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.

OMB No. 1545-0047 **2024** Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change Kentucky Heartwood Inc Doing business as 01-0701145 Name change Number and street (or P.O. box if mail is not delivered to street address) 502-468-5987 PO Box 1486 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated KY 40403-3486 Berea 225,541 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Chris Schimmoeller 660 Mount Vernon Road H(b) Are all subordinates included? Frankfort KY 40601 If "No," attach a list. See instructions **X** 501(c)(3) | 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: www.kyheartwood.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1992 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Kentucky Heartwood seeks to protect and restore the integrity, stability, & Governance and beauty of Kentucky's native forests and biotic communities through research, education, advocacy, and community engagement. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 4 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 173,795 221,118 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,026 4,171 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,281 252 178,102 225,541 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 136,997 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 4,027 62,223 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57,549 199,220 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 228,843 -21,118 **19** Revenue less expenses. Subtract line 18 from line 12 -3,302Beginning of Current Year End of Year 226,843 235,235 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 2,420 5,586 22 Net assets or fund balances. Subtract line 21 from line 20 232,815 Signature Block 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. Signature of officer Sign Here Patty Draus Treasurer Type or print name and title Preparer's name Preparer's signature Date if PTIN Check Paid Myron D. Fisher Myron D. Fisher P00078455 Preparer Baldwin CPAs, PLLC 20-1416603 Firm's name Firm's EIN

713 W Main St Richmond, KY

May the IRS discuss this return with the preparer shown above? See instructions

40475-1351

859-626-9040

Use Only

Form 990 (2024) Kentucky Hea	rtwood Inc	01-0701145	Page 2
	am Service Accomplishmen		
		to any line in this Part III	<u> </u>
1 Briefly describe the organization's m	ission:		
Kentucky Heartwood	l seeks to protect	and restore the int	egrity, stability,
		ests and biotic comm	
research, education	on, advocacy, and	community engagement	•
2 Did the organization undertake any s	significant program continue during th	a year which were not listed on the	
2 Did the organization undertake any s			Yes X No
prior Form 990 or 990-EZ? If "Yes," describe these new services	on Sahadula O		res 🔼 No
3 Did the organization cease conducting		w it conducts any program	
		· · · ·	Yes X No
If "Yes," describe these changes on			
4 Describe the organization's program		its three largest program services, as r	measured by
		eport the amount of grants and allocation	
the total expenses, and revenue, if a			·
4a (Code:) (Expenses \$	196,427 including gran	nts of \$\) (Re Forest Service prop	venue \$)
Kentucky Heartwood	monitors multiple	Forest Service prop	osals and
throughout the Dani	el Boone National	Forest through plan	analysis field
work, water quality	monitoring, publi	c field trips, and	public education.
In addition to biod	liversity and envir	onmental reviews, w	e are monitoring
		s, water quality is	sues, and
recreational impact	S.		
4b (Code:) (Expenses \$	10 338 including gran	nts of \$	20000
Community Engagemen	+•	ιις οι φ	veriue \$
		ngagement efforts wi	thin our Kentucky
Heartwood community	and within the br	coader environmental	activist and
general public comm	unities. Activitie	s include hikes to a	areas of the DBNF
		ational public zoom	
		our Rise N Roots e	
		ucating community m	
		Service decision ma	
•			
4c (Code:) (Expenses \$	including gran	nts of \$) (Re	venue \$)
N/A			
•			
•			
•			
4d Other program services (Describe or	n Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	206,765	, , , , , , , , , , , , , , , , , , , ,	,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١,		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u> </u>
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete 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,"		l	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	l		۱
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	<u>ا</u>		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	444		х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	I I I E	<u> </u>	
•	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	F'''		
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_V
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		_v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		y
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, , , , , , , , , , , , , , , , , , , ,	•	•	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 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 through 24d and complete Schedule K. If "No," go to line 25a X **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 to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 X 25b 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 X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Х A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III. or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 4 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?.....

