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Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

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

2008
Open to Public

Inter Serv		evenue							Inspection
		2008 c	alendar yeaı	r, or tax year beginnin	g 07-01-2008	and ending 06-30-2009	1		
B Ch	eck ıf a	pplicable	Please	C Name of organization Paducah Junior College	inc			D Employer ide	ntification number
☐ Ad	dress ch	nange	use IRS label or	1				61-600115	
⊢ Na	me cha	inge	print or	Doing Business As				E Telephone nu	mber
┌ Inr	tıal retu	ırn	type. See Specific	Number and street (or F	O box if mail is n	ot delivered to street address	s) Room/suite	(270) 554-9	•
Гте	mınatıd	on	Instruc- tions.	PO Box 7380			, , , , , , , , , , , , , , , , , , , ,	G Gross receipt	s \$ 4,534,792
⊢ Am	nended	return		City or town, state or co	untry, and ZIP + 4				
		n pending		Paducah, KY 42002738					
	F			ne and address of Prin	aunal Officer	ī			
			KAYTR		Lipai O ilicei		H(a) Is this affiliat	s a group return tes?	for
			PO BO						
τ Ta	ıx-exen	npt status		AH, KY 420027380 (3) ◀ (insert no)	1947(a)(1) or \Box	527		affiliates include	
						327	_	o," attach a list p Exemption Nur	See instructions)
J W	eb sit	e: ► htt	p //westken	tucky kctcs edu/Givir	g		H(c) Grou	p Exemption Nui	ilber 🕶
К Тур	e of or	ganızatıon	Corporati	on trust association	other ►		L Year of For	mation 1945 M s	State of legal domicile KY
Pa	rt I	Sum	mary						
	1			e organization's mission	n or most signi	ficant activities			
œ.		EDUCA	NOITA						
e e									
Governance									
}			•			erations or disposed of			
	3		=	_		/I, line 1a)			14 14
Activities &	5			nployees (Part V , line .		body (Part VI, line 1b))		9
Ē				lunteers (estimate if n				5 <u> </u>	0
্ব	1			ed business revenue	7a				
				ness taxable income f	-	7b	0		
					Prio	or Year	Current Year		
	8	Contr	ıbutıons and	l grants (Part VIII, lın	e 1 h)			2,152,319	1,911,305
喜	9	Progra	am service r	revenue (Part VIII, lın		370,772	331,868		
Revenue	10	Inves	tment incom	ne (Part VIII, column		89,226	-241,004		
ά	11	Other	revenue (Pa	art VIII, column (A), l	ines 5, 6d, 8c,	9c, 10c, and 11e)		931,803	923,444
	12		revenue—ac	dd lines 8 through 11 (must equal Par	t VIII, column (A), line		3,544,120	2,925,613
	13	12)	s and simila	r amounts paid (Part I	Y column (A.)	lines 1 = 3)		121,339	95,000
	14			r for members (Part I)		-		121,333	0
	15					IX, column (A), lines 5	_		
Expenses		10)	,	····	(,		198,120	207,218
ŧ	16a	Profes	ssional fundi	raising fees (Part IX, o	olumn (A), line	11e)			0
ਡੋ	Ь	(Total f	fundraising exp	oenses, Part IX, column (D)	, line 25 <u>318</u>)			
	17	Other	expenses (Part IX, column (A), lı	nes 11a-11d, :	L1f-24f)		2,646,405	1,613,482
	18			add lines 13–17 (mus		line 25, column (A))		2,965,864	1,915,700
. 07	19	Rever	nue less exp	enses Subtract line 1	8 from line 12			578,256	1,009,913
89 20							Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	t X, line 16)				22,531,940	23,687,953
₹ <u>₽</u>	21	Total	liabilities (P	art X, line 26)				1,080,730	1,273,086
	22	_		d balances Subtract I	ne 21 from line	20		21,451,210	22,414,867
Pa	rt II		nature Blo						
						rn, including accompanying s (other than officer) is based			
Plea	se	***	***				2009-	11-24	
Sigr		Sıgr	nature of office	r			Date		
Her	е			JTIVE DIRECTOR EXECUTIV	/E DIRECTOR				
		Тур	e or print name	e and title					
		Pre	parer's 🛦			Date 24.24	Check If	Preparer's PTIN	(See Gen Inst)
Paid	d		nature RC	DBERT R ROBERTSON			self- empolyed F	-	
	pare								
Use		ıf s	n's name (or y elf-employed),	, P				EIN Þ	
Onl	У	ado	dress, and ZIP	+ 4 WILLIAMS WILLIAMS	EIN F				
				601 JEFFERSON	- Dhana na h (270) (12 2015				
				PADUCAH, KY 4200	11003			Phone no 🕨 (2	270) 443-3643
<u> </u>	the IR	S discu	ss this retur	· · · · · · · · · · · · · · · · · · ·		e instructions)			▼Yes 「No

