2021 Exempt Organization Business Tax Return prepared for:

Orphan Care Alliance, Inc. 115 N Watterson Trail, Ste 201 Louisville, KY 40243

Curry, Drake and Associates, LLC 12700 Townepark Way, Danville Bldg Louisville, KY 40243

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

A	For the 20	021 calend	dar year, or tax year beginning		, 2021, and end	ling			, 20
В	Check if ap	plicable:	C Name of organization Orphan	Care Alliance,	Inc.			D Emplo	yer identification number
_	Address ch		Doing business as						549276
=	Name chan		Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suit	te		none number
=	Initial return	Ĭ	115 N Watterson Ti		,				498-4765
=	Final return/		City or town, state or province, co		al code			(002)	
=	Amended r		Louisville, KY 402		ai 0000			G Gross	receipts \$ 676,414.
=			F Name and address of principal off			H/a	lo thio o are		r subordinates? Yes X No
	Application					1	_	-	
			Darren Washausen, 115 N Watt						st. See instructions.
	Tax-exemp		▼ 501(c)(3)	<u> </u>	7(a)(1) or 527		•		
	Website:		rphancarealliance.o		1				number ►
			Corporation Trust Associa	tion	L Year of for	mation:	2009	M State	of legal domicile: KY
Ľ		Summai	<u> </u>						
			cribe the organization's miss		ctivities: Orphan	Care Allia	nce equip	s, connect	ts, and mobilizes Christians
<u>s</u>	_t	o serv	e vulnerable childr	en and families					
Activities & Governance									
/er	2 C	heck this	box ► ☐ if the organization	discontinued its operati	ons or dispose	ed of mor	re than 2	25% of	its net assets.
õ	3 N	umber of	voting members of the gove	rning body (Part VI, line	1a)			3	7
જ	4 N	umber of	independent voting member	s of the governing body	(Part VI, line 1	lb)		4	7
ies	5 T	otal numb	per of individuals employed in	n calendar year 2021 (Pa	art V, line 2a)			5	23
₹			per of volunteers (estimate if	,				6	225
Ş			ated business revenue from I	• •				7a	0.
•			ted business taxable income	, ,,,				7b	0.
	D 11	ot arricial	ted business taxable income	moniti onii 550 1,1 art	, 11110 11		rior Yea	_	Current Year
	8 C	ontributio	ons and grants (Part VIII, line	1b)		-			
ne			- ·					638.	629,424.
Revenue		•	ervice revenue (Part VIII, line	0,				260.	42,000.
æ			t income (Part VIII, column (A					494.	555.
_			nue (Part VIII, column (A), line					116.	4,435.
			ue-add lines 8 through 11 (n	· · · · · · · · · · · · · · · · · · ·			574 ,	276.	676,414.
			l similar amounts paid (Part I						
	14 B	enefits pa	aid to or for members (Part IX	(, column (A), line 4) .					
S	15 S	alaries, ot	her compensation, employee I	penefits (Part IX, column	(A), lines 5-10)		315,	337.	386 , 579.
Expenses	16a P	rofession	al fundraising fees (Part IX, c	olumn (A), line 11e) .					59,046.
g	b To	otal fundr	raising expenses (Part IX, colo	umn (D), line 25) ▶	60,687.				
ш			enses (Part IX, column (A), line				156,	593.	186,497.
		-	nses. Add lines 13-17 (must	· · · · · · · · · · · · · · · · · · ·	N. line 25) .			930.	632,122.
			ess expenses. Subtract line 1					346.	44,292.
s s							ng of Curr		End of Year
Fund Balance	20 To	otal asset	ts (Part X, line 16)			-5		442.	944,171.
a g	21 T		ties (Part X, line 26)					507.	1,469.
3 5	22 N		or fund balances. Subtract li	no 21 from lino 20					942,702.
			re Block	ne 21 nom me 20 .			090,	935.	942,702.
			, I declare that I have examined this in e. Declaration of preparer (other than						ny knowledge and belief, it is
>: .		-						/10/2	022
_	gn ∐	Signatu	ure of officer				Date		
Нe	re 🗎	<u>Darı</u>	ren Washausen, Execu	tive Director					
		Type o	r print name and title						
	id	Print/Type	preparer's name	Preparer's signature		Date		Check [if PTIN
		Jeffer	ry N Drake, CPA					self-emp	Dloyed P01776702
	eparer	Firm's nan	_	d Associates, LI	C		Firm's	EIN ► 6	51-1398209
JS	e Only		dress ► 12700 Townepark Wa			KY 4024			
Лa	v the IRS		this return with the preparer s				•		. X Yes No
, id	, 110 1110	alocuos l	ano rotaini with the preparer s	MOVIT ADOVE: OCC 1115tl		<u> </u>		<u> </u>	. 🔼 163 🗌 110

