72850	0000 08/16/	21 4 43 PM Pg 5					2046	~ ** 4		_
۹	q	n Ref	turn of O	rganizatio	on Exempt F	rom In	come ta	334	50	О МВ NO 1545-00 7
Forr (Rev	M 👉 🕻 January 20	Under sectio	on 501(c), 527,	or 4947(a)(1) of t	the Internal Revenue	Code (exc	ept private fou	ındatıons)	2019
Depa	ertment of th	reasuky C		•	mbers on this form	•	•	20	09	Open to Public Inspection
	nal Revenue			0/01/19	for instructions and , and ending 0	9/30/2				Inspection
		19 calendar year, or tax year be		E FOUNDAT		<i>373071</i>	20	D Emi	olover ide	ntification number
	Check if app	`	ICORPORAT		TON,				,	
	Address cha	Doing business as	CORPORAL	<u>. ED</u>	· ····			⊢ 61	-073	35249
<u>X</u>	Name chang	Number and street (or P O box if	mail is not deliver	ed to street address))	Ī	Room/suite		phone nu	
	initial return	57 CECIL ROBBIN	S AVE -							
	Final return/ terminated	City or town, state or province, cor	untry, and ZIP or f	oreign postal code						
		SOUTH SHORE		KY 41175				G Gros	s receipts	s 24,175
72	Amended re	F Name and address of principal off	icer				H(a) Is this a	arous robus	for subor	dinates? Yes X No
. 5	Application p						11(4) 15 (1113 6	group return	100 30000	
0		57 CECIL ROBE	BINS AV			,	H(b) Are all			•
က		SOUTH SHORE		KY 4	11175	1	_ " '	No, ' altach a	alist (see	instructions)
AR T	Tax-exemp		(4)∢	(insert no)	4947(a)(1) or 4	527	_			
≥	Website	N/A			<i>U</i>	<u> </u>	H(c) Group		umber 🕨	
-	Form of org		Association	Other >		<u>' L \</u>	ear of formation	1971	М	State of legal domicile KY
ЩP	art I	Summary			\					
9	1	ly describe the organization's mis		•						
₹ 8	I	O PROVIDE CHARITABLE								JTH
Č E		HORE, KENTUCKY, OR I	TS IMMED	IATE VICI	NITY IN GRE	ENUP C	OUNTY, K	ENTUC	KY.	
SCANN & Governance										
Ó	1	ck this box 🕨 if the organizati			s or disposed of me		of its net a	1	1 -	-
∞ರ	1	ber of voting members of the gove								7
ي ارد ق ارد	1	ber of independent voting membe	-		•			<u> </u>	- .	7
Clivities 40	1	I number of individuals employed		ear 2019 (Part V	/, line 2a)			<u> </u>	5 (
HTA	l .	I number of volunteers (estimate i			_				6 (
\mathcal{O}	I	l unrelated business revenue from	•	• • •	2			_	7a	0
~~	b Ne	unrelated business taxable income	e from Form 9	90-1, line 39			Prior		7b	Current Year