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization TO IMPROVE EDUCATIONAL PR TECHNICAL COLLEGE SYSTEM		ADDITIONAL EDUCATIONAL	OPPORTUNITIES BE	YOND THOSE PROVIDED BY THE KE	NTUCKY COMMUNITY AND
2	Did the organization und the prior Form 990 or 99	90-EZ?			ch were not listed on	Yes ▼ No
	If "Yes," describe these					
3	Did the organization cea services?			in how it conduct	ets any program	Yes ✓ No
4	Describe the exempt pui	rpose achievements 4) organizations and	for each of the organiza 4947(a)(1) trusts are	required to repo	est program services by exp rt the amount of grants and a	
4a	(Code TO IMPROVE EDUCATIONAL TECHNICAL COLLEGE SYSTEI		1,844,015 including of the ADDITIONAL EDUCATIONAL		95,000) (Revenue \$ BEYOND THOSE PROVIDED BY THE) KENTUCKY COMMUNITY AND
4b	(Code) (Expenses \$	ıncluding g	rants of \$) (Revenue \$)
	(6.1	\ (F_			\ (D	
4c	(Code) (Expenses \$	ıncluding g	rants or \$) (Revenue \$)
4d	Other program services	•	dule O) ding grants of \$) (Revenue \$)
4e	le Total program service expenses \$		1,844,015 Must	equal Part IX, Lin	e 25, column (B).	

Part IV	Checklist of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	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		Νο
37	Did the organization conduct more than 5 percent 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		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	72			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: .		1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this	30	0			
b	return					
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this Did the organization have unrelated business gross income of \$1,000 or more during			2b	Yes	
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
Ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , ReFinancial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement the					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itributi	on of \$75 or	7a		N o
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		· ·	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	y prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			- 9		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
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 ii	n lieu d	of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

2

6

8

Section A. Governing Body and Management

Does the organization have members or stockholders? .

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circum	stances,
processes or changes in Schodula O. See instructions	

	processes, or changes in Schedule O. See instructions.		·
1a	Enter the number of voting members of the governing body	1a	14
ь	Enter the number of voting members that are independent	1b	14

Did any officer, director, trustee, or key employee	ha	ve a	afan	nıly	rela	tior	ns hij	or	a bi							any
other officer, director, trustee, or key employee?	٠			-	•		•	•		•	•	•	•	•	•	•

Did the organization delegate control over management duties customarny performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?
Did the organization make any significant changes to its organizational documents since the prior Form 990 w

-							•	_	-	-			
Did the o	org	anızatıon	make any	significant o	changes	to its	organizationa	l documents	sınce	the prior	r Form 9	990 v	was
filed? .		•											

	riled?		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organiza	tion	ha	ve	men	nber	s,s	stoc	kho	ldei	rs, c	rot	her	per	sons	s wh	io ma	ауе	elect	tone	e or	mo	ore	mei	mbe	rs of th	e
governing body?																			•						•	

ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

			_													
а	the gove	rnıng bo	ody?													
							 			_						

_	each committee with authority to act on behalf of the governing body	•	•	•	•	•	•	•	•	•	•	•	•
1	Does the organization have local chapters, branches, or affiliates? $\ \ .$												
	*C"\\							-					

b	If "Yes," does the organization have written policies and procedures governing the activities of such	ch	пар	ters	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .		•		

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PADUCAH JUNIOR COLLEGE BLANDVILLE ROAD Paducah, KY 42002 (270) 554-9200

