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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public

Under section 501(c), 527	', or 4947(a)(1) of the Inte	ernal Revenue Code (except	private foundations)
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Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection nal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Α в Check if applicable: C Name of organization Kiski Valley Veterans & Patriots Association D Employer identification number Address change Doing business as 26-2234317 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO Box 343 (724)845 - 8789Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Kittanning, PA 16201 111,899 П X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes | No X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) J Website: www.paherowalk.org H(c) Group exemption number Form of organization: Corporation Trust X Association Other L Year of formation: 2007 M State of legal domicile: PA Part I Summary 1 Briefly describe the organization's mission or most significant activities: To support, honor and raise awareness of Veterans of the Armed Forces. All net income is dedicated to the Organization's mission of Activities & Governance providing financial support to Veterans who need the help. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b b 0 Prior Year **Current Year** 8 97,850 111,862 Revenue 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 26 37 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 97,876 111,899 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 63,831 41,592 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 0 Total fundraising expenses (Part IX, column (D), line 25) b 9,003 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 32,321 18,139 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 96,152 59,731 19 Revenue less expenses. Subtract line 18 from line 12 1,724 52,168 **Beginning of Current Year** End of Year Net Assets or Fund Balances 20 Total assets (Part X, line 16) 257,539 205,371 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 205,371 257,539 Part II 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

	Kathryn S	starr				02-15-2023
Sign	Signature of officer				D	ate
Here	Kathryn S	Starr, Treas	urer			
	Type or print name and tit	le				
	Print/Type preparer's na	ame	Preparer's signature	Date	Check if	PTIN
Paid	Kelly A Kosl	hinsky	Kelly A Koshinsky	02-20-2023	self-employed	P01400567
Preparer	Firm's name	DeBlasi	o and DeBlasio Associat	tes	Firm's EIN	
Use Only	Firm's address	Phone no.				
		724	-836-3449			
May the IRS	discuss this return	with the preparer s	shown above? See instructions .			X Yes 🗌 No

Form	n 990 (2022) Kiski Valley Veterans & Patriots Association	26-2234317	Page 2
Pa	rt III 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:		
	To support, honor and raise awareness of Veterans of the Armed Forces. All n		
	dedicated to the Organization's mission of providing financial support to Vet	erans who	need the
	help.		
2	Did the exercite time undertake any eignificant program convises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes." describe these new services on Schedule O.	🔤 163	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ū	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		<u>m</u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d bv	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 47,578 including grants of \$) (Revenue	\$)
	Gifts/Assistance to Local Veterans.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 47,578		
EEA		Fo	m 990 (2022)
			· · /

Form	990 (2022) Kiski Valley Veterans & Patriots Association 26-2234	317	F	Page 3
Pa	rt IV Checklist of Required Schedules			r
			Yes	No
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
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		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		х
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,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		х
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		х
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		х
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? If "Yes," complete Schedule G, Part I See instructions	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b		20b		
21	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	21		х

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Pa	rt IV Checklist of Required Schedules (continued)			r
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		
20	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	-		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		v
28	persons? If "Yes," complete Schedule L, Part III	21		x
20	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			
a	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		~
C	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		~
50	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 51		~
	complete Schedule N, Part II	32		x
33	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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 returm 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
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 was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:	1		
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
с	Enter the amount of reserves on hand	1		
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 Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2022) Kiski Valley Veterans & Patriots Association	26-2234	1317	F	age 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	n 7b below, and f	or a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	le O. See instruct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI				х
Se	ction A. Governing Body and Management				
		I.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	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 in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
_	any other officer, director, trustee, or key employee?	•••••	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
		••••	3		X
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 70	Did the organization have members or stockholders?	• • • • • • • • •	6		x
7a			7a		v
h	one or more members of the governing body?		10		x
b	stockholders, or persons other than the governing body?		7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		75		x
0	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		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		0.0		
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C				
		,		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		х
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		x
14	Did the organization have a written document retention and destruction policy?		14		x
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?				
a	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization	• • • • • • • •	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		164		
Sec	organization's exempt status with respect to such arrangements?		16b		
<u>3ec</u> 17					
17	List the states with which a copy of this Form 990 is required to be filed <u>Pennsylvania</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Upon request Other (explain on Sche	dule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	,			
	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 record	ds.			
	Kathy Starr (724)845-8789, PO Box 343, Kittanning, PA 16201				

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee									
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌						
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 o 	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of								
compensation	n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
 List all o 	f 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, 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 instructions for the order in which to list the persons above.

E Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	lica organizat		nper			iny our	on			
					(C)					
(A)	(B)	(-1-	n n t - l-		sition			(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or a	Ins	Officer	Ke	em Hig	ō	1099-MISC/	1099-MISC/	organization and
	related	direc	tituti	icer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee or				
	below	uste	trus		/ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ă				
(1) Kenneth McCullough	1.00									
Director		х						0	0	0
(2) Kathy Starr	3.00									
Treasurer/Secretary		х		х				0	0	0
(3) David Rapacchietta	5.00									
President		х		х				0	0	0
(4) Gregg Bothell	3.00									
Vice President		х		х				0	0	0
<u>(5)</u>										
<u>(6)</u>										
[7]										
··										
<u>(9)</u>										
(10)										
<u>(10)</u>										
(11)										
<u>(11)</u>										
(12)										
<u>(12)</u>										
(12)										
<u>(13)</u>										
(4.1)										
<u>(14)</u>										
										Form 000 (2022)

	990 (2022) Kiski Valley Vete										6-2234			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, ar	nd F	Highest Comp	ensated	I Emplo	oyees	(cont	inued,
	(A) Name and title	(B) Average hours per week	box,	(C) Position o not check more than one ox, unless person is both an ficer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	able ation ated	(F) Estimated amoun 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	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatioi 1099-M 1099-N	ISC/	orga	rom the nization : I organiz	
<u>(</u> 15)														
<u>(16)</u>														
(17)														
<u>(18)</u>			-											
<u>(19)</u>			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b c d	Subtotal		· · ·	•••	· ·	 	•••	•	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization								-	of				 (
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>		•				-		•			3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co nan \$150,00	mpensa 0? <i>If</i> "Y	ation ′es, "	and Con	l oth nplei	er con te Sch	npen Iedu	nsation from the le J for such					
5	individual	compensati	on from	n any	unr	elate	ed org	aniz	ation or individual			4 5		x x
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp (A)	Densation for	the cal	enaa	ar ye	are	enaing	with	or within the organ (B)	nization's ta	ax year.	(C)		
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-		thos	se lis	ted a	above) wh	10					

Form 9	(022) Kiski	<u> </u>	lley Ve	terar	ns & Patriots	Associatio	n	26-22343	17 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>s</i>	b	Membership dues			1b					
unts	С	Fundraising events	••		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	J		1d						
	е	· · · · · · · · · · · · · · · · · · ·								
	f		-							
outio		and similar amounts not i			1f	111,862				
d I G	g	Noncash contributions inclusion lines 1a-1f			1g	¢				
	h	Total. Add lines 1a-1f					111,862			
	- "		••		• • •	Business Code	111,002			
	2a					Dusiness code				-
ice	b									
Serv Jue	c									
Jram Serv Revenue	d									
Program Service Revenue	е									
Pro-		All other program service								
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includ								
		other similar amounts) .					37	37		
	4	Income from investment of		•	•					
	5	Royalties		(i) Rea						
	63	Gross rents	6a	(I) Rea	al	(ii) Personal				
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)) .							
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
anu		and sales expenses								
sver		Gain or (loss)								
Other Revenue		Net gain or (loss)			•••					
othe	oa	Gross income from fundra events (not including \$	-							
0		of contributions reported c		<u>a</u>	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .								
		Net income or (loss) from								
	9a	Gross income from gamin	g							
		activities, See Part IV, line	19		9a					
		Less: direct expenses .								
	С	Net income or (loss) from	gami	ng activities	· · ·					
	10a	Gross sales of inventory, I								
		returns and allowances .								
		Less: cost of goods sold								
	C	Net income or (loss) from	Sales		y	Business Code				
6	11a					Dusiness COUR				
nou: ne	b									+
ellar venu	c						<u> </u>			
Miscellanous Revenue	-	All other revenue					<u> </u>			1
Σ	е	Total. Add lines 11a-11d		<u> </u>	<u>.</u>	· · · · · · · · · ·				
		Total revenue. See instru					111,899	37	0	0

