2020 Exempt Org. Return prepared for:

VOICES OF KENTUCKIANA, INC P.O. BOX 2904 LOUISVILLE, KY 40201

STUEDLE SPEARS & CO PSC 2821 S HURSTBOURNE PKWY, STE 1 LOUISVILLE, KY 40220

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

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

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

B Chess it applicable Authors arrange Name arra	Α	For th	he 2020 calendar year, or tax year beginning $8/01$, 2020, and ending $7/31$, 2021
Name cause VOICES OF KENTUCKTANA, INC Enteror cause En	В	Check i		mployer identification number
P.O. BOX 2904 E Telephona curber COURT Forum Fundamental COURT Forum Fundamental COURT Forum Fundamental For		Address	·	
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Accounting Method: Cash Accrual Other (specify)	Н		Intro terminated	(502) 644-0199
Website: Wide Notices Notice	\vdash			
Website: ► WWW, VOTCESKY, ORC Tax-exempt status (check only rms) -	ᆖ			
Tax-exempt status (chock only cmo)			1	
K Form of organization:				
Add lines 50, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2 93,483. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) [X] Check if the organization used Schedule O to respond to any question in this Part I. [X] 1 Contributions, giffs, grants, and similar amounts received 1 866,693. 2 4,640. 3 866,693. 3 4 4 2 2 4 4 4 2 2 4 4				
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	RΑ			02/707.

Page 2

walksta,	Check if the organization used Sche	dule 0 to respond to any qui	estion in this Part II	l			X
					Beginning of yea		(B) End of year
22	Cash, savings, and investments				20,767.		58,690.
23	Land and buildings Other assets (describe in Schedule O)	SEE SCHEDILLE				23	
24 25	Total assets		1	<u> </u>	12,044.	24	4,047.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE			32,811.	25	62,737.
-	Net assets or fund balances (line 27 of c	column (R) must agree with I	line 21)		7,833.		0.
	Statement of Program Service Ac				24,978.	41	62,737. Expenses
	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part	í III	X	(Rea	uired for section 501
What i	s the organization's primary exempt purpose? SEE	SCHEDULE O				(c)(3) and 501(c)(4)
Desc	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of i	ts three largest pro	gram	services, as		nizations; optional thers.)
bene	fited, and other relevant information for e	ach program title.	ses provided, the fit	unibe	i oi persons	101 0	11013.7
28	SEE SCHEDULE O						
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	(Grants \$) If th	is amount includes foreign gi	rants, check here			29 a	
30							
	767 T.T. F. T.			<u>-</u>			
21		is amount includes foreign g				30 a	
31	Other program services (describe in Sch (Grants \$) if th						
32	Total program service expenses (add lin	is amount includes foreign gr	rants, check here		······ -	31 a 32	
	List of Officers, Directors,					-	instructions for Bort IVA
	Check if the organization used Sci	hedule O to respond to any o	noyees (list each one question in this Part	t IV	i nut compensateu — se	ee uie	instructions for Part IV)
		(b) Average hours per	(c) Reportable compens	ation	(d) Health benefits	s.	
	(a) Name and title	week devoted to	(Forms W-2/1099-MIS (if not paid, enter -0-	(C)	contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
KHC	DA NGUYEN	·		<u> </u>	compensation		
	AIRMAN	0		0.		Ο.	0.
	RMAN DIXON			<u> </u>	*	<u> </u>	<u> </u>
	ESIDENT	0		0.		0.	0.
	AN MARTIN	-					
	CRETARY	0		0.		0.	0.
	IN_CARROLL						
	EASURER	0		0.		0.	0.
	EPHANIE_ADAMS RECTOR	^				0	
	AD REISCHL	0		0.		0.	0.
	RECTOR	0		0.		0.	0.
	RN DEE	<u> </u>		٠.١	-	٠.	0.
	RECTOR	0		0.		0.	0.
	EG SOPKO						
	RECTOR	0		0.		0.	0.
	ARLES ABERNATHY						
DTF	RECTOR	0		0.		0.	0.
							
