tax. Add lin	nes 2 ar	nd 3f (see instruct	ions). L Checl	k if includes tax prev	iously de	ferred	under			_	
											0.	
5	Current net 965 t	ax liab	ility paid from Forr	n 965-A, Part II, c	olumn (k)				. 5		0.	
LHA	For Paperwork R	educti	on Act Notice, se	e instructions.	323701 11-20-23 4 0					Form	990-T (2023)	

Form 990-T (2023) Page 2

Part		Tax and Payments (continued)							r age z
6 a		ents: Preceding year's overpayment cred	dited to the current yea	r	6a				
b	-	nt year's estimated tax payments. Check	•		04		-		
		S	(6)						
С		eposited with Form 8868							
d		gn organizations: Tax paid or withheld at					-		
e		up withholding (see instructions)					-		
f		t for small employer health insurance pre					-		
		ve payment election amount from Form 3					\dashv		
g h		ent from Form 2439					\dashv		
:							\dashv		
:		t from Form 4136					\dashv		
, 7		(see instructions)payments. Add lines 6a through 6j					7		
8		ated tax penalty (see instructions). Check					8		
9		ue. If line 7 is smaller than the total of line							
10		payment. If line 7 is larger than the total of							
11		the amount of line 10 you want: Credite			paid	Refunded			
Part		Statements Regarding Certain			ition (se		1		
1	At an	y time during the 2023 calendar year, did	I the organization have	an interest in o	or a signa	ture or other authorit	У	Yes	No
	over a	a financial account (bank, securities, or o	ther) in a foreign countr	ry? If "Yes," the	e organiza	ation may have to file)		
	FinCE	N Form 114, Report of Foreign Bank and	d Financial Accounts. If	"Yes," enter th	ne name d	of the foreign country	/		
	here								Х
2	During	g the tax year, did the organization receiv	e a distribution from, o	or was it the gra	antor of, c	or transferor to, a			
	foreig	n trust?							X
		s," see instructions for other forms the or							
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$								
4	Enter	available pre-2018 NOL carryovers here	\$	Do not	include a	ny post-2017 NOL c	arryover		
	show	n on Schedule A (Form 990-T). Don't redu	uce the NOL carryover	shown here by	any dedi	uction reported on P	art I, line 6.		
5	Post-2	2017 NOL carryovers. Enter the Business	s Activity Code and ava	ailable post-201	17 NOL ca	arryovers. Don't redu	ce		
	the ar	mounts shown below by any NOL claime	d on any Schedule A, F	Part II, line 17 fo	or the tax	year. See instruction	ns.		
		Business Activity Co			Ava	ailable post-2017 NOI	carryover	_	
		524	298		\$		15,901.	_	
					\$			_	
					\$			_	
					\$				
6 a									-
					<u></u>				
Part		Supplemental Information							
Provide	e any a	dditional information. See instructions.							
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompa	anying schedules a	nd statement	ts, and to the best of my kn	owledge and belief,	it is true,	
Sign	co	rrect, and complete. Declaration of preparer (other than	n taxpayer) is based on all infor	mation of which pre	eparer has ar	· · · · -			
Here				EXECU	TIVE :		May the IRS discuss he preparer shown b		
	Si	gnature of officer	Date	Title			nstructions)?	` —	No
		Print/Type preparer's name	Preparer's signature		Date		if PTIN		
D - 1 - 1		1 7, , ,	SHAWN D. LAI		Duto	self-employed			
Paid		•	CPA		10/22		P0028	1788	3
Prepa			PANY, PSC	-	-, - <u>-</u>	Firm's EIN	61-10		
Use C	חוע	P.O. BOX 3	-			T IIII O EIIV			
			.G, KY 40330			Phone no.	(859) 73	4-54	139