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (cont	tinue	d)		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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
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 Schedu			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ial acc	count)?	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					
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 transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	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	ions o	r			
	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	goods	3			
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	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				
11	Section 501(c)(12) organizations. Enter:					
а		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 104	11?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	_				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratior	n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any ac	tivities	;			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

Pag	e	6

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 Section A. Governing Body and Management

<u> </u>	CONTAC Soverning Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8		163	140
ıu	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 8			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		Х
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 following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 Internal Revenu	e Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?	150	х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	Λ	Х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa		16a		х
b	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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	etion C. Disclosure			
17	List the states with which a copy of this Form 000 is required to be filed. KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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 records.			
St	tephen Dorsett Po Box 1486			

KY 40403-3486 502-468-5987

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orm	990 (2024	Kentucky	Heartwood	Inc

01-0701145

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the org		•				ation co	ompensated any current off	icer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle icer a	Pos check ess pe	rson i	than one as both an or/trustee) Former Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Cooper President	10.00	x		х			0	0	0
(2) Xyara Asplen	0.00	^		_			0	0	0
(z) Nyara Aspren	3.00								
Vice President	0.00	x		x			0	0	0
(3) Stephen Dorsett							Ţ.		
., -	5.00								
Secretary	0.00	x		х			0	0	0
(4) Patty Draus									
	4.00								
Treasurer	0.00	X		X			0	0	0
(5) Julian Campbell									
	0.50							_	
Board Member	0.00	X					0	0	0
(6) Gretchen Collins									
<u> </u>	1.50								
Board Member	0.00	X					0	0	0
(7) Chris Schimmoel									
Doord Wombon	4.50							_	_
Board Member (8) Ted Withrow	0.00	X					0	0	0
(a) led Wichiow	3.00								
Board Member	0.00	x					0	0	0
(9) Lauren Kallmeyer		1					<u> </u>	<u> </u>	<u> </u>
(3) Hauren Rarineye.	35.00								
Executive Director	0.00	1		x			52,580	0	0
(10)	1000	T		<u></u>			22,200		
		1							
		1							
(11)									
]								
		1							

		24) Kentucky								01-070				Pa	age 8
Pa	rt VII	Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploy	ees,	and Highest Compensa	ted Employees (continued	!)			
	N	(A) ame and title	(B) Average hours per week	Average box, unless person is both an officer and a director/trustee)					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated a of othe	er	
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the organization and related organizations		S
(12)															
(13)															
(14)															
(15)															
(16)															
(17)															
(18)															
(19)															
1b		d		_						52,580					
Q C		om continuation she								52,580					
2	Total nu	imber of individuals (in le compensation from	ncluding but not	limite	ed to	thos	se li	sted	abov	ve) who received more that					
													\exists	Yes	No
3	employe	ee on line 1a? If "Yes,"	" complete Sche	dule	Jf	or su	ıch i	indivi	idual	yee, or highest compensate		L	3		х
4	For any	individual listed on lin	e 1a, is the sum	ı of ı	epo	rtable	e co	mper	nsati	on and other compensation complete Schedule J for	n from the				
5	individu	al	•							iny unrelated organization			4		X
	for servi	ices rendered to the c	organization? If "	Yes,	" co	npen mple	te S	chec	dule	J for such person			5		х
Sect 1		dependent Contract		2000	otod	indo	non	dont	000	tractors that received more	2 than \$100,000 of				
	compen	sation from the organi	ization. Report c	omp	ensa	ation	for	the c	alen	dar year ending with or wi	thin the organization's tax y	ear.		(0)	
		Name and	(A) d business address							Descrip	(B) tion of services	\longrightarrow	Com	(C) npensati	on
												-+			
												\longrightarrow			
2	Total nu	ımber of independent	contractors (incl	uding	g bu	t not	limi	ted to	l o the	ose listed above) who		\dashv			
	received	more than \$100,000	of compensatio	n fro	m th	ne or	gani	zatio	n		0				