	 						
							<u> </u>
BAA	i e	TEEA0812L (01/28/21				Form 990-EZ (2020)

6	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	SEE S	CH	0 [
33			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	.03	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.			
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ŀ	of If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0		. 荷藤	漫
t and	Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
ł	o If 'Yes,' complete Schedule L, Part II, and enter the total	OF THE		
39	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on line 9		2	
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 ; section 4912 ► 0 .; section 4955 ►0.			
ŀ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exposes.			- 355
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		X
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	400		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	K.	推	
C	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	- 6		
41	shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE	40 e		X
41	First the states with which a copy of this fether is filed. MONE			
42 2	a The organization's			
	books are in care of ► KEVIN CARROLL Telephone no. ► (502)	644	-019	39
	Located at ► P.O. BOX 2904 LOUISVILLE KY ZIP+4 ► 40201			
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If 'Yes,' enter the name of the foreign country •	42 b		X
	Tess, enter the name of the foreign country	· .		(a.cf
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			 V
(At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	- X - X + C 25 m (C)	Х
	If 'Yes,' enter the name of the foreign country ►			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		►	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
AA -	Did the executation maintain any dense advised finds during the COVID 15 200	(S. S. W.	Yes	No
44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
i	Did the organization operate one or more hospital facilities during the year? If 'Yes' Form 990 must be completed			
(instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	44 b		X
	f If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			_ ^
	If 'No,' provide an explanation in Schedule O.	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	11.71.301	\$4 19816	X
ı	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45 b		X
BAA		7.7.0		(2000)

46 Did	the organization engage, directly or indire	etly in political camp	aign activities on behalf o	of or in apposition to	.	Yes	No
cano	didates for public office? If 'Yes,' complet	e Schedule C, Part I	aigh activities on behalf t	or ar apposition to	46	111111111	X
	Section 501(c)(3) Organization All section 501(c)(3) organization for lines 50 and 51.	s Only ons must answer (questions 47-49b an	d 52, and complete	the table	s	
	Check if the organization used	Schedule O to res	spond to any questio	n in this Part VI			. 🖂
47 Did t	the organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax vear? If 'Yes '		Yes	No
48 Is the 49 a Did 15 b If 'Ye 50 Com	the organization a school as described in state organization make any transfers to ares, was the related organization a section plete this table for the organization's five hig loyees) who each received more than \$100,000.	ection 170(b)(1)(A)(ii) exempt non-charitab n 527 organization? hest compensated emp	? If 'Yes,' complete Sche le related organization?	directors trustees and b	48 49 a 49 b		X X
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated		
NONE							
51 Com	Il number of other employees paid over \$ plete this table for the organization's five hig pensation from the organization. If there	hest compensated inde	pendent contractors who ea	ach received more than \$	100,000 of	•	
	(a) Name and business address of each independent	contractor	(b) Type	of service	(c) Comp	ensatio	ก
NONE _			_				
			_				
52 Did toom	Il number of other independent contractor the organization complete Schedule A? N pleted Schedule A	ote: All section 501(c))(3) organizations must a		► X Yes		No
true, correct,	ies of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sch er) is based on all information	edules and statements, and to the of which preparer has any know	e best of my knowledge and be ledge.	lief, it is		
Sign	Signature of officer	<u> </u>		Date			
Here	KEVIN CARROLL Type or print name and title			TREASURER			
Paid	Print/Type preparer's name BRIAN COBB	Preparer's signature BRIAN COBB	Date	Check ∐ if	P0153286	0	<u> </u>
Preparer Use Only	Firm's address ► 2821 S HURSTBOU		1	Firm's EIN ►	61-1130	735	
May the IF	LOUISVILLE, KY RS discuss this return with the preparer s		tructions	Phone по. (50)2) 491- • VV-	_	1
BAA	and rotati mai the preparet s		a detions		► X Yes		No (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047