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

					3	o (C)(3) Organizations Only
A N	lame of the organization KENTUCKY NONPROFIT NETWORK, INC.		B Employer identification number 46-0963142			
<u>c</u> .	Unrelated business activity code (see instructions) 52429	D Sequer	nce: 1	of 1		
<u>E [</u>	Describe the unrelated trade or business HEALTH BENEF	ITS	PROGRAM	_		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or sales33,745.					
	Less returns and allowances c Balance	1c	33,745.			
2	Cost of goods sold (Part III, line 8)	2	·			
3	Gross profit. Subtract line 2 from line 1c	3	33,745.			33,745.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	22 545			00 545
<u>13</u>	Total. Combine lines 3 through 12	13	33,745.			33,745.
Pa	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in			eductions. De	eductions	must be
1	Compensation of officers, directors, and trustees (Part X)				1	15,570.
2	Salaries and wages					14,031.
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	6,889.
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs					2,212.
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)					20 700
15					15	38,702.
16	Unrelated business income before net operating loss deduction. S		•	*		4 055
	column (C)				. 16	-4,957.
17	Deduction for net operating loss. See instructions					_/ 057
18	Unrelated business taxable income. Subtract line 17 from line 16	j			. 18	-4,957.
⊢or F	aperwork Reduction Act Notice, see instructions.				Schedule	A (Form 990-T) 2023

LHA 323741 01-19-24

Part	III Cost of Goods Sold Enter met	nod of inventory valuat	ion		Fage Z				
1	Inventory at beginning of year			1					
2	Purchases								
3	Cost of labor								
4	Additional section 263A costs (attach statement)								
5	Other costs (attach statement)								
6	Total. Add lines 1 through 5								
7									
8	Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8								
9	Do the rules of section 263A (with respect to property				Yes No				
Part									
1	Description of property (property street address, city, s A								
	D	_							
		Α	В	С	D				
2	Rent received or accrued								
а	From personal property (if the percentage of								
	rent for personal property is more than 10%								
	but not more than 50%)								
b	From real and personal property (if the								
	percentage of rent for personal property exceeds								
	50% or if the rent is based on profit or income)								
С	Total rents received or accrued by property.								
	Add lines 2a and 2b, columns A through D								
					0				
3	Total rents received or accrued. Add line 2c, columns a	A through D. Enter her	e and on Part I, line 6, o	column (A)	0.				
	Deductions directly connected with the income								
4	in lines 2a and 2b (attach statement)								
					0				
	Total deductions. Add line 4, columns A through D. El		, line 6, column (B)		0.				
Part	,								
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.					
	A								
	B								
	C								
	D								
_		Α	В	С	D				
2	Gross income from or allocable to debt-financed								
_	property								
3	Deductions directly connected with or allocable								
	to debt-financed property								
a	Straight line depreciation (attach statement)								
b	Other deductions (attach statement)								
С	Total deductions (add lines 3a and 3b,								
	columns A through D)								
4	Amount of average acquisition debt on or allocable								
	to debt-financed property (attach statement)								
5	Average adjusted basis of or allocable to debt-								
	financed property (attach statement)								
6	Divide line 4 by line 5	%	%	%	%				
7	Gross income reportable. Multiply line 2 by line 6								
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)		0.				
9	Allocable deductions. Multiply line 3c by line 6								
10	Total allocable deductions. Add line 9, columns A thr				0.				
11	Total dividends-received deductions included in line	10	<u></u>		0.				

