# \*\* PUBLIC DISCLOSURE COPY \*\* 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. Go to www.lrs.gov/Form990 for instructions and the latest information.

OME No. 1545-0047 2022 Open to Public Inspection

Dep Inter	artmont nai Revi	of the Treasury anue Service		/Form990 for instructions a	-		Open to Public Inspection
A	For th	e 2022 calend	ar year, or tax year beginning	JUL 1, 2022 a	nd ending J	UN 30, 2023	
B	Check if	C Name of	organization			D Employer Identifi	cation number
Г	Addr	S Kent	ucky Hemophilia Fo	oundation. Inc.			
Ē	Name	e Doina bi				**-***67	50
Ē	initial		and street (or P.O. box if mail is not d	lelivered to street address)	Room/suite	E Telephone numbe	
	Final	1050	Taylor Avenue		2	502-456-	
	termi sted	n-City or t	own, state or province, country, an	d ZIP or foreign postal code	••••••	G Gross receipte \$	339,280.
	Amer	led Foni	sville, KY 40213			H(a) is this a group re	
	Appli tion pend		nd address of principal officer:Ur I	sela Kamala		for subordinates	
		same	as C above			H(b) Are all subordinates in	nctuded? Yes No
		empt status: L		) (insert no.) 4947(a)	(1) or 527	If "No," attach a	list. See instructions
-	Nebsi		kyhemo.org			H(c) Group exemption	
		f organization;	X Corporation Trust /	Association Other	L Year	of formation: 1960  N	State of legal domicile; KY
	art [				- 4744A		- 7
00	1	Briefly describ	e the organization's mission or mos ment concerning ti	st significant activities: TO	provide	eduction a	<u>na</u>
Activities & Governance	2	Check this bo					
Ver.	3		ing members of the governing bod	ontinued its operations or dis	* <u>ASSASSA</u> 19803	38a. I 1	isets. 9
ප	4		ependent voting members of the g				
90 10	-	Total number (	of individuals employed in calendar	vear 2022 (Part V. line 2a)		5	2
îtie	6	Total number	of volunteers (estimate if necessary	/)		6	105
Ę	7a	Total unrelated	I business revenue from Part VIII, c	column (C). line 12		7a	4,904.
4	6	Net unrelated	business taxable income from Form	n 990-T, Part I, line 11		76	0.
				-Aliza Aliz		Prior Year	Current Year
.e	8	Contributions	and grants (Part VIII, line 1h)			113,204.	261,916.
Revenue	.9	Program service	e revenue (Part VIII, line 2g)			94,047.	778.
ě	10	Investment inc	ome (Part VIII, column (A), lines 3, 4	4, and 7d)		172.	3,578.
	91	Other revenue	(Part VIII, columл (A), lines 5, 6d, 8	8c, 9c, 10c, and 11e)		36,309.	19,128.
			add lines 8 through 11 (must equa			243,732.	285,400.
	13	Grants and sin	niiar amounts paid (Part IX, column	(A), lines 1-3)		0.	0.
	1		o or for members (Part IX, column (	- The Content of the		0.	0.
Expenses	15	Salaries, other	compensation, employee benefits Indraising fees (Part IX, column (A), Ig expenses (Part IX, column (D), lii	(Part IX, column (A), lines 5-1	<sup>0)</sup>	87,395.	102,576.
Ű.	TUA	Protessional fu	Indraising fees (Part IX, column (A),	, %ne (11e) 00 15	013	U.a.	0 <b>.</b>
ŭ	47 17	Other expense	s (Part IX, column (A), lines 11a-11	1920) <u> </u>	01.3.	124,289.	160,885.
			s (Part IX, column (A), liftes (Train to Add lines 13-17 (must equal Part			211,684.	263,461.
			xpenses. Subtract line 18 from line			32,048.	21,939.
ъŝ			All a point of		Beg	rinning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			647,242.	649,057.
d B B B B B B B B B B B B B B B B B B B	21	Total liabilities	and the second			72,144.	52,020.
<u>_</u>	22		und balances, Subtract line 21 from	m line 20		575,098.	597,037.
	11117 74	Signature		· · · · · · · · · · · · · · · · · · ·			
			declare that I have examined this return				knowledge and belief, it is
true;	correc		Declaration of preparer (other than offic	cer) is based on all information of	which preparer I		<u></u>
÷		Signature of off	<u>er</u>			5/15   202	<u>x4</u>
Sig			Kamala, Executive	Director			
Her	9	Type or print na		DITECTOT			
		Print/Type prep		Preparer's signature	D	ate Check )	
Paic		David L				5/15/24 if self-employed	
Prep		Firm's name	Smith Financial S	Services, PLLC		Firm's EIN **	-***9526
-	Only		2302 Hurstbourne		te 200		
			Louisville, KY 40			Phone no.502	2-882-2708
Мау	the IP	RS discuss this	return with the preparer shown ab	ove? See instructions			X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2022) Kentucky Hemophilia Fo	undation, inc.	**-***6750 P
Par	rt III Statement of Program Service Accomplishments		
	Check it Schedule O contains a response or note to any line in th	ils Part III	
1	Briefly describe the organization's mission:		
	The Kentucky Hemophilia Foundation	assists individu	als with nemophili
	and similar bleeding disorders thro		
	support services and by promoting re-	esearch for a cu	re.
2		46	1
z	DId the organization undertake any significant program services during prior Form 990 of 990-EZ?	•	
	prior Form 990 of 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 s	ervices? Yes 🔀
-	If "Yes," describe these changes on Schedule O.	nom reconducts, any programs	
4	Describe the organization's program service accomplishments for each	of its three largest program set	vices as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the	amount of grants and allocation	is to others, the total expenses and
	revenue, if any, for each program service reported.	· · · · · · · · · · · · · · · · · · ·	
4a	(Code: ) (Expenses \$ 2,812. including grants	of \$	) (Ravenue \$
	Advocacy Day is an annual event at	the state capito	1 to educate
	legislators about the needs and con	cerns of Kentuck	y's bleeding
	disorders community and emphasize th	he need for pati	ent assistance
	programs and the importance of acces	ss to health car	e
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4d <del>1e</del>	provides an opportunity for families obtain cutting edge information abore ancillary services and have an opport with other families for support. 	s affected by bl it available fac ctunity to meet	<pre>eeding disorders t tor products and and get acquainted ) (Revenue \$</pre>

Form	~~~	1000	~.

10.011.000			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	di.covid	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.	1988/8		2022
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	A	<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
	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 167 If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	investment, and program service activities outside the United States, or aggregate toreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	145		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	. 18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	Ĺ		·
	complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b>.</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	أنم		x
han^*-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 Form	990	2022)
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Form 990 (2022)	Kentucky	Hemophilia	Foundation,	Inc
Part IV Checklist of R	equired Sche	dules (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), Ine 2? If "Yes," complete Schedule I, Parts Land III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ľ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
6	Schedule K. If "No," go to line 25a	24a		X
	<ul> <li>Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease</li> </ul>	<u>24b</u>		<u> </u>
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
20,0	the bound of the state of the bound of the state of the bound of the state of the	25a		x
b	In the organization with a disqualified person during the year? if "res," complete Schedule L, Part i Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	255		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X X
30	Did the organization receive entrie than \$25,000 in for daar complations? <i>If yes, complete Schedule M</i>	29	<u>.</u>	<u>A</u> .
<b>QQ</b> .		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X
	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			
00	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?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	İ	х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
-,-	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	tc	X	
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Form 990 (2				Foundation,	
Part Y	Statements	Regarding Othe	er IRS Filings and	Tax Compliance	(continued)

				Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ums?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	*****	3a	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul	eO	Зb	X	1
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financia	account)?	4a		X
þ	If "Yes," enter the name of the foreign country	· ······	9203S		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	: 0/03/000	X
b	The second se	action7	55	+	X
Ċ	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	+	<u> </u>
6a		ho oversivetles sellet		+	
	-2 and $-2$		6		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or sife	<u>6</u> a	<u> </u>	┝┻╌
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b	Andres	i. Rođenje
á	Did the organization receive a payment in excess of \$75 made partiy as a contribution and partly for goods and se	allow and ideal to the second	888	1869) 1970	X
		ervices provided to the payor:		<u> </u>	<u> </u> ▲
b 0	If "Yes," did the organization notify the donor of the value of the goods or services provided?		75	┞——	<b>-</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v				<b>.</b>
	to file Form 8282?		. 7c	1.000 C 100	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	<u>7e</u>	Ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f	L	
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7 <u>g</u>	<b></b>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		<u>.</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		Weeks,	
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а		·····	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	_9b		
10	Section 501(c)(7) organizations. Enter:				
		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations, Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				3336
۰ <b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
Ċ	Enter the amount of reserves on hand	130			
14a			14a		X
,b,	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?	· · · · · · · · · · · · · · · · · · ·	15	1	х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
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.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
232005	12-13-22		Form	990 (	2022)
	5				•.

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 Form 990 (2022)
 Kentucky Hemophilia Foundation, Inc.
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 Page

 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.

sec	tion A. Governing Body and Management			_	
		Land to be	Yes		
1a	Enter the number of voting members of the governing body at the end of the tax year1a	1			
	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 0.				
Ь	Enter the number of voting members included on line 1a, above, who are independent	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3		2	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			
6	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	· · · ·			
	more members of the governing body?	7a		0	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Γ	
	persons other than the governing body?	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1	
	The governing body?	8a	Х	Ľ	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	Γ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Γ	
7	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	Ĩ	
(Öa	Did the organization have local chapters, branches, or affiliates?	10a			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			F	
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Γ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Γ	
6	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			$\vdash$	
č	on Schedule O how this was done	120	х		
13	Did the organization have a written whistleblower policy?	13	X	F	
14		14	X	t	
14 15					
()	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
~	The organization's CEO, Executive Director, or top management official	15a	X		
	Other officers or key employees of the organization	15b			
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	No.		28	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
iva		16a			
ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation.		3. 1970 1970		
<b>n</b>	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b	595979-9	1245	
200	tion C. Disclosure			<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed <u>KY</u>				
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(	Ne obłu	1 avál	iah	
18	for public inspection. Indicate how you made these available. Check all that applicable, 550, and 550 ( (Section 55 (C)).	ija Orny	f avai	as	
40	X         Own website         Another's website         X         Upon request         Other (explain on Schedule O)           Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fine	heist		
t9		inn ma	içial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	The Organization - 502-456-3233 1850 Taylor Avenue, 2, Louisville, KY 40213				
		Form	990	(91	
3200(	<u>6</u>	i, uni	, 530	120	
<b>.</b>	515 147419 0594 2022.05090 Kentucky Hemophilia Foundat	059	94		

Form 990 (			Foundation,		**-***6750	Page 7
Part VII	Compensation of Officers,	Directors, Trustee	es, Key Employees	s, Highest	Compensated	
<u> </u>	Employees, and Independe	nt Contractors				
	Check if Schedüle O contains a resp	onse or note to any lin	e in this Part VII			
	and a second	and a second second	and and the second second	· · · ·		

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

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year, • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, Enter -0- in columns (D), (E), and (F) if no compensation was paid.

. List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization; more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) 5		(B)				C) <u>.</u>			(D)	(E)	(F)
Name and title		Average	(do	noita	Pos heck	itior more	). Hthan	one	Reportable	Reportable	Estimated
		hours per	l box	è unis	ISS DE	rson	is bol x/trus	h an	compensation	compensation	amount of
		week		1	1	I	T		from	from related	other
		(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC/	compensation from the
		related	10 23	stee			1 sate		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	frust	al tru		ya6	E		1099-NEC)		and related
		below	idùal	Institutional trustee	1	Key employee	estico	· 6			organizations
		line)	lind iv	Instil	Officer	Key	Highest compensated employee	Pormer			
(1) Ursela Kamala		40.00						(S-Yor	77,210.		
Executive Director					x			2		0.	2,316.
(2) Laura Webb		1.00				[	.,	潮酸			
President of board			X	Å	X	÷			0.	0.	0.
(3) Bric Marcum	·	1.00	<b>.</b>		躑		1995.				
Vice-president of board			X	1999	Х		Ş.		0.	0.	0.
(4) Travis Price		1.00			嫡	100					
Board member			X		Ì				0.	0.	0.
(5) Patrick Dunegan		1.00		n an							· · · · ·
Board member	:		X		47 				0.	0.	0.
(6) Jennifer Dunegan		<b>1.00</b>	7 Second								
Board member			X						0.	0.	0.
(7) Roeland A. Hartmans		1.00	<u>7</u> .								
Secretary of board	M.E.		X		Χ				0.	0.	0.
(8) Mason Stout Board member		1.00									
· · · · · · · · · · · · · · · · · · ·	98. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 111111	X						0.	0.*	0.
(9) Kristin Taylor		1.00								_ [	
Treasurer of board		4 00	X		X				0.	0.	0.
(10) Aisha Irvin	ļ	1.00				Í					·
Board member			X						0.	0.	0.
	-										
·····											
	ŀ									:	
,								_			,
	ŀ	·									
·						_		·			
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	ŀ	;									
			_		-						
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232007 12-13-22		r				[					Form <b>990</b> (2022)
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		hours for related organizations below line)	co Individual trustee or director	institutional trustee			-			organizations	compensat
			<u>p</u>	Institution	Officier	Key amployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organizatio and relate organizatio
			-								-
			1								
			-								-
			-								
			-				200 C	2018 2014			
								а. 1983			
	ital from continuation sheets to Pa								77,210.	0	•
<u>d Total</u> 2 Total	(add lines 1b and 1c) number of individuals (including b ensation from the organization					ž.,			77,210. eceived more than \$100	0,000 of reportable	2,31
3 Did th line 1a	e organization list any former off a? If "Yes," complete Schedule J	for such individua	1	••••••			.,			**********	Yes 3
and re	ny individual listed on line 1a, is th stated organizations greater than iy person listed on line 1a receive	\$150,000? If "Yes	s, <b>" co</b>	mple	ete S	Sche	dule	∋ Ĵ fi	or such individual	*****	4
rende	ny parson listed on line 1a receive red to the organization? If "Yes," Independent Contractors										. 5
	lete this table for your five highes ganization. Report compensation								the organization's tax		
	(A) Name and busir		ŇĊ	ONE	3				(B) Description of s	ervices	(C) Compensation
											<b></b>
	<u> </u>										
•											
2 Total	number of independent contracto	ors (including but I	not lik	mite							