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trust on or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima mount of compens from t ganizati relate organiza	fother ation he on and
											+		
											+		
											+		
									T 55.50		0		0
	Total		a) who					<u>►</u> 1 \$ 1	00 000 in reportab		<u> </u>		٥
2	Total number of individuals (includir compensation from the organization	ng those ın 1									<u> </u>		0
	Total number of individuals (includir	ng those ın 1									<u> </u>	Yes	No No
	Total number of individuals (including compensation from the organization Did the organization list any former	ng those in 1 ►0 officer, direc	a) who	recei	ved e, k	mor	e than	n \$1	00,000 in reportab	le	<u>"</u>	Yes	
3	Total number of individuals (includir compensation from the organization Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu	ng those in 1 ▶0 officer, direc	a) who	recei ruste	e, k	mor	e than	n \$1	or highest compen	sated employee	3	Yes	
2	Total number of individuals (including compensation from the organization Did the organization list any former	officer, directle J for such	a) who	recei ruste <i>ual</i> •	e, k	ey e	mploy	/ee,	or highest compen	sated employee	<u> </u>	Yes	No
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who tor or t individu reporta nan \$15	ruste ual ble c	e, k	ey e	mploy ation a	ee, and	or highest compen other compensatio	sated employee n from the uch	<u> </u>	Yes	No
3	Total number of individuals (including compensation from the organization of the organization list any former on line 1a? If "Yes," complete Schedus for any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c 0,00	e, k	ey e ens	e than mploy ation ares," cc	ee,	or highest compen other compensatio lete Schedule J for si	sated employee n from the uch for services	3		No No
3 4	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who	ruste ual ble c 0,00	e, k	ey e ens	e than mploy ation ares," cc	ee,	or highest compen other compensatio lete Schedule J for si	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of ns greater the sum of ns	a) who ctor or t individu reporta nan \$15 ue comp Schedule	ruste Jal ble c 0,00 eensa	e, k omp 0? I	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen other compensation lete Schedule J for si	sated employee n from the uch for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directive J for such the sum of the	a) who	ruste Jal ble c 0,00 eensa	e, k omp 0? I	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen other compensation lete Schedule J for si	sated employee n from the uch for services	3		No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedule For any individual listed online 1a, is organization and related organization individual	officer, directive J for such the sum of the	a) who	ruste Jal ble c 0,00 eensa	e, k omp 0? 1	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen or highest compen other compensation lete Schedule J for si other organization	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedule For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 eensa	e, k omp 0? 1	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen or highest compen other compensation lete Schedule J for si other organization	sated employee n from the uch for services re than	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedule For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 eensa	e, k omp 0? 1	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen or highest compen other compensation lete Schedule J for si other organization	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedule For any individual listed online 1a, is organization and related organization individual	officer, directive J for such as the sum of	a) who	ruste Jal ble c 0,00 eensa	e, k omp 0? 1	ey e ens fry fror	mploy ation a ses," co	and stand	or highest compen or highest compen other compensation lete Schedule J for si other organization	sated employee n from the uch for services	3	Yes	No No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					,,,
mts Difs	ь	Membership dues					
gifts, grants ilar amounts	c	1b Fundraising events					
ffs, ra∄		1c					
<u>2</u>	d	Related organizations1d Government grants (contributions) 1e					
ons sin	e f	All other contributions, gifts, grants, and	1,911,305		-		
Contributions, gifts, grants and other similar amounts	'	similar amounts not included above					
를 다 다 다	g	Noncash contributions included in					
S E	١.	lines 1a-1f \$		1,911,305			
	h	Total (Add lines 1a-1f)	<u>, ▶</u>				
<u>e</u>	22	CHALLENGER PROGRAM	Business Code	164 401	164 401		
жеп	2a b	FOCUS SERIES ADMISSION	611,600	164,481 61,232	164,481 61,232		
<u>a</u>	c	TOCOS SERIES ADPIISSION	611,710	61,232	61,232		
MCe	d						
33	e						1
ra E	f	All other program service revenue		106,155	106,155		
Program Service Revenue							
<u></u>	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	· •				
		other similar amounts)		20,197	20,197		
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties	<u> </u>				
		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	· · · · ·				
	l_	(i) Securities	(II) O ther				
	7a	Gross amount 1,300,560 from sales of assets other					
		than inventory					
	b	Less cost or 1,561,761 other basis and sales expenses					
	c	Gain or (loss) -261,201					
	d	Net gain or (loss)		-261,201	-261,201		
	8a	Gross income from fundraising	<u> </u>				
		events (not including					
an		of contributions reported on line					
ven		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000 a					
Other Revenue	b	Less direct expensesb					
₹	С	Net income or (loss) from fundrais	ing events ▶	56,608	56,608		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities •				
	10a	Gross sales of inventory, less	F				+
		returns and allowances .					
	ь	Less cost of goods sold b	25,000				
	c	Net income or (loss) from sales of		8,065	8,065		
		Miscellaneous Revenue	Business Code				
	11a	TAX SUPPORT	900,099	790,815			
	b	MISCELLANEOUS	611,710	67,956	67,956		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 \$ 858,771				
	12	Total Revenue. Add lines 1h, 2g, 3		2,925,613	1,014,308		0 0
		8c, 9c, 10c, and 11e	. ▶				
	•		·				Form 990 (2008)

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re				`
	Il other organizations must complete column (A) but are not renot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	0.5 See Fait IV, line 22	95,000	95,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. 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	171,086	169,156		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,309	26,309		
9	Other employee benefits	1,032		1,032	
10	Payroll taxes	8,791	8,791		
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,079		3,079	
c	Accounting	11,325		11,325	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,813	3,049	1,764	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	25,617	25,617		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	535,078	534,581	179	318
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	KCTCS PROGRAM SUPPORT	925,979	925,979		
	SUPPLIES	59,598	48,337	11,261	
c		22,481	,	22,481	
d	TRUST FEES	12,794	7,196	5,598	
e	DUES AND SUBSCRIPTIONS	8,375		8,375	
f	All other expenses	4,343		4,343	
25	Total functional expenses. Add lines 1 through 24f	1,915,700	1,844,015	71,367	318
26	Joint Costs. Check ☐ If following SOP 98-2 Complete this	, , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	·	
	line only if the organization reported in column (B) joint				
	costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			100		101
	2	Savings and temporary cash investments			776,830	2	631,502
	3	Pledges and grants receivable, net			1,291,396	3	1,953,026
	4	Accounts receivable, net			4,457	4	202,777
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges				9	
ssets	10a	Land, buildings, and equipment cost basis	10-	21,674,504			
⋖		Language and the design of the Community of	10a	21,074,304	-		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	5,904,659	14,882,334	10c	15,769,845
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin	art VII	I	4,845,779	13	4,388,813
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			731,044	15	741,889
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22.531.940		23,687,953
	17	Accounts payable and accrued expenses .			209,487	17	58,935
	18	Grants payable				18	
	19	Deferred revenue			68,975	19	45,520
	20	Tax-exempt bond liabilities				20	
e S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		persons Complete Part II of Schedule L		•		22	
_	23	Secured mortgages and notes payable to unrelated third parties			624,214	23	1,038,119
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			178,054	25	130,512
	26	Total liabilities. Add lines 17 through 25			1,080,730	26	1,273,086
es		Organizations that follow SFAS 117, check here ▶ ☐ and complethrough 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
=	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ▶ $\overline{\wp}$ and lines 30 through 34.	d com	plete			
. or	30	Capital stock or trust principal, or current funds	-		7,164,647	30	7,654,698
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			14,258,120		14,731,726
Ass	32	Retained earnings, endowment, accumulated income, or other fur			28,443		28,443
Net /	33	Total net assets or fund balances	-		21,451,210		22,414,867
Ź	34	Total liabilities and net assets/fund balances			22,531,940		23,687,953
							<u> </u>
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