SEP 20 24	8 C	tributions and grants (Part VIII, line	e 1h)			Ì	11101	rear		0
~ §	i	ram service revenue (Part VIII, lin	•			Ī				0
77 % 6 70	ł	stment income (Part VIII, column (•	and 7d)		Ì	1,6	68,8	56	24,175
\sim $_{\rm s}$	L	er revenue (Part VIII, column (A), I	• • • • • • • • • • • • • • • • • • • •	•	1e)	Ī		40,7		0
rc.	ŀ	I revenue – add lines 8 through 11			•	Ī		28,1		24,175
0 5		nts and similar amounts paid (Part								0
0	l l	efits paid to or for members (Part I	-			Ī	•			0
∼ ∞		ries, other compensation, employe			A), lines 5–10)					0
c32;	ſ	essional fundraising fees (Part IX,					/			0
£ 3	b To	I fundraising expenses (Part IX, co	olumn (D), line	25) ▶	(0 /				
, m	17 Ot	er expenses (Part IX, column (A), I	ines 11a-11d	, 11f–24e) pc	CEIVED IN COF	RRES [1	36,58	36	1,999
C	18 To	expenses Add lines 13-17 (mus	st equal Part I	K, column (A), li	ine記한 - OSC - 1	8	1	36,58	36	1,999
	19 Re	enue less expenses. Subtract line	18 from line 1	2	1110 - 000	"		91,5		22,176
s or					AUG 2 4 202	21	Beginning of			End of Year
	l I	l assets (Part X, line 16)			700 £ 4 Lot	··	1,8	46,23	39	1,868,415
火 醬	1	l liabilities (Part X, line 26)			CODEN LITA	ا ن			0	0
ক 📆		assets or fund balances Subtract	line 21 from li	ne 20	OGDEN, UTA		1,8	46,2	39	1,868,415
\cdot \cdot \cdot	art II	Signature Block								
		es of perjury, I declare that I have example to Declaration of property							knowle	dge and belief, it is
\sim	Je, correct	and complete Declaration of preparer	(other man one	e)) is based on a	an anomiation of which	, biehaiei U	as any knowied		<i>a</i> ,,	27
(j-		Signature of officer	Jacobs	7					<u>8-/9</u> Date	<u>~</u>
_		•	0'			DDECT	D EDATE:		Date	
U ¹He	re	KENNETH RATLII	F.F.			PRESI	DENT	-		
		Type or print name and title		Propososio			Date			if PTIN
Paid	,	nt/Type preparer s name		Preparer's signatu					heck	- "
	narer E	OFFREY K GRIFFITH, CPA,A			GRIFFITH, CPA		FF 08/	16/21 se		
	Only				GOOLSBY,			Firm's Elf	1 🕨	61-1129886
USE	1	. ACUTAND		1105-099	PO BOX 99	U			-	506-329-1811
14.		n's address ASHLAND	' -					Phone no		
		scuss this return with the preparer								X Yes No Form 990 (2019)
For DAA	raperwo	Reduction Act Notice, see the sepa	rate instructio	115						rorm ラブU (2019)