Form	n 99(	0 ()	2022) Kentucky Hemo	philia F	oundation,	Inc.	**-***6	750 Page 9
Pa	rt V	n)	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts	1	a.	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		p.	Membership dues 1b	3,485.				
Å,		C	Fundraising events	41,861.				
<u>P</u>		d	Related organizations 1d	40 650	1			
Sins,		e	Government grants (contributions) 1e	42,658.				
ier di	1	ť	All other contributions, gifts, grants, and	173,912.				
ЗŞ		_		113,914.	1			
- C - C - C - C - C - C - C - C - C - C		· • ·	Noncash contributions included in lines 1a-1f 1g \$		261,916.			
<u></u>				Business Code				
ø	2	а	Miscellaneous programs	900099	778.	778.		
Program Service Revenue		b				an the		
Ser		C						
Tan	·	d						
Po 1		e			2			
0.		f	All other program service revenue		778.		tan kara bata kara basa ka	
		g	Total, Add lines 2a-21 Investment income (including dividends, intere	et ond		<u>aeren en eren en e</u>	Nacialitati (natritra)	
	3		other similar amounts)		3,578.			3,578.
	4		Income from investment of tax-exempt bond p	roceeds	and the second sec			
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а						
			Less: rental expenses 6b					
		¢	Rental income or (loss)		2897/1007/00000000000000000000000000000000			
	<b>_</b>	d	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	11	a	assets other than inventory 7a					
		Þ.	Less: cost or other basis	8 .S &				
8		_	and sales expenses 7b					
Revenue	E	C	Gain or (loss) 7c					
		ď	Net gain or (loss)		lang salah salah salah salah salah salah salah sa		and the state of the	an a
Other	8	a	Gross income from fundraising events (not Including \$ 41,861. of contributions reported on line (c). See Part IV, line 18 8a	61,267.				
	l	h	Part IV, line 18	49,615.				
					11,652.			11,652.
	t		Gross income from gaming activities. See					
			Part IV, line 19 9a	6,674.				
			Less: direct expenses 9b	4,265.	3 1 6 6			<u> </u>
			Net income or (loss) from gaming activities		2,409.		ala segunda a segunda	2,409.
	10	а	Gross sales of inventory, less returns and allowances <b>10a</b>					
		h	and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s,				<b>Business Code</b>				
Miscellaneous Revenue	11	a	Advertising	541800	4,904.	1.00	4,904,	
lan		Þ.	Miscellaneous	900099	163.	163.		
Rev		C			· · ·			
Ĩ			All other revenue Total. Add lines 11a-11d		5,067.			
	12		Total revenue. See instructions		285,400.	941.	4,904.	17,639.
23200								Form 990 (2022)
		7			9			

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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	ise or note to any line in (A)	(B)	(C)	
Do noi 7b, 8b	t include amounts reported on lines 6b, , 9b, and 10b of Pert Vill.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
	rants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	irants and other assistance to domestic			alaine ja karaka a	
	idividuals, See Part IV, line 22				
	irants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	82,467.	66,798.	8,247.	7,422
	ompensation not included above to disqualified				
τ <b>ρ</b> ί	ersons (as defined under section 4958(f)(1)) and		4		
p	ersons described in section 4958(c)(3)(B)		an a		
	ther salaries and wages	12,362.	9,972.	🔉 🔍 1,258.	1,132.
	ension plan accruals and contributions (include				
· S(	ection 401(k) and 403(b) employer contributions)				
9 Ó	ther employee benefits	541.	439.		48.
	ayroll taxes	7,206.	5,872.	702.	632.
	ees for services (nonemployees):				
a M	lanagement		All All		
	egal				
	ccounting	18,450.		18,450.	
	obbying	<u> Annadis</u>			
e Pi	rofessional fundraising services. See Part IV, line 17				
f lr	vestment management fees	ANK.			
g O	ther, (If line 11g amount exceeds 10% of line 25,				
C	olumn (A), amount, list line 11g expenses on Sch O.)	1,937.	1,569.	194.	174.
12 A	dvertising and promotion	2,424.	2,405.	9.	10.
	ffice expenses	24,332.	17,362.	3,495.	3,475.
14 lr	formation technology				
<b>15</b> R	oyatties				
	ocupancy	5,344.	4,329.	534.	481
17 T	ravel	1,381.	1,118.	138.	125.
fc	ayments of travel or entertainment expenses or any federal, state, or local public officials				
19 C	onferences, conventions, and meetings	4			
20 Ir	nterest				
21 P	ayments to affiliates	( cro			
<b>22</b> D	epreciation, depletion, and amortization	4,678.	3,789.	469.	420.
23 Ir	surance	5,609.	3,345.	1,892.	372.
at	ther expenses, Itemize expenses not covered bove, (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.)				
	)irect program expenses	85,237.	85,237.		
	ank & credit card fees	3,905.	469.	3,383.	53.
	lembership fees	3,093.	2,453.	376.	264.
	Qupment rental & maint	2,723.	2,206.	271.	246.
	Il other expenses	1,772.	1,436.	177.	159.
	etal functional expenses. Add lines 1 through 24e	263,461.	208,799.	39,649.	15,013.
	oint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
G	heck here: if following SOP 98-2 (ASC 958-720)				

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# 19100515 147419 0594

10 2022.05090 Kentucky Hemophilia Foundat 0594\_\_\_1

Form 990 (2022)

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## 11 2022.05090 Kentucky Hemophilia Foundat 0594\_\_\_1

Kentucky	Hemophilia	Foundation,	Inc.

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Form 990 (2022) Part X Balance Sheet

					(A)		(B)
<b>—</b>					Beginning of year	<b>_</b>	End of year
	1	Cash - non-interest-bearing	·····	•••••••	43,495.	1	45,905
	2	Savings and temporary cash investments			476,381.		475,828
	3	Pledges and grants receivable, net			15,808.		18,519
		Accounts receivable, net				4	
	5 -	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	•			5	
	6	Loans and other receivables from other disqual	-			18836	
		under section 4958(f)(1)), and persons describe				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			-in	8	
:	9	Prepaid expenses and deferred charges			18,487.	9	20,413
		Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	196,191.			
	b	Less: accumulated depreciation	10b	107,799.	93,071.	10c	88,392
	11	Investments - publicly traded securities				11	· · · · · ·
i	12	Investments - other securities. See Part IV, line 1	1		1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	12	·
	13	Investments - program-related. See Part IV, line	11			13	
		Intangible assets		·		14	
		Other assets. See Part IV, line 11				15	
		Total assets. Add lines 1 through 15 (must equa			647,242.	16	649,057
		Accounts payable and accrued expenses			16,188.	17	23,654
		Grants payable				18	
	19	Deferred revenue		De la constancia de la const	55,956.	19	28,366
	20	Tax exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV of	Schedule D		21	<u> </u>
		Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst		1.001824			
		controlled entity or family member of any of thes		Service .	n en de la de la completa de la comp	22	adenterententerenteralenten
		Secured mortgages and notes payable to unrela	N2.33			23	· · · · · · · · · · · · · · · · · · ·
		Unsecured notes and loans payable to unrelated		37		24	·····
		Other liabilities (including federal income tax, pay	Contraction			<u>.</u>	
		parties, and other liabilities not included on lines	20.				
						25	
		Total liabilities. Add lines 17 through 25			72,144.	26	52,020
		Organizations that follow FASE ASC 958 che		X		38836	52,020
		and complete lines 27, 28, 32, and 33.					
		Net assets without donor restrictions			559,872.	27	572,374
j.	28	Net assets with donor restrictions			15,226.	28	24,663
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
<u> </u>		Capital stock or trust principal, or current funds	-		en en sem seure se se presidente de la servició de la seconda de la servició de la seconda de la seconda de la La seconda de la seconda de	29	an a tata an ang kang pangang bagi Tata na tata
	30 .	Paid in or capital surplus, or land, building, or eq	uioment	fund		30	
- T.	31	Retained earnings, endowment, accumulated inc	come or	other funds		31	
Ľ		Total net assets or fund balances			575,098.	32	597,037
- I '		Total liabilities and net assets/fund balances			647,242.	33	649,057

Form	(2022) Kentucky Hemophilia Foundation, Inc.	**_***	6750	Paç	ge <b>12</b>
	tXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	285		
2	Total expenses (must equal Part IX, column (A), line 25)	2	263		
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-4	575	5,0	<u>98.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
.9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	597	1,0	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	Nọ
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 Schedul	ė.O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed	lona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ъ	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			<u>.</u>	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	· 6.4 5
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.		848D	1993
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>		<b>X</b> .
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	4- <u>78-78-68846888888</u>	3b	200	L
			Form	99U (	2022)

232012 12-13-22

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SCHEDULE	P
(Form 990)	

# **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.



Department of the Treasury Internal Revenue Service	
Name of the organizati	on

14601		Vont	and Homor	hilia Founda	+	Tna			*-***6750
: Da	rt I								V.C.Y.D 757 0
5 HPT 10		Reason for Public						IS.	
	organ	ization is not a private foun							
1		A church, convention of cl				on 170(b)(	1)(A)(i).		
2		A school described in sec							
3		A hospital or a cooperative							
4		A medical research organi	zation operated in co	onjunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated t	for the benefit of a co	ollege or university owne	d or opera	ted by a g	jovernmental u	unit descri	bed in
		section 170(b)(1)(A)(iv). (	Complete Part II.)		-				
6		A federal, state, or local go		mental unit described in	section 1	70/b)(1)(A	NVI		
7	X	An organization that norma						he general	I public described in
		section 170(b)(1)(A)(vi). (0			lionit goi	- <b>-</b>		no Bonora	
8		A community trust describ		V1VAVvi) (Complete Par	+-i0-5				
9		An agricultural research or				ed le coni		land groot	collogo
		or university or a non-land-	-		· ·	N28025747.	100000	-	
		university:	grant conege of agrid	contre (see instructions)	. Einei liie	, 1121 HB, CI	y, and state of	the colleg	je or
40			- N. roominin (4) mars	than 00 1/00/ of the num	and the	A A A A A A A A A A A A A A A A A A A	singles		
10		An organization that norma			<ul> <li>MU5200.</li> </ul>				-, +
		activities related to its exer			20022390	-XX			•
		income and unrelated busi		e (less section 511 tax) in	om busine	esses acqi	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co	• •						
11		An organization organized	=		-				·
12		An organization organized	-		-				
		more publicly supported o		<ul> <li>Manager Cardinal</li> </ul>	2				Check the box on
	_	lines 12a through 12d that		8333539935935555					
а		Type I. A supporting org	-	273875 "98539"			-		
		the supported organizati		NS465395.	a majority	of the dire	ctors or truste	es of the s	supporting
	<b>.</b>	organization. You must	complete Part IV, S	ections A and B.					
þ	L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	aving
		control or management (	of the supporting org	anization vested in the s	ame perso	ons that c	ontrol or mana	ge the sur	oported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
C	L.	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,
		its supported organizatio	on(s) (see Instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		] Type III non-functionali	y integrated. A supp	porting organization oper	ated in co	nnection	with its suppor	ted organi	ization(s)
		that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	nbution re	quirement and	l an attent	iveness
		requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	ν.		
0		Check this box if the org	anization received a	written determination fro	m the IRS	that It is a	a Type I, Type	ll, Type III	
		functionally integrated, o	r Type III non-functio	inally integrated support	ing organi	zation.			
f	Ente	r the number of supported	organizations	• • • •					
9		ide the following informatio		ed organization(s).					
	.(0	Name of supported	(li) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions)	Yes	No	support (see in	structions)	support (see instructions)
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<b>Tota</b>				zan zan zuran da k	Starsettersk				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022

## Kentucky Hemophilia Foundation, Inc. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

\*\*-\*\*\*6750 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.). Section A. Public Support (f) Total (c) 2020 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not 153,837. 145,549. 111,109. 261,916. 906,909. 234,498. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 234,498 153,837 145,549. 111,109. 261,916. 906,909. 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) 422,411. 484.498. 6 Public support, Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 111,109. 906,909. 234,498 153,837 145,549. 261,916. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,198 2,808. 161. 172. 3,578, 7,917. and income from similar sources 9 Net income from unrelated business activities, whether or not the 22,047. 20.206 1,841 business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 72,845. 148,226 45,208 68,211 65,849. 400,339. assets (Explain in Part VI.) 1,337,212, 11 Total support. Add lines 7 through 10 183,981. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 36.23 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f) 14 % 36.61 % 15 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022

| Part II

# Schedule A (Form 990) 2022 Kentucky Hemophilia Foundation, Inc. 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.)