hospital's name, city, and state

Section 170(b)(1)(A)(iv). (Complete Part II)

SCHEDULE A Public Charity Status and Public Support

The organization is not a private foundation because it is (Please check only **one** organization)

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)

A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

990EZ)

1 2

3

Name of the organization Paducah Junior College Inc **Employer identification number**

61-6001156

				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
				Yes	No	Yes	No	Yes	No	
								1	I	1
				docu	ment?	1				I
			(See Instructions))		verning	sup	port?	ın the	US?	
-	anızatıon		above or IRC section		listed in	1	i) of your		rganized	3455011
	Name of pported	(ii) EIN	(iii) Type of organization (described on lines 1-9		Is the zation in	1	you notify anization		s the ation in	(vii) A mount o
-										
1			rmation about the organizatio			supports			119(<u>'''/ </u>
			person described in (i) above tity of a person described in (hove?				11g(11g(
		, -	ning body of the the supported person described in (i) above	-	ition?				11g(11g(
			or indirectly controls, either a			tn person	s describe	a in (ii)		Yes No
	following p									
			has the organization accepted	d any gıft	or contrib	ution from	any of the	<u></u>		'
	If the organ		ed a written determination fro	m the IR	5 that it is	a Type I,	Type II o	r Type III	supportin	ig organization, —
	section 50	9(a)(2)								
ı			ertify that the organization is nagers and other than one or							
_	·				- Functio	•	-	d		III - Other
	the box tha	it describes th	e type of supporting organiza	tion and d	omplete l	ines 11e t	hrough 11:	h	_	
	_	-	d and operated exclusively fo ported organizations describe					•	•	
			d and operated exclusively to							
	acquired b	y the organizat	ion after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)		
	ıts support	from gross inv	estment income and unrelate	ed busine	ss taxable	ıncome (less section	on 511 ta:	x) from bu	sinesses
·	=		elated to its exempt functions						· ·	-
			nally receives (1) more than				ontributior	ns. membe	rship fees	. and aross
<u>'</u> —	A Commin	itv triist descr	ibed in Section 170(b)(1)(A)	(vi) (Cor	nnlete Par	+ 11 \				
			(b)(1)(A)(vi) (Complete Par	,						

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you clied	keu tile box oi	11 IIIIe 3, 7, 01	o or Part 1.)				
	ıblic Support		T					
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	446 222	00.026	120 700	2.452.240		1 011 305	4 720 464
	membership fees received (Do not	446,222	80,826	138,789	2,152,319		1,911,305	4,729,461
	include any "unusual grants ")							
2	Tax revenues levied for the organization's	743,795	750,659	769,198	783,449		790,815	3,837,916
	benefit and either paid to or expended on	/43,/93	730,039	709,198	703,449		790,813	3,037,910
_	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	1,190,017	831,485	907,987	2,935,768		2,702,120	8,567,377
	The portion of total contribution by each	1,130,017	031,103	307,307	2,333,700		2,702,120	0,307,377
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							0.567.077
•	4							8,567,377
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,190,017	351,814	907,987	2,935,768		2,702,120	8,567,377
8	Gross income from interest, dividends,							
	payments received on securities loans,	296,333	351,814	408,862	89,226		-241,004	905,231
	rents, royalties and income from similar	270,333	331,014	400,002	03,220		241,004	303,231
	sources							
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	5,500	202,495	242,664	99,245		67,956	617,860
	Part IV)							
	Total Support (Add lines 7 through 10)							10,090,468
12	Gross receipts from related activities, etc	(See instruction	s)			12		2,118,152
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(3)	
	organization, check this box and stop here						ı	▶┌
	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		84 910 %
15	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, line 26f			15		69 390 %
16a	33 1/3% Test - 2008. If the organization die	d not check the b	oox on line 13, a	nd line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as				,			▶ ▽
b	33 1/3% Test - 2007. If the organization di	d not check the l	oox on line 13 o	r 16a, and line 1	L5 is 33 1/3% o	r more	, check thi	S
	box and stop here. The organization qualific	es as a publicly s	supported organ	ızatıon				▶ ┌
17a	10% Facts and Circumstances Test - 2008.	If the organization	on did not check	a box on line 13	3, 16a, or 16b a	and line	e 14 ıs 10'	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
10	the organization meets the "facts and circu							▶┌
18	Private Foundation. If the organization did instructions	посспеск тпе вс	ox on time 13, 16	а, 100, 1/a or .	1/D, CHECK THIS	рох а	nu see	▶ □
	matructions							- 1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