Kiski Valley Veterans & Patriots Association Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	41,592	41,592		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,150		3,150	
d	Lobbying				
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.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	571			571
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,073			1,073
23					
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.)	F 353			
a h	Cost of Apparel	7,359	E 007		7,359
b	PA Hero Walk	5,986	5,986		
c c					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e.	E0 731	A	2 150	0.000
25 26	Joint costs. Complete this line only if the	59,731	47,578	3,150	9,003
	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)				
	1010wing SOP 98-2 (ASC 958-720)				

Form 9	<u>`</u>	D22) Kiski Valley Veterans & Balance Sheet	Pati	riots Association	<u> </u>	6-223	4317 Page 1 ²		
1 411	Λ	Check if Schedule O contains a response or note	e to ai	nv line in this Part X			Г		
				.,	(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			202,777	1	256,018		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or former	officer	, director,					
		trustee, key employee, creator or founder, substantial co							
		controlled entity or family member of any of these perso	ns			5			
	6	Loans and other receivables from other disqualified pers	sons (a	s defined					
		under section 4958(f)(1)), and persons described in sec	tion 49	958(c)(3)(B)		6			
ín	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a						
	b	•	10b		2,594	10c	1,521		
	11		Investments - publicly traded securities						
	12	Investments - other securities. See Part IV, line 11 .				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 equal line			205,371	16	257,539		
	17	Accounts payable and accrued expenses				17			
	18	Grants payable		18					
	19	Deferred revenue	F		19				
	20	Tax-exempt bond liabilities	F		20				
	21	Escrow or custodial account liability. Complete Part IV o			21				
es	22	Loans and other payables to any current or former office							
Liabilities		trustee, key employee, creator or founder, substantial co							
Liat		controlled entity or family member of any of these perso		· · · · · · · · · · · · · ·		22			
	23	Secured mortgages and notes payable to unrelated thin		F		23			
	24	Unsecured notes and loans payable to unrelated third p		F		24			
	25	Other liabilities (including federal income tax, payables							
		parties, and other liabilities not included on lines 17-24)							
				-		25			
	26	Total liabilities. Add lines 17 through 25			0	26	0		
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e X						
ses	27				205 271	27	257 530		
anc	28				205,371	27	257,539		
Bal	20	Organizations that do not follow FASB ASC 958, che				20			
Net Assets or Fund Balances		and complete lines 29 through 33.	SON HE						
ц Ц	29	Capital stock or trust principal, or current funds				29			
ts o	29 30	Paid-in or capital surplus, or land, building, or equipmen				30			
sset	30 31	Retained earnings, endowment, accumulated income, o				30			
t A:	32	Total net assets or fund balances		F	205,371	32	257,539		
Re	33	Total liabilities and net assets/fund balances			205,371	33	257,539		
	55		• • •	•••••	203,3/1	- 55	Eorm 990 (2022)		

EEA

Form **990** (2022)

Form	990 (2022) Kiski Valley Veterans & Patriots Association	26-223431	7	Pa	age 12
Par	rt 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)	1		111,	,899
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,	,731
3	Revenue less expenses. Subtract line 2 from line 1	3		52,	,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		205,	,371
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 changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		257,	,539
Par	rt 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: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate 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 were audited on 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	n 990	(2022)

