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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 4/07, 2008, and ending 12/31, 2008

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C KENTUCKY ASSOCIATION OF MITIGATION
MANAGERS, INC.
P.O. BOX 1016
FRANKFORT, KY 40602-1016

D Employer identification number

26-4135784

E Telephone number

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►I Website: ► www.kymitigation.orgJ Organization type (check only one) — 501(c) (6) □ (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 20,737.

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 18,812.
3 Membership dues and assessments	3 1,925.
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► 20,737.	9
10 Grants and similar amounts paid (attach schedule)	10 500.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► See Statement 2) (add lines 10 through 16) ► 20,594.	16 20,594.
17 Total expenses (add lines 10 through 16) ► 21,094.	17 21,094.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) ► -357.	18 -357.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 0.
20 Other changes in net assets or fund balances (attach explanation) See Statement 3.	20 6,364.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 6,007.	21 6,007.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	6,007.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	0. 25	6,007.
26 Total liabilities (describe ►)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	6,007.

25

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? See Statement 4

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts, optional
for others)

28	Kentucky Association of Mitigation Managers, Inc. provides an annual state-wide convention and regional conferences for attendees to acquire training, project updates, and other information.	<input type="checkbox"/>	28a	17,525.
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	-----			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30	-----			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (attach schedule)	<input type="checkbox"/>	31a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	17,525.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Josh Human	Chairman	0.	0.	0.
426 West Bloom Street	5.00			
Louisville, KY 40208				
Pamela Moore	Vice-Chair	0.	0.	0.
1840 Gresham Road	5.00			
Louisville, KY 40205				
Susan Wilkerson	Secretary	0.	0.	0.
200 Mero Street	5.00			
Frankfort, KY 40622				
Louie Greenwell	Treasurer	0.	0.	0.
1901 Nelson Miller Parkway	10.00			
Louisville, KY 40233				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 501(c)(7) organizations. Enter	39 a	N/A
a Initiation fees and capital contributions included on line 9	39 b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	► 0.	
d Enter amount of tax on line 40c reimbursed by the organization	► 0.	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed ► <u>KY</u>		
42 a The books are in care of ► <u>Louie Greenwell</u> Telephone no. ► <u>502-212-5042</u> Located at ► <u>1901 Nelson Miller Parkway Louisville KY</u> ZIP + 4 ► <u>40233</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42 c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	N/A N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

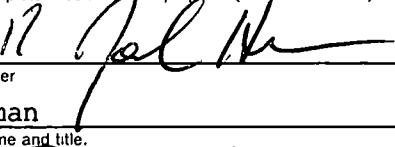
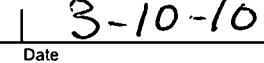
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

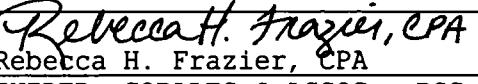
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

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.

Sign Here ►  **Date** 3-10-10
Signature of officer
►  **Chairman**
Type or print name and title.
► Josh Human

Paid Preparer's Use Only	Preparer's signature ►  Rebecca H. Frazier, CPA	Date 2/04/2010	Check if self-employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SNIDER, CORALES & ASSOC., PSC ► 163 Dennis Drive Lexington, KY 40503	EIN	► N/A	
		Phone no	► (859) 276-4552	

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

► Yes No

BAA

Form 990-EZ (2008)

2008

Federal Statements
KENTUCKY ASSOCIATION OF MITIGATION
MANAGERS, INC.

Client 41440A

Page 1

26-4135784

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	Aaron Wallace
Donee's Address:	1906 College Heights Blvd.
	Bowling Green, KY 42101
Cash Amount Given:	\$ 500.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Annual Convention Costs	\$ 16,841.
ASFPM Dues	200.
Board Meeting Meals	194.
Credit Card Merchant Services	383.
Office Expenses	199.
Regional Conference Costs	684.
Travel	1,119.
Website Maintenance	974.
Total	<u>\$ 20,594.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Transfer from former association	\$ 6,364.
Total	<u>\$ 6,364.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Kentucky Association of Mitigation Managers, Inc. is engaged 100% of the time in activities that promote natural hazard mitigation and management in Kentucky.