erv	ice			
	me of the organization ucah Junior College Inc		Employer identifica	ation number
. uu			61-6001156	
Pa	rt I Organizations Maintaining Donor A		unds or Accounts	Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and o	other accounts
L	Total number at end of year	(a) poner davised famas	(B) runus unu c	other decodines
- 2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
ı	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-	ior advised	┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		-	┌ Yes ┌ No
Pai	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part I	V, line 7.
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of ar Preservation of ce	n historically importan ertified historic structu n of a conservation eas	Jre
	on the last day of the tax year		Hald at	Abo Ford of Abo Voca
а	T-h-l		2a	the End of the Year
b	Total number of conservation easements		<u> </u>	
	Total acreage restricted by conservation easement		2b	
C	Number of conservation easements on a certified h	` ,	2c	
d	Number of conservation easements included in (c)	•	2d	
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization	during
	the taxable year 🕨			
ŀ	Number of states where property subject to conserva	ation easement is located 🟲		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	ations, and	┌ Yes ┌ No
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	: year ►	
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$	
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2 (d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
•	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financia		
ar	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.		
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resear	ch in furtherance of pu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provi	de the
а	Revenues included in Form 990, Part VIII, line 1		► \$	
b	Assets included in Form 990, Part X		► \$	28,443

Cat No 52283D

Part		Organizations Maintaining Col	lections of Art,	His	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	r Similar As	sets (continued)
3		ng the organization's accession and other is (check all that apply)	records, check any	of th	e foll	owing that ai	re a sıgnıfıcant u	ise of its collec	tion	
а	<u>~</u>	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Γ	Scholarly research		e	Γ	Other				
С	Γ	Preservation for future generations								
4		ride a description of the organization's col XIV	lections and explai	n hov	v the y	further the	organızatıon's ex	kempt purpose	ın	
5		ng the year, did the organization solicit or ets to be sold to raise funds rather than to						nılar	┌ Yes	✓ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon answ	ered "Yes" to	Form 9	990,
1a		ne organization an agent, trustee, custodia uded on Form 990, Part X?	an or other intermed	diary	for c	ontributions	or other assets	not	┌ Yes	┌ No
b	If"Y	es," explain why in Part XIV and complet	e the following table	9						
								1A	nount	
c	Beg	ınnıng balance					1c			
d	Add	litions during the year					1d			
e	Dist	tributions during the year					1e			
f	End	ıng balance					1f			
2a	Did	the organization include an amount on For	m 990, Part X, line	21?					┌ Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV								
Pai	rt V	Endowment Funds. Complete if								
_	_	<u> </u>	(a)Current Year	(b)	Prior Y	/ear (c) Tv	vo Years Back (d)	Three Years Back	(e)Four	Years Back
1a		Inning of year balance								
b		tributions								
с		estment earnings or losses								
d		nts or scholarships								
e		er expenditures for facilities programs								
f		ninistrative expenses								
g	End	of year balance								
2	Prov	ـــ ride the estimated percentage of the year	end balance held a:	S						
а		rd designated or quasi-endowment								
b		manent endowment								
c 3a		n endowment 🕨 there endowment funds not in the possess	tion of the organiza	tion t	·hat a	ro hold and :	administered for	tho		
Ja		inization by	sion of the organiza	tion t	.iiat c	ire ireia ana i	adiiiiiistered ioi	tile	Yes	No
	(i) u	inrelated organizations						3a	(i)	
	(ii) :	related organizations						3a	ii)	
b		es" to 3a(II), are the related organization:	•					3	b	
4		cribe in Part XIV the intended uses of the								
Par	t VI	Investments—Land, Buildings,	, and Equipmer	it. S	<u>ee F</u> T	orm 990, P	art X, line 10. I	T	1	
		Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a l	and						1,008,167	,		1,008,167
b E	Buildi	ngs		•			17,864,894	5,172,61	8	12,692,276
c l	ease	ehold improvements					123,883	88,68	2	35,201
d E	quip	ment					1,272,560	643,35	9	629,201
e (Other		<u> </u>		<u>L</u>		1,405,000			1,405,000

