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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning SEP 1. 2008 and ending AUG 31, 2009 D Employer identification number C Name of organization Check if applicable use IRS label or Address change KENTUCKY EDUCATION ASSOCIATION print or Name change 61-0245450 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific 502-875-2889 Termin-401 CAPITAL AVENUE Instruc-Amended return 13,835,884. tions City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending FRANKFORT, KY 40601 H(a) Is this a group return F Name and address of principal officer MARY ANN BLANKENSHIP Yes X No for affiliates? SAME AS C ABOVE Yes No H(b) Are all affiliates included? Tax-exempt status X 501(c) (6) (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► WWW.KEA.ORG H(c) Group exemption number ▶ K Type of organization X Corporation L Year of formation 1907 M State of legal domicile KY Trust Association Part I Summary Briefly describe the organization's mission or most significant activities WE ORGANIZE MEMBERS TO ADVOCATE Activities & Governance FOR THEMSELVES AND TO ENSURE QUALITY PUBLIC SCHOOLS. $_$ if the organization discontinued its operations or disposed of more than 25% of its assets 41 Number of voting members of the governing body (Part VI, line 1a) 38 Number of independent voting members of the governing body (Part VI, line 1b) 4 87 5 Total number of employees (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) Ō. 7b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,354,339 1,407,325. 8 Contributions and grants (Part VIII, line 1h) Revenue 9,049,644. 9,779,234. Program service revenue (Part VIII, line 2g) 274,561 149,661. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 56,793. 56,954. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,393,174. 10,735,337. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 12 84,174. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 825,037. 184,283 Benefits paid to or for members (Part IX, column (A), line 4 6,308,013. 6,668,526. Salaries, other compensation, employee benefits Part IX of 16a Professional fundraising fees (Part IX, column (A), line b Total fundraising expenses (Part IX, column (D), line 25 3,409,234. 3,933,901 Other expenses (Part IX, column (A), lines 11a-11d, 1/19241) 17 10,426,197. 10,986,971. Total expenses Add lines 13-17 (must equal Part IX, dolum 406,203. 309,140. Revenue less expenses Subtract line 18 from line 12 Net Assets or Fund Balances **Beginning of Year** End of Year 10,295,666. 9,502,792 Total assets (Part X, line 16) 20 6,193,419. 5,363,881 Total liabilities (Part X, line 26) 21 4,102,247. 4,138,911. Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II Under penalties of penury, 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 Date Signafure of Afficer Here EXECUTIVE DIRECTOR MARY ANN BLANKENSHIP, Type or print name and title Check if Preparer's identifying number (see instructions) Date Preparer's €\Paid 12/3/109 signature employed > ≥ Preparer's Firm's name (or POTTER & COMPANY, LLP EIN ▶ **≪**Use Only yours if 500 W JEFFERSON ST., SUITE 1600 self-employed), address, and ZIP + 4 LOUISVILLE, KY 40202-2826 Phone no \triangleright (502) 584-1101 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No Form 990 (2008) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Par | t 111 Statement of Program Service Accomplishments (see instructions) |
|-----|---|
| 1 | Briefly describe the organization's mission. TO UNITE, ORGANIZE AND EMPOWER MEMBERS TO ADVOCATE FOR THEMSELVES, TO |
| | ENSURE A QUALITY PUBLIC EDUCATION FOR EVERY KENTUCKY STUDENT AND TO BE |
| | THE PREEMINENT VOICE FOR QUALITY PUBLIC EDUCATION. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | · |
| 2 | If "Yes", describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | If "Yes", describe these changes on Schedule O. |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. |
| - | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported |
| | |
| 4a | (Code.) (Expenses \$ including grants of \$) (Revenue \$) TO PROVIDE SUPPORT FOR PUBLIC EDUCATION AND ECONOMIC AND PROFESSIONAL |
| | SECURITY. ALSO TO PROVIDE FOR PROFESSIONAL EXCELLENCE AND HUMAN AND CIVIL RIGHTS. |
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| | /Out // // // // // // // // // // // // // |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) TO PROVIDE FOR PROFESSIONAL EXCELLENCE AND HUMAN AND CIVIL RIGHTS. |
| | 10 TROVIDE TOR TROTHODIONAL EXCELLENCE TERD HOTELY TERD CIVIL RIGHTS. |
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| | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | TO PROVIDE LEGAL SERVICES FOR MEMBERS. |
| | |
| | |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) Tatal arrange continuo expenses \$ (Must equal Part IX Line 35, column (P)) |
| 4e | Total program service expenses ►\$ (Must equal Part IX, Line 25, column (B)) |