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	:					
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				/is		
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		· · · ·				
furnished by a governmental unit to						
the organization without charge			196			
6 Total. Add lines 1 through 5			ja se			
7a Amounts included on lines 1, 2, and				a seasor M		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			and and a second s	· · · · · ·		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	[	line die				
c Add lines 7a and 7b	200020020000000000	ADESS SCHOLESSONS	watti kana kana kana kana kana kana kana kan	an a	Setting the starts of a start of the	
8 Public support. (Subtractine Zetrom line 6.) Section B. Total Support					0340304040404040	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from Interest, dividends, payments received on securities loans, rents, royalties,</li> </ul>						
and income from similar sources		SHELLAND				
		Za.				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
C Add lines 10a and 10b						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						· <b>·</b> ··
11 Net income from unrelated business activities not included on line 10b,		·				·
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support, (Add lines 9, 10c, 11, and 12.)</li> </ol>						
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support, (Add lines 9, 10c, 11, and 12.)</li> </ol>	e organization's fi	rst, second, third,	fourth, or fifth tax, y	rear as a section 5	01(c)(3) organizatic	ວກຸ,
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support, (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> </ol>			fourth, or fifth tax y		01(c)(3) organizatio	
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>First 5 years. If the Form 990 is for th check this box and stop here</li> <li>Section C. Computation of Public</li> </ol>	ic Support Pe	rcentage		·····	01(c)(3) organizatio	Ξ
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Part III.       Supporting Organizations         [Complete only ty our checked box 12n, Part I. J. complete Sections A and C. If you checked box 12n, Part I. complete Sections A and D. and complete Net Complete Sections A and S. and Supporting Organizations         I Area at of the organization's supported organizations       Yee Into Complete Sections A and D. and complete Net Complete Sections A section Sectin Sectin Section Sectin Section Sectin Section Section		due A (Form 990) 2022 Kentucky Hemophilia Foundation, Inc.	**-***6750	Page 4
and B. H you checked box 12b, Part I, complete Sections A and C. If you checked box 12b, Part I, complete Sections A. And D. and Complete Sections A. And Supporting Organizations is supported organizations are designated. If designated by documents if No. * described the Part W now the organization are designated. If designated by documents if No. * described in Section 500(4)(1) or (2)? If 'Yes, "applich in Part W how the organization described in section 500(4)(2) or (2)? If 'Yes, "applich in Part W how the cognization described in section 500(4)(2) or (2)? If 'Yes, "applich in Part W how the cognization described in section 500(4)(2), (5), or (6)? If 'Yes, "applich in Part W how the organization described in section 500(4)(2), (5), or (6)? If 'Yes, "answer lines at and a data bead organization qualified under section 501(4)(4), (5), or (6)? If 'Yes, "answer lines at any other to analy and and and stated organization and the described in the United State ("resign supported organization and described in the United State ("resign supported organization organization and described in the United State ("resign supported organization organization and described in the State ('resign supported organization organization and described in the State ('resign supported organization and described in the section 1704(4)(2)(3), and 100(4) and 500(4)(7) or (2)? If 'Yes, "applich in Part W how the organization or addition and discribed in the section 1704(4)(2)(3), and 100(4) and 500(4)(7) or (2)? If 'Yes, "applich in Part W how the organization in addition and described in the section 1704(4)(2)(3), and 100(4), and 500(4)(7) or (2)? If 'Yes, "applich in Part W, how condition descri	rar			
Section A. All Supporting Organizations         Yes         No.           Section A. All Supporting Organizations         Section A. All Supporting Organizations         Yes         No.           1 Are all of the organization's supported organizations fated by name in the organization's governing organization have any supported organization are designated. If designated by one or purpose, describe the disgnation. If how the supported organization are designated. If designated by one organization have any supported organization described in editors. Solid (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2				
Section A. All Supporting Organizations         Yes         No           1         Act at of the toganization's supported organizations listed by name in the organization are designated. If designated by close or purpose, describe the designation. If historic and continuing metionship, septim.         1         1         1         1           2         Did the organization have any supported organization that does not their are designation. If historic and continuing metionship, septim.         1 </th <th></th> <th></th> <th>e</th> <th></th>			e	
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documents/if // No. <sup>2</sup> describe in Part V how the supported organization matches/if addignated by eaks or purpose, describe the designation. If Matches and continuing maticinarity, any explain.       1         2       Did the organization have any supported organization described in section 5050(4)(1) or (2)? If Yes, "explain in Part VI how the organization described that the supported organization mass dates the data supported organization described of section 5010(4)(4), (5), or (6)? If Yes, "answer links Stand Stabel".         3       Did the organization confirm that each supported organization qualified under section 5010(4)(4), (5), or (6)? If Yes, "answer links Stabel" that supported organization mass that data supported organization qualified under section 5010(4)(4), (5), or (6) and satisfied the public support tas tunder social on 500(2)(2)? If Yes, "describe in Part VI when and how in the supported organization 'Yes," any supported organization 'Yes, "any supported organization 'Yes, "any supported organization 'Yes, "any supported organization 'Yes," any supported organization 'Yes, "any supported organization 'Yes, "any supported organization 'Yes," any supported organization 'Yes, "any supported organization 'Yes, "any supported organization 'Yes, "any supported organization 'Yes," any supported organization 'Yes, "any supported organization 'Yes,			Y.	es No
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under sextion 506(i)(i) or (2) // 1% *** explain in Part VI how the organization determined that this supported organization was described in section 506(i)(i) or (2).       Image: Comparison of the omparison of the comparison of the comparis	2	Did the organization have any supported organization that does not have an IRS determination of status		
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Incess 2b and 3c below.       3a         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 503(a)(2)? If "Yes." describe in Part V when and how the organization made the determination.       3b         Did the organization made the determination.       3b       3b         Was any supported organization of transmission public supported organization made that all support to such organization in the organization in the print State ("foreign supported organization")? If "Yes," and if you chocked bax 12a or 12b in Part I, answer lines 4b and 4 be abow.       3c       3c         Did the organization near of an discretion in deciding whather to make granits to the foreign supported organization.       3c       3c         auported organization and the organization with its supported organization and such control and discretion in deciding whather to make granits to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.       4d       4d         Bid the organization add, substitute, or remove any supported organization such and Bio and the organization add, substitute, or remove any supported organization add (p) here as and EN numbers of the supported organization gradie dual in Part V, infolding (i) the narsa and EN numbers of the subported organization add, substituted, portending organization add (p) here the action, was accompliabed (such as by amandment to the organization add), substituted, portending organization add (p) here the action, was accompliabed (such as by amandment to the organization add), substituted, portending organization add), boo provide detain Part V, invinder organization add	· n -			784 90898
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satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization name that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Pert VI what controls the organization supported organization? If "Yes," explain in Pert VI what controls the organization supported organization? If "Yes," explain in Pert VI what controls the organization and supported organization? If "Yes," tascribe in Part VI now the organization and supported organization? If "Yes," chesche how 170 or 12b in Part I answer lines that all controls in Part VI now the organization and such control and discretion despite being controlled or supervised by or in connection with its supported organizations. If "Yes," chesche any ported organization that such control and discretion under sections 500(c)(1) or (2) If "Yes," explain in Part VI what controls the organization subport organizations and exclusively for section 170(c)(2)(b) purposes. Did the organization add, substitute, or remove any supported organizations and exclusively for section 170(c)(2)(b) purposes. Did the organization add, substituted, or removed (b) the reasons for each such action; (b) the automity under the organization is organizing document? Exclusive default in the organization is organizing document of the torganization is and exclusive of the supported organization, so the provision of services or facilities) to anyone other then (b) as supported organization, and in the organizing document? Exclusive default in the organization is supported organizations that as so supported organizations, it individuals that are part of the charable class benefited by one or more of the supported organization, or other similar payment to a substantial contributor (is defined in section 4956) (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(			38	Acres 100406660
organization made the determination.       3b         c Did the organization exert what all support to such organizations was used exclusively for sector 170(c)(2)(8)       3c         4W les any supported organization to crganized in the United State (Toreign supported organization')? If       3c         * Wes any support or organized in the United State (Toreign supported organization')? If       4c         * Wes any support organization the Part I, answel lines 4b and 42 below.       4c         b Did the organization have utilinate control and disordation is due or conta and organization was used acclusively for section 170(c)(2)(8)       4c         supported organization 'Yes, ' describe in Part VI what the organization state occurs in any supported organization's action St0(c)(3) and St0(c)(1) or (2) If 'Yes, ' equation in the Part VI what the ourpoint any foreign supported organization is action st0(c)(2) and St0(c)(2) or (2) If 'Yes, ' equation in Part VI what controls the organization sectors in Part VI what the control in any supported organization was used acclusively for section 170(c)(2)(8) purposes.         5a       Did the organization add, substitute, or remove any supported organization sectors for granization sectors in the organization sector in the organization sector in the organization's action in a control if the organization's action was used acclusively for sector 170(c)(2)(8) purposes.         5a       Did the organization add, substitute, or remove any supported organization and in tax year? If 'Yes, ' any sector is a substation's organization sector is action if sectors is a organization's action is a substation's control?       6c         5b <td>þ</td> <td></td> <td></td> <td></td>	þ			
c       Did the organization ensure that all support to such organizations was used exclusively for section 170(q)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.       3a         d       Was any support or organization in the indexities ("frequency support or organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4b below.       3a         b       Did the organization support of any toring in support of 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 organization used to esclassively for section 170(q)(2)(B) purposes.       4b         6       Did the organization support of purpoints or ganization and such controls the organization used to esclassively for section 170(q)(2)(B) purposes.       4c         6       Did the organization support of organization and such controls the organization used to esclassively for section 170(q)(2)(B) purposes.       4c         6       Did the organization add, substitute, or remove any supported organization and the such action; (ii) the authority under the organization's added, bas, provide details heart VI, including (i) the marks and EIN numbers of the supported organization support or organization support organization's organicity of comparized organization's control?       6c         7       Did the organization's comported organization's control?       6c         8       Did the organization add, substituted supported organization's control?       6c         7 <td< td=""><td></td><td>satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the</td><td></td><td>388 (CAR)</td></td<>		satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		388 (CAR)
purposes? If "Nex," explain in Part II what controls the organization put in place to ensure such use,       3c         4a Was any supported organization in the United States ("foreign supported organization")? If "Nex," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.       4a         b Did the organization have ultimate control and discretion in deciding whather to make grainst to the foreign supported organization" and discretion descript of the organization support any foreign supported organization in add such controls and discretion of the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.       4b         6 Did the organization add, substitute, or remove any supported organization such as exclusively for section 170(c)(2)(B) purposes.       4c         6 Did the organization add, substitute, or remove any supported organization such action; and (i/) how the action; (ii) the authority under the organization's control?       4c         6 Did the organization support of organization action; and (i/) how the action; (ii) the arganization is control?       5c         7 Substitution only. Was the substitution this result of an event beyond the organization's control?       5c         7 Did the organization provide support (whether if the form of grants or the provision of aervices or facilities) to anyone of the supported organization, supported organizations is action 4586(c)(S)(C)), a family member of a substitution this result of an ovent beyond the organization is action 4586(c)(S)(C)), a family member of a substantial contributor?       5c         7 Did the organization provide support (wh		organization made the determination.	36	
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**Yes,* and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.       4a         b Did the organization have ultimate control and discretion in daciding wholen to make grants to the foreign supported organization?       4b         c Did the organization? If 'Yes,' describe in Part VI how the organization had such control and discretion in describes on the ware in RS determination under sections 501 (c)(3) and 508(c)(1) or (2) If 'Yes,' explain in Part VI what controls the organization used its ensure that all support to the foreign supported organizations due see not have an IRS determination used its ensure that all support to the foreign supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (ff applicable). Also, provide detail in Part VI, including () the names and EIN numbers of the supported organizations added, substituted, or remover, (i) (the reasons for each such action; (ii) the authority under the organization's organizing document; euthorizing such action; and (ly) how the saction was secondished (such as by amendment to the organizing document;       5a         5 Did the organization coll support do organization supported organization is organizing document;       5a         6 Did the organization coll support do organization supported organization's control?       5a         7 Did the organization provide support (whether in the tem; of granization's control?       5c         6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (is subported organizations; supported organizations? If 'Yes,' provide detail in Part VI.       6         7 Did the organization provide a grant, loan, compensation, or other similar payment to	49			95. <i>3122</i>
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supported organization // **/s*, * describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.       4b         C Did the organization support any foreign supported organization in that does not have an RS determination under sections 501(a)(3) and 500(a)(1) or (2) // **/s*, * explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.       4c         So Did the organization add, substitute, or remove any supported organization such action; (ii) the authority under the organization is organizing document authorizing such action; and (iv) how the action was used activation grant with similar payments).       4c         B Type I or Type II only. Was any added or substituted or event beyond the organization support to service not substantial contributors or more of the supported organization's upported organization support or benefit one or more of the fung organization, supported organizations?       5a         C Did the organization provide a grant, loan, compensation, or ofther supported organizations? If **rs, * provide detail in part VI.       5b         C Did the organization provide a grant, loan, compensation, or ofther supported organizations? If **rs, * provide detail in part VI.       6         Did the organization make a loan to a disqualified person, sa defined in section 495(b)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regarit os action 4948 (other than foundation managers and organizations described in section 4948 (other than foundation managers and organization subsection 4948 (other than foundation				602 ( <i>1946</i> )
despite baing controlled or supervised by or in connection with its supported organizations       4b         c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(2) and 503(c)(1) or (2) if "res," explain in Part VI, white contoils the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(3) purposes.       4b         B Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (fl applicable). Also, provide detail in Part VI, including (f) the names and EIN numbers of the supported organizations during the tax year? If "Yes," answer line attracting organizing document, (ii) the authority under the organization's organizing document, (iii) the authority and ded or substituted supported organization's control?       5a         C Did the organization provide supported organization is upported organizations for each such tax is a substantial contributor (as defined in section 4956(c))(C), in a tenily 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).       6         9 Ud the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4956) not described on line ??       7         10 Ud the organizati	D			
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under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI where controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(3)       4c         5a       Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part W, including (b) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action; (ii) the authority under the organizations added, substituted, promoved, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document).       5a         5 Type I on Type II on Yues any added or substituted supported organization's control?       5a         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 organization, or other similar payment to a substantial contributor (as defined in section 4968(c)(3)(c), a tamly member of a substantial controlutor (as defined in section 4968)(c), a tamly member of a substantial controlutor? If "Yes," complete Part I of Schedule L (Form 980).       7         9       Was the organization control ide disqualified person (as defined in section 4968) not described on line 7? If "Yes," complete Part I of Schedule L (Form 980).       7         9       2       0 did the organization controlled directly or indirectly at any time during the tax year by one or more disqualified person, (as defined on line 9a) hold a controlling			<b>40</b>	880 mesisar
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(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with       7         regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).       7         8		Part VI.	6	
(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with       7         regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).       7         8	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).       7         8       Did the organization make a loan to a disqualified person (as defined in section 4955) not described on line ??         If "Yes," complete Part I of Schedule L (Form 990).       8         9a       Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.       9a         b       Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.       9a         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.       9b         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 organization have any excess business holdings.)       10a         b       Did the organization have any excess business holdings.)       10a         c       Did the organization have any excess business holdings.)       10b		(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		
<ul> <li>B) Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?</li> <li>If "Yes," complete Part I of Schedule L (Form 990).</li> <li>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.</li> <li>D 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.</li> <li>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.</li> <li>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 organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</li> </ul>			7	
If "Yes," complete Part I of Schedule L (Form 990).       8         9a       Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.       9a         b       Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.       9a         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.       9b         10a       Was the organization Subject to the excess business holdings rules of section 4943 because of section 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations had excess business holdings.)       10a         b       Did the organization have any excess business holdings.)       10a	8			est soog
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in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.       9a         b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.       9b         c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.       9c         10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 because of section 4943 (f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to to the second business holdings.)       10b	99			
b       Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.       9b         c       Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.       9c         10a       Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b       Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b			2688999 37	eleste sporeze
the supporting organization had an interest? If "Yes," provide detail in Part VI.       9b         c       Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.       9c         10a       Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 because of section 4943 because of section       9c         10a       Supporting organizations)? If "Yes," answer line 10b below.       10a         b       Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b				8998 (1999) 1
c       Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.       9c         10a       Was the organization subject to the excess business holdings rules of section 4943 because of section 4943 (f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b       Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b	b			
from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.     9c       10a     Was the organization subject to the excess business holdings rules of section 4943 because of section       4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated     10a       supporting organizations)? If "Yes," answer line 10b below.     10a       b     Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to       10b     10b		the supporting organization had an interest? If Yes, provide detail in Part VI.	de de la companya de	
10a       Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b       Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b	¢	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		
10a       Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b       Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b		from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	
4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.       10a         b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)       10b	10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		
supporting organizations)? If "Yes," answer line 10b below.     10a       b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to     10a       determine whether the organization had excess business holdings.)     10b	. –			
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.)			10a	
determine whether the organization had excess business holdings.)	h			99 <b>(</b> 855)
Colorada da Contra d			10b	
	20000		· · · · · · · · · · · · · · · · · · ·	990) 2022