			-0735249	Page 2
	atement of Program Ser			$\overline{\mathbf{x}}$
		ns a response or note to any line in this	Part III	<u>A</u>
1 Briefly describ	be the organization's mission			
		t program services during the year which were no		.
prior Form 99 If "Yes," desc	10 or 990-EZ? ribe these new services on Scho	edule O	<u>-</u>	Yes No
3 Did the organ services?	ization cease conducting, or ma	ike significant changes in how it conducts, any pr	ogram	Yes No
	ribe these changes on Schedule	⊖ O		<u> </u>
expenses Se		accomplishments for each of its three largest pro ganizations are required to report the amount of ach program service reported	-	
SHORE, K	ENTUCKY, OR ITS RITABLE SUPPORT	1,999 including grants of \$ ND BENEVOLENT SUPPORT FO IMMEDIATE VICINITY IN G SHALL FOCUS ON EDUCATIO D ASSISTANCE OF THOSE YO	REENUP COUNTY, KENTUC NAL, ECONOMIC, AND	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
N/A				
) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code N/A	n services (Describe on Schedu	le O)) (Revenue \$ (Revenue \$	

orn	990 (2019) SOUTH SHORE FOUNDATION,	61-0735249	F	Page 🤇
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a priva	te foundation)? If "Yes,"		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (se	e instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on be	·		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Ì	x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activiti			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that re	-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes	·		x
6	Did the organization maintain any donor advised funds or any similar funds or acc	· ·		
٠	have the right to provide advice on the distribution or investment of amounts in su-	•	ŀ	
	"Yes," complete Schedule D, Part I	6		x
7				1
′	Did the organization receive or hold a conservation easement, including easement			x
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Sch</i>	· · · · · · · · · · · · · · · · · · ·		
8	Did the organization maintain collections of works of art, historical treasures, or of			- T
_	complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial ac	· ·		
	custodian for amounts not listed in Part X, or provide credit counseling, debt mana	•	ŀ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
0	Did the organization, directly or through a related organization, hold assets in done		·	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	·	X
1	If the organization's answer to any of the following questions is "Yes," then complete	te Schedule D, Parts VI,		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X	, line 10? If "Yes,"		
	complete Schedule D, Part VI	11	а	X
b	Did the organization report an amount for investments—other securities in Part X,	line 12, that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	///	b	X
С	Did the organization report an amount for investments—program related in Part X	line 13, that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	/	С	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5%	or more of its total assets		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11	d	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes	," complete Schedule D, Part X	е	X
f	Did the organization's separate or consolidated financial statements for the tax ye	ar 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	f	X
2a	Did the organization obtain separate, independent audited financial statements fo			
	Schedule D, Parts XI and XII	12	а	X
b	Was the organization included in consolidated, independent audited financial state	ements for the tax year? If		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedul	1	b	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete	· · · · · · · · · · · · · · · · · · ·	,	Х
14a	Did the organization maintain an office, employees, or agents outside of the Unite		а	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000	· · · · · · · · · · · · · · · · · · ·		
-	fundraising, business, investment, and program service activities outside the Unite			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, F		b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gra		-	1
	for any 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 ago			+
U	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III an		.	x
17	•		' 	1
17	Did the organization report a total of more than \$15,000 of expenses for profession	iai fundraising services off		37

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

- 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
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

18

19

20a

20b

_Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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		1	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
С	to defease any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		_
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1200		
~	year, and 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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		İ	
	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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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,	33		<u> </u>
54	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	art 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 0			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	L	X

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)				
					Yes	No
2a	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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	-	2b		
	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts	s (FBAR)	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	!				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c)					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods		_		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
a	required to file Form 8282? If "You " indicate the number of Forms 8282 filed during the year.	7d	t	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fori		as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer			···		
_	sponsoring organization have excess business holdings at any time during the year?	,	•	8		•
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter					
а	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		-		-
2a	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.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	الممدا				
_	the organization is licensed to issue qualified health plans	13b		\dashv		
C	Enter the amount of reserves on hand Did the organization receive any payments for indeed tanning services during the tax year?	[13c]		140		X
l4a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14a 14b		
ຼນ 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera			140		
	excess parachute payment(s) during the year?	alon Of		15		X
	If "Yes," see instructions and file Form 4720, Schedule N			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	rome'	2	16		Х
. •	If "Yes," complete Form 4720, Schedule O			''		
	· · · · · · · · · · · · · · · · · · ·					

Form 990 (2019) SOUTH SHORE FOUNDATION,

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

	Check if Schedule O contains a response or note to any line in this Part VI						$\overline{\mathbf{X}}$
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O .						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		_		
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6	Did the organization have members or stockholders?				6	X	
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	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e folk	wing			
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						.,
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		.		9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai r	reve	<u>nue Co</u>	oae)		
	D. 1.1				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	ha 6a-	?		10b		x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	ne tori	m /		11a	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				120		х
2a ⊾	Did the organization have a written conflict of interest policy? If "No," go to line 13		fl. ata '	2	12a 12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests that could give rise to the organization required to disclose annually interests the organization required to disclose annually required to disclo	o con	ilicis	•	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				12c		
3	Did the organization have a written whistleblower policy?				13		x
4	Did the organization have a written document retention and destruction policy?				14		X
5	Did the process for determining compensation of the following persons include a review and approval by				'-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		х
	Other officers or key employees of the organization				15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
~	participation 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		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Eorms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec	tion.5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		. ,				
	Own website Another's website X Upon request Other (explain on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st poli	cy, ai	nd			
	financial 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 record	s▶					