_	4562 Depreciation and Amortization						OMB No. 1545-0172	
Form			(Including Inform			rty)		2022
	nent of the Treasury Revenue Service	Go to v	Attacr www.irs.gov/Form4562	n to your tax re for instructio		t information.		Attachment Sequence No. 179
	s) shown on return		-		nich this form relate			ifying number
	ski Valley Vet	erans & Patr			990 - 1	5		234317
Par			tain Property Und				20 2	201017
		-	property, complete Pa			art I.		
1	Maximum amount	(see instructions	s)				1	
2	Total cost of sectio	n 179 property j	placed in service (see	instructions)			2	
3	Threshold cost of s	ection 179 prop	erty before reduction	in limitation (see instruction	s)	3	
			e 3 from line 2. If zero				4	
		•	act line 4 from line 1. I			•		
	separately, see ins	tructions		•••••	•••••••••		5	
6	(a) De	escription of property	,	(b) Cost (busin	ess use only)	(c) Elected cost		-
								-
			· · · · · · · · · · · · · · · · · · ·					-
			from line 29				•	-
		•	roperty. Add amounts aller of line 5 or line 8	•	,.		8	
			from line 13 of your 2				9 10	
			naller of business income				11	
			dd lines 9 and 10, but				12	
			to 2023. Add lines 9 a		-			
			for listed property. Ins					
						lude listed property. Se	e inst	ructions.)
			qualified property (oth					,
	during the tax year	. See instructior	IS				14	
			1) election				15	
16	Other depreciation	(including ACR	S)				16	1,073
Part	III MACRS De	preciation (De	on't include listed prop	perty. See in:	structions.)			
			-	ection A			-	1
			ed in service in tax ye	-	-		17	
			sets placed in service					
							0.1	
	Section	5 - ASSets Place	ed in Service During	2022 Tax Y	ear Using the	General Depreciation	Syste	em
(a) (Classification of property		(c) Basis for depreciation (business/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) [Depreciation deduction
19a	3-year property	service	only-see instructions)	ponou				
b	5-year property							
C	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential rea	al		39 yrs.	MM	S/L		
	property				MM	S/L		
		- Assets Place	d in Service During	2022 Tax Ye	ar Using the A	Iternative Depreciati	on Sy	stem
	Class life					S/L		
-	12-year			12 yrs.	• • •	S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
	IV Summary (S		n lina 28				24	
	Listed property. En		n line 28 ines 14 through 17, lir	\cdots 10 and $2($		and line 21 Entor	21	
			of your return. Partner				22	1,073
	•		ed in service during the	-	· ·			1,073
				••••••••••••••••••••••••••••••••••••••		23		
						-•		

8879-TE	
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Fo

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

, 2022, and ending For calendar year 2022, or fiscal year beginning

Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		

EIN or SSN 26-2234317

, 20

Kiski Valley Veterans & Patriots Association Name and title of officer or person subject to tax

Kathryn Starr, Treasurer

Department of the Treasury

Type of Return and Return Information Part I

			g this Form 8879-TE and enter the applicable amount, if any, from the return. Fo nd cents. For all other forms, enter whole dollars only. If you check the box or		a. 2a.
3a, 4a, 3b, 4b,	5a, 6a, 7a, 8a, 9a, or 10a below, and th	e ai s ap	mount on that line for the return being filed with this form was blank, then leav plicable, blank (do not enter -0-). But, if you entered -0- on the return, then er	e line	1b, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	111,899
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	

Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax		
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19). .	9b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1).	7b	

Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize	· · · · · · · · · · · · · · · · · · ·	to enter my PIN	as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros
agency(ie:	year 2022 electronically filed return. If I have indicated wit s) regulating charities as part of the IRS Fed/State progra sclosure consent screen.		
filed return	er or person subject to tax with respect to the entity, I will entity in the indicated within this return that a copy of the return Fed/State program, I will enter my PIN on the return's disc	urn is being filed with a state ager	he tax year 2022 electronically cy(ies) regulating charities as part
	12345		
Signature of officer	r or person subject to tax		Date 02-15-2023
Part III C	ertification and Authentication		
	 Enter your six-digit electronic filing identification ollowed by your five-digit self-selected PIN. 	250050 12345	5
		Do not ente	er all zeros
	above numeric entry is my PIN, which is my signature on the is return in accordance with the requirements of Pub. 41 siness Returns.		
ERO's signature	Kelly A Koshinsky	Date	02-20-2023
	ERO Must Retain This Do Not Submit This Form to the	Form - See Instructions	To Do So
	and Denerwork Reduction Act Nation and the instruct		Form 8870 TE (2022)

SCHEDUL	E A
(Form 990)	

e

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Kiski Valley Veterans & Patriots Association 26-2234317 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

- its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E.
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported or	ganizations						
g	Provide the following information a	about the supported	organization(s).					
(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
For P	Paperwork Reduction Act Notice	on the Instructions	for Form 990 or 990-E7			Set	odulo A (Form 990) 202	

Schedu	le A (Form 990) 2022 Kiski Valle	ey Veterans	& Patriots	s Associati	on	26-223431	7 Page 2
Part	II Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, plo	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	213,588	134,752	56,432	97,850	111,862	614,484
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	213,588	134,752	56,432	97,850	111,862	614,484
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)						47,708
6	Public support. Subtract line 5 from line 4.						566,776
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	213,588	134,752	56,432	97,850	111,862	614,484
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	4		35	26	37	102
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						614,586
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	;)(3)
	organization, check this box and stop he	re					🗌
Secti	on C. Computation of Public Suppo	rt Percentag	е			1	
14	Public support percentage for 2022 (line 6		-			14	92.22 %
15	Public support percentage from 2021 Sch					15	96.42 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	-		-			
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-	a publicly supp	orted
	organization						· · · · · · · Ц
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	mon qualifies a	is a publicly su	pportea
10	organization If the organization di				or 17h share	· · · · · · · · ·	\cdots
18	instructions	iu not check a l		10a, 100, 17a	, OF TTD, CHECK		