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# Schedule A (Form 990) 2022 Kentucky Hemophilia Foundation, Inc. \*\*-\*\*\*6750 Page 5 Part IV Supporting Organizations (continued)

n a statut da su varia te su su su su la C	2012 - 10 C	Yes	2
ganization accepted a gift or contribution from any of the following persons?			
no directly or indirectly controls, either alone or together with persons described on lines 11b and			8
the governing body of a supported organization?	11a	<u> </u>	
ember of a person described on line 11a above?	11b		
trolled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide rt VI.			22
/pe I Supporting Organizations	11c		_
		Yes	i.
/erning body, members of the governing body, officers acting in their official capacity, or membership of one or			200
orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
r trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) operated, supervised, or controlled the organization's activities. If the organization had more than one supported			S (22)
n, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
anization operate for the benefit of any supported organization other than the supported			ġ
n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ŝ.
v providing such benefit carried out the purposes of the supported organization(s) that operated,			
or controlled the supporting organization.	2	, aprilation	
/pe II Supporting Organizations			-
		Yes	4
ority of the organization's directors or trustees during the tax year also a majority of the directors			ŝ
of each of the organization's supported organization(s)? If "No," describe in Part Vi how control			
nent of the supporting organization was vested in the same persons that controlled or managed	215375 Y	3633	्
ted organization(s).	1		
I Type III Supporting Organizations	r		
anization provide to each of its supported organizations, by the last day of the fifth month of the	ana a	Yes	-
10000000 E			0.000
n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			À.
opy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the in's governing documents in effect on the date of notification, to the extent not previously provided?	1928-201	2022-05	ŝ
f the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Teense	7
n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
ation maintained a close and continuous working relationship with the supported organization(s),	9887878 B	59897¢	ŝ
of the relationship described on line 2, above, did the organization's supported organizations have a	2	2005-00	1
voice in the organization's investment policies and in directing the use of the organization's			
issets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
organizations played in this regard.	3 3	8286	8
pe III Functionally Integrated Supporting Organizations			<u></u>
box next to the method that the organization used to satisfy the integral Part Test during the yea(see instructions).			
rganization satisfied the Activities Test. Complete line 2 below. rganization is the parent of each of its supported organizations. Complete line 3 below.			
rganization is the parent of each of its supported organizations. Complete and 5 below. rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	niction	ne)	
est. Answer lines 2a and 2b below.		Yes	T
ntially all of the organization's activities during the tax year directly further the exempt purposes of	Sector a	1	1
ed organization(s) to which the organization was responsive? If "Yes," then In Part VI identify			
orted organizations and explain how these activities directly furthered their exempt purposes;			į.
ranization was responsive to those supported organizations, and how the organization determined			l
ctivities constituted substantially all of its activities.	2a	14140593	1
vities described on line 2a, above, constitute activities that, but for the organization's involvement,		98398	t
s of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			l
reasons for the organization's position that its supported organization(s) would have engaged in			I
ties but for the organization's involvement.	2b	2004 <i>6/</i> 3	T
upported Organizations. Answer lines 3a and 3b below.			t
anization have the power to regularly appoint or elect a majority of the officers, directors, or			
	3a		1
			T
anization exercise a substantial degree of direction over the policies, programs, and activities of each	· · · · · · · · · · · · · · · · · · ·		I
	3b		

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# Kentucky Hemophilia Foundation, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2. Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	·   · · ·		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	n
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a .		
b Average monthly cash balances	1b.,		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	/1d		
e Discount claimed for blockage or other factors	o., ()		
(explain in detail in Part VI):			
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	× 3	·	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, Ine 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4.		
5 Income tax Imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting orga	nization (see
instructions).	5.	· · · · · · · · ·	

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022

# Kentucky Hemophilia Foundation, Inc.

Party   Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)	·
Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes 1	

_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set as de amounts (prior IRS approval required - pr	ovide details in Part Vi		5	·
. 6	Other distributions (describe in Part Vi). See instructions.			6	<u> </u>
7	Total annual distributions. Add lines 1 through 6.		···	7	
8	Distributions to attentive supported organizations to which t	be arganization is menonely		-	·····
_	(provide details in Part VI). See instructions.	une organization is responsiv		_	
.9	Distributable amount for 2022 from Section C, line 6.	·		8	
-		<b>.</b>		9	
10	Line 8 amount divided by line 9 amount	· · · · ·	<u>.[1</u>	0	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				- · · · · · · · · · · · · · · · · · · ·
2	Underdistributions, if any, for years prior to 2022 (reason-		1979 A		
	able cause required - explain in Part VI). See Instructions.				
3	Excess distributions carryover, if any, to 2022			200	
a	From 2017				
ь	From 2018				
c	From 2019				
	From 2020				
	From 2021				en e
f	Total of lines 3a through 3e				na se an
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			330 I	<u>en en la se p</u> erson anno cane <u>lo</u> r centra avage <u>r e</u>
í	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7; \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			83). 83).	
	Remainder, Subtract lines 4a and 4b from line 4.			982 Z	
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			2000	
6	Remaining underdistributions for 2022, Subtract lines 3h				<u>n na /u>
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				<u> Anna an Anna</u>
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018			3	
b	Excess from 2019				
	Excess from 2020				
ď	Excess from 2021				
	Excess from 2022			88 X	

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Schedule A (Form 990) 2022

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Part VI	(Form 990) 2022 Kentucky Hemophilia Foundation, Inc. **-**6750 Pa <b>Supplemental Information</b> . Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information, (See instructions.)
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<u> </u>	
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### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule B

(Form 9	90)
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Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

ZUZZ

Name of the organizati	en	Employer Identification number
	Kentucky Hemophilia Foundation, Inc.	**-***6750
Organization type (cha	ack one):	
Filers of:	Section:	
Form 990 or 990 EZ	<b>X</b> 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ņ
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See Instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions I any one contributor. Complete Parts I and II. See instructions for determining a cont	

### **Special Rules**

For an organization described in section 501 (c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990 EZ, line 1. Complete Parts 1 and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use dupilcate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribut
.1		\$65.,5	Person     X       Payroll        Noncash        (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribu
2		\$ <u> </u>	70. Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribu
3		\$31.,6	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribu
		\$12,6	Person     X       Payroll        70.     Noncash       (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) is Type of contribu
5		\$6.0	Person X Payroll 00. Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) IS Type of contribu
6		\$42,6	Person         X           Payroli

Employer identification number

Schedule B (Form 990) (2022) Name of organization

Page 2

	àn L	/	- 8- 5
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,250	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    8                                </u>		\$ <u></u> 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>7,750</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,990	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
······		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Schedule B (Form 990) (2022)

Kentucky Hemophilia Foundation, Inc.

Name of organization

Employer identification number

\*\*-\*\*\*6750

Page 2

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	d,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
·		\$ <u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions,	
		\$	· :
(a) No, from Part I	(b) Description of noncesh property given	(c) FMV (or estimate (See instructions.	
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

Schedule B (Form 990) (2022)

Page 3

ame of organi:	zațion			Employer identification nu
entucky	Hemophilia Foundatio	on, Inc.		**-**6750
art II Exc	lusively religious, charitzble, etc., contributio	ns to organizations described in	section 501(c)(7), (8), or (10	
com	n any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, cha	hrough (e) and the following line e aritable, etc., contributions of \$1,000 c	entry. For organizations or less for the year. (Enter this info	. once.) \$
Usi	e duplicate copies of Part III if additional sp	pace is needed.		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Do	scription of how gift is held
Part	(b) Furpose of gric	(c) Ose or gin,	(a) De:	scription of now gitt is neid
		(e) Transfer of g	jift	
	Transferee's name, address, and	1710 . 4	Balaitan bi air	
	mansieree's name, auuress, am	<u>u zir + 4</u>	Relationship of u	ansferor to transferee
		· [	and the second sec	
· · · · · · · · · · · · · · · · · · ·			an a	
a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(a) Des	scription of how gift is held
		allela. Alterativ		
	l.	(e) Transfer of g	<u></u>	
		(e) transfer of g		
	Transferce's name, address, and	d ZIP + 4	Relationship of tr	ansferor to transferee
			<b>_</b>	
a) No.		The second s		
trom	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				· · · · · · · · · · · · · · · · · · ·
			[	· · · · · · · · · · · · · · · · · · ·
		(e) Transfer of g	ift	
		·	·	
	Transferee's name, address, and	<u> 1 ZIP + 4</u>	Relationship of tr	ansferor to transferee
	·····			
			·	
a) No. from	(b) Purpose of gift	(c) Use of gift	(al) Dee	cription of how glift is held
Parti	(b) Fui pose of gire		(4) 563	Cubron of non-Sucia usin
			:	· · · ··
— I —			· [	
				· · · ·
	I	(e) Transfer of g	ift	
		, ,		
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
<u> </u>	-			
<u> </u>	••	[		
454 11-15-22				Schedule B (Form 990

(Form 990)	Political Campaign and Lobbying Activities					OMB No. 1545-0047		
	For Org	2022						
		f the organization is describe				Open to Public		
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for				Inspection		
f the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organiza- if the organization answ • Section 501(c)(3) org • Section 501(c)(3) org if the organization answ Tax) (See separate inst • Section 501(c)(4), (5) Name of organization	wered "Yes," on ganizations: Com- r than section 50 ations: Complete wered "Yes," or ganizations that ganizations that ganizations that wered "Yes," or ructions), then ), or (6) organizations Kentuck	Form 990, Part IV, line 3, or l piete Parts I-A and B. Do not c D1(c)(3)) organizations: Comple	Form 990-EZ, Part V, li complete Part I-C. te Parts I-A and C below Form 990-EZ, Part VI, l under section 501(h)): C cition under section 501 cition under section 501 (See separate undation, In	ine 46 (Political Cam v. Do not complete P line 47 (Lobbying Ac Complete Part II-A. Do (h)): Complete Part II- instructions) or For	art I-B. tivities), th not compl B. Do not c m 990-EZ, Employee *	ivities), then en ete Part II-B. complete Part II-A. Part V, line 35c (Prov r identification numb * - * * * 6 7 5 0		
Part I-A Comple	ete if the org	janization is exempt un	der section sun(c)	or is a section :	zzi orga	inization,		
2 Political campaign a 3 Volunteer hours for Part I-B Comple	activity expendit political campai ete if the org	ation's direct and indirect polit ures gn activities <b>anization is exempt un</b>	der section 501(c)	(3):	····			
		incurred by the organization u						
2 Enter the amount o	f any excise tax	incurred by organization mana	gers under section 495	5	\$			
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 472	0 for this year?	••••				
4a Was a correction m	ade?							
b If "Yes," describe in	n Part IV.				CON L-M			
		janization is exempt un						
		d by the filing organization for s			···· *			
2 Enter the amount o	if the filing organ	ization's funds contributed to a	other organizations for s	section 527	į.			
	tivities				· >			
exempt function ac								
3 Total exempt function	ion expenditures	, Add lines 1 and 2. Enter here	and on Form 1120 POI	L_1				
3 Total exempt functi line 17b	ion expenditures	, Add lines 1 and 2. Enterhere	and on Form 1120 POI	L,	\$	Yes		
<ol> <li>Total exempt function in a state of the filing organic for the filing organic for the names, as made payments. For contributions received the state of the state</li></ol>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr	, Add lines 1 and 2. Enter here	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on ovide information in Par	L, olitical organizations i ization's funds. Also e ganization, such as a	\$ to which the enter the ar separate s	Yes Lund in the filing organization mount of political egregated fund or a		
<ol> <li>Total exempt function in the filing organity</li> <li>Did the filing organity</li> <li>Enter the names, and made payments. For contributions received</li> </ol>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enter here <b>1120-POL</b> for this year? apployer identification number ( tion listed, enter the amount p omptly and directly delivered to	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on	L, olitical organizations i ization's funds. Also e ganization, such as a	to which the onter the arr separate s from ( on's col ter -0.	Yes Lund re filing organization mount of political egregated fund or a (e) Amount of politica ntributions received a promptly and directly ielivered to a separat		
<ul> <li>3 Total exempt function</li> <li>17b</li> <li>4 Did the filing organities</li> <li>5 Enter the names, and made payments. For contributions receives</li> <li>political action communication</li> </ul>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enterhere <b>1120-POL</b> for this year? nployer identification number ( tion listed, enter the amount p omptiy and directly delivered to additional space is needed, pro-	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on ovide information in Par	olitical organizations t ization's funds. Also e ganization, such as a t IV. (d) Amount paid filing organization	to which the onter the arr separate s from ( on's col ter -0.	Yes e filing organization mount of political egregated fund or a (e) Amount of politica ntributions received (a promptly and directly lelivered to a separat political organization		
<ul> <li>3 Total exempt function</li> <li>17b</li> <li>4 Did the filing organities</li> <li>5 Enter the names, and made payments. For contributions receives</li> <li>political action communication</li> </ul>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enterhere <b>1120-POL</b> for this year? nployer identification number ( tion listed, enter the amount p omptiy and directly delivered to additional space is needed, pro-	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on ovide information in Par	olitical organizations t ization's funds. Also e ganization, such as a t IV. (d) Amount paid filing organization	to which the onter the arr separate s from ( on's col ter -0.	Yes L.J. e filing organization mount of political egregated fund or a (e) Amount of politica ntributions received promptly and directly felivered to a separat political organization		
<ul> <li>3 Total exempt function</li> <li>17b</li> <li>4 Did the filing organities</li> <li>5 Enter the names, and made payments. For contributions receives</li> <li>political action communication</li> </ul>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enterhere <b>1120-POL</b> for this year? nployer identification number ( tion listed, enter the amount p omptiy and directly delivered to additional space is needed, pro-	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on ovide information in Par	olitical organizations t ization's funds. Also e ganization, such as a t IV. (d) Amount paid filing organization	to which the onter the arr separate s from ( on's con ter -0., con	Yes Lund in the filing organization mount of political egregated fund or a (e) Amount of politica ntributions received a promptly and directly belivered to a separat political organization.		
<ul> <li>3 Total exempt function</li> <li>17b</li> <li>4 Did the filing organities</li> <li>5 Enter the names, and made payments. For contributions receives</li> <li>political action communication</li> </ul>	ion expenditures Ization file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enterhere <b>1120-POL</b> for this year? nployer identification number ( tion listed, enter the amount p omptiy and directly delivered to additional space is needed, pro-	and on Form 1120-PO EIN) of all section 527 p aid from the filing organ o a separate political on ovide information in Par	olitical organizations t ization's funds. Also e ganization, such as a t IV. (d) Amount paid filing organization	to which the onter the arr separate s from ( on's con ter -0., con	Yes Yes Long Yes Long Yes Long Yes Long Yes Hilling organization mount of political egregated fund or a Long Amount of political normality and directly belivered to a separat political organization.		
<ul> <li>3 Total exempt functi line 17b</li> <li>4 Did the filing organi</li> <li>5 Enter the names, armade payments. For contributions receive political action com</li> <li>(a) Name</li> </ul>	ion expenditures lzation file <b>Form</b> ddresses and er or each organiza ved that were pr imittee (PAC). If	Add lines 1 and 2. Enterhere <b>1120-POL</b> for this year? nployer identification number ( tion listed, enter the amount p omptiy and directly delivered to additional space is needed, pro-	EIN) of all section 527 p aid from the filing organ b a separate political orgonic by the information in Par (c) EIN	olitical organizations t ization's funds. Also e ganization, such as a t IV. (d) Amount paid filing organization	so which the anseparate suffrom conter -0-, conter -0-	Yes     Yyes     Yes     Yes		