uncertain tax positions under FIN 48

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		,
losely-held equity interests		
ther		
	_	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)		
art VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	4,388,813	
Part IX Other Assets. See Form 990, Part X,	line 15.	
	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Other Assets. See Form 990, Part X, (a) Description (a) Description (a) Description (a) Description (b) Should equal Form 990, Part X, col.(B) In	line 15.	(b) Book value
Other Assets. See Form 990, Part X, (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	line 15. cription e 15.) t X, line 25.	
Other Assets. See Form 990, Part X, (a) Description of Liability Other Liability Other Liability	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability Gederal Income Taxes	e 15.) t X, line 25. (b) A mount	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes ETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes ETIREMENT LIABILITY	e 15.) t X, line 25. (b) A mount	
Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes ETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes EETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes RETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
(a) Desc (a) Desc (b) Should equal Form 990, Part X, col.(B) line (c) Part X Other Liabilities. See Form 990, Part	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes RETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes RETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes RETIREMENT LIABILITY	line 15. Pription Pe 15.) t X, line 25. (b) A mount 98,656	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,925,613
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,915,700
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,009,913
4	Net unrealized gains (losses) on investments	4	-46,256
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-46,256
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	963,657
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	2,768,288
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-157,325
3	Subtract line 2e from line 1	3	2,925,613
4	A mounts 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 XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,925,613
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	1,804,631
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 -	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	3-	111.000
e n	Add lines 2a through 2d	2e 3	-111,069
3	Subtract line 2e from line 1	3	1,915,700
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a h	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b		
Ь	<u> </u>	4c	0
с 5	Add lines 4a and 4b	4c 5	1,915,700
	t XIV Supplemental Information		1,915,700
<u> </u>		VIV	/ l 4 b 4 3 b

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		Expenses netted against revenues on 990 recorded as expenses on financials
Part XIII, Line 2d - Other Adjustments		Expenses netted against revenues on 990 recorded as expenses on financials

Part XIV Supplemental Information(continued)										
Ident if ier	Return Reference	Explanation								
Part XII, Line 2d - Other Adjustments		Expenses netted against revenues on 990 recorded as expenses on financials								
Part XIII, Line 2d - Other Adjustments		Expenses netted against revenues on 990 recorded as expenses on financials								

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OMB No 1545-0047

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Supplemental Information Regarding

Fundraising or Gaming Activities

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Ser	vice						
	ne of the organization ucah Junior College Inc					Employer ider	ntification number
						61-6001156	
Pā	rt I Fundraising Act	tivities. Complete	e if the oi	ganızat	ion answered "Yes" (to Form 990, Part IV	, line 17.
a b c	Indicate whether the organ Mail solicitations Email solicitations Phone solicitations In-person solicitations		through ar	ny of the	e Solicitation of r	non-government grants government grants	
2a	Did the organization have a or key employees listed in	•		,	` _	•	Γ _{Yes} Γ _{No}
b	If "Yes," list the ten highes to be compensated at leas						
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
		_1		<u> </u>			<u> </u>

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								:ed		
			(a) Event #1 ANNUAL GALA AND AUCTION (event type)	(b) Event #2	(c) O ther Events (total number)	(Add co	otal Eve I (a) th ol (c))			
e	1	Gross receipts	89,005				8	9,005		
Revenue	2	Less Charitable contributions								
~	3	Gross revenue (line 1 minus line 2)	89,005				8	9 ,0 0 5		
	4	Cash Prizes								
ग Expenses	5	Non-cash Prizes	10,471				1	0,471		
	6	Rent/Facility costs	13,924				1	3,924		
	7	Other direct expenses	8,002					8,002		
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)	🛌		3.	2,397		
	9	Net income summary Combine lin	es 3 and 8 ın column (d)		•		5	6,608		
Par	t III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	1		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) t	ll gaming hrough co			
~	1	Gross revenue								
s e	2	Cash prizes								
Expenses	3	Non-cash prizes								
<u>ភ</u> ប	4	Rent/facility costs								
<u>D</u> Lead	5	Other direct expenses								
	6	Volunteer labor	┌ Yes% ┌ No	┌────────────────────────────────────	┌ Yes% ┌ No					
	7	Direct expense summary Add lines	2 through 5 ın column (d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)						
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain		<u> </u>		· 9a	Yes	No		
10a b										
11	— Doe	es the organization operate gaming a	ctivities with nonmembe	rs?						
12	Is t	he organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	nip or other entity					

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493348003059

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion Employer identification number

					61-6001156	
ed to award the gra	nts or assistance?					▽ Yes □
IV, line 21 for ai nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0				
(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						•
	aintain records to seed to award the graph organization's proceed ther Assistance IV, line 21 for an anedule I-1 if additions (b) EIN	aintain records to substantiate the amounded to award the grants or assistance?	de to award the grants or assistance?	anitain records to substantiate the amount of the grants or assistance, the grantees' eligible to award the grants or assistance? Cher Assistance to Governments and Organizations in the United States and IV, line 21 for any recipient that received more than \$5,000. Check this box needule I-1 if additional space is (b) EIN (c) IRC section if applicable (d) Amount of cash assistance (b) EIN (c) IRC section grant (e) Amount of non-cash assistance	anitain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or as d to award the grants or assistance? Toganization's procedures for monitoring the use of grant funds in the United States. Complete if the of IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient recipiedule I-1 if additional space is (b) EIN (c) IRC section if applicable (d) Amount of cash assistance (book, FMV, appraisal, other) (b) EIN (c) IRC section if applicable (d) Amount of cash assistance (book, FMV, appraisal, other) (c) IRC section if applicable (d) Amount of cash assistance (book, FMV, appraisal, other) (b) EIN (c) IRC section (book, FMV, appraisal, other)	mation on Grants and Assistance anatain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and do to award the grants or assistance?