Pa	rt V			f Revenue	tains	a resn	onse or no	te to any line in	this Part VIII		
		Official	0011	icadic O con	tan is	и теор	01130 01 110	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
•								Total Teveriue	function revenue	business revenue	from tax under sections 512-514
ants nts	1a	Federated camp	paigns		1a						
S S	b	Membership due	es		1b						
ŁŚ,	С	Fundraising eve	ents		1c						
ia i	d	Related organiza	ations		1d						
Sim	е	Government grants (c	contributi	ons)	1e		13,476				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n	not includ	ded above	1f		207,642				
ĘŎ	g	Noncash contributions lines 1a-1f			1g	\$					
a So	h	Total. Add lines						221,118			
							Business Code				
9	2a										
Program Service Revenue	b										
ر enu	С										
aran Rev	d										
)LOĆ	е										
	f	All other program									
		Total. Add lines									
	3	Investment incom		_	ds, int	erest, an	d	4 1 7 7			4 151
		other similar am						4,171			4,171
	_	4 Income from investment of tax-exempt bond proceeds 5 Royalties									
	5	Royalties		(i) Real							
	60	Cross ronts	60	(I) Real		(11)	Personal				
	6a	Gross rents	6a 6b								
	D	Less: rental expenses Rental inc. or (loss)	6c								
		Net rental incom		loss)		l .					
		Gross amount from	10 01 ((i) Securities			ii) Other				
		sales of assets other than inventory	7a	()		<u> </u>	,				
ē	b	Less: cost or other									
en!		basis and sales exps.	7b								
Revenue	С	Gain or (loss)	7c								
her	d	Net gain or (loss	 s)								
퉏	8a	Gross income from	n fundra	aising events							
		(not including \$									
		of contributions rep									
		1c). See Part IV, lir	ne 18		8a						
		Less: direct exp			8b						
		Net income or (I		_	event	is T					
	9а	Gross income fr									
	_	activities. See Pa			9a 9b						
		Less: direct exp Net income or (I				<u> </u>					
		Gross sales of in			VILICS	T					
	IVa	returns and allow			10a						
	h	Less: cost of go			10b						
		Net income or (I									
S		21 25 31 (1	, 1				Business Code				
Miscellaneous Revenue	11a	Misc Reven	ues					252	252		
ane	b										
cell	С										
Mis R	d	All other revenue									
_		Total. Add lines	11a-	11d				252			
	12	Total revenue.	See i	nstructions			Т	225,541	252	0	4,171

12 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a respon			отрівів соштіт (А).	
Do 1	i i	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
٠	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals Cos Port 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,				
	trustees, and key employees				
6	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	159,121	157,571	1,550	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,173	12,059	114	
11	Fees for services (nonemployees):				
а	Management				
b					
С		800		800	
d					
е	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.)	10,726	10,351		375
12	Advertising and promotion	2,972	2,776	196	
13	Office expenses	5,122	3,532	1,035	555
14	Information technology	7,484	6,161	837	486
15	Royalties				
16	Occupancy	7,660		7,410	250
17	Travel	11,504	11,504		
18	.,				
	for any federal, state, or local public officials	0.000	0.160		
19	Conferences, conventions, and meetings	2,239	2,163	76	
20	Interest				
21	Payments to affiliates	1 100		1 100	
22	Depreciation, depletion, and amortization	1,100 3,522		1,100 3,522	
23	Insurance	3,322		3,322	
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.)				
_		1,484		1,268	216
a b	Merchandise exp	1,170		1,200	1,170
D C	Music fest	975			975
d	Safety equipment	500	500		913
a e	***************************************	291	148	143	
25	Total functional expenses. Add lines 1 through 24e	228,843	206,765	18,051	4,027
26	Joint costs. Complete this line only if the	220,043	200,703	10,001	1,027
	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)				