| | 990 (2008) RENTUCKY EDUCATION ASSOCIATION 01-0243 | 430 | P | age J |
|----------|---|------------|------|-----------|
| Par | t IV Checklist of Required Schedules | | | I |
| | | <u>_</u> | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | J. |
| _ | If "Yes," complete Schedule A | 1 | Х | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Λ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | х |
| | public office? If "Yes," complete Schedule C, Part I | 3 | N/ | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | -4 | 147 | - |
| 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 | Х | |
| _ | | | - 1. | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | 6 | | Х |
| 7 | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | - 0 | | - 21 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | Х |
| 0 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _ _ | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | Х |
| ^ | Schedule D, Part III | - 0 | | |
| 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 | | Х |
| • ^ | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 10 11 | Did the organization riord assets in term, permanent, or quasi-endowments? If Tes, complete scriedule b, Fait V | | | |
| | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
| 14 | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| 14a b | Did the organization maintain an office, employees, or agents outside of the o.s Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 140 | | |
| U | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 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? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 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 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 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 | | Х |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K | | | |
| | If "No", go to question 25 | 24a | | X |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | 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 | 25a | N/ | A |
| 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 | N/ | <u>A_</u> |
| 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 | | X |

Form **990** (2008)

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

Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a 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 Х person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? X 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional Х corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

36

37

N/A

Х

If "Yes," complete Schedule R. Part V. line 2

| | | | Yes | No |
|--------|--|------------------|----------------|--|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | 103 | 140 |
| | | 3 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 7 | | |
| _ | (gambling) winnings to prize winners? | 10 | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | | 17 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |] |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | T | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | X_ |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3ь | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 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, Report of Foreign Bank and | | | |
| | Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | J | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | 1 | |
| | Tax Shelter Transaction? | 5c | ↓ | <u> </u> |
| | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | ļ | ļ |
| 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 contribution of more than \$75? | 7a | - | |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | + | ļ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | \dashv | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 70 | | |
| | benefit contract? | 7 <u>e</u> 7f | +- | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | + | |
| g h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | † | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | 1 | |
| Ů | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | |
| | excess business holdings at any time during the year? N/A | 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? N/A | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9ь | T | |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter N/A | | | |
| а | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | _ | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | ļ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | Щ_ | 1 | <u> </u> |
| | | Forn | n 990 i | (2008) |

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

| | tion A. Governing Body and Management | | | |
|--------------------------------------|--|--------------------------------------|----------|----------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O See instructions | | | |
| 1a | | 11 | | |
| b | Enter the number of voting members that are independent | 38 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | - | X |
| 6 | Does the organization have members or stockholders? | 6 | <u> </u> | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 7a | _ | X |
| þ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | <u> </u> | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | [|
| | by the following: | | 1 | } |
| | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | ļ |
| | Does the organization have local chapters, branches, or affiliates? | 9a | X | <u> </u> |
| ь | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | , | |
| | and branches to ensure their operations are consistent with those of the organization? | <u>9b</u> | X | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | v | |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X | |
| 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 | 11 | | <u> </u> |
| Sec | tion B. Policies | | 1 | |
| 40 | Down to the state of the state | 10. | Yes | No X |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 128 | <u>'</u> | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | ı. | | |
| | to conflicts? | 121 | | |
| | | 121 | , | <u> </u> |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 120 | | X |
| 13 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? | 120 | | X |
| 13 14 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? | 120 | | X |
| | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 120 | | X |
| 13 14 15 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 | 12c 13 14 | | X |
| 13 14 15 a | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? | 12c 13 14 | X | XXX |
| 13 14 15 a | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? | 12c 13 14 | X | XXX |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | 12c 13 14 | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 120 13 14 150 | X | XXX |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 12c 13 14 | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | 120 13 14 150 | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 | 120 13 14 150 | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 12c 13 14 15a 15t | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 12c 13 14 15a 15t | X | X |
| 13 14 15 a b 16a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY | 12c 13 14 15a 15b | X | X |
| 13 14 15 a b 16a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. | 12c 13 14 15a 15b | X | X |
| 13 14 15 a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availaded public inspection. Indicate how you make these available. Check all that apply | 12c 13 14 15a 15b | X | X |
| 13 14 15 a b 16a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availaded by the process of the policy of t | 12c 13 14 15a 15a 16a | X | X |
| 13 14 15 a b 16a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? #### Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed ★KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availar public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy. | 12c 13 14 15a 15a 16a | X | X |
| 13 14 15 a b 16a b Sec 17 18 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availad public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public | 12c 13 14 15a 15a 16a 16a | X X | X |
| 13 14 15 a b 16a b | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availade public inspection. Indicate how you make these available. Check all that apply Own website Another's website Voluments. Own website Own whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | 12c 13 14 15a 15a 16a 16a | X X | X |
| 13 14 15 a b 16a b Sec 17 18 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availad public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public | 12c 13 14 15a 15a 16a 16a | X X | X |

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Form **990** (2008)