Name of the orga	ame of the organization Employer identification number						
	VOICES OF KENTUCKIANA, INC 61-1257874						
	eason for Public Cha						tions.
_	tion is not a private found	•	• .	-)	
	hurch, convention of churche				1)(A)(i).		
	chool described in section 1						
	ospital or a cooperative h						
	nedical research organizat	tion operated in conju	inction with a hospital o	described i	n section	1 170(b)(1)(A)(iii). Ei	nter the hospital's
5	ne, city, and state: organization operated for	the benefit of a colle	ge or university owned	 or operate	 ed bv a oo	- – – – – – – – – – – overnmental unit de	
sec	: tion 170(b)(1)(A)(iv). (Col ederal, state, or local gove	mplete Part II.)					
, =						•	
_ in s	organization that normally re section 170(b)(1)(A)(vi). (0	Complete Part II.)			al unit or	from the general pub	lic described
8 ∐ A c	ommunity trust described	in section 170(b)(1)(A	A)(vi). (Complete Part I	l.)			
or u	agricultural research organiz university or a non-land-gran versity:	zation described in sec it college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	ated in con the name,	unction w city, and	ith a land-grant colle state of the college o	ge r
tror inve	organization that normally nactivities related to its e estment income and unrelie 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exceptio e income (less section	ns: and (2) no more	ວ than 33-1/3% of it	s support from arose
	organization organized ar			ety. See s e	ection 50	9(a)(4).	
or i	organization organized ar more publicly supported or s 12a through 12d that de	rganizations describe	d in section 509(aV1) d	r section	509/21/21	See section 509(a)	ut the purposes of one (3). Check the box in
a ∐ Typ org:	be I. A supporting organization anization (s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect	d or controlled by its sur	norted ora:	anization(s	s) typically by giving	the supported on. You must
ь 🗌 Тур mai	pe II. A supporting organiz nagement of the supporting st complete Part IV, Secti	ation supervised or coorganization vested in	ontrolled in connection the same persons that c	with its su ontrol or ma	pported anage the	organization(s), by l supported organizati	having control or on(s). You
c Typ org	e III functionally integrated. anization(s) (see instruction	A supporting organizat	ion operated in connection	n with, and A, D, and I	functionall E.	ly integrated with, its s	supported
d ∐ Typ fun inst	be III non-functionally integrationally integrated. The otructions). You must comp	rated. A supporting organization generally	anization operated in cor must satisfy a distribu	nection wit tion requir	h its supp ement an	oorted organization(s) nd an attentiveness	that is not requirement (see
e Che	eck this box if the organiza egrated, or Type III non-fu	ation received a writte	en determination from	the IRS tha			
	the number of supported of						
	e the following information		d organization(s).				<u> </u>
(i) Name o	f supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization in your gove document	listed su erning	v) Amount of monetary upport (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)	<u> </u>		_				
(B)							
(C)		-					
(D)							
(E)							
Total							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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		,				
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	12				Hamilton Caracan	
Sec	tion B. Total Support	1	-				
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	vities, etc. (see in	structions)	• • • • • • • • • • • • • • • • • • •		12	
	First 5 years. If the Form 990 is organization, check this box and	stop nere		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						- %
	Public support percentage from						%_
16a	33-1/3% support test—2020. If t and stop here. The organization	the organization d qualifies as a pu	lid not check the to blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization di n qualifies as a pu	d not check a box iblicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	stest check this b	nox and ston her	e Évolaio in Part \	/Lhow
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the facts-a od-circumstances'	and-circumstances test. The organiz	s test, check this lation qualifies as	box and stop her a publicly suppor	e. Explain in Part \ ted organization	VI how the►
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
BAA				-	90	hedule A /Form 90	00 or 990 EZ) 2020

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.)

