

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)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 KENTUCKIANS FOR PROGRESS INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 6060 DUTCHMANS LANE NO 110

City or town, state or province, country, and ZIP or foreign postal code
 LOUISVILLE, KY 40205

D Employer identification number
 27-4218549

E Telephone number
 (502) 515-1919

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.KENTUCKIANSFORPROGRESS.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 4,536

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	1	13	Professional fees and other payments to independent contractors	13	1,040
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	15
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	1,055
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,481
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,394
c	Less direct expenses from gaming and fundraising events	6c		20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,875
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	4,535				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	4,536				

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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 amount of other compensation.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here Signature of officer: ***** Date: 2018-03-20
DAVID W NICKLIES PRESIDENT/TREASURER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: STEPHEN M LUKINOVICH CPA CVA Preparer's signature Date Check if self-employed PTIN: P00024096
Firm's name: MCM CPAS & ADVISORS LLP Firm's EIN: 27-1235638
Firm's address: 462 S FOURTH ST SUITE 2600 LOUISVILLE, KY 402023445 Phone no: (502) 749-1900

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

Additional Data

Software ID:
Software Version:
EIN: 27-4218549
Name: KENTUCKIANS FOR PROGRESS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE THE CORPORATION SHALL RECEIVE CONTRIBUTIONS AND SHALL DISTRIBUTE ITS FUNDS FOR CHARITABLE AND/OR EDUCATIONAL PURPOSES THE FIRST INITIATIVE OF THE CORPORATION WAS TO PROMOTE A PROPOSAL TO BUILD TWO NEW BRIDGES CONNECTING KENTUCKY WITH SOUTHERN INDIANA AND RESTRUCTURING THE CONGESTED INTERSTATES IN THOSE AREAS PART OF THAT PROCESS INCLUDED EDUCATING THE PUBLIC ABOUT THE BRIDGES PROJECT AND ITS BENEFITS THE BRIDGES PROJECT IS IMPORTANT TO IMPROVE TRAFFIC CONGESTION AND TRANSPORTATION PATHWAYS SO THAT KENTUCKY MAY CONTINUE TO GROW ITS CAPACITY FOR INDUSTRY EXPANSION AND POPULATION GROWTH IN ADDITION, THE CORPORATION EDUCATED THE PUBLIC ABOUT KEY OBSTACLES TO THE BRIDGES PROJECT TO THAT END, THE CORPORATION MAINTAINED A WEB SITE, RENTED BILLBOARDS, AND ISSUED STATEMENTS TO THE PRESS REGARDING ISSUES SURROUNDING THE BRIDGES PROJECT THE SECOND INITIATIVE IS TO EDUCATE AND INFORM THE PUBLIC REGARDING ISSUES REGARDING THE JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM IT IS THE INTENT OF THE CORPORATION TO BETTER THE WELFARE OF THE CHILDREN OF JEFFERSON COUNTY BY IMPROVING THEIR EDUCATIONAL OPPURTUNITIES</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: KENTUCKIANS FOR PROGRESS INC

EIN: 27-4218549

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
KENTUCKIANS FOR PROGRESS INC**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

27-4218549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION REFUND - ADS PREEMPTED AMOUNT 4,535

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TAXES AND LICENSES AMOUNT 15