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if the organization did (A) | (B) | , <u> </u> | IICCI | | C) | <i>3</i> 1, (1) | <u> </u> | (D) | (E) | (F) |
|--|--------------|--------------------------------|--|----------------|-------------|--|----------|-------------------|---------------------------|-----------------------------|
| Name and Title | Average | ١. | | Pos | | | | Reportable | Reportable | Estimated |
| | hours per | È | heci | k all | that | app | ily) | compensation from | compensation from related | amount of other |
| | week | rector | | | | Ì | | the | organizations | compensation |
| | | 50 | 38 | | | Sated | | organization | (W-2/1099-MISC) | from the |
| | | 1 tust | lal fut | | 85 86 | omper | | (W-2/1099-MISC) | | organization and related |
| | | individual trustee or director | institutional frustee | Officer | Кеу етрюуее | Highest compensated emoloyee | ja ja | | | organizations |
| SHARRON OXENDINE | | ᆵ | = | 5 | 3 | Ξ ₩ | 32 | | | |
| PRESIDENT | 40.00 | X | | X | | | | 112,502. | 0. | 0. |
| TOM DENTON | 40.00 | <u> </u> | | 1 | \vdash | | - | 112,302. | • | |
| VICE PRESIDENT | 40.00 | X | | x | | | | 87,879. | 0. | 0. |
| RICHARD DAVENPORT | | | | | Т | 1 | | <u> </u> | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| ELISE MOHAN | | Г | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | İ | 0. | 0. | 0. |
| JIM SPROUL | | | | | | | | | | |
| DIRECTOR AT LARGE | 0.00 | X | | | | | | 0. | 0. | 0. |
| RON MOORE | | | | | | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | | <u>L</u> | ļ | | 0. | 0. | 0. |
| DENA AMBURGY | | | İ | | | | | | _ | _ |
| DIRECTOR | 0.00 | X | ļ | ļ | _ | <u> </u> | | 0. | 0. | 0. |
| SANDY ANDERSON | | l | 1 | | | | | | | • |
| DIRECTOR | 0.00 | X | _ | <u> </u> | _ | <u> </u> | | 0. | 0. | 0. |
| TAMMY BERLIN | 0.00 | | | | | | | | | 0 |
| DIRECTOR | 0.00 | X | _ | | _ | - | | 0. | 0. | 0. |
| MERRY BERRY | 0.00 | U | İ | | | | | | 0. | 0 |
| DIRECTOR PROFILE | 0.00 | X | - | - | | | | 0. | 0. | 0. |
| REGINA BROWN DIRECTOR | 0.00 | X | | | | | l | 0. | 0. | 0. |
| EDDIE CAMPBELL | 0.00 | ^ | | - | | | | 0. | <u> </u> | 0. |
| DIRECTOR | 0.00 | x | 1 | | | | | 0. | 0. | 0. |
| JESSICA CAMPBELL | - 0.00 | 1 | ╁ | | - | | | | | |
| DIRECTOR | 0.00 | x | | | i | | | 0. | 0. | 0. |
| GAIL DEVINE | - 0.00 | ** | | | | | | | | |
| DIRECTOR | 0.00 | lx | | | | ŀ | | 0. | 0. | 0. |
| NANCY ESAREY | | 1 | | | | T | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| SANDY DUVALL | | | | 1 | | | | | | |
| DIRECTOR | 0.00 | X | | | | <u>L</u> | | 0. | 0. | 0. |
| VICKI HUGHES | | | | | | | | | | |
| DIRECTOR | 0.00 | X | | _ | | | | 0. | 0. | 0. |

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Form 990 (2008)

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (D) (E) (A) (B) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from from related per other Individual trustee or director organizations the compensation week Highest compensated employee Former organization (W-2/1099-MISC) from the nstitutional trustee (W-2/1099-MISC) organization cy employee and related organizations WANDA FAULKNER 0. DIRECTOR 0.00 0. 0 HEATHER LABARBARA 0. 0.00 | x0. 0 DIRECTOR NATHAN GRACE 0.00 | x0. 0 0. DIRECTOR JOY GRAY 0 0 0. DIRECTOR 0.00 | XFREDDIE HALL DIRECTOR 0.00 Х 0 0 0. SANDRA HARBIN 0.00 0 0 0. DIRECTOR X FRED HESTER 0.00 | x0. 0 0. DIRECTOR DAWN LAMPLEY DIRECTOR 0.00 Х 0 0 0. KELLEY ROSS 0 0. 0.00 | x0 DIRECTOR KATHY HOBBS 0. 0 0 DIRECTOR 0.00 | X0. 549,509. 0. 1b Total

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 3 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to Х the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| BROOKS MCCOMB & FIELDS, 1204 WINCHESTER RD | LECAL | 450 211 |
| SUITE 100, LEXINGTON, KY 40505 PRIDDY CUTLER MILLER & MEADE | LEGAL | 459,311. |
| 429 WEST MUHAMMAD ST, LOUISVILLE, KY 40202 SEGAL LINDSEY & JAMES | LEGAL | 165,405. |
| 515 PARK AVENUE, LOUISVILLE, KY 40208 | LEGAL | 127,683. |
| WALTHER ROARK GAY & TODD, 163 EAST MAIN ST SUITE 200, LEXINGTON, KY 40588 | LEGAL | 112,971. |
| | | |

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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11,393,174

832009 02-02-09

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

9783590

202,259.