				(A) Beginning of year		(B) End of year					
1	Cash—non-interest-bearing			115,156	1	72,331					
2	_			25,166	2	75,567					
3				25,000	3	3,880					
4		<u>-</u>	4								
5	Loans and other receivables from any current or for	receivables from any current or former officer, director,									
	trustee, key employee, creator or founder, substan	ntial contri	utor, or 35%								
	controlled entity or family member of any of these	persons			5						
6											
	under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6						
7					7						
8					8						
9					9						
10	a Land, buildings, and equipment: cost or other]									
	basis. Complete Part VI of Schedule D	10	5,299								
1	b Less: accumulated depreciation	10	2,713	3,685	10c	2,586					
11	Investments—publicly traded securities			66,228	11	72,479					
12		I			12						
13		1			13						
14					14						
15	Other assets. See Part IV, line 11				15						
16		line 33) .		235,235	16	226,843					
17	Accounts payable and accrued expenses				17	215					
18				18							
19	Deferred revenue		19								
20					20						
21		t IV of Sc	edule D		21						
22											
	trustee, key employee, creator or founder, substan	ntial contri	utor, or 35%								
22	controlled entity or family member of any of these	persons			22						
23	Secured mortgages and notes payable to unrelated	d third pa	ies		23						
24					24						
25											
	parties, and other liabilities not included on lines 17	7-24). Cor	plete Part X								
	of Schedule D			2,420	25	5,371					
26	Total liabilities. Add lines 17 through 25			2,420	26	5,586					
	Organizations that follow FASB ASC 958, chec	k here									
	and complete lines 27, 28, 32, and 33.										
27	Net assets without donor restrictions			166,608	27	166,489					
28	Net assets with donor restrictions			66,207	28	54 , 768					
	Organizations that do not follow FASB ASC 95										
	and complete lines 29 through 33.	nd complete lines 29 through 33.									
29	Capital stock or trust principal, or current funds										
30					30						
31	Retained earnings, endowment, accumulated incor	me, or oth	er funds		31						
27 28 29 30 31 32	Total net assets or fund balances			232,815	32	221,257					
33				235,235	33	226,843					

Form **990** (2024)

orm	990 (2024) Kentucky Heartwood Inc	<u>01-0701145</u>			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)		1		25,	
2	Total expenses (must equal Part IX, column (A), line 25)		2	2	28,	
3	Revenue less expenses. Subtract line 2 from line 1		3		-3,	302
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column ((A))	4	2	32,	<u>815</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other share as is not poster as fixed belongs (similar as Cabadala O)		9		-8,	256
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa					
			10	2	21,	<u> 257</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	s Part XII			<u> </u>	<u>. LL</u>
		_			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Oth	ner," explain on				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent	accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere compiled or				
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separat	e basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere audited on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separat	e basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an indepen	dent accountant?		2c		
	If the organization changed either its oversight process or selection process during the	tax year, explain on				
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or au	idits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization of	lid not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to u	undergo such audits		3b		