Schedu	le A (Form 990) 2022 Kiski Valle					26-22343	17 Page 3			
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)						
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	d to qualify u	nder Part II.			
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)				
Secti	on A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 disgualified									
	persons that exceed the greater of \$5,000									
	or 1% of the amount on line 13 for the year									
с	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from									
Ŭ										
Secti	on B. Total Support									
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
9	Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(0) 2021	(0) 2022				
10a	Gross income from interest, dividends,									
IVa										
	payments received on securities loans, rents,									
h	royalties, and income from similar sources .									
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses									
	acquired after June 30, 1975									
C	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 or	ganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 501	(c)(3)			
	organization, check this box and stop her	е					<u></u>			
Secti	on C. Computation of Public Suppor	rt Percentag	е							
15	Public support percentage for 2022 (line 8	8, column (f), d	livided by line '	13, column (f))		15	%			
16	Public support percentage from 2021 Sch	edule A, Part	III, line 15 .			16	%			
Secti	on D. Computation of Investment Inc	come Perce	ntage							
17	Investment income percentage for 2022 (I			by line 13, colu	mn (f))	17	%			
18	Investment income percentage from 2021			-			%			
19a	33 1/3% support tests - 2022. If the orga									
	17 is not more than 33 1/3%, check this be									
b	33 1/3% support tests - 2021. If the organizati		-							
							_			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Kiski Valley Veterans & Patriots Association Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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. 2 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. b Did the organization confirm that each supported organization gualified 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) С 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 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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 С 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) purposes. 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 b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 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. 7 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). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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.

- b 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.
- С 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b 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.)

Schedule A (Form 990) 2022 Kiski Valley Veterans & Patriots Association 26-2234317 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a 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 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in 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 3 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete **line 2** below. а
- b 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 government entity (see instructions). Yes
- 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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 have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes No 1

2

1

Yes No

No

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-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 Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			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 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		aroted Type III europe	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

Schedule A (Form 990) 2022

	e A (Form 990) 2022 Kiski Valley Veterans & P			22343	17 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8					
<u>a</u>	Excess from 2018				
b	Excess from 2019				
d	Excess from 2020				
d	Excess from 2021				
<u>e</u>	Excess from 2022				
EEA				Sc	hedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization Employer identification number Kiski Valley Veterans & Patriots Association 26-2234317 Organization type (check one): Filers of: Section:

Form 990 or 990-EZ	х	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is n	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Annonymous Donor		Person <u>x</u> Payroll		
	Redacted	\$	Noncash		
	Leechburg PA 15656		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	American Legion Post 668 Wayne		Person 🗵 Payroll 🗌		
	401 E Lancaster Ave	\$ <u>11,300</u>	Noncash		
	<u>Wayne PA 19087</u>		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	VFW Post 1599 747 S 4th St	\$ 5,100	Person 🛛 🔀 Payroll 🗌 Noncash 🗌		
	Chambersburg PA 17201		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	American Legion Post 267		Person 🗴 Payroll 🗌		
	109 Kelly Street	\$5,822	Noncash		
			(Complete Part II for		

	Ligonier PA 15658		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number

26-2234317

Schedule	в	(Form	990)	(2022)

Name of organization

Kiski Valley Veterans & Patriots Association

TS ASSOCIATION

SCHEI	DULE D
(Form	990)