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	Sect	tion A. Public Support						
Section B. Total Support Cabination Ca	Calend	ar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
any unbased performanisms. Section B. Total Support Celerating performanisms. Section B. Total Support Annual to insure that are not an unbased trade of the companisms of	1	Gifts, grants, contributions,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4) = 4= 5	(-)
any unbased performanisms. Section B. Total Support Celerating performanisms. Section B. Total Support Annual to insure that are not an unbased trade of the companisms of		received. (Do not include						
2 occasionations during and inside the performancy of facilities of facilities the performancy of facilities the performancy of facilities the performancy of facilities of facilities the performancy of facilities of faci		any unusual grants.)	52,897.	<u>59,16</u> 4.	86,610.	<u>70,</u> 387.	88,841.	357,899.
performed, or facilities turnished in any activity that is furnished and activities that are not an unrelated trade of business under section \$513. 4 Tax revertuses leveed for the suitance and the control of the company o	2							-
related to the organizations tax exempts purpose since the comparizations tax exempts purpose in the comparization of the comparization		performed, or facilities						
Section B. Total Support Section B. Section B. Section B. Total Support Section B. Total Section B. Total Support Section B. Total Section B. Tota		furnished in any activity that is						
3 Gross receipts from activities that are not au unrelated trade of the terms of the property of the senses unice section 513 are revenues leveled for the either paid to or expended on its behalf in the sense of the either paid to or expended on its behalf in the property of the either paid to or expended on its behalf in the property of the proper		tax-exempt ourpose	121 016	120 (42	116 670	7 105	4 646	200 200
that are not an unrelated frade or oursiness uncer section 513. 4 Tax revenues leved for the settler paid to or expended on its behalf. 5 The value of services or facilities lumshed by a particular of the policy of facilities lumshed by a particular of the policy of facilities lumshed by a particular of the policy of facilities lumshed by a particular of the policy of facilities lumshed by a particular of the policy of facilities facilities for the policy of facilities facilities for the policy of facilities facilities for the policy of facilities facilities facilities for the policy of facilities facilitie	3	Gross receipts from activities		130,642.	116,6/0.	7,195.	4,640.	390,963.
organization's benefit and either paid to or expended on is behalf. The value of services or Bookiless unreshed by the organization without charge. 6 Total Add lines i through 5. 2, and 3 received from direst, 2, and 3 received from discussioning the persons. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		that are not an unrelated trade						0
selfiber paid to or expended on its behalf is the value of services or or or the paid is behalf in the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on irres 1, 2, and 3 received from disqualified persons. 9 Amounts included on irres 2 and 3 received from other than disqualified persons. 9 Amounts included on irres 2 and 3 received from other than disqualified persons. 9 Amounts included on irres 2 and 3 received from other than disqualified persons. 9 Amounts included on irres 2 and 5 received from other than disqualified persons. 9 Amounts round irred irred from the state of the company of the services o	4	Tax revenues levied for the						U.
Section B. Total Support Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning		organization's benefit and						
Section B. Total Support Calcular principle C		its behalf						0
Section B. Total Support Calendary part (or fiscal year beginning in) Calendary part (or fiscal year beginning in	5	The value of services or		· ·				U.
6 Total. Add lines through 5. 184,713, 189,806. 203,280. 77,582. 93,481. 748,862. 7a Amounts included on lines 1. 2. and 3 received from disqualified persons. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.								
Total Add lines I through 5. 2 and 3 received from cliquided on lines 1, 2 and 3 received from disqualified persons. 0.								0
748,862. 748,760. 748,76	6	Total. Add lines 1 through 5	184 713	189 806	203 280	77 502	02 401	
disqualified persons.		Amounts included on lines 1,	104,710.	109,000.	203,200.	11,302.	93,481.	748,862.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					_			
and 3 received from other than disqualified persons that a exceed the greater of \$5,000 or 1% of the amount on ine 13 for the year	h	•	U.	0.	0.	0.	0.	0.
excised the greater of \$5,000 or 1% of the amount on line 13 for the year		and 3 received from other than						
Two fithe amount on line 13								
Caled lines 7a and 7b. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1% of the amount on line 13						
C Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) 9 Amounts from line 6. 10a Gross income from linterest, dividends, payments received on securities learns, retrist, royalties, and income from smillar sources. b Unrelated business Laxable income from smillar sources. c Add lines 10a and 10b. 10 Other income on the business is advited in line 10b, whether on not the business is advited in line 10b, whether on not the business is advited in line 10b, whether on not the business is advited in line 10b, whether on the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Fart VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or firth tax year as a section 501 (c)(3) organization, check this box and stop here. Section D. Computation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 15. 16 Other income percentage from 2019 Schedule A, Part III, line 15. 17 Investment income percentage from 2019 Schedule A, Part III, line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Part III is not more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Part III, line 15 is not more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Part III, line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Part III, line 15 is not more than 33-1/3%, and line 16 is not more than 33-1/3%, check this box and stop here. The organization qualifies as publicly supported organization. Part III, line 15 is not more than 33-1/3%, check this		for the year	0.	0.	0.	0.	0.	n
748,862. Section B. Total Support Calendar year (or fiscal year beginning in)								0.
Calendary year (or fiscal year beginning in) Calendary year year year year year year year y	8	7c from line 6.)						749 060
Calendar year (or fiscal year beginning in) Ca) 2016 Cb) 2017 Cc) 2018 Cd) 2019 Ce) 2020 Cf) Total	Sec	tion B. Total Support	Date	. a Lasting States in Lasting States and Lasting St			AME	740,002.
9 Amounts from line 6.			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	Total
10a Gross income from interest, dividends, payments received on securities loans, refls, royalites, and income from similar sources. 10a Gross income from interest, dividends, payments received on securities loans, refls, royalites, and income from similar sources. 10b Unrelated business taxable income (less section 511 taxes) from businessess acquired after June 30, 1975. 11c Add lines 10a and 10b. 11 Net income from unrelated business authities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.). 14 First Syears. 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 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 16 Public support percentage from 2019 Schedule A, Part III, line 15. 16 O.00 \$ Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2019 Schedule A, Part III, line 17. 18 O.00 \$ 19 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 16 is nore than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 10 Private foundation. If the organization did not check a box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 15 Private foundation. If the organization did not check a box on line 14, or 19b, check this box and see instructions.								
rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	10a	Gross income from interest, dividends,	101/7101		203,200.	11,502.	93,401.	740,004.
similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b		payments received on securities loans,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b		rents, royalties, and income from similar sources						^
taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	b	Unrelated business taxable				· · · · · · · · · · · · · · · · · · ·	1	<u> </u>
acquired after June 30, 1975. c Add lines 10a and 10b		income (less section 511						
testing the form the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. (Add lines 9, 10c, 11, and 12.)		acquired after June 30 1975						0
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 16 Public support percentage from 2019 Schedule A, Part III, line 15. 17 O.00 \$ 18 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). 18 Investment income percentage for 2019 Schedule A, Part III, line 17. 19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	С		<u> </u>		<u> </u>			
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	20	Private foundation. If the organic	s, cneck this box a zation did not che	па stop here. The	e organization qui	atities as a public	ly supported organ	nization
TERMEN MANAGED SCHOOL STANDARD		The state of the s						