Part VI Int	erest, Annu	iities, R	oyalties, and R	ents Fro	om Contro	olled C	Organizatio	ns (se	e instruct	ions)	<u> </u>
						E	xempt Contro	lled Org	anization	ıs	
1. Name of controlled		2. Employer	3. Net	unrelated	4. Tota	al of specified 5. Part of col				6. Deductions directly	
organization		identification	income (loss)		payments made			included Iling orga		connected with	
		number	(see ins	structions)			tion's gross income			income in column 5	
(1)											
(2)											
(3)											
(4)											
					Controlled O	-	i		_		
7. Taxabl	e Income		Net unrelated	1	otal of specif		10. Part of that is inc				Deductions directly
			come (loss) e instructions)	pa	yments mad	е	controlling			connected with	
-		(566	e iristructions)				gross	income	9	IIIC	ome in column 10
(1)											
(2)											
(3)											
(4)							A -1 -1 11		-1.40	A -1 -1	
							Add colum Enter here				columns 6 and 11. here and on Part I.
							line 8, c		,		ne 8, column (B).
Totals									0.		0.
	nvestment	ncome	of a Section 50)1(c)(7).	(9). or (17) Orga	nization (s	ee instr			
-		ription of		. (-)(-),	2. Amou		3. Deduction		4. Set-	asides	5. Total deductions
		•			incon		directly conn	ected	(attach st		
							(attach state	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in column 5. Enter
					here and o						here and on Part I,
					line 9, colu	`_′					line 9, column (B).
Totals					<u> </u>	0.	_				0.
			Activity Income	, Other	Than Adv	ertisir	ng Income	see ins	tructions)	<u> </u>	
-	otion of exploite						" '6 '				
			e from trade or bus							2	
•	•		th production of unr								
										3	
			I trade or business.				-				
			is not uprolated bug							5	
			is not unrelated bus							6	
			e entered on line 5 ract line 5 from line 6								
	r here and on P						ne amount on			7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repor	ting two or	more periodicals on a	consolidated bas	is.	
	A 🔛					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in th	ne correspo	nding column.			
	·	•	A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and o		e 11, column (A)		•	0.
а	•	•				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and o		e 11. column (B)		•	0.
	ű	,	, (,			
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	n in				
	line 4 showing a loss or zero, do not comple					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair	n on				
	line 4, enter the lesser of line 4 or line 7					
				al or -0- here and	on	•
а	Add line 8, columns A through D. Enter the	greater of t	he line 8a columns tot	aron o norcana		
a	Add line 8, columns A through D. Enter the Part II, line 13					0.
Part	Part II, line 13					0.
	Part II, line 13					0. 4. Compensation
	Part II, line 13					
Part	Part II, line 13 Compensation of Officers, D 1. Name	Directors	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business	Compensation attributable to unrelated business
Part	X Compensation of Officers, D	Directors	, and Trustees (se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
Part	Part II, line 13 Compensation of Officers, D 1. Name	Directors	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business	Compensation attributable to unrelated business
Part (1) D.	Part II, line 13 Compensation of Officers, D 1. Name	Directors	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10.00%	Compensation attributable to unrelated business
(1) D.	Part II, line 13 Compensation of Officers, D 1. Name	Directors	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10.00%	Compensation attributable to unrelated business
(1) D. (2) (3)	Part II, line 13 Compensation of Officers, D 1. Name	Directors	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	4. Compensation attributable to unrelated business 15,570.
(1) D. (2) (3) (4)	Part II, line 13 Compensation of Officers, E 1. Name ANIELLE CLORE I. Enter here and on Part II, line 1	Directors EXECU	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	Compensation attributable to unrelated business
(1) D. (2) (3) (4)	Part II, line 13 Compensation of Officers, E 1. Name ANIELLE CLORE I. Enter here and on Part II, line 1	Directors EXECU	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	4. Compensation attributable to unrelated business 15,570.
(1) D. (2) (3) (4)	Part II, line 13 Compensation of Officers, E 1. Name ANIELLE CLORE I. Enter here and on Part II, line 1	Directors EXECU	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	4. Compensation attributable to unrelated business 15,570.
(1) D. (2) (3) (4)	Part II, line 13 Compensation of Officers, E 1. Name ANIELLE CLORE I. Enter here and on Part II, line 1	Directors EXECU	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	4. Compensation attributable to unrelated business 15,570.
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(1) D. (2) (3) (4)	Part II, line 13 Compensation of Officers, E 1. Name ANIELLE CLORE I. Enter here and on Part II, line 1	Directors EXECU	, and Trustees (so	ee instructions)	3. Percentage of time devoted to business 10 • 00% %	4. Compensation attributable to unrelated business 15,570.
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990-T SCH A	A POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21 12/31/22	12,541. 2,702. 658.	0. 0. 0.	12,541. 2,702. 658.	12,541. 2,702. 658.
NOL CARRYO	VER AVAILABLE THIS	YEAR	15,901.	15,901.