\_\_\_\_\_

Schedule C (Form 990) 2022 Part II-A Complete if the or section 501(h)).	Kentucky H ganization is exe	emophilia Fo empt under sectio	undation, I n 501(c)(3) and fil	<u>nc.</u> **-* ed Form 5768 (el	**6750 Page2 ection under
A Check if the filing organiz expenses, and shi	are of excess lobbyin	ffiliated group (and list i g expenditures). and "limited control" pri		group member's nam	e, address, EIN,
Lin	nits on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
ta Total lobbying expenditures to in	fluence public opinior	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to in					
c Total lobbying expenditures (add					
d Other exempt purpose expenditu	ires		······		
e Total exempt purpose expenditu					
f Lobbying nontaxable amount. En				a in Standig gang ang ang bija siyang diting bi	alayan kara sa
If the amount on line 10, column (a)		bbying nontaxable am			
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the exe	10.11.		
Over \$1,000,000 but not over \$1,		000 plus 10% of the exc			
Over \$1,500,000 but not over \$1	7,000,000 \$225, \$1,00	000 plus 5% of the exce	255 Over \$ 1,300,000.		
Over \$17,000,000	[ \$1,00	J,000,	in the second		
g Grassroots nontaxable amount (e	enter 25% of line 1ft				
h Subtract line 1g from line 1a. If ze	ero or less, enter •D•				
i Subtract line 1f from line 1c. If ze					
j If there is an amount other than z	ero on either line 1h o	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this				L	YesN
(Some organizations	that made a section	veraging Period Under 501(h) election do not trate instructions for ll	have to complete all	of the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
· · · · · · · · · · · · · · · · · · ·					
2a Lobbying nontaxable amount	<u> </u>				
<ul> <li>b. Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					
c Total lobbying expenditures		»			
d Grassroots nontaxable amount		e standarda kara	warran an a		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditure	s				

Schedule C (Form 990) 2022

232042 11-08-22

# Schedule C (Form 990) 2022 Kentucky Hemophilia Foundation, Inc. \*\*-\*\*\*6750 Page 3 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)	
of the lobbying activity.	Yes	No	Amount
<ol> <li>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 referenciar, through the use of:</li> <li>a Vokinteers?</li> </ol>	X		
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c throug</li> <li>c Media advertisements?</li> </ul>	gh 1)?	X X	
<ul> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> </ul>		X X	
<ul> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>	······································	X	2,812.
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means</li> <li>i Other activities?</li> </ul>		X X	
J Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	2,812.
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 49</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul>	112		
Part III-A Complete if the organization is exempt under section 501(c) 501(c)(6).	(4), section 501(c	)(5), or se	ction
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in house lobbying expenditures of \$2,000 or tess?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditivity expendition</li> <li>Part III-B</li> <li>Complete if the organization is exempt under section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are an anticipation of the organization is exempted to the section of the organization of</li></ol>	ures from the prior yea (4), section 501(c	2 ar? 3 )(5), or set	
answered "Yes."		- •	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amoun expenses for which the section 527(f) tax was paid),</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ol>	ts of political	<u>2a</u> 2b	
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobl expenditures next year?</li> </ul>	(e) dues n of the excess	3	· · · · · · · · · · · · · · · · · · ·
5 Taxable amount of lobbying and political expenditures. See instructions		4 5	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affil instructions); and Part II-B, line 1. Also, complete this part for any additional information. Part II-B, Line 1, Lobbying Activities:	iated group list); Part I	I-A, lines 1 ar	nd 2 (See
The Kentucky Hemophilia Foundation holds an annu	al advocacy	y day a	t the
state capitol to express the needs and concerns	of our blee	eding	······································
disorders community to legislators and/or their	designees.	Patie	nts
and caregivers are encouraged to participate. I	The primary	focus	is on
access to health care.		Schedulz	C (Form 990) 2022

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### SCHEDULE D (Form 990)

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 w rtion.

	r instructions		

OMB No. 1545-0047
2022
Open to Public
NEW HISPECTRE SERVICE

Department of the Treasury Internal Rovenue Service

Nan	e of the organization Kentucky Hemophili	a Foundation. Inc.	Employer identification number * * - * * * 6 7 5 0
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(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	writing that the assets held in dopor adv	used funde
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds and h	
-	for charitable purposes and not for the benefit of the donor o	t donor advisor, or for any other pumoe	ne used offiy
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organizati		<u>, , , , , , , , , , , , , , , , , , , </u>
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Nakabuta anat	of a certified historic structure
	Preservation of open space		or a certified mistoric structure
2	Complete lines 2a through 2d if the organization held a qualif	ad concontation contribution is the form	
-	day of the tax year.		Held at the End of the Tax Ye
ន			
þ	Total number of conservation easements		2a
с.	Total acreage restricted by conservation easements	untuing included to fail	2b
d	Number of conservation easements included in (c) acquired a		
u			
з	historic structure listed in the National Register		
Ŷ	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		<u>.</u>
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(II)?		
9	States and the second se		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.	ote to the organization's financial staten	nents that describes the
)ar	t III Organizations Maintaining Collections of	Art Historical Trageuroe or (	ther Similar Acasta
	Complete if the organization answered "Yes" on Form		Julei Simiai Assels.
12	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical trea		al gain; provide
	the following amounts required to be reported under FASB AS		
a 	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
ם או	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 202
u51	09-01-22	29	

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Sche Pa	dule D (Form 990) 2022 Kentuck rt.III Organizations Maintaining C	y Hemophil Collections of A							*6750 <b>ts</b> (continue	
.3	Using the organization's acquisition, access	ion, and other record	ds, chea	ck any of the	following th	iat make s	significant	t use of its		
	collection items (check all that apply):									
a	Public exhibition	c	1 🖂	Loan or exc	hange prog	ram				
þ	Scholarly research	e	• 🗔	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	lhey further t	he organiza	tion's exe	mpt purp	ose in Par	t XIII.	
5	During the year, dld the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?			🗆	Yes	
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	igements. Compl	ete if th	e organizatio	n answered	l "Yës" or	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	r contribution	18 oz other a	assets not	included			
	on Form 990, Part X?								Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	tahle-		•••••••••••••••••••••••••••••••••••••••		·····		
-								1	Ämount	-
ć	Beginning balance						10		Amount	····
ď	Additions during the year				······································		1d		•••	
e	Distributions during the year	••••••	•••••••		·····		10	· · ·		·
f	Distributions during the year			·····		585. 585.	11			
	Ending balance Did the organization include an amount on F	orm 996 Part V. line	01 for	ABOROWI OF O	intertial acc	ount Kobi		L	Yes	
	If "Yes," explain the arrangement in Part XIII.							· · · · · · · · · · · · · · · · · · ·	Jres i ∣	
Pa	TV Endowment Funds. Complete I	f the organization ar		Ves" on Fr	000 Da	Hild line	10			
10000		(a) Current year		Prior year 🚿	(c) Two ye			vears back	(e) Four ye	ars hack
1a	Beginning of year balance	(4) (000	(-/-	285	in an		(a)	June Duok	(e) i car je	
b	Contributions			tanan. Marina da angela da a	Collegador Collegador					
	Contributions				2 47		· · ·			
	Grants or scholarships				<u> </u>					
			Sec. Ma	-94400°		į		<u> </u>		
ę	Other expenditures for facilities									
	and programs	·	4374-030							
	Administrative expenses	490 2022	anne. Saistean	afilia						
-	End of year balance									
2	Provide the estimated percentage of the cur		2 (III NO 1	ig, column (a	)) neld as:					
	Board designated or quasi-endowment		<u>~</u> %							
	Permanent endowment	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	nd administ	ered for th	1e			
	organization by:									s No
	(i) Unrelated organizations		- • • • - • - •						3a(i)	
	(ii) Related organizations		·····			•••••••••			3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rea on 2	SCREQUIE H?	•••••		•••••••		_3b	<u> </u>
4	Describe in Part XIII the intended uses of the t XI Land, Buildings, and Equipm		wment	tunds.					• •	
га	Complete if the organization answered		) . Dort IV	line 11e 19			line 10			
·						<u> </u>		. I		
	Description of property	(a) Cost or o basis (investn		(b) Cost basis (			cumulate reciation	bd	(d) Book va	lue
	Land						KAN SIDI			
	Buildings			15	5,066.		67,4	88.	87,	578.
¢	Leasehold improvements			<u>.</u>						
d	Equipment			4:	1,125.		40,3	11.		814.
	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colun	nn (B), line 10	)c.)		, <b>.</b>		88,	392.
							:	Schedule	D (Form 99	01/2022

Schedule D (Form 990) 2022

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	mophilia Four	dation, Inc. *	*-***6750 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			· · · ·
(F)			
(G)			
<u>(H)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			· · ·
(4)			
(5)			
(6)		ters, Martin	
(7)		in the second	
(8)			
(9)	·**		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	Dav Di		
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)			<u> </u>
(3)	# # A .		
(4)	NAL AN	· · · · · · · · · · · · · · · · · · ·	1
(5)			· · · · · · · · · · · · · · · · · · ·
(6)			
(7)		· · · · · ·	
(8)	1997 1997		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	· · · · · · · · · · · · · · · · · · ·	
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 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)		· · ·	
(3)			
(4)			
(5)		· · · ·	
(6)			
(7)			<u> </u>
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2022

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**-***6750	Page 4
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		Hemophilia			**_*
Part XI Reconciliation of	f Revenue per	Audited Financia	al Statements	With Revenue per	Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	339,280.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		53,880.		
е	Add lines 2a through 2d			2e	53,880.
3	Subtract line 2e from line 1			3	285,400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	285,400.
Pa	rt XII   Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per R	leturn	· · · · · ·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		an Maria		
-	Total expenses and losses per audited financial statements				317,341.
	Total expenses and losses per audited mancial statements			1	<u>ЭТ7, 341.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				JI1, J41.
2 a		1			
2 2 8 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	. 2a			
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	<u></u>		<u> </u>
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	53,880.		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	53,880.	20	53,880.
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	53,880.	20	
- 2 2 5 6 6 2 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	53,880.	2e 3	53,880.
- 2 8 6 6 6 8 4 8 4 8	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	53,880.	2e 3	53,880.
- 2 2 2 2 2 2 2 3 4 2 5 4 2 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 48	53,880.	20	53,880.
- 2 a b c d e 3 4 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 48 48 4b	53,880.	2e 3 4c	<u>53,880.</u> 263,461. 0,
- 2 8 6 3 4 8 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 48 48 4b	53,880.	3	53,880.

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

Â.

Part X, Line 2:

Managel	ment	be	lieves	that	it <b>ba</b>	s ar	proj	priate	supr	port	for an	iý ta	ax post	ition	S
taken,	and	as	such,	does	not h	ave	any	uncert	ain	tax	positi	lons	that a	are	
materia				Nesses.	levent (										or
intere	st r	aco	rded o	r acc	rued i	n tř	ne f	inancia	al st	aten	ents.				

Part XI, Line 2d - Other Adjustments:

Direct fundraising expenses reported on Part VIII, line 8b

4 dan.