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 2022

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	f the or	ganization				Employe	r identif	fication number	
Kiski	Val	ley Veterans & Patriots Associatio	n			26	-2234	317	
Par		Organizations Maintaining Donor Advised		milar	Funds or Ac	counts.			
-		Complete if the organization answered "Yes" of	on Form 990, Part IV	V, line	e 6.				
		· · ·	(a) Donor a	dvised f	funds		(b) Fu	nds and other account	s
1	Total	number at end of year							
2		gate value of contributions to (during year)							
3		gate value of grants from (during year)							
4		gate value at end of year							
5		e organization inform all donors and donor advisors in	writing that the assets	held	in donor advised				
Ū		are the organization's property, subject to the organization	-					Yes	No
6		e organization inform all grantees, donors, and donor a							
Ũ		or charitable purposes and not for the benefit of the do							
		ring impermissible private benefit?						Yes	No
Part		Conservation Easements.	<u></u>			• • • • •	• • •		
i art		Complete if the organization answered "Yes" of	n Form 990 Part I	/ line	≏ 7				
1	Purno	se(s) of conservation easements held by the organization			67.				
•		eservation of land for public use (for example, recreation			reservation of a	historical	ly impo	rtant land area	
	_	btection of natural habitat	of education)		reservation of a				
					reservation of a	certineu i	lisione	Siruciule	
•		eservation of open space		.:					
2		lete lines 2a through 2d if the organization held a quali	red conservation contr	IDUTIO	on in the form of a	a conserv			
		nent on the last day of the tax year.						d at the End of the	e lax Year
a		number of conservation easements					a		
b		acreage restricted by conservation easements					b		
С		er of conservation easements on a certified historic str				2	2C		
d		er of conservation easements included in (c) acquired							
		c structure listed in the National Register					d		
3	Numb	er of conservation easements modified, transferred, re	leased, extinguished,	or teri	minated by the c	organizati	on durir	ng the	
	tax ye								
4	Numb	er of states where property subject to conservation ea	sement is located						
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspe	ection	, handling of				_
		ons, and enforcement of the conservation easements i							No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, a	and ei	nforcing conserv	ation eas	ements	during the year	
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enford	cing conservation	n easeme	ents dur	ing the year	
8		each conservation easement reported on line 2(d) abo						_	_
		ection 170(h)(4)(B)(ii)?						Yes	No
9		t XIII, describe how the organization reports conserva							
	balan	ce sheet, and include, if applicable, the text of the footn	ote to the organization	's fina	ancial statements	s that deso	cribes tl	he	
	-	zation's accounting for conservation easements.							
Part		Organizations Maintaining Collections	•			Other S	imilar	r Assets.	
		Complete if the organization answered "Yes" of	•						
1a		organization elected, as permitted under FASB ASC 9							
	of art,	historical treasures, or other similar assets held for pu	blic exhibition, education	on, or	research in furth	herance o	of public	;	
	servic	e, provide in Part XIII the text of the footnote to its fina	ncial statements that d	lescrit	pes these items.				
b	If the	organization elected, as permitted under FASB ASC 9	58, to report in its reve	enue s	statement and ba	lance she	et work	ks of	
	art, hi	storical treasures, or other similar assets held for public	c exhibition, education,	, or re	search in further	ance of p	ublic se	ervice,	
	provid	e the following amounts relating to these items:							
	(i) R	evenue included on Form 990, Part VIII, line 1						\$	
		ssets included in Form 990, Part X						\$	
2		organization received or held works of art, historical tre					vide the		
		ing amounts required to be reported under FASB ASC							
а		nue included on Form 990, Part VIII, line 1	-					\$	
b		s included in Form 990, Part X						\$	
		k Reduction Act Notice, see the Instructions for Fo						Schedule D (Form	n 990) 2022

Schedul	e D (Form 990) 2022 Kiski Valley Ve						26-223		Page 2
Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	, or Ot	her Similar A	Assets (Co	ontinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check ar	ny of the fo	ollowing that r	nake się	pnificant use of its	6	
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange p	rogram			
b	Scholarly research		e	Other	•				
с	Preservation for future generations		·						
4	Provide a description of the organization's c	ollections and expla	in how they	further the	e organizatio	n's exen	npt purpose in Pa	rt	
	XIII.								
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical treas	ures, or other	r similar			
	assets to be sold to raise funds rather than							. 🗌 Ye	s 🗌 No
Part									
	Complete if the organization	•	" on Forn	n 990, P	art IV, line	9, or	reported an ar	mount on	Form
	990, Part X, line 21.			,	,	,	•		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for con	tributions	or other asse	ets not			
	included on Form 990, Part X?							🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XII								
-			one mig tax				A	mount	
с	Beginning balance					. 10			
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
י 2a	Did the organization include an amount on F								s 🗌 No
za b	If "Yes," explain the arrangement in Part XII						•		
Part						αιι ΛΙΙ	• • • • • • • •	• • • • • •	• <u> </u>
Ian	Complete if the organization	answered "Ves	" on Forn		art IV/ line	10			
							()		
4		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, o	column (a)) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	zation that a	are held ar	nd administere	ed for th	е		
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiz								
4	Describe in Part XIII the intended uses of th	•							
Part									
	Complete if the organization		" on Forn	n 990. P	art IV. line	11a. 3	See Form 990), Part X.	line 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo	
		(investm		.,	other)	• • •	epreciation	(4) 200	it value
1a	Land		,		,				
b	Buildings								
	5								
с Ь	Leasehold improvements		10 721				0 010		1 501
d	Equipment		10,731				9,210		1,521
e Total	Other		we V colum	n (D) lin -	100.)				1 501
i otal.	Add lines 1a through 1e. (Column (d) must e	equai rorm 990, Pa	ιί Χ, COlUM	н (В), line	10C.)				1,521