Form **990** (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

Kentucky Heartwood Inc 01-0701145

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Ihe	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check or	nly one bo	OX.)				
1	Ш	A church, co	nvention of churches, or as	sociation of churches described	d in sect i	on 170(b	o)(1)(A)(i).				
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A beguited or a connective beguited source organization described in section 170(b)(1)(A)(iii)									
3	П	A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	-	nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	ш	city and state:									
5	\Box	•		of a college or university owned			governmental unit described in				
J	ш				o opera	ileu by a	governmental unit described in				
	\Box		(b)(1)(A)(iv). (Complete Par			470/5\/4\	(4)(-)				
6	닞		=	governmental unit described in							
7	X		on that normally receives a section 170(b)(1)(A)(vi). (substantial part of its support f Complete Part II.)	rom a go	vernment	al unit or from the general pub	liC			
8	Ш	A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)						
9		An agricultura	al research organization des	scribed in section 170(b)(1)(A	.)(ix) oper	ated in co	onjunction with a land-grant co	lege			
		or university	or a non-land-grant college	of agriculture (see instructions)	. Enter th	e name,	city, and state of the college o	r			
		university:									
10		An organizati	on that normally receives (1	I) more than 33 1/3% of its sup	pport from	contribu	tions, membership fees, and g	ross			
	_			npt functions, subject to certain							
		support from	gross investment income a	nd unrelated business taxable	income (I	ess section	on 511 tax) from businesses				
	_	acquired by t	he organization after June 3	30, 1975. See section 509(a)(2	2). (Comp	lete Part	III.)				
11	Ш	An organizati	on organized and operated	exclusively to test for public sa	fety. See	section	509(a)(4).				
12		An organizati	on organized and operated	exclusively for the benefit of, to	perform	the functi	ons of, or to carry out the purp	oses of			
	_	one or more	publicly supported organiza	tions described in section 509	(a)(1) or s	section 5	609(a)(2). See section 509(a)(3). Check			
		the box on lir	nes 12a through 12d that de	escribes the type of supporting	organizati	on and co	omplete lines 12e, 12f, and 12	g.			
	а	Type I. A	A supporting organization op	perated, supervised, or controlle	ed by its :	supported	organization(s), typically by g	iving			
				wer to regularly appoint or elec	•			0			
		supportin	g organization. You must o	complete Part IV, Sections A	and B.	•					
	b	Type II.	A supporting organization s	upervised or controlled in conn	ection wit	h its supr	oorted organization(s), by havir	ng			
				rting organization vested in the							
				Part IV, Sections A and C.	•		3 11				
	С	Type III	functionally integrated. A	supporting organization operate	ed in con	nection w	ith, and functionally integrated	with,			
				structions). You must comple				•			
	d	Type III	non-functionally integrate	d. A supporting organization or	perated in	connecti	on with its supported organiza	tion(s)			
				e organization generally must s							
		requireme	ent (see instructions). You	must complete Part IV, Section	ons A an	d D, and	Part V.				
	е	Check th	is box if the organization red	ceived a written determination fr	rom the IF	RS that it	is a Type I, Type II, Type III				
		functional	lly integrated, or Type III no	on-functionally integrated suppo	orting orga	ınization.					
	f		mber of supported organizat								
	g	Provide the f	ollowing information about t	he supported organization(s).							
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	org	anization		(described on lines 1-10		ur governing	support (see	other support (see	•		
				above (see instructions))	docui	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
` '											
(C)					1						
(5)											
(D)											
(D)											
					-						
(E)											
Γota	l										
							·		–		

Schedule A (Form 990) 2024

Page 2

Part II 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.)

	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	ı	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,662	170,766	210,568	173,795	221,	118	863,909
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	87,662	170,766	210,568	173,795	221,	118	863,909
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)							63,070
6	Public support. Subtract line 5 from line 4							800,839
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2024	(c) 2022	(4) 2022	(e) 2024	ı I	(f) Total
		(a) 2020	(b) 2021		(d) 2023			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	87,662	170,766	210,568	173,795 1,026	221,	,118	863,909 5,197
9	Net income from unrelated business activities, whether or not the business is regularly carried on	6,643	4,162	1,639	1,991			14,435
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,290			1,290
11	Total support. Add lines 7 through 10							884,831
12	Gross receipts from related activities, etc	. (see instructions)					12	1,542
13	First 5 years. If the Form 990 is for the							•
	organization, check this box and stop he	_		•				П
Sec	tion C. Computation of Public S	Support Perce	ntage					
14	Public support percentage for 2024 (line (6, column (f), divide	ed by line 11, colu	ımn (f))			14	90.51%
15	Public support percentage from 2023 Sch		0 11				15	90.40 %
16a	33 1/3% support test — 2024. If the org						 }	
	box and stop here. The organization qua			ation				X
b	33 1/3% support test — 2023. If the org							
	this box and stop here. The organization							
17a	10%-facts-and-circumstances test — 2							
	10% or more, and if the organization med	_						
	Part VI how the organization meets the fa							
	organization		_	·		-		
b	10%-facts-and-circumstances test — 2							
	15 is 10% or more, and if the organizatio	•						
	in Part VI how the organization meets the				-			
	organization			-				
18	Private foundation. If the organization di							
	instructions							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii tile organization falls to	quality under	tile tests liste	u below, pleas	e complete ra	ait ii.)	
	tion A. Public Support	(-) 0000	(1) 0004	(.) 0000	/ N 0000	(.) 0004	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(u) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 corganization, check this box and stop her	=				01(c)(3)	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2024 (line 8			umn (f))		15	%
16	Public support percentage from 2023 School						%
Sec	tion D. Computation of Investme	ent Income P	ercentage				
17	Investment income percentage for 2024 (I	ine 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2023						%
19a	33 1/3% support tests — 2024. If the org						
	17 is not more than 33 1/3%, check this b	-	-			-	
b	33 1/3% support tests — 2023. If the org	-					
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	-	-	•		-	