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Orphan Care Alliance equips, connects, and mobilizes Christians
	to serve vulnerable children and families
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 127,600. including grants of \$ 0.) (Revenue \$ 0.)
тa	Ministry Development is the area that is bringing awareness of the
	needs of kids in foster care to the Church in order to recruit
	resources and volunteers in several areas including Foster
	Parenting, Safe Harbor for Families, Life Coaches, CASA Workers,
	Professional Support, and Friends.
4b	(Code:) (Expenses \$ 54,242. including grants of \$ 0.) (Revenue \$ 0.)
710	The Family Preservation Ministry focuses on keeping biological families together.
	Most times, other organizations refer families on the verge of foster care
	to our Family Preservation ministry, where we have a variety of options from temporary care
	of children in one of our approved homes to walking beside mom and dad to acquire the
	needed resources to regain stability.
4c	(Code:) (Expenses \$ 46,116. including grants of \$ 0.) (Revenue \$ 0.)
	Family Support provides support to caregivers of children who are
	adopted or in foster care. It provides support groups, educational
	seminars, and training. Also providing support to families who
	are adopting children both nationally and internationally either
	by grant or interest free short term loan.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 79,869. including grants of \$ 10,519.) (Revenue \$ 42,000.)
4e	Total program service expenses ► 307,827.

	90 (2021)		I	Page
Part	Checklist of Required Schedules		V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
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," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

If "Yes," complete Schedule G, Part III .

21

19

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×
c	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 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	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? <i>If "Yes," complete Schedule L, Part II</i>	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		×
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
34	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	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	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	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Confidulate a respense of field to dry line in this fact v	· ·	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Accounts (FBA Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor? b If "Yea," did the organization patify the depart of the years of the good or good	3a 3b 7 over, at)? 4a 5a 5a 5b 5c	×	×
 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ► See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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? d If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor? 	3a 3b 7 over, at 2 a a a a a a a a a a a a a a a a a	×	×
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	6b		
and services provided to the payor?			
	goods		
h If "Voo" did the examination notify the dense of the value of the example of th	· · 7a		×
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w required to file Form 8282?			.,
·	· · 7c		×
 d If "Yes," indicate the number of Forms 8282 filed during the year	tract? 7e		×
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			×
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	-		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			
sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
against amounts due or received from them.)	41? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	41: 12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			×
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			C.
excess parachute payment(s) during the year?	· · 15		×
If "Yes," see the instructions and file Form 4720, Schedule N.	ama0 10		V
Is the organization an educational institution subject to the section 4968 excise tax on net investment income if "You" complete Form 4730. Schodule O.	ome? 16		×
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	n any		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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		×
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		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		×
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		×
	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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)
19	☑ Own website ☐ Another's website ☐ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.		•	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Cristi Fowle, 12011 Parkland Court, Louisville, KY 40243 (502)609-7898	cords	>	

Form 990 (2021) Page **7**

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

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 the 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, 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 organization no	r any relate	d org	aniz	atic	on c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office Individua	unles er an	Pos neck ss pe	erson	e than of is both tor/trus	n an	(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
	below dotted line)	trustee	al trustee		уее	Highest compensated employee				
(1) Darren Washausen	40.00									
President		×		×	×	×		80,040.	0.	0.
(2) Glenn White Vice President	1.00	×		×				0.	0.	0.
(3) Brandon Karem Secretary	1.00	×		×				0.	0.	0.
(4) Sean Walker Director	0.00	×						0.	0.	0.
(5) Jim Walters Director	0.00	×						0.	0.	0.
(6) Scott Eberle Director	0.00	×						0.	0.	0.
(7) Clay Hume Treasurer	2.00	×		×				0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, 1	rustees,	Key I	ΞMĮ	ploy	yee	s, an	d F	lighest Compe	nsated Emp	oloy	ees (continue	<i>(</i> C
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more th box, unless person is bofficer and a director/tog 5 5 5 0 5 9					n an tee)	compensation from the	(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	organizations (w 1099-MISC/ 1099-NEC)		from the organization and related organization	s
(15)													_
(16)													
(17)													
(18)													
(19)													_
(20)													_
(21)													
(22)													
(23)													
(24)													
(25)													_
	Subtotal				_			—	80,040.		0.	0	١.
С	Total from continuation sheets to Part							>					
d	Total (add lines 1b and 1c)							>	80,040.		0.		١.
2	Total number of individuals (including but reportable compensation from the organic		d to th	ose	list	ted	above	e) w	ho received mor	e than \$100,0	000 c	of	
3	Did the organization list any former of										ted	Yes No	,
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the	sum of re	portal	ble	com	npe	nsatio	on a	nd other compe	nsation from		3 ×	
	organization and related organizations individual	greater th	an \$1 	150,)? <i>[</i> ; 	t "Ye	s," 	complete Sched	dule J for su	ıch	4 ×	
5	Did any person listed on line 1a receive of for services rendered to the organization								•	tion or individ		5 ×	
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	lress							(B) Description of serv	vices	C	(C) ompensation	
													_
		<i>'</i> : · · · ·						<u> </u>		,			_
2	Total number of independent contractor received more than \$100,000 of compens							o th	iose listed abov	e) wno			