	,	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV,	, line 22.
	Use Schedule I-1 (Form 990) ıf addıtıonal space ıs needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
STUDENT SCHOLARSHIPS TO THE WESTERN KENTUCKY COMMUNITY TECHNICAL COLLEGE AND THE UNIVERSITY OF KENTUCKY	124	95,000							

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR SELECTED STUDENTS STUDENTS ARE SELECTED BASED ON GPA, ACT SCORES, AND FINANCIAL NEED MONEY IS PAID DIRECTLY TO THE COLLEGE/UNIVERSITY ON BEHALF OF THE SELECTED STUDENTS
1		
1		

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Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
Paducah Junior College Inc

61-6001156

Pa	rt I Questions Regarding Compensation	n	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the					
	Compensation committee	Г	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Г	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
KAY TRAVIS (I						55,589		
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional D	ata Table						
Identifier Return Explanation							
		THE ORGANIZATION PROVIDES A COUNTRY CLUB MEMBERSHIP FOR THE EXECUTIVE DIRECTOR MONTHLY DUES ARE PAID BY THE ORGANIZATION					
Supplemental Information	Part III	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS PAID BY THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM, WHICH IS AN UNRELATED ORGANIZATION					

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 61-6001156

Name: Paducah Junior College Inc

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	l '	THE ORGANIZATION PROVIDES A COUNTRY CLUB MEMBERSHIP FOR THE EXECUTIVE DIRECTOR MONTHLY DUES ARE PAID BY THE ORGANIZATION
Supplemental Information	1	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS PAID BY THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM, WHICH IS AN UNRELATED ORGANIZATION

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493348003059

Employer identification number

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 Open to Public Inspection

Schedule M (Form 990) 2008

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE M

(Form 990)

Attach to Form 990

Padu	cah Junior College Inc	. ,						
Pa	rt I Types of Property				61-6001156			
	Types of Freperty	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of do reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	1	25,100	FAIR MARKET VAL	UE		
10								
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15								
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
							Yes	No
30a	During the year, did the organize hold for at							ı
	least three years from the date of for the entire holding period? .				exempt purposes	30a		No
Ь	If "Yes", describe the arrangement					Jua		.,,,
31	Does the organization have a gif			review of any non-standard	contributions?	31		No
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
						32a		Νo
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	property for which Column (a) ıs			

Cat No 51227J

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.										
Identifier	ReturnReference	Explanation									
240111111	Notal III Colored	Explanation									
	1	1									

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Paducah Junior College Inc

SCHEDULE 0

(Form 990)

Department of the

Internal Revenue

Treasury

Service

Employer identification number

61-6001156

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE FORM 990 WAS DISTRIBUTED TO MEMBERS OF THE FINANCE COMMITTEE FOR THEIR REVIEW FORM 990 IS THEN APPROVED BY THE COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A NEW CONFLICT OF INTEREST POLICY WAS ADOPTED BY THE BOARD DURING 2008 ALL BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT, AGREEING THAT THEY ARE IN COMPLIANCE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM IT IS BASED ON THE LEVEL OF POSITION WITHIN THAT ORGANIZATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	KENNETH WHEELER - 1279 HEDGE LANE PADUCAH, KY 42001 JOE FRAMPTOM - 425 BARKLEY WOODS PADUCAH, KY 42001 BRUCE BROCKENBOROUGH - P O BOX 270 PADUCAH, KY 42002 ANN DENTON - 103 SOUTH SYCAMORE DRIVE PADUCAH, KY 42001 ANNE GWINN - 540 ALBEN BARKLEY DRIVE PADUCAH, KY 42001 B A HAMILTON - 9050 BLANDVILLE ROAD WEST PADUCAH, KY 42086 JUDGE JEFFREY HINES - 2807 BROADWAY PADUCAH, KY 42001 DR WALLY MONTGOMERY - 117 N 2nd Street, Suite 2202 PADUCAH, KY 42001 LORRAINE SCHRAMKE - 4830 STANLEY DR PADUCAH, KY 42001 MAYOR BILL PAXTON - 3 HICKORY HILL DRIVE PADUCAH, KY 42001 DR WILLIAM WHEELER - 365 ASHCREEK DRIVE PADUCAH, KY 42001 GUTHRIE ALLEN - 105 SYCAMORE PADUCAH, KY 42001 JOHN D WILLIAMS - 25 MEADOWLINK DRIVE PADUCAH, KY 42001 DR BARBARA VEAZEY - 5100 ALBEN BARKLEY DR PADUCAH, KY 42001 CHRIS BLACK - 3637 FOREST CIRCLE PADUCAH, KY 42001 VAN NEWBERRY - PO BOX 7380 PADUCAH, KY 42001 LOUIS MICHELSON - 120 CARNOUSTIE COURT PADUCAH, KY 42001