Schedule A (Form 990) 2024

Supporting Organizations Part IV

(Complete only if you checked a box on 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.

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
che	10b dule A	(Form 9	90) 2024

Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b		11b		
		110		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Cast	provide detail in Part VI.	11c		
Secu	ion B. Type I Supporting Organizations			
			Yes	No_
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		
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		
Secti	ion 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		
Secti	ion D. All Type III Supporting Organizations			
	The state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
'				
	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		
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 on 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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	onel		
1		JIIS).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structi	ons).	
			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	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 each of its supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
L	,			
b	Did the activities described on 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	OI-		
	have engaged in these activities but for the organization's involvement.	2b		
2				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2024	kentucky Heartwood Inc		01-0701	145 Page 6
Part V Type III No	n-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1 Check here if the org	panization satisfied the Integral Part Test as a qualifying trust on N	Nov. 20	, 1970 (explain in Part VI). See
instructions. All other	er Type III non-functionally integrated supporting organizations me	ust con	plete Sections A through	<u>E.</u>
Section A – Adjusted Net In	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital g	ain	1		
2 Recoveries of prior-year	distributions	2		
3 Other gross income (se	e instructions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and deplet	ion	5		
6 Portion of operating exp	enses paid or incurred for production or collection			
of gross income or for r	nanagement, conservation, or maintenance of			
property held for produc	ction of income (see instructions)	6		
7 Other expenses (see in	structions)	7		
8 Adjusted Net Income	subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset	Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market v	alue of all non-exempt-use assets (see			
instructions for short tax	year or assets held for part of year):			
a Average monthly value	of securities	1a		
b Average monthly cash I	palances	1b		
c Fair market value of oth	er non-exempt-use assets	1c		
d Total (add lines 1a, 1b,	and 1c)	1d		
e Discount claimed for bl	ockage or other factors			
(explain in detail in Par	t VI):			
2 Acquisition indebtedness	s applicable to non-exempt-use assets	2		
3 Subtract line 2 from line	1d.	3		
4 Cash deemed held for e	exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exemp	t-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 Amou	nt (add line 7 to line 6)	8		
Section C – Distributable A	mount			Current Year
1 Adjusted net income for	prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount	for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 o	r line 3.	4		
5 Income tax imposed in p		5		
	Subtract line 5 from line 4, unless subject to			
emergency temporary r	eduction (see instructions).	6		
7 Check here if the cu	rrent year is the organization's first as a non-functionally integrate	d Type	III supporting organization	<u></u> າ

Schedule A (Form 990) 2024

(see instructions).