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must comp | | | | |
|----------|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 84,174. | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 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 | 825,037. | | | |
| 5 | Compensation of current officers, directors, | | | | • |
| | trustees, and key employees | 589,046. | | | |
| 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 | 3,646,184. | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | 973,658. | | | |
| 9 | Other employee benefits | 1,112,041. | | | |
| 10 | Payroll taxes | 347,597. | | | |
| 11 | Fees for services (non-employees) | | · | | |
| а | Management | | | | |
| b | Legal | 16,023. | | | |
| c | Accounting | 28,445. | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 14,092. | | | ··· |
| g | Other | 313,500. | | | |
| 12 | Advertising and promotion | 366,929. | | | |
| 13 | Office expenses | 729,249. | | | |
| 14 | Information technology | 26,080. | | | |
| 15 | Royalties | 20,000 | | | |
| 16 | Occupancy | 534,646. | | | |
| 17 | Travel | 969,478. | | | |
| 18 | Payments of travel or entertainment expenses | 3371100 | | | · |
| 10 | for any federal, state, or local public officials | | | | |
| 40 | Conferences, conventions, and meetings | | | | |
| 19 | Interest | | | | |
| 20 | Payments to affiliates | 121,351. | | | |
| 21 22 | Depreciation, depletion, and amortization | 133,627. | | | |
| 22 22 | Insurance | 33,487. | | <u> </u> | |
| 23 | | 33,407. | | | |
| 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 | EQUIPMENT RENTAL AND MA | 97,920. | | | |
| þ | CONTRIBUTIONS | 20,825. | | | |
| С | DUES | 3,030. | | | |
| d | TAXES & LICENSES | 552. | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 10,986,971. | | | |
| 26 | Joint Costs Check here ▶ ☐ 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 | | | | |
| | Control of the state of the sta | | · · · · · · · · · · · · · · · · · · · | | Form 990 (200) |

| Га | <u> </u> | Dalance Sheet | , | | (A) Beginning of year | | (B) End of | vear | |
|---------------------------|----------|--|------------|---------------------------|--|----------|--|-------------|----------------|
| | 1 | Cash - non-interest-bearing | | | | 1 | | 2,6 | |
| | 2 | Savings and temporary cash investments | | <u> </u> | 4,117,011. | 2 | 4,46 | 8 <u>,9</u> | 30. |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | |
| | 4 | Accounts receivable, net | | - | 371,657. | 4 | 64 | 8,4 | 47. |
| | 5 | Receivables from current and former officers, d | | | | | | | |
| | | employees, or other related parties Complete F | | 5 | | | | | |
| | 6 | Receivables from other disqualified persons (as | | | | | | | |
| | | 4958(f)(1)) and persons described in section 49 | | | | | | | |
| | | Part II of Schedule L | | - | | 6 | | | |
| ets | 7 | Notes and loans receivable, net | | - | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | - | | 8 | | | |
| ٩ | 9 | Prepaid expenses and deferred charges | | 2 200 400 | ······································ | 9 | | | |
| | 10a | Land, buildings, and equipment, cost basis | 10a | 2,390,408. | | | | | |
| | ь | Less: accumulated depreciation Complete | | 1 410 445 | 1 000 010 | | 0.7 | - ^ | <i>-</i> 1 |
| | | Part VI of Schedule D | 10ь | 1,412,447. | 1,038,310. 3,933,583. | 10c | 97 | 7,9 | 61. |
| | 11 | Investments - publicly traded securities | | | 3,933,583. | 11 | 4,15 | 5,3 | 85. |
| | 12 | Investments - other securities See Part IV, line | 11 | | | 12 | | | |
| | 13 | Investments - program-related See Part IV, line | 11 | | | 13 | | | |
| | 14 | Intangible assets | | | 40.001 | 14 | | | <u> </u> |
| | 15 | Other assets See Part IV, line 11 | | | 42,231. | 15 | | 2,2 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ial line 3 | 4) | 9,502,792. | 16 | 10,29 | | |
| | 17 | Accounts payable and accrued expenses | | | 706,482. | 17 | 91 | 6,8 | 8/. |
| | 18 | Grants payable | | - | 222 446 | 18 | 20 | 4 0 | 00 |
| | 19 | Deferred revenue | | - | 323,446. | 19 | | 4,8 | 00. |
| | 20 | Tax-exempt bond liabilities | | _ | | 20 | | | |
| es | 21 | Escrow account liability Complete Part IV of Sc | | r | | 21 | ······································ | | |
| Liabilities | 22 | Payables to current and former officers, directo | | | | | | | |
| E. | | highest compensated employees, and disqualif | iea pers | ons. Complete Part II | | | | | |
| _ | | of Schedule L | | | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrel | ated thir | o parties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | - | 4,333,953. | 24 25 | 4,98 | 1 7 | 32 |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 5,363,881. | 26 | 6,19 | 3 1 | 19 |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h | oro D | X and complete | 3/303/001. | -20 | 0,15 | <u> </u> | 1 . |
| (A | | lines 27 through 29, and lines 33 and 34. | ele P | 21 and complete | | | | | |
| ces | 27 | Unrestricted net assets | | | 4,138,911. | 27 | 4,10 | 2.2 | 47. |
| <u>a</u> | 28 | Temporarily restricted net assets | | | | 28 | | | |
| Ä | 29 | Permanently restricted net assets | | | | 29 | | | |
| Ĕ | 23 | Organizations that do not follow SFAS 117, or | heck he | re ▶ ☐ and | | | | *********** | ********* |
| ř. | | complete lines 30 through 34. | | | | | | | |
| Net Assets or Fund Balanc | 30 | Capital stock or trust principal, or current funds | | | | 30 | | | |
| SSe | 31 | Paid-in or capital surplus, or land, building, or ea | | t fund | | 31 | | | |
| Ä | 32 | Retained earnings, endowment, accumulated in | | 32 | | • • | | | |
| ž | 33 | Total net assets or fund balances | 4,138,911. | 33 | 4,10 | 2,2 | 47. | | |
| | 34 | Total liabilities and net assets/fund balances | | Ī | 9,502,792. | 34 | 10,29 | | |
| Pa | t XI | | 1 | | | | | | |
| t | | | | | | | | Yes | No |
| 1 | Acco | ounting method used to prepare the Form 990 | Ca: | sh X Accrual | Other | | | | |
| 2a | | the organization's financial statements compile | | | accountant? | | 2a | | X |
| b | | the organization's financial statements audited | | | | | 2b | Х | |
| | | es" to lines 2a or 2b, does the organization have | - | | sibility for oversight of the | audit, | | | |
| | | w, or compilation of its financial statements and | | • | | | 2c | Х | |
| 3a | As a | result of a federal award, was the organization re | equired t | o undergo an audit or aud | lits as set forth in the Sing | le Audit | | | |
| | Act a | and OMB Circular A-133? | | | | | 3a | | Х |
| b | If "Ye | es," did the organization undergo the required au | idit or au | dits? | | | 3b | | |