Supporting Organizations

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

Section A. All Supporting Organizations

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

Œ	Supporting Organizations (continued)			<u> </u>
11	Has the exactivation accepted a ciff or earlier time for		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below.			
	the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b	ļI	<u></u>
Sec	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. ction B. Type I Supporting Organizations	11c	L	<u> </u>
-	Ston B. Type i Supporting Organizations		\	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	- <u></u>	
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	- (
		e instru	ictions	<i>3)</i> .
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
1	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	3.0		
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a	4 18	

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trus	+ an N	lov 20 1070 (-v-1-i- i-	<u> </u>
_ Sec	instructions. All other Type III non-functionally integrated supporting organization in A — Adjusted Net Income	ns mu	st complete Sections A t (A) Prior Year	hrough E. (B) Current Year (optional)
	Net short-term capital gain	1		(орнопат)
	Recoveries of prior-year distributions	2		
3		3		
	Add lines 1 through 3.	4		· · · · · · · · · · · · · · · · · · ·
	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
;	Average monthly value of securities	1a		
	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 (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
	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		
Sec	ction C — Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	provided from deducting, mile of columnity	3		
4		4		
5		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-functionally inte (see instructions).	egrate	d Type III supporting org	anization
BA			Schedule A (Fo	rm 990 or 990-EZ) 202

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continue	d)	
Sec	ction D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		3	
4			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6	
7			7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		8	
9	Biotributable arroant for 2525 from Oction O, fille o		9	·
10	Line 8 amount divided by line 9 amount		10	
	Distributions	(ii) lerdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
	2 From 2015		*:	
	From 2016			
С	© From 2017			
	d From 2018		1100001 110000	
	e From 2019			
1	f Total of lines 3a through 3e	1767 1767 1767		
	g Applied to underdistributions of prior years			
h	h Applied to 2020 distributable amount	197		
	i Carryover from 2015 not applied (see instructions)			
j	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	line 7: \$	e de la companya de l	50. 14. 4.	
	a Applied to underdistributions of prior years			<u> </u>
	Applied to 2020 distributable amount		·	The same of the sa
	c Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			**************************************
	Excess from 2016			
	b Excess from 2017		15	
	C Excess from 2018			
C	d Excess from 2019			
e	e Excess from 2020			5151 8 57 6 57

BAA

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. 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.)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Employer identification number

OMB No. 1545-0047

VOICES OF KENTUCKIANA, 61-1257874 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION 7,765. AMORTIZATION 1,360. BAD DEBT EXPENSE 950. FUNDRAISING. 15,736. OFFICE EXPENSES 9,508. PRODUCTION EXPENSES 536. TOTAL \$ 36,855. FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES PRIOR PERIOD ADJUSTMENTS 5,131 TOTAL 5,131. FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENDING 3,950. \$ 1.214. INTANGIBLE ASSETS 3,759. 2,352. MISCELLANEOUS..... 4,335. 481. TOTAL \$ 12,044. 4,047. FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES BEGINNING ENDING ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$ 193. \$ 0. DEFERRED REVENUE 7,640. 0. TOTAL \$ 7,833. FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE VOICES OF KENTUCKIANNA, INC IS AN INCLUSIVE CHORUS FOR THE COMMUNITY. THE DIVERSE MEMBERSHIP PRODUCE AND PERFORM CHORAL PRODUCTIONS THROUGHOUT THE YEAR. THE CHORUS IS DEDICATED TO FOSTERING POSITIVE SOCIAL CHANGE. THROUGH ARTISTIC EXCELLENCE. THE CHORUS PRODUCES ENTERTAINING ENGAGING AND ENLIGHTENING MUSICAL PERFORMANCES.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE CHORUS PRODUCES AND PERFORMS SEASONAL CONCERTS THAT PROMOTE DIVERSITY AND

