

Form 990-EZ

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.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

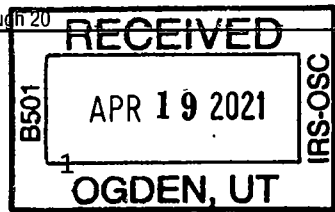
Form 990-EZ header section including lines A through L. Line A: For the 2020 calendar year, or tax year beginning and ending. Line B: Check if applicable (Address change, Name change, etc.). Line C: Name of organization (KENTUCKIANS FOR PROGRESS, INC. D/B/A KIDS FIRST LOUISVILLE). Line D: Employer identification number (27-4218549). Line E: Telephone number ((502) 515-1919). Line F: Group Exemption Number. Line G: Accounting Method (X) Cash. Line H: Check if the organization is not required to attach Schedule B (X). Line I: Website (N/A). Line J: Tax-exempt status (X) 501(c)(3). Line K: Form of organization (X) Corporation. Line L: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Table with 21 rows and 2 columns. Column 1: Description of revenue, expense, or net asset. Column 2: Amount. Rows 1-9: Revenue. Row 10: Total revenue (0). Rows 10-17: Expenses. Row 17: Total expenses (10,615). Rows 18-21: Net Assets. Row 18: Excess or (deficit) for the year (-10,615). Row 19: Net assets at beginning of year (27,012). Row 20: Other changes in net assets (0). Row 21: Net assets at end of year (16,397).

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)



ENVELOPE POSTMARK DATE APR 09 2021

SCANNED APR 11 2022



KENTUCKIANS FOR PROGRESS, INC.

D/B/A KIDS FIRST LOUISVILLE

27-4218549

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**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 Sch. O to respond to any question in this Part V

	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		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		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess 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		X
c 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		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	KY	
42a The organization's books are in care of	LEE KOEHLER	
Located at	6060 DUTCHMANS LANE, NO.110, LOUISVILLE, KY	
Telephone no.	(502) 515-1919	
ZIP + 4	40205	
b 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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		

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	<b>Yes</b>	<b>No</b>
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	X

**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

	<b>Yes</b>	<b>No</b>
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch 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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
N/A				

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

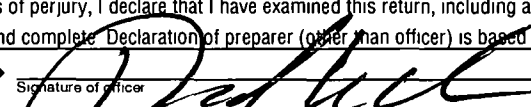
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(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

<b>Sign Here</b>	Signature of officer: 	Date: <u>4/7/2021</u>
	Type or print name and title: <b>DAVID W. NICKLIES, PRESIDENT/TREASURER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LEN S. GANT				P01276652
	Firm's name ▶ BHG CPAS & ADVISORS	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 311 TOWNEPARK CIRCLE, STE. 101 LOUISVILLE, KY 40243				

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**KENTUCKIANS FOR PROGRESS, INC.**  
**D/B/A KIDS FIRST LOUISVILLE**

Employer identification number

**27-4218549**

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

**TAXES AND LICENSES**

**15.**

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - KENTUCKIANS FOR PROGRESS, INC. IS DEDICATED TO THE DEVELOPMENT AND PROMOTION OF THE SOCIAL AND ECONOMIC WELFARE OF THE GREATER KENTUCKY AREA. THE CORPORATION INTENDS ON EDUCATING THE PUBLIC ABOUT ISSUES THAT MAY IMPACT THE SOCIAL AND ECONOMIC WELFARE OF THE GREATER KENTUCKY AREA. FOR EXAMPLE, THE CORPORATION WILL ENCOURAGE THE PUBLIC TO SUPPORT PLANS TO IMPROVE KENTUCKY'S INFRASTRUCTURE INCLUDING, WITHOUT LIMITATION, HIGHWAYS, BRIDGES, RAIL SYSTEMS, AIRPORTS, AND RIVER TRANSPORTATION.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**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**

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	KENTUCKIANS FOR PROGRESS, INC. D/B/A KIDS FIRST LOUISVILLE	Employer identification number 27-4218549
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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 OPPORTUNITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 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.