KENNETH RATLIFF

57 CECIL ROBBINS AVE

606-329-1811

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for	Average hours (do per week box (list any office			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(** 2 **33 ***105)	(1. <u>2</u> . 333 m33)	related organizations			
(1) SHAWN BROWN													
	0.00												
BOARD MEMBER	0.00	X						0	0	0			
(2) JOHNNY COOPER													
	0.00								_				
SECRETARY	0.00	X		X		\sqcup		0	0	0			
(3) MARTY COOPER		i											
	0.00								_	_			
BOARD MEMBER	0.00	X	ļ.,		<u> </u>	\vdash		0		0			
(4) DONALD KEIBLER													
	0.00												
VICE PRESIDENT	0.00	X		Х	_			0	0	0			
(5) LLOYD LOGAN						ŀ							
	0.00												
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	├		0	0	0			
(6) PAUL RAMEY													
	0.00	,,		٠,,					_				
TREASURER	0.00	X		X	_	\vdash		0	0	0			
(7) KENNETH RATLIFF	0.00					1 1							
	0.00	٦,		,,					_				
PRESIDENT	0.00	Х		Х	_	\vdash		0	0	0			
(8)													
(9)		-	ļ										
(10)													
(11)													

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos heck ess pe	rson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cor	(F) nated a of othe mpensa from the	ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nızatıc		s
											ļ. 			
											<u> </u>			
														
											ı			
	otal I from continuation she I (add lines 1b and 1c)	ets to Part VII, S	3ecti	on A	١			 						
	number of individuals (in table compensation from				hose	list	ed at	ove	e) who received more than \$	6100,000 of			V I	ÁI.
	ne organization list any fo oyee on line 1a? <i>If</i> "Yes,"								e, or highest compensated			3	Yes	No X
4 For a	iny individual listed on line nization and related organ	e 1a, is the sum of	of rep	orta	ble o	comp	ensa	ation	n and other compensation for succession of the s			4		x
5 Did a for se	iny person listed on line 1 ervices rendered to the or	ganization? If "Y							y unrelated organization or i for such person	ndividual		5	ļ	х
1 Com	Independent Contractor	e highest compe	nsat	ed ir	idep	ende	ent co	ontra	actors that received more th	an \$100,000 of				
comp		(A) business address	mpe	nsat	ion i	or un	e cai	ena	ar year ending with or within Descrip	(B) tion of services		Cor	(C) npensati	ion
	<u></u>													
	.							-						
							_				_			<u>_</u>
	number of independent oved more than \$100,000								e listed above) who	0		_	000	
DAA												Form	₁ 990	(2019)

Part VIII Statement of Revenue

		Check if	f Sch	iedule O con	tains a	a respor	nse or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ts t	1a	Federated camp	aigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b						
S E	c	Fundraising eve	nts		1c						
i i	d	Related organiza			1d						
S,E	e	Government grants (co			1e						
جَوَقَ	f	All other contributions,									
E E		and similar amounts no			1f		ŀ				
Ęŏ	_ a	Noncash contributions	include	d in lines 1a.1f	1g	s					
o d	h	Total. Add lines			L .S_	ιΨ	—				
		rotal. ridd iiricd	14 1	·	_		Business Code				
a.	2a						Business duce				
<u> </u>	b										
Sel	c										<u> </u>
am	d										
Program Service Revenue	e										
<u>م</u>	f	All other program	n sen	uce revenue							
	l	Total Add lines									
	3	Investment incor			ds inter	est and					Ĭ
	-	other similar ame			,		▶	24,175	24,175		
	4	Income from inve		•	t bond i	proceeds	•				
	5	Royalties	001	an or ten exemp	. 20		•				
	`			(ı) Real		(II) i	Personal				-
	 6a	Gross rents	6a								
	b	Less rental expenses	6b								
	c	Rental inc or (loss)	6c								1
	ď	Net rental incom		loss)			•				
	7a	Gross amount from	Ĺ,	(i) Securitie	s	(") Other				,
		sales of assets other than inventory	7a								1
ē	Ь	Less cost or other									
Other Revenue		basis and sales exps	7b								ı
ě	c	Gain or (loss)	7с								
er F	ď	Net gain or (loss		•			•				
됐	l	Gross income from	-	using events							
•		(not including \$		•							
		of contributions rep	orted o	on line 1c)							
		See Part IV, line 18	}	ŕ	8a						
	b	Less direct expe	enses		8b						,
		Net income or (lo			events		>				
		Gross income from									
		See Part IV, line 19	}		9a						
	b	Less direct expe	enses		9b						
	С	Net income or (lo	oss) fr	om gaming acti	vities		•				
	10a	Gross sales of in	vento	лу, less							
		returns and allov	vance	s	10a						
	b	Less cost of goo	ods so	old	10b						
	С	Net income or (lo	oss) fr	om sales of inve	entory		•				
S							Business Code				· • • • • • • • • • • • • • • • • • • •
eo e	11a										
llan ent	b										
iscellaneous Revenue	С										
Š	a	All other revenue									
		Total Add lines					•				
	12	Total revenue.	Saa ir	etructione			N	24,175	24,175	0	1 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
Check if Schedule O contains a response or note to any	line in this Part IX