GENERAL PUBLIC THROUGH THE INTERNET AND AT THE VENUE. TO COVER ALL COSTS THAT

REATES SOCIAL CHANGE BY RAISING VOICES IN SONG. THE CHORUS SELLS TICKETS TO THE

Employer identification number

61-1257874

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TICKETS DON'T COVER, THE CHORUS RAISES FUNDS THROUGH DONATIONS AND AN ANNUAL FUNDRAISER.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A)	DID THE ORGANIZATION,	DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDI	RECTLY, TO PAY PREMIUMS	ON A PERSONAL BENEFIT CONTRACT?	NO
(B)	DID THE ORGANIZATION,	DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDI	RECTLY, ON A PERSONAL B	BENEFIT CONTRACT?	NO

2020 FEDERAL EXEM	PT ORGANIZATION TAX	SUMMARY (E	Z) PAGE 1
CLIENT 6454	VOICES OF KENTUCKIANA, INC		61-1257874
10/12/21			12:40 PM
FORM 990-EZ REVENUE	2020	2019	DIFF
CONTRIBUTIONS, GIFTS, AND GRAPPROGRAM SERVICE REVENUE MEMBERSHIP DUES AND ASSESSMEN	ANTS	0	86,693 4,640 2,148 2
TOTAL REVENUE	93,483	3 0	93,483
EXPENSES SALARIES AND EMPLOYEE BENEFIT OTHER EXPENSES	36,85		24,000 36,299
TOTAL EXPENSES	60,85	5 556	60,299
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE MET ASSETS/FUND BAL. AT BEG. OTHER CHANGES IN NET ASSETS/INET ASSETS/FUND BAL. AT END (OF YEAR 24,978 FUND BAL 5,133	3 0 1 0	33,184 24,978 5,131 63,293

7/31/21	2020	2020 FEDERAL BOOK DEPRECIATION SCHEDULE	AL E	3001	(DEP	RECIA	TION	SCHE	DULE				PAGE 1
CLIENT 6454			0/	ICES O	F KENT	VOICES OF KENTUCKIANA, INC	, INC						61-1257874
10/12/21 NO. DESCRIPTION	DATE DATE ACQUIRED SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE	LIEE RATE	12:40PM CURRENT DEPR.
FORM 990/990-PF													
10 5 SHELVING UNITS	9/01/04	375							375	355	S/L	7	0
11 UPRIGHT CONSOLE PIANO	9/01/04	1,500	_						1,500	1,409	S/L	7	0
13 REISERS	1/31/09	12,000							12,000	12,000	S/L	5	0
14 WEBSITE	8/01/12	2,600						٠	2,600	2,600	S/L	ĸŋ	0
16 LIGHT FIXTURES	7/31/14	1,544							1,544	1,174	S/L	5	0
TOTAL		18,019		0	0	0	0	0	18,019	17,538			0
TOTAL DEPRECIATION		18,019			0	0	0		18,019	17,538			0
GRAND TOTAL DEPRECIATION		18,019			0	0	0		18,019	17,538			0

7/31/22	8	021 F	2021 FEDER	AL E	3001	K DEP	RECIA	VIION	SCHI	AL BOOK DEPRECIATION SCHEDULE				PAGE 1
CLIENT 6454				NO	CES 0	F KENT	VOICES OF KENTUCKIANA, INC	, INC						61-1257874
10/12/21 NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIICT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIEE RATE	12:40PM CURRENT DEPR.
FORM 990/990-PF														
10 5 SHELVING UNITS	9/01/04		. 375							375	355	S/L	7	0
11 UPRIGHT CONSOLE PIANO	9/01/04		1,500							1,500	1,409	S/L	7	0
13 REISERS	1/31/09		12,000							12,000	12,000	S/L	5	0
14 WEBSITE	8/01/12		2,600							2,600	2,600	S/L	ഗ	0
16 LIGHT FIXTURES	7/31/14	i	1,544							1,544	1,174	S/L	5	0
TOTAL		i	18,019		0	0	0	0	0	18,019	17,538			0
TOTAL DEPRECIATION		1	18,019	I II			0	0		18,019	17,538			0
GRAND TOTAL DEPRECIATION		II	18,019	11			0	0		18,019	17,538			0
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