Page 7

Type III Non-runctionally integrated 309(a)(3) Supporting Organizations (continued)								
Sect	ion D – Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exempt purported	1						
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supplemental suppleme	3						
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required-provide de	etails in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the organizations	zation is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2024 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	;	Distributable			
			Pre-2024		Amount for 2024			
1	Distributable amount for 2024 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2024							
	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2024							
	From 2019							
	From 2020							
	From 2021							
	From 2022							
	From 2023							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions)							
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
<u>J</u>	Distributions for 2024 from							
7	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2024 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h							
•	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2025. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	Excess from 2023							
	Excess from 2024							

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

Part VI 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.) - Other Income Detail

Kentucky Heartwood Inc

01-0701145

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

01-0701145 Kentucky Heartwood Inc Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. 1.... Vanguard Charitable Foundation Person PO Box 9509 **Payroll** 10,027 Noncash Warwick RI 02889 (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2.... Bluegrass Community Foundation Person 499 East High Street Payroll Ste 112 \$ 9,035 Ste 112 Lexington KY 40507 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Mary Zinniel Person 17 Rio Vista Payroll \$ 10,000 Noncash Louisville KY 40207 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 4 Betty Barr and Don Kleier Person 507 Shelby St Payroll \$ 11,028 Noncash Frankfort KY 40601 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 5 Tennessee Community Foundation Person 3421 Belmont Blvd Payroll \$ 10,000 Noncash Nashville TN 37215 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Chris Schimmoeller 6 Person 660 Mount Vernon Road **Payroll** 25,000 Noncash Frankfort KY 40601 (Complete Part II for noncash contributions.)

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number			
T.F	ontugles Hoombrood Tog		01-0701145			
Kentucky Heartwood Inc 01-0701145 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts						
Г	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6.	Accounts			
	,	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that					
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose				
_			Yes No			
Pa	art II Conservation Easements	Form 000 Port IV line 7				
	Complete if the organization answered "Yes" on					
1	Purpose(s) of conservation easements held by the organization (check		increased band and			
	Preservation of land for public use (for example, recreation or edu	· -	-			
	Protection of natural habitat	Preservation of a certified hi	istoric structure			
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conse	envation contribution in the form of a con-	senvation			
2	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	-					
b						
c	Number of conservation easements on a certified historic structure inc					
d						
	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by				
4	Number of states where property subject to conservation easement is					
5	Does the organization have a written policy regarding the periodic model	nitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	•				
	conversation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	=				
	conservation easements during the year		\$			
8	Does each conservation easement reported on line 2d above satisfy t		П., П.,			
	(i) and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation easent	·				
	sheet, and include, if applicable, the text of the footnote to the organiz organization's accounting for conservation easements.	zations ilitariciai statements that describe	es trie			
Pa	art III Organizations Maintaining Collections of Art	Historical Treasures, or Other	er Similar Assets			
	Complete if the organization answered "Yes" on					
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bala	nce sheet works			
	of art, historical treasures, or other similar assets held for public exhib	-				
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance	sheet works of			
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	of public service,			
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art, historical treasures, o		provide the			
	following amounts required to be reported under FASB ASC 958 relati	_				
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X		\$			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other basis

(investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

(b) Cost or other basis

(other)

2,000

3,299

(c) Accumulated

depreciation

2,713

2,586 Schedule D (Form 990) (Rev. 12-2024)

(d) Book value

2,000

586

e Other

Description of property

1a Land

b Buildingsc Leasehold improvements

d Equipment

	2-202 4Kentucky Heartwo	od Inc	01-0701145	Page :
	 Other Securities he organization answered "Yes 	" on Form 900 Part IV	line 11h See Form 900 Par	t Y line 12
	ion of security or category	(b) Book value	(c) Method of valuation	
	ing name of security)	(=, =====	Cost or end-of-year market	
(1) Financial derivatives				
		•••		
(3) Other				
(A)				
(B)				
(D)				
/LI\				
	Form 990, Part X, line 12, col. (B))	• • •		
	- Program Related			
	he organization answered "Yes	on Form 990, Part IV	, line 11c. See Form 990, Par	t X, line 13.
	scription of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		·	•	
Complete if the	he organization answered "Yes	" on Form 990, Part IV	, line 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
_(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(8)				
(9)	_			
	Form 990, Part X, line 15, col. (B))			
Part X Other Liabili				
Complete if the	he organization answered "Yes	" on Form 990, Part IV	, line 11e or 11f. See Form 99	30, Part X,
line 25.				
1.	(a) Description of lia	bility		(b) Book value
(1) Federal income taxes	<u></u>			E 27
(2) Payroll Liabili	ties			5,371
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				-
	Form 990, Part X, line 25, col. (B))			5,371
	tions. In Part XIII, provide the text of th	e footnote to the organization	n's financial statements that reports the	