Part VIII Statement of Revenue Check if Schedule O contain

rare		Check if Schedule O contains a response	onse or note to an	ny line in this Pa	art VIII		\sqcap
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Š, Š	1a	Federated campaigns 1a	1				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1k)				
တ် ဠ	С	Fundraising events	;				
fts,	d	Related organizations	i				
<u>ਤ</u> ੇ ਤੁ	е	Government grants (contributions) 16)				
ns, Sir	f	All other contributions, gifts, grants,					
e ji		and similar amounts not included above 11	f 629 , 424.				
혈된	g	Noncash contributions included in					
ig of		lines 1a–1f) \$ 6,000.				
a C	h	Total. Add lines 1a-1f	🕨	629,424.			
			Business Code				
<u>ice</u>	2a	Lifesong grants	624110	42,000.	42,000.	0.	0.
Program Service Revenue	b						
gram Ser Revenue	С						
ev ev	d						
go er	е						
<u>r</u>	f	All other program service revenue					
	g	Total. Add lines 2a–2f	•	42,000.			
	3	Investment income (including dividen					
	_	other similar amounts)		555.	0.	0.	555.
	4	Income from investment of tax-exempt b	•				
	5	Royalties					
	ο-	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c Net rental income or (loss)					
	d 70	Gross amount from (i) Securities	▶				
	7a	sales of assets	(ii) Other				
		other than inventory 7a					
	h	Less: cost or other basis					
evenue		and sales expenses . 7b					
Š	С	Gain or (loss) 7c					
E	d	Net gain or (loss)	•				
Other		Gross income from fundraising					
ਰ	Ou	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	a				
	b	Less: direct expenses 8t)				
	С	Net income or (loss) from fundraising ev	vents ▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a	a				
	b	Less: direct expenses 9k					
		Net income or (loss) from gaming activi	ties ▶				
	10a	Gross sales of inventory, less					
		returns and allowances 10					
	b	Less: cost of goods sold <u>10</u>					
	С	Net income or (loss) from sales of inven					
sn			Business Code				
e e	11a	Other	624110	4,435.	0.	0.	4,435.
scellaneo Revenue	b						
e Se	C		.				
Miscellaneous Revenue	d	All other revenue		4 405			
		Total. Add lines 11a–11d		4,435.	40.000		4 000
	12	Total revenue. See instructions	🕨	676,414.	42,000.	0.	4,990.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 70,000. 70,000. 0. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 316,579. 146,479. 170,100. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 12,550. 0. 12,550. 0. 0. Legal 6,000. 0. 6,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 59,046. 59,046. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 2,881. 2,881. 0. 0. 13 25,408. 15,560. 9,848. 0. Office expenses Information technology 14 5,604. 3,963. 0. 1,641. 15 Occupancy 24,411. 16 0. 24,411. 0. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 49,795. 19,004. 30,791. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 5,945. 23 5,945. 0. 0. Other expenses. Itemize expenses not covered 24 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.) 0. 0. 3,004. 3,004. Direct benefits 0. 9,221. 9,221. 0. Program expenses 0. С Lifesong grants 41,678. 41,678. 0. d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 632,122. 307,827. 263,608. 60,687. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet
Check if Schedule O contain

		Check if Schedule O contains a response or	note to any line in this Par	t X		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		567 , 950.	1	676 , 979.
	2	Savings and temporary cash investments		293,849.	2	223,849.
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net		28,240.	4	23,940.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	-		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		11,670.	8	11,670.
Ÿ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 7,733.			
	b	Less: accumulated depreciation		7,733.		7,733.
	11				11	
	12	Investments—other securities. See Part IV, line 1	—		12	
	13	Investments-program-related. See Part IV, line	11		13	
	14	Intangible assets	—		14	
	15	Other assets. See Part IV, line 11	—		15	
	16	Total assets. Add lines 1 through 15 (must equa		909,442.	16	944,171.
	17	Accounts payable and accrued expenses	F	10,507.	17	1,469.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete I			21	
es	22	Loans and other payables to any current or				
≣		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes	·		22	
_	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines of Schedule D				
			_	10.505	25	1 160
	26			10,507.	26	1,469.
Sect		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	CK nere ► X			
<u>=</u>	27	Net assets without donor restrictions		270,771.	27	478,109.
Ä	28	Net assets with donor restrictions		628,164.	28	464,593.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, check here ► □			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ed	_		30	
SS	31	Retained earnings, endowment, accumulated inc	· ·		31	
¥	32	•		898,935.	32	942,702.
ž	33	Total liabilities and net assets/fund balances .		909,442.	33	944,171.
						5 000 (2224)

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	67	76,4	14.				
2	Total expenses (must equal Part IX, column (A), line 25)	63	32 , 1	22.				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	89	8,9	35.				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments		- 5	25.				
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	94	12,7	02.				
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain or	n						
	Schedule O.							
2a		2a		<u>×</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	or						
	reviewed on a separate basis, consolidated basis, or both:							
_	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b		×				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	a						
	separate basis, consolidated basis, or both:							
_	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .							
	If the organization changed either its oversight process or selection process during the tax year, explain or	2c						
	Schedule O.	11						
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Ja	Single Audit Act and OMB Circular A-133?	e		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b						
	The second secon	00						

REV 04/04/22 PRO Form **990** (2021)