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Direct fundraising expenses reported on Part VIII, line 9b

<u>Part XII, Line 2d - Other</u>	Adjustments:
Direct fundraising expense	s reported on Part VIII, line 8b
232054 09-01-22	Schedule D (Form 990) 2022
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<b>ni</b>	e					11		
Direct	fundraising	expenses	reported	i on Part	· VIII,	line 9D		
							·	
						sis-		
					4343 1999 			<u> </u>
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	<b></b>							
							Schedule D	

SCHEDULE G	Suppleme	ental Information Regarding	, Fun	drais	sing or Gaming A	Acti	vities	OMB No: 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization	'n	o www.irs.gov/Form990 for instru			•	n.		lentification number
Part Fundrais		Y Hemophilia Found Complete if the organization answe				line 1	**_*** 7 Form 990-	
required to	complete this par	t						
a Mail solicitat	tions email solicitations tations		tion of tion of	non-g gover	overnment grants mment grants	-		
		or oral agreement with any individua	i (inclu	ding o	fficers, directors, tru	stees	, or	
	l highest paid indi	Part VII) or entity in connection with p viduals or entities (fundraisers) pursu promonization					⊔⊓draiser is to	
(i) Name and addres or entity (fund		(ii) Activity	nave of	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundralser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
							•	
				1999				
Total					:			
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from	registration
		·····						·····
<u> </u>			•					
· · · · · · · · · · · · · · · · · · ·								
							<b></b>	
LHA For Paperwork Re	duction Act Noti	ce, see the instructions for Form §	90 or	990-E	Z.		Schedul	e G (Form 990) 2022

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Schedule G (Form 990) 2022 Kentucky Hemophilia Foundation, Inc. \*\*-\*\*\*6750 Page 2

		of fundraising event contributions and gr				its greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				Golf		(add col. (a) through
			Walk	Scramble	3	col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue						
Į.	1	Gross receipts	29,861.	26,695.	46,572.	103,128.
_						
	2	Less: Contributions	29,861.	6,000.	6,000.	41,861.
_	3	Gross income (line 1 minus line 2)		20,695.	40,572.	61,267.
	4	Cash prizes		ļ		
		No. 20 Second Contractor			A.	
ő	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		9,096.	4,396.	13,492.
, Š	ľ		· · · · · · · · · · · ·			
đ	7	Food and beverages			2,718.	2,718.
<u>Oira</u>	<sup>.</sup>				9 9	
-	8	Entertainment				
	9	Other direct expenses	9,145.	2,813.	21,447.	33,405.
	10	Direct expense summary. Add lines 4 through	9 in column (d)	attice Alberta		49,615.
	11	Net income summary. Subtract line 10 from li				11,652.
Pa	urt i	II Gaming. Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a,				
g.			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Вечепие				Enildenbioßiessine milde		col. (a) through col. (c))
Я		<b>2</b>	an a			
	1	Gross revenue			· · · · · · · · · · · · · · · · · · ·	
	2	Cash prizes	store.			
ses	~	Cesi pizes	annenang sasar			<u></u>
per	3	Noncash prizes				
Direct Expenses	-					
Dec	4	Rent/facility costs				
ö.						
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	L No	No	
		Direct expense summary. Add lines 2 through				
	.7	Direct expense summary. And lines 2 through	1 5 IN COLUMN (C)			
	8	Net gaming income summary, Subtract line 7	from line 1. column (d)			
	-					
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
а	ls ti	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
		No," explain:				
-	lf "I					
-	if "I					
	_	· · · · · · · · · · · · · · · · · · ·		······		
10a	We	re any of the organization's gaming licenses re	voked, suspanded, or te	eminated during the tax	year?	Yes No
10a	We	· · · · · · · · · · · · · · · · · · ·		· · · · +	year?	Yes No
10a	We	re any of the organization's gaming licenses re		· · · · +	year?	Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

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Schedule G (Form 990) 2022

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12	Doop the organization conduct coming o					) Pa
12	Joes the organization conduct gaming a	activities with nonmembers?			Yes	
	s the organization a grantor, beneficiary					
	to administer charitable gaming?				Yes	
<b>13</b> i	indicate the percentage of gaming activi	ity conducted in:	· · · · · · · · · · · · · · · · · · ·			
	The organization's facility	-			13a	
	An outside facility					
14 E	Enter the name and address of the pers	on who prepares the organization!	s gaming/special ever	ts books and records:		
1.	Name					
4	Address					
15a [	Doës the organization have a contract w	ith a third party from whom the or	ganization receives ga	ming revenue?	Yes	
		·				
	f "Yes," enter the amount of gaming rev		·\$	and the amount		
	of gaming revenue retained by the third					
.c  i	f "Yes," enter name and address of the	third party:	4			
٨	Name					
A	Address	····				
10 ×						
6 C	Saming manager information:					
	Jama -					
N	Vame		<u>SW AK</u>			
-						
G	Saming manager compensation \$ _		and the second			
-	and and and an and a second second second second					
C	Description of services provided		944 1959			
		and the second sec	38°			
	Director/officer	imployee	ident contractor			
<b></b> -						
	landatory distributions:					
		aw to make charitable distribution:				<b></b>
		entrest. entrestés			L Yes	I
76	etain the state gaming license?	andre and a second s		aizations or epont in the		
re bE	etain the state gaming license? Inter the amount of distributions require	d under state law to be distributed	to other exempt orga	inzadona or apera in the		
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri	d under state law to be distributed ing the tax year \$				
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	9b,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	,9b,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	Part-III, lines 9,	9b,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'at III, Ines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	, 9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	, 9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b, 1
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art III, lines 9,	. 9b, -
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b, <sup>-</sup>
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	96, -
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	9b,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	96,
re bE	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P	'art-III, lines 9,	96, 7
	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri <b>Supplemental Informatio</b> 15b, 15c, 16, and 17b, as applicant 15b, 15c, 15c, 15c, 15c, 15c, 15c, 15c, 15c	d under state law to be distributed ing the tax year \$ A. Provide the explanations requir	ed by Part I, line 2b, c	olumns (iii) and (v); and P tions.		
	etain the state gaming license? Inter the amount of distributions require rganization's own exempt activities duri Supplemental Informatio	d under state law to be distributed ing the tax year \$ <b>n.</b> Provide the explanations requir able. Also provide any additional in	ed by Part I, line 2b, c	olumns (iii) and (v); and P tions.	iule G (Form	
	Hemophilia Foundation, Inc. ed)					
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		<u>,</u>				
	A Weite					
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2084 04-01-22		Schedule G (Forn				

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 2022 Open to Public Inspection
Name of the organizatio	Kentucky Hemophilia Foundation, Inc.	Employer	identification number * * 6 7 5 0
Form 990, Pa	rt III, Line 4c, Description of Program Servic		
Summer camp	is a five day educational and recreational pro	ogram i	Eor
children and	teens with bleeding disorders. The philosoph	hy of c	our
summer camp	program is to empower campers to be healthy an	nd acti	lve
youngsters "	just like any other kids" while learning to ma	anage t	<u>heir</u>
bleeding dis	order or learn about their sibling's bleeding	disord	ler.
The mission	of the summer camp is to improve knowledge, at	ttitude	es, and
behavorial s	kills of children with hemophilia or a similar	r bleed	ling
	well as accompanying siblings who do not have		
disorder for	developing a healthy, risk-reduced lifestyle.	. The	goals
	r camp program are to: 1. combine life skills		
with outdoor	adventure and fun for the development of self	-este	m.
	ceam-building, and leadership skills through a		
appropriate	activities; 2. promote physical emotional, ar	ıd ment	al
	advocate risk-reducing behavior for optimal of		
development a	and prevention of complications for each child	l with	a
bleeding disc	order.		
	· · · · · · · · · · · · · · · · · · ·		
Part III, Lin	e 4d-Other program service accomplishments		

50,082 Expenses:

The Annual Education Meeting and Summer Family Event is our largest

yearly education event, which features several nationally known

speakers who address topics pertinent to the bleeding disorders

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22 38

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Name of the organization Kentucky Hemophilia Foundation, Inc.	Employer identification number **-**6750
community in the realm of research advances, new and fut	ure treatment
options as well as overall well-being.	
The Year-End Community Event provides an opportunity for	families
affected by bleeding disorders to obtain cutting edge in	formation about
available factor products and ancillary services and hav	e an
opportunity to meet and get acquainted with other famili	es for support.
Expenses: 123,562	<i></i>
Support Services include emergency financial assistance,	Medic Alert
emblems, bicycle helmets, post-secondary education schol	arships,
sponsorships for attending conferences, educational semi	nars, web site,
newsletter, other support services,	
and allocation of overhead to programs.	···
Form 990, Part VI, Section A, line 2:	
Two board members are married to each other.	••••••
Form 990, Part VI, Section B, line 11b:	· · · · ··
Form 990 is reviewed by the Executive Director and is ma	de available to
other executive committee members.	
Form 990, Part VI, Section B, Line 12c:	<u> </u>
Conflict of interest policies are provided to board memb	ers on an annual
pasis and monitored by Executive Director	
orm 990, Part VI, Section B, Line 15a:	
32212 10-28-22	Schedule O (Form 990) 202

Schedula O (Form 990) 2022 Name of the organization	Employer identification num
Kentucky Hemophilia Foundation, Inc.	**-***6750
The consideration for an increase in the Executive Dire	ctor's compensatio
occurs during the annual budget process. Performance i	s evaluated on an
ongoing basis by reviewing program participation; progr	am outcomes; and
program development. The Executive Director submits an	activities report
to the board of directors at each board meeting.	*
Form 990, Part VI, Section C, Line 19:	<u> </u>
Soverning documents and financial statements are made a	vailable upon
request.	
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# **CARRYOVER DATA TO 2023**

Kentucky Hemophilia Foundation, Inc.	**-***6	ation Number 750
Based on the Information provided with this return, the following are possible carryover amounts to next year		
Pederal Post-2017 Net Operating Loss - Advertising	income	4,52
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9341 		

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action 38	Section 382 Annual Limitation		Section 382 Carryover	/er							
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used far	Amount Used for					
2023	1,135.										
Type	E Amount S Used for C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
80) 333											

## **TAX RETURN FILING INSTRUCTIONS**

### FORM 990-T

## FOR THE YEAR ENDING

June 30, 2023

Dramanadian	
Prepared for	Kentucky Hemophilia Foundation, Inc. 1850 Taylor Avenue 2 Louisville, KY 40213
Prepared by	Smith Financial Services, PLLC 2302 Hurstbourne Village Dr., Ste 200 Louisville, KY 40299
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has gualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

\_\_\_\_\_

Form 8879-TE		11.74	for a Ta	inature Autho x Exempt En	itv		OM8 No. 1545-0047
	For calendar.	year 2022, or f	iscal year beginning J	UL 1 , 2022, and en	ding JUN	30 .2023	2022
Department of the Treasury			Do not send to	the IRS. Keep for your r	ecords.		
Internal Revenue Service	ł	Go	to www.irs.gov/Fo	rm8879TE for the lates	t informatio	n,	
Name of filer		_ :=				EIN or S	
			a Foundat			**_:	<u>***</u> 6750
Name and title of officer	or person subject t						_
			cecutive D	irector			
,			n Information				
Form 5330 filers may or <b>10a</b> below, and the whichever is applicabl than one line in Part I.	enter dollars and amount on that le, blank (do not o	cents. For line for the enter -0-). B	all other forms, en return being filed v iut, If you entered -	TE and enter the applica ter whole dollars only. If yith this form was blank, D- on the return, then ent	you check th then leave lir er -0- on the	e box on line <b>1a, 2</b> le <b>1b, 2b, 3b, 4b, 4</b> applicable line bel	ta, 3a, 4a, 5a, 6a, 7a, 8 5b, 6b, 7b, 8b, 9b, or 1 ow. Do not complete r
1a Form 990 che	sck here	Б	Total revenue, if a	any (Form 990, Part VIII,	column (À), li	ine 12)	1b
2a Form 990-EZ	check here	L b	Total revenue, if a	any (Form 990-EZ, line 9)	· · · · · · · · · · · · · · · · · · ·	÷	2b
	OL check here	L b	Total tax (Form 1	(20-POL, line 22)			36
	check here	L b	Tax based on inv	estment income (Form :	990-PF. Part	V, line 5)	4h
	eck here	b b	Balance due (For	m 8868, line 3c)	an a		5b
	heck here	ы	Total tax (Form 99	m 8868, line 3c) 30-T, Part III, line 4)			6b
	ieck here	L_⊥ Þ	Total tax (Form 4)	20, Part III, line 1)	(A)	2 2	
	eck here		FMV OF 83SETS at	end of tax year (Form 5	227. Item D1		8b
	neck here		Tax due (Form 53	30, Part II, line 19)		* 	9b
10a Form 8038-C Part II Decla			Amount of credit	payment requested (Fo	rm 8038-CP,	Part III, line 22)	10b
				bove entity or			
entry to the inancial in inancial institution to ( ater than 2 business o payment of taxes to re	able, I authonze institution accoun debit the entry to lays prior to the p aceive confidentia	the U.S. Tr t indicated this accou payment (se al informatic	easury and its desi in the tax preparat int. To revoke a pa ettlement) date ( a on necessary to an	on, <b>(b)</b> the reason for any grated Financial Agent ion spitware for paymen ment, must contact th so authorize the financia swer inquiries and resolv cretturn and, if applicabl	/ delay in pro o initiate an ( t of the feder e U.S. Treasu al institutions	electronic funds wi al taxes owed on t ury Financial Agen involved in the pro- tad to the payment	this return, and the t at 1-888-353-4537 nc ocessing of the electro
Party to the mancial in inancial institution to a ater than 2 business of bayment of taxes to re- bersonal identification PIN: check one box o	able, I authonze i hstitution account debit the entry to days prior to the peolye confidentia number (PIN) as mly	the U.S. Tr t indicated this accou payment (se al informatic my signatu	easury and its desi in the tax preparat int. To revoke a pa attlement) date, I a on necessary to an irre for the electron	gnated Financial Agent t ion software for paymen ment. I must contact th so authorize the financia swer inquiries and resolu c return and, if applicabl s , PLLC	/ delay in pro o initiate an ( t of the feder e U.S. Treasu al institutions	electronic funds wi al taxes owed on t ury Financial Agen involved in the pro- tad to the payment	or refund, and (c) the ithdrawal (direct debit) this return, and the t at 1-888-353-4537 no occessing of the electro t. I have selected a bds withdrawal. PIN61065
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	Extended to May 15, 2024		
Form 990-T	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		0000
	For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202	<u>23</u> .	2022
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
A Check box if	Name of organization ( L Check box if name changed and see instructions.)	<b>D</b> Emp	loyer identification number
address changed			
B Exempt under section			*-***6750
<b>X</b> 501(C)( <b>3</b> )	Or Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number Instructions)
408(e) 220(e	1650 Taylor Avenue, 2	· ·	.,
408A 530(a			<u></u>
529(a)529A	Louisville, KY 40213	_F └_	Check box if
	C Book value of all assets at end of year	1	an amended return.
G Check organization		State	college/university
H Check if filing only			· · · · · · · · · · · · · · · · · · ·
Check if a 501(c)(3	) organization filing a consolidated return with a 501(c)(2) titleholding corporation		<u> </u>
	of attached Schedules A (Form 990-T)		
	, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? name and identifying number of the parent corporation.		Yes X No
L The books are in c		0.0	456-3233
	irelated Business Taxable Income	002-	400-0200
	business taxable income computed from all unrelated trades or businesses (see	1	i
			o.
		2	
3 Add lines 1 and 2		3	e de la gran de la grande de data de la seconda de la s La seconda de la seconda de
4 Charitable contri	butions (see instructions for limitation rules)	4	0.
5 Total unrelated b	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	
	roperating loss. See instructions	6	
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fr		7	
8 Specific deduction	on (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 1	199A deduction. See instructions	9	
10 Total deduction	s. Add lines 8 and 9	10	1,000.
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		-11	0.
Part II Tax Con		1	
	pxable as corporations. Multiply Part I, line 11 by 21% (0.21)		
	t trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from 3 Proxy tax. See in		2	
<ul> <li>3 Proxy tax, See in</li> <li>4 Other tax amount</li> </ul>	structions s. See Instructions	3 ·4	
	um tax (trusts only)	4 5	· · · · · · · · · · · · · · · · · · ·
	liant facility income. See Instructions	6	
	I through 6 to line 1 or 2, whichever applies	7	0.
	Reduction Act Notice, see Instructions.	·	Form 990-T (2022)