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	• • •				
U	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes			<u> </u>	
11	Fees for services (nonemployees)				
a	Management				
	Legal	1 075	1 075		
	Accounting	1,975	1,975		
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				•
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	BANK SERVICE CHARGES	24	24		
b					
С					
d					
е	All other expenses		_		
25	Total functional expenses Add lines 1 through 24e	1,999	1,999	0	0
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ' ¦ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 33,893 31,894 Cash-non-interest-bearing 1,812,346 1,836,521 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,846,239 1,868,415 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 O 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,846,239 1,868,415 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 1,846,239 1,868,415 32 Total net assets or fund balances 1,846,239 1,868,415 Total liabilities and net assets/fund balances

Form **990** (2019)

orm 990	(2019) SOUTH SHORE FOUNDATION,	61-0735249			Pa	ge 12
Part)	(I Reconciliation of Net Assets			-		
	Check if Schedule O contains a response or note to any line	e in this Part XI				
1 To	al revenue (must equal Part VIII, column (A), line 12)		1		24,	175
2 To	al expenses (must equal Part IX, column (A), line 25)		2		1,	999
3 Re	venue less expenses Subtract line 2 from line 1		3		22,	176
4 Ne	t assets or fund balances at beginning of year (must equal Part X, line 32,	column (A))	4	1,8	46,	239
5 Ne	t unrealized gains (losses) on investments		5			
6 Do	nated services and use of facilities		6			
7 Inv	estment expenses		7			
8 Pri	or period adjustments		8			
9 Otl	ner changes in net assets or fund balances (explain on Schedule O)		9			
10 Ne	t assets or fund balances at end of year Combine lines 3 through 9 (must	equal Part X, line		,		
32	column (B))		10	1,8	68,	415
Part)	(II Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	e in this Part XII				
					Yes	No
1 Ac	counting method used to prepare the Form 990 $\overline{\mathbf{X}}$ Cash $\overline{\mathbf{X}}$ Ac	crual Other				
if ti	ne organization changed its method of accounting from a prior year or che	cked "Other," explain in				
Sc	nedule O					
2a We	ere the organization's financial statements compiled or reviewed by an indi	ependent accountant?		2a		X
If "	Yes," check a box below to indicate whether the financial statements for th	e year were compiled or				
rev	lewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated a	and separate basis				
b We	ere the organization's financial statements audited by an independent acco	ountant?		² 2b	**	X
If "	Yes," check a box below to indicate whether the financial statements for th	e year were audited on a				
se	parate basis, consolidated basis, or both					,
	Separate basis Consolidated basis Both consolidated a	and separate basis				
c If "	Yes" to line 2a or 2b, does the organization have a committee that assume	es responsibility for oversight of			-	
the	audit, review, or compilation of its financial statements and selection of a	n independent accountant?		2c		
if ti	ne organization changed either its oversight process or selection process	during the tax year, explain on				
Sc	nedule O					
3a As	a result of a federal award, was the organization required to undergo an a	udit or audits as set forth in the				
Sır	gle Audit Act and OMB Circular A-133?			3a		X
b If "	Yes," did the organization undergo the required audit or audits? If the orga	nization did not undergo the				
rec	uired audit or audits, explain why on Schedule O and describe any steps to	aken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2019