Part XI Reconciliation of Revenue per Audited Financial	C Statements With Revo	01-0701145 enue per Return	Page 4
Complete if the organization answered "Yes" on For		-	
Total revenue, gains, and other support per audited financial statements			
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part XII Reconciliation of Expenses per Audited Financia			
Complete if the organization answered "Yes" on For			
Total expenses and losses per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
Subtract line 2e from line 1		3	
==,			
a Investment expenses not included on Form 990, Part VIII, line 7b			
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	4b		
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 	4b	4c	
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 	4b	4c 5	
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information evide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	5	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b t Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information	4b 4; Part IV, lines 1b and 2b; It to provide any additional information or carry out	Part V, line 4; Part X, line mation.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Part V, Line 4 - Intended Uses for Ende The purposes of the Fund are to further Educational purposes of Foundation and	4b 4; Part IV, lines 1b and 2b; It to provide any additional information or carry out	Part V, line 4; Part X, line mation.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Part V, Line 4 - Intended Uses for Ende The purposes of the Fund are to further Educational purposes of Foundation and	4b 4; Part IV, lines 1b and 2b; It to provide any additional information or carry out	Part V, line 4; Part X, line mation.	
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a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Part V, Line 4 - Intended Uses for Endo The purposes of the Fund are to further educational purposes of Foundation and	4b 4; Part IV, lines 1b and 2b; It to provide any additional information or carry out	Part V, line 4; Part X, line mation.	

Schedule D (F	orm 990) (Rev. 12-2	202 Kentuck	y Heartwood (continued)	Inc	01-0701145	Page 5
Part XIII	Supplemental	Information ((continued)			
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SCHEDULE O (Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

arne of the organization	Employer identification number
Kentucky Heartwood Inc	01-0701145
Form 990, Part VI, Line 11b - Organization's Process to	Kentem Form 330
Previous to 2022 only a 990EZ was required and the final	
available by email and Board meeting for review or ques	
with 2023, the 990 documents will be reviewed by the Box	ard prior to
submission.	
· · · · · · · · · · · · · · · · · · ·	
T 000 P 177 T 10- T-6 G	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	
Everyone has a duty to disclose, especially Board member	
also are required to annually acknowledge the policy in	writing. All
conflicts will be investigated and resolved. Actions may	y include consensus
resolution or discipline or removal from office.	7
reportation of arborking of removal from ortroe.	
Form 990, Part VI, Line 15a - Compensation Process for	Top Official
To establish the compensation of the organizations CEO/	ED:
-compensation survey or study	
-approval by the board or compensation committee	
	
Form 000 Down VI Time 19 No Dublic Disclosume Francisco	
Form 990, Part VI, Line 18 - No Public Disclosure Expla	nacion
Guidestar, and ProPublica	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
No documents available to the public	
Form 990, Part XI, Line 9 - Other Changes in Net Assets	Ermlanation
FORM 990, Part AI, Line 9 - Other Changes In Net Assets	EXPLANACION
Endowment Increase	\$ 5,220
	\$ 5,220
Endowment Increase	\$ 5,220
Endowment Increase ARC Grant Recognized in PY	\$ 5,220 \$ -13,476
Endowment Increase ARC Grant Recognized in PY	\$ 5,220 \$ -13,476
Endowment Increase ARC Grant Recognized in PY	\$ 5,220 \$ -13,476
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Endowment Increase ARC Grant Recognized in PY	\$ 5,220 \$ -13,476 \$ -8,256
Endowment Increase ARC Grant Recognized in PY Total	\$ 5,220 \$ -13,476 \$ -8,256
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Endowment Increase ARC Grant Recognized in PY Total	\$ 5,220 \$ -13,476 \$ -8,256