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19100515 147419 0594

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1a       Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)       1a         b       Other credits (see instructions)       1b         c       General business credit. Attach Form 3800 (see instructions)       1c         d       Credit for prior year minimum tax (attach Form 8801 or 8827)       1d         e       Total credits. Add lines 1a through 1d       1e         2       Subtract line 1e from Part II, line 7       2       0.         3       Other amounts due. Check if from:       Form 4255       Form 8611       Form 8697       Form 8866         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under       1	Form 9	90-T (2022)				1	Page 2
b       Other credits (see instructions)       10         c       General business credit. Attach Form 3800 (see instructions)       10         c       Credit for prior year minimum tax (attach Form 3801 or 5827)       10         e       Total credits, Add lines 12 through 14       1e         2       Subtract line 14 form 2411 (line 7       12         3       Other amounts due, Check if form)       Form 4255         Check it includes tax previously deferred under       3         4       Total tax. Add lines 2 and 3 (ase instructions)       Check if includes tax previously deferred under         section 1294. Enter tax amount here       4       0.         5       Current tere 1965 tax liability paid from Form 965.4, Part II, column (ly)       5       0.         6       Payments: A 2021 overpayment credited to 2022       6e       6e       0.         6       Credit for small employer health insurance premums (attach Form 9841)       6e       7         7       Total payments. Add lines 6a through 6g       7       7         8       Estimated tax paymel fuel of the 4, 5, and 8, enter amount overplad       10       10         9       Other       Total payments. Add lines 6a through 6g       7         11       Part M       Istardite tot of lines 4, 5, and 8, enter amount	Part	III Tax and Payments					
c General business credit. Attach Form 3800 (see instructions)       10         d Credit for prior year minimum tax (attach Form 8801 or 8227)       11         Total credits. Add lines 1 st through 1 d       12         2       0.         3       Other anounts due. Check if from:         10       14         11       15         12       0.         13       Other (attach statement)         14       Total tax. Add lines 2 and 3 (ase instructions).       0 lock (it includes tax previously deferred under section 1294. Etter tax amount here         15       Current net 965 tax liability puid from Form 965A. Part II, column (k).       6a         16       Payments: A 2021 overpayment credited to 2022       6a         16       Current net 965 tax liability puid from Form 965A. Part II, column (k).       6c         16       Toxid payments. Check If section 643(g) election applies       6c         16       Toxid payments. Tax paid or withheld at source (see instructions)       6d         16       Total tax, add lines 6a through 6g       7         17       Total payments. Add lines 6a through 6g       7         18       Estimated tax penalty (see instructions)       6d         19       Tax due. Il line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       10<	Ja	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
d       Credit for prior year minimum tax (attach Form 8801 or 8827)       1d       1e         e       Total credits, Add lines 1 a through 1d       1e       2       0 -         3       Other amounts due, Check if form [] Form 4255       Form 8611       Form 8697       Form 8696       3         4       Total tax, Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0 -         5       Current net 965 tax tability paid form Form 965A, Part II, column (k).       5       0.         6a       Payments: A 2021 overpayment credited to 2022.       6a       6a       6a         6       Current net 965 tax tability paid form Form 965A, Part II, column (k).       6a       6a       6a         7       Backup withholding (see instructions)       6a       6a       6a       6a       6a         9       Cher credits, adjustments, and payments:       Form 8431       6a	Б	Other credits (see instructions)	1b				
e       Total credits, Add lines 1a through 1d       1e         2       Subtract line 1a form Part II, line 7       Form 4255       Form 8697       Form 8697       Form 8697       2       0.         3       Other anounts due. Check if from:       Form 4255       Form 8697       Form 8697       Form 8697       6       3         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously defaned under       4       0.         5       Current et 965 tax liability paid from Form 960-A, Part II, column (t)       5       0       5       0         6       Payments: A 2021 oversymmet: creditato ta 2022       66       66       66       0       0         6       Carrent et 965 tax liability paid from Form 980-A, Part II, column (t)       5       0       0       66       0       0         6       Tax deposited with Form 8808       6c       6c       6d       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7	Ç.	General business credit. Attach Form 3800 (see instructions)	10				
e       Total credits, Add lines 1a through 1d       1e         2       Subtract line 1a form Part II, line 7       Form 4255       Form 8697       Form 8697       Form 8697       2       0.         3       Other anounts due. Check if from:       Form 4255       Form 8697       Form 8697       Form 8697       6       3         4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously defaned under       4       0.         5       Current et 965 tax liability paid from Form 960-A, Part II, column (t)       5       0       5       0         6       Payments: A 2021 oversymmet: creditato ta 2022       66       66       66       0       0         6       Carrent et 965 tax liability paid from Form 980-A, Part II, column (t)       5       0       0       66       0       0         6       Tax deposited with Form 8808       6c       6c       6d       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
2       Subtract line 16 from Part II, line 7       2       0.         3       Other amounts due. Check if from:       Form 8611       Form 8611       Form 8697       Form 8666       3         4       Total fax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.       5         5       Current net 965 tax liability paid from Form 965A, Part II, column (t)       6e       6e       0.         6       Payments: Ack201 everpayments: Check if section 643(g) election applies       6e       6e       0.         6       Payments: Ack201 everpayments: Check if section 643(g) election applies       6e       6e       0.         7       Tax deposited with Form 8868.       6c       6e       6e       7         8       Backup withholding (see instructions)       6e       6e       7         7       Total tax and lines 6a through 6g       7       7       7         8       Estimated tax penalty. Check if Form 2220 is attached       9       0       0         9       Overpayment. If Ine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       11       11         10       Tax due. If Ine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       11 <td>е</td> <td></td> <td></td> <td></td> <td>1e</td> <td></td> <td></td>	е				1e		
Image: Control text and the set instructions)       Image: Control text and text	.2	Subtract line 1e from Part II, line 7		<u></u>	2		0.
4       Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4       0.         5       Current net 996 tax liability paid from Form 965-A, Part II, column (ly)       5       0         6a       Payments: A 2021 overpayment credited to 2022       6a       5       0         6a       Current net 996 tax liability paid from Form 965-A, Part II, column (ly)       6a       6a       0         7       Total poperint: A 2021 overpayment credited to 2022       6a       6a       6c       0         6       Current net 996 tax liability paid from Form 965-A, Part II, column (ly)       6a       6c       0         6       Current net 996 tax liability paid from Form 9643(g) election applies       6d       6c       0         7       Case instructions)       6d       6d       7       7         7       Total payments, Add lines 6a through 6g       7       7       7       7       7       7       8       8       7       8       9       0       0       9       0       0       10       10       10       10       10       11       10       11       10       12       10       10       10       11       11       10 <t< th=""><th>3</th><th></th><th></th><th></th><th>3.</th><th></th><th></th></t<>	3				3.		
5       Current net 965 tax liability paid from Form 966A, Part II, column (k)       5       0.         6a       Payments: A 2021 overpayment credited to 2022       6a       6b         2022 estimated tax payments. Check if section 643(g) election applies       6a       6b       6c         2022 estimated tax payments. Check if section 643(g) election applies       6c       6c       6c         6       Foreign organizations: Tax paid or withheld at source (see instructions)       6d       6e       6c         6       Credit for small employer heath insurance premiums (attach Form 8941)       6f       6e       7         7       Total payments. Add lines 6a through 6g       7       7       7         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8       9       9         10       Overpayments. H file 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       11       11         12       Estimated tax penalty (see instructions). Check if Form 2220 is attached       9       0       0         14       Estarements Regarding Certain Activities and Other Information (see instructions)       14       11       12         15       Statements Regarding Certain Activities and Other Information (seelinstructions)       10       10       12       12	4	Total tax. Add lines 2 and 3 (see instructions).	eviously di	eferred under	4		0.
b       2022 estimated tax payments. Check if section 643(g) election applies       6         c       Tax deposited with Form 8868       6c         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6c         e       6d       6d         g       Credit for small employer health insurance premiums (attach Form 8941)       6d         g       Cher credits, adjustments, and payments:       Form 2439         g       Drom 4136       0 ther         7       Total payments. Add lines 6a through 6g       7         g       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8         9       Tax due. If line 7 is anailer than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2022 astimated tax       Refunded         11       Fax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2022 astimated tax       Refunded       11         Part IV       Statements Regarding Certain Accivities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an informers if or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the n	5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5		Ö.
c       Tax deposited with Form 8868       6c       6d         d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d       6d         e       Backup withholding (see instructions)       6d       6d         f       Credit for small employer health insurance premiums (attach Form 8941)       6f       6d         g       Other credits, adjustments, and payments:       Form 2439       6g       7         d       Form 4136       0ther       Total       6g       7         d       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8       9       9       0         0       Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       10       11         Part due, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       10       11         Part of the amount of line 10 you want: Credited to 2022 astimated tax       Refunded       11       11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       4       4       at any time during the account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       7       8         FinCEN Form 114, Report of Foreign Bank and Financial Accounts, if 'Yes," enter the nam	<b>6</b> a	Payments: A 2021 overpayment credited to 2022	<del>6</del> a				
d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d         e       Backup withholding (see instructions)       6d         f       Credit for small employer health insurance premiums (attach Form 8941)       6d         g       Other credits, adjustments, and payments:       Form 2439       7         g       Other credits, adjustments, and payments:       Other       Total         g       Other credits, adjustments, and payments:       Other       Total         g       Other credits, adjustments, and payments:       Other       Total         g       Total payments, Add lines 6a through 6g       7         g       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8         g       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9         10       Instructions)       10       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded 11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       10         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority.       Yes, No         over a financial account bank, securities, or other) in a foreign country? If "Yes,"	b	2022 estimated tax payments, Check if section 643(g) election applies	6b				
d       Foreign organizations: Tax paid or withheld at source (see instructions)       6d         e       Backup withholding (see instructions)       6d         f       Credit for small employer health insurance premiums (attach Form 8941)       6d         g       Other credits, adjustments, and payments:       Form 2439       7         g       Other credits, adjustments, and payments:       Other       Total         g       Other credits, adjustments, and payments:       Other       Total         g       Other credits, adjustments, and payments:       Other       Total         g       Total payments, Add lines 6a through 6g       7         g       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8         g       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9         10       Instructions)       10       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded 11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       10         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority.       Yes, No         over a financial account bank, securities, or other) in a foreign country? If "Yes,"	c	Tax deposited with Form 8868	6c	.A.			
f       Credit for small employer health insurance premiums (attach Form 8941)       Br         g       Other credits, adjustments, and payments:       □ Form 2439	d	Foreign organizations: Tax paid or withheid at source (see instructions)	6d				
g       Other credits, adjustments, and payments:       Form 2439	e	Backup withholding (see instructions)	6e	Maria Maria			
Form 4136       Other       Total egg       7         7       Total payments. Add lines 6a through 6g       7         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       9         9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV.       Statements Regarding Certain Activities and Other Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       X       X         PinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," and the organization may have to file.       X       X         If "Yes," see instructions for other forms the organization may have to file.       X       X         If "Yes," see instructions for other forms the organization may have to file.       S       Enter the amount of tax-exempt interest received or accrued during the tax year       \$ <th>f</th> <th>Credit for small employer health insurance premiums (attach Form 8941)</th> <th></th> <th></th> <th></th> <th></th> <th></th>	f	Credit for small employer health insurance premiums (attach Form 8941)					
7       Total payments. Add lines 6a through 6g       7         8       Estimated tax penalty (see instructions). Check if Form 2220 is attached       8         9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid       9         10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV       Statements Regarding Certain Activities and Other: Information (see instructions)       11         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV       Statements Regarding Certain Activities and Other: Information (see instructions)       1       At any time during the 2022 calendar year, did the organization have an infress? in or a signature or other authority       Yes       No         voer a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       X       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign frust?       X         3       Enter the amount of tax-exempt interest received or accrued fung the tax year       \$       S         4       Enter the amount of tax-exempt interest received on accrued fung the t	g						
9       Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower       9         10       0       0       0       0       0       0       10       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11       10         12       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         13       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority.       Yes       No         0       over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Yes       No         FinCEN Form 114, Report of Foreign Bank and Financial Accountis, If "Yes," enter the name of the foreign country here       X       X         2       During the tax year, did the organization receive a distribution from or was it the grantor of, or transferor to, a foreign trust?       X       X         16 "Yes," see instructions for other forms the organization may have to file.       3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$       X         4       Enter available pre-2018 NOL carryovers here       \$       Do not include any post-2017 NOL carryover shown on Schedule A, Form 990. Do. Treduce the NOL carryover shown here by any deduction reported on Part 1, line 6, 5	7	Total payments, Add lines 6a through 6g			7		
10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       It       It         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Yes       No         FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country here       X       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X       X         11 "Yes," see instructions for other forms the organization may have to file.       X       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$       X         4       Enter wailable pre-2018 NOL carryovers here \$       Do not include any post-2017 NOL carryover shown on Schedule A (Form 990 T). Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.       It is 6.         5       Post-2017 NOL carryovers. Enter the Business Activity Code       Available post-2017 NOL carryover 541800	8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
10       Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       It       It         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority.       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign country here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	9				9		
11       Enter the amount of line 10 you want: Credited to 2023 estimated tax       Refunded       11         Part IV       Statements Regarding Certain Activities and Other Information (see instructions)       1         1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign cauntry? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country here       Yes       No         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X       X         11       "Yes," see instructions for other forms the organization may have to file.       X       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$       X         4       Enter the annount of tax-exempt interest received or accrued during the tax year.       \$       X         4       Enter the amount of tax-exempt interest exclude the NOL carryover shown here by any deduction reported on Part I, line 6, 5       Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryover. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.       X         6a       Did the organization change its method of accounting? (see instructions)       \$ <td>10</td> <td>Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount over</td> <td>maid</td> <td></td> <td>10</td> <td></td> <td></td>	10	Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	maid		10		
1       At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority.       Yes       No         over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       X         FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country       X         Puring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       X         If "Yes," see instructions for other forms the organization may have to file.       Enter the amount of tax-exempt interest received or accrued during the tax year         4       Enter the amount of tax-exempt interest received or accrued during the tax year       \$         4       Enter available pre-2018 NOL carryovers here       \$         5       Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.       If a failed post-2017 NOL carryover         5       Business Activity. Code       Available post-2017 NOL carryover       X         6a       Did the organization change its method of accounting? (see instructions)       \$       X         b       If 6a is "Yes," has the organization described t		Enter the amount of line 10 you want: Credited to 2023 estimated tax	à.	Refunded	11		
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Image: Securities in the image: Securities in the image: Security in the image: Securi	Part	IV Statements Regarding Certain Activities and Other Inform	ation (se	e instructions)			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	:1		-			Yes	No
here       X         2       During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       S         3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$		over a financial account (bank, securities, or other) in a foreign country? If "Yes," th	ie organiz	ation may have to file			
2       During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       3         3       Enter the amount of tax-exempt interest received or accrued during the tax year		FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter t	the name (	of the foreign country			
foreign trust?       X         If "Yes," see instructions for other forms the organization may have to file.       \$					_		X
3       Enter the amount of tax-exempt interest received or accrued during the tax year       \$	2	foreign trust?	ranter of, c	or transferor to, a			X
4       Enter available pre-2018 NOL carryovers here       \$       Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6, Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.       Don't reduce         Business Activity Code       Available post-2017 NOL carryover       1, 135.         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X							
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6, Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 541800 \$ 1,135. 6a Did the organization change its method of accounting? (see instructions) b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	3				<u> </u>		
5       Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.         Business Activity Code       Available post-2017 NOL carryover         5       541800       \$         1,135.       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X	4						
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.          Business Activity Code       Available post-2017 NOL carryover         541800       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X							
Business Activity Code       Available post-2017 NOL carryover         541800       \$         541800       \$         6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X	5						
541800       \$       1,135.         \$       \$       \$							
Ga       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X				able post-2017 NOL c			
6a       Did the organization change its method of accounting? (see instructions)       X         b       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       X         explain in Part V       X		<b>⇒4.28</b> 00			1,135.		
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			7				
explain in Part V					······	State Sec.	<b>X</b>
		explain in Part V		•			