Schedule D (For		Kiski Valley Vet	erans & Patr	iots Asso	ciation	26-2	234317	Page 3
Part VII	Investments - O							
	Complete if the c	rganization answere	d "Yes" on For	m 990, Part	IV, line 11b.	See Form 9	90, Part X, li	ne 12.
	(includi	n of security or category ng name of security)		(b) Book val	ue	• •	d of valuation: -year market value	
(1) Financial of								
	eld equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)	<i>"</i> ()							
		990, Part X, col. (B) line 12	2.)					
Part VIII		rogram Related. organization answere	d "Yes" on For	m 990, Part	IV, line 11c.	See Form 9	90, Part X, li	ne 13.
	(a) Descr	ption of investment		(b) Book val	ue	• •	d of valuation: -year market value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		990, Part X, col. (B) line 1	3.)					
Part IX	Other Assets.							. –
	Complete if the c	rganization answere		m 990, Part	IV, line 11d.	See Form S		
		(a) D	escription				(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
_ ()								
(9) Total (Colum	n (h) must oqual Form	990, Part X, col. (B) line 1:	5)					
Part X	Other Liabilities					• • • •		
ιαιτ		rganization answere	d "Yes" on For	m 990 Part	IV line 11e	or 11f See		art X
	line 25.	iganization answere		in 550, i art			0111 000, 1 0	art X,
1.	(a) Description of liabi	lity	(b) Book v	aluo				
(1) Federal in		ity		alue				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990, F	Part X. col. (B) line 25).						
		In Part XIII, provide the te	xt of the footnote to	the organizati	on's financial st	atements that re	ports the	
		positions under FASB AS		-				🗆
		•						

Schedu	e D (Form 990) 2022 Kiski Valley Veterans & Patriots Association	26-2234317	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Depreciation Detail Listing

2022 PAGE 1

for Section 199A calculations.

See "UBIA" in lower right corner.

Fund Raising (This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return

* Item is included in UBIA

ł	iski Valley Veterans &	Patriots Association						1						26-2234317			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
1	Motor Home	06012014	10,731		100.00			10,731	10	SL	НҮ	10	8,137	1,073	9,210	1,073	
	Totals		10,731					10,731		1			8,137	1,073	9,210	1,073	

SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

26-2234317

Department of the Treasury Internal Revenue Service

Name of the organization

Kiski Valley Veterans & Patriots Association

01. Committee meeting documentation (Part VI, line 8b)

The Directors and Officers conduct business without special committees.

02. Form 990 governing body review (Part VI, line 11)

Form 990 is presented to Organization's board for review.

03. Governing documents, etc, available to public (Part VI, line 19)

Annual filing available via the Organization's website.

Form 990 Worksheet											
								2022			
Name(s) as shown on return		· · ·	0				Tax ID Number				
Kiski Valley Ve	terans & Patriots	Association					26-2234317	1			
2% of the amount on Sched	ule A, Part II, line 11, colum	n (f)						12,292			
		(a)	(b)	(c)	(d)	(e)	(f)	(g)			
Name		2018	2019	2020	2021	2022	Total	Excess contributions (col. (f) minus the 2% limitation)			
Annonymous Donor				20,000	20,000	20,000	60,000	,			
Thomas P Sleasman					5,266		5,266				
Cypress Door and G	lass LLC				5,000		5,000				
American Legion Po	st 668 Wayne					11,300	11,300				
/FW Post 1599						5,100	5,100				

Total____

_____47,708