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization SOUTH SHORE FOUNDATION, INCORPORATED

Employer identification number

61-0735249

FORM 990 - ORGANIZATION'S MISSION

TO PROVIDE CHARITABLE AND BENEVOLENT SUPPORT FOR THE YOUTH LOCATED IN SOUTH SHORE, KENTUCKY, OR ITS IMMEDIATE VICINITY IN GREENUP COUNTY, KENTUCKY. SAID CHARITABLE SUPPORT SHALL FOCUS ON EDUCATIONAL, ECONOMIC, AND RECREATIONAL SUPPORT AND ASSISTANCE TO THOSE YOUTHS.

FORM 990, PART III, LINE 2

DURING 2020 THE ORGANIZATION PRESERVED FUNDS TO PROVIDE CHARITABLE AND BENEVOLENT SUPPORT FOR THE YOUTH LOCATED IN SOUTH SHORE, KENTUCKY, OR ITS IMMEDIATE VICINITY IN GREENUP COUNTY, KENTUCKY. SAID CHARITABLE SUPPORT SHALL FOCUS ON EDUCATIONAL, ECONOMIC, AND RECREATIONAL SUPPORT AND ASSISTANCE OF THOSE YOUTHS.

FORM 990, PART III, LINE 3

THE ORGANIZATION CEASED PROVIDING LOW INCOME AND GOVERNMENT-SUBSIDIZED HOUSING.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

KENNETH RATLIFF

SHAWN BROWN

PRESIDENT

BOARD MEMBER

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS THE ORGANIZATION MADE AN AMENDMENT TO THE ARTICLES OF INCORPORATION FILED WITH THE KENTUCKY SECRETARY OF STATE. THE AMENDMENT INCLUDED A NAME CHANGE.

Employer identification number

SOUTH SHORE FOUNDATION,

NDATION, 61-0735249

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION CONSISTS OF BOARD MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ANY MEMBER IN GOOD STANDING OF THE AMERICAN LEGION POST 276 SHALL BECOME A

MEMBER UPON APPLICATION AND SHALL BE APPROVED UPON REQUEST. ANY OTHER

MEMBER SHALL BE APPROVED UPON APPLICATION AND A MAJORITY VOTE OF THE BOARD

OF TRUSTEES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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balimonos AMD

Michael G. Adams Kentucky Secretary of State Received and Filed 7/23/2021 12 27 PM Fee Receipt \$8 00

AMENDED ARTICLES OF INCORPORATION

OF

SOUTH SHORE HOUSING FOUNDATION, INCORPORATED

KNOWN ALL MEN BY THESE PRESENTS:

That the undersigned, hereby certify that a special called meeting of the Board of Trustees of such Corporation, duly held in accordance with the Kentucky Statutes and the bylaws of such Corporation, such Board of Trustees authorized the amendment of the Articles of Incorporation as follows:

ARTICLE I. NAME

The name of said Nonprofit Corporation shall be changed to South Shore Foundation, Incorporated, a Nonprofit Corporation. Said Corporation was previously known as South Shore Housing Corporation, Incorporated.

ARTICLE II. PRINCIPAL OFFICE

The place in Kentucky where the principal office of the Corporation is to be located is South Shore, Greenup County, Kentucky.

ARTICLE III. PURPOSES AND POWERS

The purpose or purposes for which said corporation is formed are the following:

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AUG 2 4 2021

OGDEN, UTAH

A. The Corporation is organized and operated exclusively for charitable purposes. In carrying out its corporate purposes, the corporation shall have all the powers allowable by KRS Chapter 273.