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493348003059

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment

Service		See separate instruction	s. PAttach	to your	tax re	et urn.			Sequence No 67
Name(s) shown on return		Business or a	activity to which	thıs fo	rm rela	ates	Iden	tifyin	g number
Paducah Junior College In	с	5 000 5	1.0				<u>ا</u>		F.6
Down T. Election :	Fo Evenence 4	Form 990 Pa	_	170			61-6	0011	.56
	•	Certain Property Un isted property, comple			u con	nnlete Pa	rt I		
1 Maximum amount See	•							1	250,000
2 Total cost of section 1				-	-		-	2	
3 Threshold cost of sect		·	•	· ·	`		•	3	800,000
			-	uctions	, .		•		800,000
4 Reduction in limitation			•		•		•	4	
5 Dollar limitation for tax	•	line 4 from line 1 If zero	or less, enter - 0	0 - 1f m	arried	filing		_	
separately, see instruc	tions			• •	•	• •	• •	5	
			(h) Cook	/h.c.no		$\overline{}$			T
(a) D	escription of pro	perty	(b) Cost	only)	55 US	(c) E	lected	cost	
6				.,					
7 Listed property Enter	the amount from	line 29			7				Γ
8 Total elected cost of s	ection 179 prop	ertv Add amounts in col	umn (c). lines 6	and 7	<u> </u>			8	1
9 Tentative deduction E		•						9	
10 Carryover of disallowed			rm 1562	•	•	•	•	10	
11 Business income limitation		•		• •	tions)		• •		
							•	11	
12 Section 179 expense of				n line 1	1 •		•	12	
13 Carryover of disallowed				. 🏲	13				
Note: Do not use Part			·						
•		Allowance and Othe						ropert [.]	y) (See instructions) I
14 Special depreciation al		lified property (other thar	ı lısted property) place	d in se	rvice duri	ng the	14	
tax year (see instruction	Ť	. La . La							
15 Property subject to see		election			•		•	15	
16 Other depreciation (inc					•			16	
Part IIII MACRS De	preciation (I	Do not include listed j		e insti	ructio	ns.)			
17 MACDS deductions for	accata placed i		ection A	000				17	F3F 070
17 MACRS deductions for					•			<u> </u>	535,078
18 If you are electing t			-	-					
		re					<u>▶</u>	<u> </u>	
Section B-Asse	ets Piacea in	Service During 200	US lax Year	Using	tne	Genera	Грер	<u>recia</u>	ition System
	(b) Month and	(c) Basis for depreciation							
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) C	nvent	:ion (f)) Metho	od	(g)Depreciation
property	service	use	period						deduction
		only—see instructions)		1				\rightarrow	
19a 3-year property				1					
b 5-year property								-	
c 7 - year property									
d 10-year property e 15-year property									
f 20-year property				1					
g 25-year property			25 yrs	1			S/L	-	
				+ .	1 M		S/L	\rightarrow	
h Residential rental property			27 5 yrs 27 5 yrs	+	1 M		S/L	-	
			39 yrs		1 M		S/L		
i Nonresıdentıal real property			39 yrs		1 M		S/L	-	
	n C—Assets Dlad	L ced in Service During 200	R Tay Vear Hein	1		tive Denre		Svet	om
20a Class life	c—Assets Plac	Lea in Service During 200	S IAA I CAI USIN	ine A	rcei ild	Tive pehie	S/L	. Jysti	<u></u>
b 12-year	1		12 yrs				S/L	+	
c 40-year			40 yrs	 	<u>м м</u>		S/L	+	
· · · · · · · · · · · · · · · · · · ·	ı y (See ınstrud	ctions)	1 10 113	<u>'</u>	***		-/-		
21 Listed property Enter	-	•						21	
22 Total. Add amounts fro			and 20 in colur	nn (a) -	nd lin	21 Enta	r hara	├ <u></u>	
	·	curn Partnerships and So						22	535,078
23 For assets shown abov									
portion of the basis att		=			23				
	·	· · · · · · · · · · · · · · · · · · ·	·	·					

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID: Software Version:

EIN: 61-6001156

Name: Paducah Junior College Inc

Form 990, Part VII - Section Aaa

		Posit t	(C non (hat a	chec		II			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KENNETH WHEELER , MEMBER	1 00	Х						0	0	0
JOE FRAMPTOM , member	1 00	Х						0	0	0
BRUCE BROCKENBOROUGH , VICE- CHAIRMAN	1 00	Х		х				0	0	0
ANN DENTON , member	1 00	Х						0	0	0
ANNE GWINN , CHAIRMAN	1 00	Х		Х				0	0	0
BA HAMILTON , member	1 00	X						0	0	0
JUDGE JEFFREY HINES , member	1 00	Х						0	0	0
DR WALLY MONTGOMERY , member	1 00	Х						0	0	0
LORRAINE SCHRAMKE , TREASURER	1 00	Х		Х				0	0	0
MAYOR BILL PAXTON , EX-OFFICIO	1 00	Х						0	0	0
DR WILLIAM WHEELER , AT LARGE	1 00	Х						0	0	0
GUTHRIE ALLEN , member	1 00	Х						0	0	0
JOHN D WILLIAMS , SECRETARY	1 00	Х		Х				0	0	0
DR BARBARA VEAZEY , EX-OFFICIO	1 00	Х						0	0	0
CHRIS BLACK , member	1 00	Х						0	0	0
VAN NEWBERRY , EX-OFFICIO	1 00	Х						0	0	0
LOUIS MICHELSON , MEMBER	1 00	Х						0	0	0
KAY TRAVIS , EXECUTIVE DIRECTOR	40 00			Х				55,589	0	0