Supplemental Information

Provide the explanation required by Part IV, line 6b, Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, i declare that I have examine correct, and complete, Declaration of preparer (other the	d this return, including accomp an taxpayer) is based on all info	panying schedules rmation of which p	and statements, and t reparer has any knowl	o the best of my ledge,	(novyle	adge and belief, it is true,
Here				tive Dir		the p	the IRS discuss this return with reparer shown below (see
	Signature of officer	Date	Title			instru	uctions)? X Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check X	if:	PTIN
Paid					self- employe	ed	
Preparer	David L. Smith			05/15/24			P00118653
Use Only	, Firm's name Smith Finance		-		Firm's EIN		**-***9526
000 011	2302 Hurst	bourne Vill	age Dr.	, Ste 20	0		
	Firm's address Louisville	e, KY 40299			Phone no.	5.0	2-882-2708
223711 01-16	-23						Form <b>990-T</b> (2022)
			44				• • •

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#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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 \$01(c)(3) Organizations Only

20

A 	Name of the organization Kentucky Hemophilia Foundation, Inc.	B Employer ident **-***6		umber	
c	Unrelated business activity code (see instructions) 541800	D Sequence:	1 of	f 1	•

#### E Describe the unrelated trade or business Advertising income

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See Instructions	48			
þ	1120)). See Instructions Net gain (loss) (Form 4797) (attach Form 4797). See Instructions)	4b	Allah.		
ć	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	, dan <sup>a</sup> likasi T		······································
7	Unrelated debt-financed income (Part V)	7	de la companya de la comp		
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)		35.		
10	Exploited exempt activity income (Part VIII)	. 10			
11	Exploited exempt activity income (Part VIII) Advertising income (Part IX)	٥î.	4,904.	2,150.	2,754.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	ି∕ <b>13</b> .	4,904.	2,150.	2,754.
		~			

#### Part || Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	3,386.
2	Salaries and wages			2	
3	Salaries and wages Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See Instructions			5	
6	Taxes and licenses			6	
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	Depletion			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	2,754.
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14	· · ·		15	6,140.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)		11	16	-3,386.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income, Subtract line 17 from line 16			18	-3,386.
1 11	For Banarwork Deduction Act Nation, see Instructions			Cohorbulo A	(Earma 000 T) 0000

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-1) 2022

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OMB No. 1545-0047

22

-		f of inventory valuati				
1	Inventory at beginning of year	•••••••••••••••••••••••••••••••••••••••	·····		1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)		**		4	
5	Other costs (attach statement)		**		5	
6	Total. Add lines 1 through 5			· · · · · · · · · · · · · · · · · · ·	6	
7	Inventory at end of year	<u>.</u>			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here	e and in Part I, line 2	· · · · · · · · · · · · · · · · · · ·		8	
9	Do the rules of section 263A (with respect to property pro	duced or acquired f	or resale) apply to th	ne organization	?	Yes _
Part	IV Rent Income (From Real Property and P				erty)	-
1	Description of property (property street address, city, stat	e, ZIP code). Check	if a dual-use. See in	structions.		
	A					
	в					
	c			2.		
	D					
		A	B	C C		D
<sup></sup> 2	Rent received or accrued					
а	From personal property (if the percentage of	Í				
	rent for personal property is more than 10%			) '역왕의' 전	1	
	but not more than 50%)		Nige de la companya d	5		
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)					
c	Total rents received or accrued by property.		·	<b>—</b>	······································	
	Add lines 2a and 2b, columns A through D			1		
		1000			I.	
4	Deductions directly connected with the Income In lines 2(a) and 2(b) (attach statement)		and on Part I, line 6,			
5	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I				····
5 Part	In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter Unrelated Debt-Financed Income (see in	here and on Part I, Ii	ле 6, cotumn (B)			
5	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter I Unrelated Debt-Financed Income (sea in Description of debt financed property (street address, city,	here and on Part I, Ii	ле 6, cotumn (B)			
5 Part	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter Unrelated Debt-Financed Income (sea in Description of debt-financed property (street address, city, A	here and on Part I, Ii	ле 6, cotumn (B)			······································
5 Part	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Debt-Financed Income (see in Description of debt-financed property (street address, city, A B B	here and on Part I, Ii	ле 6, cotumn (B)			······
5 Part	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see in Description of debt-financed property (street address, city, A B C C	here and on Part I, Ii	ле 6, cotumn (B)			
5 Part	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Debt-Financed Income (see in Description of debt-financed property (street address, city, A B B	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		
5 Part 1	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter I  Unrelated Debt-Financed Income (see in Description of debt-financed property (street address, city, A B C C D C C C C C C C C C C C C C C C C	here and on Part I, Ii	ле 6, cotumn (B)			
5 Part	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		<b>D</b>
5 Part 1 2 3	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 3	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 a b	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Dabt-Financed Income (sea in Description of debt-financed property (street address, city, A B C C C C C C C C C C C C C C C C C C	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 3	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Dabt-Financed Income (sea in Description of debt-financed property (street address, city, A B C C C C C C C C C C C C C C C C C C	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 a b c	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 a b	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		
5 Part 1 2 3 a b c 4	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		D
5 Part 1 2 3 a b c	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		B
5 Part 1 2 3 a b c 4 5	In lines 2(a) and 2(b) (attach statement)	A	ne 6, column (B) heck if a dual-use. S B	ee instructions		
5 2art 1 2 3 a b c 4 5 6	In lines 2(a) and 2(b) (attach statement)	here and on Part I, I hstructions) , state, ZIP code). C	ле 6, column (B) heck if a dual-use. S	ee instructions		
5 2 ant 1 2 3 a b c 4 5 6 7	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Debt-Financed Income (see if Description of debt-financed property (street address, city, A B C C C C C C C C C C C C C C C C C C	A %	ne 6, column (B) heck if a dual-use. S B B	c		P
5 2art 1 2 3 a b c 4 5 6	In lines 2(a) and 2(b) (attach statement)	A %	ne 6, column (B) heck if a dual-use. S B B	c		
5 2 art 1 2 3 a b c 4 5 6 7 8	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Dabt-Financed Income (sea in Description of debt-financed property (street address, city, A B C C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income (add line 7, columns A through D). Enter	A %	ne 6, column (B) heck if a dual-use. S B B	c		
5 Part 1 2 3 a b c 4 5 6 7 8 9	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Debt-Financed Income (seals)  Description of debt-financed property (street address, city,  A B C C C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Other deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Ailocable deductions. Multiply line 3c by line 6	A A State, ZIP code). C	ne 6, column (B) heck if a dual-use. S B B I, line 7; column (A)	ee instructions		
5 Part 1 2 3 a b c 4 5 6 7	In lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Enter  Unrelated Dabt-Financed Income (sea in Description of debt-financed property (street address, city, A B C C D C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income (add line 7, columns A through D). Enter	A A A A A A A A A A A A A A A A A A A	ne 6, column (B) heck if a dual-use. S B B I, line 7; column (A) on Part I, line 7; colu	ee instructions		<b>D</b>

Scheduk Part V	A (Form 990-T) 2022	2 uities R	ovalties, and B	ents fro	m Contro	lied O	rganizatio	<b>15</b> /2/	o instruci	ionn	Page 3
							xempt Contro				
	<ol> <li>Name of controlled organization</li> </ol>		2. Employer identification number	incon	unrelated ne (loss) structions)	4, Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		Deductions directly connected with ncome in column 5
(1)			· · · · ·					- LIDST C	<u>groot 21</u>	0	
(2)										· · · · ·	
(3)						1					
(4)						1					
· <u></u>			No	nexempt (	Controlled O	rganizati	ions				
7.7	Taxable Income	in in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part ( that is inc controlling gross	luded	in the ration's	-C(	eductions directly onnected with me in column 10
(1)											
(2)								25	ĩ		· · ·
(3)								1033			
(4)							Alta				
Totals Part V	il investment	income		)1(c)(7),	<b>(9), or (17</b> ) 2: Amou incon	nt of 🛞	nization (s 3. Deductio directly conno (attach stater	ons ected	0 . nuctions) 4. Set (attach st	asides	5. Total deductions and set-asides (add cols 3 and 4)
(1)						<u>8, ,a</u> () , <u>a</u>					
(2)							:				
(3)				4	don de						
(4)											
Totals					Add amou column 2, here and or line 9, colu	Enter 1 Part I, mn (A) 0 •					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part V			<b>Activity Income</b>	, Other	Than Adv	ertisin	g Income (	see ins	tructions)		
	escription of exploite		1.02.000								
	iross unrelated busin									2	
	xpenses directly coni ne 10. column (B)									3	
	ne 10, column (B) let income (loss) from nes 5 through 7									4	
5 G	ross income from acl	tivity that i	s not unrelated busi	iness incor	ne		·····	********		5	·
6 E	xpenses attributable	to income	entered on line 5							6	
7 E	xcess exempt expense	ses. Subtr	act line 5 from line 6	3, but do ne	ot enter mon	e than th	ne amount on l	line		_	· · ·
4	Enter here and on P	'art II, line '	12			<u></u>	<u></u>			7	

Schedule A (Form 990-T) 2022

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19100515 147419 0594

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	Iule A (Form 990-1) 2022 IX Advertising Income						Rage 4
1	Name(s) of periodical(s). Check box if report		re periodicals on a	conscilidated i	asis.		
		LLE					
						· · ·	
Entor	amounts for each periodical listed above in th	e correspondir					
	amounts for each periodical listed above in th		A I	В		с	Ď
2	Gross advertising income		4,904.				
-	Add columns A through D. Enter here and c	n Part Lline 1*					4,904.
a			, ootaanin y y	•••••••••••••••••••••••••••••••••••••••	······		
3	Direct advertising costs by periodical		2,150.				
ٽ a	Add columns A through D. Enter here and c	n Part L line 1					2,150.
	Add. columns A through 5. Earth here and t		1, çolumit (b)	·····		*****	
4	Advertising gain (loss), Subtract line 3 from						
4	2. For any column in line 4 showing a gain,				4		
	complete lines 5 through 8, For any column				alaea.		
	line 4 showing a loss or zero, do not complete						
	lines 5 through 7, and enter zero on line 8		2,754.				
5	Readership costs		8,210.				
6	Circulation income						
7	Excess readership costs. If line 6 is less that			All and a second			
	line 5, subtract line 6 from line 5. If line 5 is				1968		
	than line 6, enter zero		8,210.	an a			
8	Excess readership costs allowed as a		S.	in the second			· · · · · · · · · · · · · · · · · · ·
	deduction. For each column showing a gair						
	line 4, enter the lesser of line 4 or line 7		2,754.				
8	Add line 8, columns A through D. Enter the		ine 8a, columns tot	al or zero here	and on		
	Part II, line 13						2,754.
Part		Directors, ar	nd Trustees (se	e instructions)			, <i>m</i>
			E CARACTER STATE		3, F	Percentage	4. Compensation
	1. Name		2. Title		of til	ne devoted	attributable to
		Andre				business	unrelated business
1) U	rsela Kamala	Executi	ve Direct	or		100.00%	3,386.
2)	· · · · · · · · · · · · · · · · · · ·					%	<u>.</u>
3)		a (1997) A (1997) A (1997)	48°.			%	
4)						%	
	Enter here and on Part II, line 1	ala and a second se					3,386.
raπ	XI. Supplemental Information (s	see instructions	s)				· · ·

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Schedule A (Form 990-T) 2022

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990-T Sch	A J	Post-2017	Net Operating	Loss Deduction	Statement	.1
Tax Year	Loss Susta	Loss Previously Sustained Applied		Loss Remaining	Available This Year	
06/30/22	1	,135.	0.	1,135.	1,135	5.
NOL Carryc	ver Availab	le This Ye	ar	1,135.	1,139	5.



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