B In furtherance of the general purpose in paragraph (A), the particular purpose of the corporation is to provide charitable and benevolent support for the youth located in South Shore. Kentucky, or its immediate vicinity in Greenup County, Kentucky. Said charitable support shall focus on educational, economic, and recreational support and assistance of those youths.

C The Board of Trustees shall provide and approve specific written policy and criteria required for any and all charitable distributions that are to be made by the South Shore Foundation in furtherance of the charitable purpose of the corporation.

THE CORPORATION IS EMPOWERED:

- 1. To purchase, or otherwise acquire, lease as lessee, invest in, hold, use, lease as lessor, encumber, sell, exchange, transfer, dispose of property of any kind including real estate or description or any interest therein, by authority and action of its Board of Trustees;
- 2. To borrow money, and issue, sell, and pledge its notes, bonds, and other evidences of indebtedness, and to secure any of its obligations by mortgage, pledge, or deed of trust or mortgage all of or any of its property, by authority and action of its Board of Trustees;
- 3. To invest its funds not currently needed in carrying out its purposes in any shares or securities of another corporation (whether profit or non-profit), business, or undertaking.

- 4. To become a partner, member, associate, or participant in other enterprises or ventures, whether profit or non-profit to fulfill purposes herein
- 5. To indemnify or agree to indemnify a trustee, officer, or employee, or a former trustee, officer, or employee, or any person who is serving or has served at Corporation's request as a trustee, officer, or employee, against expenses actually and necessarily incurred in connection with the defense of or pending or threatened action, suit, or proceeding, criminal or civil to which said persons are made a party as provided and limited by the section of the Kentucky Revised Statutes and as authorized by action of the Board of Trustees.
- 6. To take title to property of any kind and description, or any interest therein, by gift, devise, or bequest.
- 7 The Corporation shall not engage in political activity to influence legislation or to support political candidates seeking public office. Notwithstanding any other provisions herein, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income taxes as defined by the Internal Revenue Code, and as such code is amended in the future.
- 8. The Corporation shall be authorized to create and disburse gifts, donations, grants, funds, bequests and any and all other distributions that are consistent with and carry out the stated charitable purpose of the Corporation, upon approval of its Board of Trustees.

ARTICLE IV. MEMBERSHIP

Membership in the Corporation shall be limited to applicants who are either members in good standing with the James Flannery Post 276 of the South Shore American Legion, or any other Greenup County resident with a desire to serve the purpose of the corporation. Any member in good standing of the American Legion Post 276, shall become a member upon application and shall be approved upon request. Any other member shall be approved upon application and a majority vote of the Board of Trustees.

The number of trustees of the Corporation shall be seven and shall be elected by the members of the Corporation from the membership. Trustees shall serve without compensation

ARTICLE V. OFFICERS

The Corporation shall have the following officers: President, Vice President, Secretary, and Treasurer. Said officers shall be designated pursuant to the method specified in the Corporation's Bylaws

ARTICLE VI. REGISTERED AGENT

Corporation upon whom process in any action or proceedings against it may be served.

ARTICLE VII. OFFICE OF INCORPORATION

The office of the Corporation shall be located in South Shore, Kentucky.

ARTICLE VIII DURATION

The duration of the Corporation shall be perpetual unless formally dissolved by twothirds of the members. In the event of dissolution any property of the Corporation shall be used for the benefit of the youth of South Shore, Kentucky.

ARTICLE IX. DEBTS

Members shall not be responsible for the debts of the Corporation.

ARTICLE X. BY-LAWS

By-laws of the Corporation may be adopted or amended by the Board of Trustees at any regular meeting or any special meeting called for that purpose, so long as they are not inconsistent with the provisions of these Articles.

IN WITNESS WHEREFORE: We have hereunto subscribed our names, this the 287 day of

August 2019.

Shawn Brown

Paul Ramey

Lloyd Logan

Lloyd Logan

Donald H. Keibler

Gregory M. Cooper

Kenneth M. Ratliff, President,