Form **990** (2008)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| Employer identification number KENTUCKY EDUCATION ASSOCIATION 61-0245450 | • 5 | Section 5 | 01(c)(4), (5), or (6) organiza | tions Complete Part III. | | | |
|--|-----|-------------|---------------------------------------|---------------------------------------|--------------------------|---------------------------------|--|
| Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If Yes, 'describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount directly expended by the filing organization for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization organization organization organization organization organization organization organization organization organization organization. | Nam | e of orga | | | | Empl | = |
| See the instructions for Schedule C for details 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B | | ···· | | | | | |
| 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If Yes describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization funds of the political organization or section as experited political organiza | Pa | rt I-A | To be completed b | y all organizations exem | npt under section | 501(c) and section 5 | 27 organizations. |
| 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 4 Yes No 4 Was a correction made? 5 If escribe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, funds if none, enter 0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter 0. (e) Amount paid from fundivated organization political organization political organization political organization political organization political organization political organization political organization political organization political organization political organization political organization political organization po | | | See the instructions for S | Schedule C for details | | | |
| Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If 'Yes,' describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate fund or a political contributions received and promptly and directly delivered to a separate political organization's funds If none, enter 0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization is funds or were political contributions received and promptly and directly delivered to a separate political organization is funds organization. | 1 | Provide a | a description of the organia | cation's direct and indirect politi | cal campaign activities | | |
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| See the instructions for Schedule C for details. 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? | 3 | Voluntee | r hours | | | | |
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| b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details 1 Enter the amount directly expended by the filling organization for section 527 exempt function activities 2 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filling organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filling organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization promptly and generate political organization. | | | | in 4955 tax, did it tile Form 4720 |) for this year? | | |
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| 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- promptly and directly delivered to a separate political organization promptly and directly delivered to a separate political organization | | Catau tha | | | nation FO7 avament from | ation activities • • • • | · · · · · · · · · · · · · · · · · · · |
| Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | • • | | • | | · |
| Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | 2 | | • • | iization's futios contributed to o | ther organizations for s | | |
| Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0 Centributions received and promptly and directly delivered to a separate political organization. | 2 | • | | function expanditures. Add line | s 1 and 2 and enter her | | ' |
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| 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0 promptly and directly delivered to a separate political organization | 4 | | | 1120-POL for this year? | | Ψ | Ves No |
| Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization | | | • • | • | IN) of all section 527 n | olitical organizations to which | |
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| filing organization's contributions received and funds if none, enter -0 contributions received and promptly and directly delivered to a separate political organization | | | · | · · · · · · · · · · · · · · · · · · · | · | | • |
| | | | (a) Name | (b) Address | (c) EIN | filing organization's | contributions received and promptly and directly delivered to a separate political organization |
| | | | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

| Schedule C (Form 990 or 990-EZ) 2008 | KENT | UCKY E | DUCATION A | SSOCIATION | 61-0 | 0245450 _{Page} |
|---|-----------------|---------------|--|---|--|--|
| Part II-A To be completed by | y organ | | | | nt filed Form 576 | 8 |
| (election under see A Check ▶ ☐ If the filing organiz. | | | | chedule C for details | | |
| . — | | - | niated group. nd "limited control" pi | rovisions apply | | |
| Lim | its on Lob | bying Expe | | | (a) Filing organization's totals | (b) Affiliated group totals |
| | | • | | | totals | |
| 1a Total lobbying expenditures to inf | • | • | | | | |
| b Total lobbying expenditures to inf | | _ | dy (direct lobbying) | | | |
| c Total lobbying expenditures (add | | d 1b) | | | | |
| d Other exempt purpose expenditu | | | | | | |
| e Total exempt purpose expenditur | - | | • | | | |
| f Lobbying nontaxable amount En | | | | | ····· | |
| If the amount on line 1e, column (a) | or (b) is. | | bying nontaxable an | 1 | | |
| Not over \$500,000 | | | the amount on line 1 | | | |
| Over \$500,000 but not over \$1,00 | | | 00 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1, | | | | cess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17 | 7,000,000 | | | ess over \$1,500,000. | | |
| Over \$17,000,000 | . | \$1,000, | 000 | | | |
| g Grassroots nontaxable amount (e | nter 25% c | of line 1f) | | | | |
| h Subtract line 1g from line 1a. Ente | er -0- if line | g is more th | an line a | | | |
| i Subtract line 1f from line 1c Ente | r -0- if line f | is more tha | n line c | | | |
| j If there is an amount other than z | ero on eith | er line 1h or | line 1i, did the organi | zation file Form 4720 | | |
| reporting section 4911 tax for this | s year? | | | | | Yes N |
| • | | at made a s | | r Section 501(h) on do not have to comp a through 2f of the ins | | |
| | Lob | bying Expe | nditures During 4-Ye | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount | | ··· | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots non-taxable amount | | | | | | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | ļ | | | | | |
| | 1 | | | | | 1 |

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

| | | | (a) | | (t | |
|---|---|------------|----------|--|--------------------------|------------------------------|
| | | Yes | T | lo | Amo | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | - | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | | |
| | or referendum, through the use of | | ŀ | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | | |
| | Other activities? If "Yes," describe in Part IV | | | | | |
| j | Total lines 1c through 1i | |] | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | T | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | <u> </u> | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | T | | | |
| | t III-A To be completed by all organizations exempt under section 501(c)(4) | , section | 501 | (c)(5) | , or sect | ion |
| | 501(c)(6). See the instructions for Schedule C for details. | | | | | |
| <u> </u> | | | | | | |
| | | | | | Yes | No |
| | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | Yes | No X |
| 1 | • • • | | | 1 2 | Yes | X X |
| 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | Yes | X |
| 1 2 3 | • • • | , section | 501 | 2 | | X X X |
| 1 2 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 2 3 (c)(5) | , or sect | X X X |
| 1 2 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) | | | 2 3 (c)(5) | , or sect | X X X ion |
| 1 2 3 Parl | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR | | | 2 3 (c)(5) | , or sect | X X X |
| 1 2 3 Pari | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members | if Part I | | 2 3 (c)(5) ques | , or sect | X X X ion |
| 1 2 3 Part | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details | if Part I | | 2 3 (c)(5) ques | , or sect | X X X ion |
| 1 2 3 Part | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures) | if Part I | | 2 3 (c)(5) ques | o, or sect stion 3 is | X X X ion |
| 1 2 3 Parl 1 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year | if Part I | | 2 3 (c)(5) ques | o, or sect stion 3 is | X X X ion |
| 1 2 3 Part 1 2 a b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). | if Part I | | 2 3 (c)(5) ques 1 | 9,74(| X X X ion |
| 1 2 3 Part 1 2 a b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | if Part I | | 2 3 (c)(5) ques 1 | 9,740 | X X X ion 0,133. |
| 1 2 3 Part 1 2 a b c 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | if Part I | | 2 3 (c)(5) ques 1 2 2b 2c | 9,740 | X X X ion 0,133. |
| 1 2 3 Part 1 2 a b c 3 4 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds | if Part II | | 2 3 (c)(5) ques 1 2 2b 2c | 9,740 | X X X ion 0,133. |
| 1 2 3 Part 1 2 a b c 3 4 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | if Part II | | 2 3 (c)(5) ques 1 2 2b 2c | 9,740 | X X X ion 0,133. |
| 1 2 3 Part 1 2 a b c 3 4 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4) 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR answered "Yes." See Schedule C instructions for details Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds | if Part II | | 2 3 (c)(5) ques 1 2a 2b 2c 3 | 9,740 59 | X X X ion 0,133. |

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

2008 Open to Public Inspection

Name of the organization

KENTUCKY EDUCATION ASSOCIATION

Employer identification number

| | KENTUCKY EDUCATION | | 61-0245450 |
|-----|--|---|--|
| Pa | _ | | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, lin | | 43.5 |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | · · · · · · · · · · · · · · · · · · · |
| 5 | Did the organization inform all donors and donor advisors in | | |
| | are the organization's property, subject to the organization's | | L Yes L No |
| 6 | Did the organization inform all grantees, donors, and donor a | | . — — |
| | for charitable purposes and not for the benefit of the donor of | | |
| Pa | | | IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or public use) | | |
| | Protection of natural habitat | Preservation of certified h | istoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | servation contribution in the form of a conserva- | ation easement on the last day |
| | of the tax year | | |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | • • | 2c |
| d | Number of conservation easements included in (c) acquired | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | ganization during the taxable |
| _ | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, violations, and | Yes No |
| • | enforcement of the conservation easements it holds? | and and another distance the second | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, a | _ | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above and posters 170/b/(A/P)/w/2 | ve satisfy the requirements of section 170(n)(4 | Yes No |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservat | ion ageaments in its revenue and expense sta | |
| 9 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements | illori s illianciai statements that describes the | organization's accounting to |
| Pai | t III Organizations Maintaining Collections o | f Art. Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | of to report in its revenue statement and balance | ce sheet works of art. historical |
| | treasures, or other similar assets held for public exhibition, e | - | |
| | the footnote to its financial statements that describes these | • | ,, |
| h | If the organization elected, as permitted under SFAS 116, to | | heet works of art, historical treasures. |
| • | or other similar assets held for public exhibition, education, of | • | |
| | these items. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (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, historical tre | asures, or other similar assets for financial dai | in, provide |
| _ | the following amounts required to be reported under SFAS 1 | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| ь | Assets included in Form 990, Part X | | ► \$ ► \$ |
| _ | · · · · · · · · · · · · · · · · · · · | | |

832051 12-23-08

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

Schedule D (Form 990) 2008

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 basis (investment) basis (other) 134,000. 134,000. 1a Land 1,115,471.528,639 586,832. **b** Buildings 8,617. 17,367. 8,750. c Leasehold improvements 875,191. 1,123,570. 248,379. d Equipment e Other 977,961. Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

| (a) Description of security or category (including name of security) | (b) Book value | | Method of valuation end-of-year market value |
|---|---------------------------------------|----------------|---|
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | _ | | |
| Other | | | |
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| Total (Col (b) should equal Form 990, Part X, col (B) line 12) | > | | |
| Part VIII Investments - Program Related. | | e 13. | |
| | (b) Book value | | lethod of valuation: |
| (a) Description of investment type | (b) Book value | Cost or e | end-of-year market value |
| | · · · · · · · · · · · · · · · · · · · | | |
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| Total (Col (b) should equal Form 990, Part X, col (B) line 13) | > | | ······································ |
| Part IX Other Assets. See Form 990, Part X, III | | <u></u> | |
| | a) Description | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part X | | | <u> </u> |
| (a) Description of liability | A, line 25 | (b) Amount | |
| | | (2) / 11100111 | |
| Federal Income taxes POST RETIREMENT BENEFITS | | 2 744 666 | |
| | | 2,744,666. | |
| RETIREMENT INCENTIVE PAYABLE | | 414,798. | |
| MEMBER BENEFITS PAYABLE | · · · · · · · · · · · · · · · · · · · | 1,822,268. | |
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| | | 4,981,732. | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

| Sche | dule D (Form 990) 2008 KENTUCKY EDUCATION ASSOCIATION | | | 0245450 | Page 4 |
|------|--|--------------------|-----------|------------------|---------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financia | I Statement | ts | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 11,393, | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 10,986, | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | | 203. |
| 4 | Net unrealized gains (losses) on investments | 4 | | 1, | 638. |
| 5 | Donated services and use of facilities | 5 | | | |
| 6 | Investment expenses | 6 | | | |
| 7 | Prior period adjustments | 7 | | | |
| 8 | Other (Describe in Part XIV) | 8 | | < 444, | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | | <442, | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | | | 664. |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With | Revenue pe | er Returr | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 11,394, | 842. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | _ | | |
| а | Net unrealized gains on investments 2a | 1,63 | 88. | | |
| b | Donated services and use of facilities 2b | | | | |
| C | Recoveries of prior year grants 2c | | | | |
| d | Other (Describe in Part XIV) | | | | |
| е | Add lines 2a through 2d | | 2e | 1, | 638. |
| 3 | Subtract line 2e from line 1 | | 3 | 11,393, | 204. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIV) | < 3 | 30.> | | |
| С | Add lines 4a and 4b | | 4c | | <30. |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | | 5 | 11,393, | <u> 174 -</u> |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Statements With | n Expenses i | per Retu | rn | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 10,987, | 001. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities 2a | | | | |
| b | Prior year adjustments 2b | | | | |
| С | Losses reported on Form 990, Part IX, line 25 | | | | |
| d | Other (Describe in Part XIV) | 3 | 30. | | |
| е | Add lines 2a through 2d | | 2e | | 30. |
| 3 | Subtract line 2e from line 1 | | 3 | 10,986, | <u>.971.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIV) | | | | |
| С | Add lines 4a and 4b | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | 5 | 10,986, | <u>.971.</u> |
| Pa | rt XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a art XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b | nd 4; Part IV, lin | es 1b and | 2b; Part V, line | 4, Part |
| PAI | RT XI, LINE 8 - OTHER ADJUSTMENTS: | | | | |
| INC | CREASE IN LIABILITY FOR POST RETIREMENT HEALTH C | ARE PLAN | J: -44 | 4505. | |
| PAI | RT XII, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| NE | r LOSS ON SALE OF FIXED ASSETS: -30. | | | | |
| PAI | RT XIII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | | Sched | lule D (Form 9 | 90) 2008 |

| Sched | ule D (Forr | n 990) | 2008 | | KENTUC | CKY EDUCA | ATION | ASSOCIATION | 61-0245450 | Page 5 |
|----------|-------------|-------------------|---------------|------|----------------------|--------------|---------------------------------------|--|-----------------|-------------|
| Part | XIV Su | pplei | mental l | nfor | KENTUC mation (co | ontinued) | | | | |
| L | | p.p.c. | | | | | | | | |
| NET | TAGG | ON | CATE | ΟF | FTYFD | ASSETS: | 30 | | | |
| MET | позо | OIN | SALLE | Or | LINED | ADDLID. | JU. | | | |
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| SCHEDULE I | | | | | | | | OMB No 1545-0047 | |
|---|---|-------------------|--|--|--------------------------------------|---|--|---|---|
| Form 990) | | | Grants and Governm | Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. | to Organizations uals in the U.S. | . 5 | | 2008 | |
| Department of the Treasury Itemal Revenue Service | | ▼ Compl | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. | n answered "Yes," on F ► Attach to Form 990. | " on Form 990, Pa n 990. | art IV, lines 21 or 22. | | Open to Public Inspection | |
| vame of the organization | KENTUCKY | EDUCATION | ASSOCIATION | Z | | | Em | Employer identification number 61-0245450 | |
| Part General Int | General Information on Grants and Assistance | Assistance | | | | | | | _ |
| 1 Does the organization | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | substantiate the | amount of the grants | or assistance, the | grantees' eligibility | y for the grants or ass | istance, and the selection | | |
| | criteria used to award the grants or assistance? | ınce ² | | = | č | | | X Yes No | |
| 2 Describe in Part i | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | adures for monit | oring the use of grant f | runds in the United | States | | | | |
| | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000. Chark this how received more than \$5,000. Chark this how received more than \$5,000. | overnments and | Organizations in the | United States. C | omplete If the orga | anization answered "Y | es" on Form 990, Part IV, L/Form 990) if additional s | line 21, for any | |
| 1 (a) Name and ad or gov | 1 (a) Name and address of organization or government | (e) | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance | of grant ance | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 2 Enter total number | Enter total number of section 501(c)(3) and government organizations | government org | anizations | | | | | 0 | |
| 3 Enter total number | Enter total number of other organizations | | | | | | | • 0 | |
| HA For Privacy Act | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | on Act Notice, | see the Instructions f | or Form 990. | | | | Schedule I (Form 990) 2008 | |

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) 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) if additional space is needed ASSOCIATION PERSONNAL THROUGHOUT THE COMMONWEALTH OF KENTUCKY ON A GRANT BY Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: GRANTS ARE MONITORED BY KENTUCKY EDUCATIONAL (d) Amount of non-cash assistance GRANT BASIS BY RECEIPTS AND OBSERVATION OF WORK PERFORMED 23 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, Schedule | (Form 990) 2008 SCHEDULE I, 832102 12-18-08 Part IV Part III

Page 2

61-0245450

KENTUCKY EDUCATION ASSOCIATION

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

KENTUCKY EDUCATION ASSOCIATION

Employer Identification number 61-0245450

| | Y EDUCAT | | | | | | | | 61-024 | |
|----------------------------------|------------------|--------------------------------|-----------------------|--|--------------|------------------------------|--|--|--|--|
| Part I Continuation of Officers, | | rust | tee | | | En | npl | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours | ٫ ا | hecl | | ition | | . 1 1 | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week | | | all | Inal | Γ | Γ | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related |
| | | Individual trustee or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| JANET JACKSON | | İ | | | 1 | ļ | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | ļ | ļ | _ | <u> </u> | 0. | 0. | 0. |
| RUTH KING | | | | | ł | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | ļ | <u> </u> | | ļ | 0. | 0. | 0. |
| CHARLES LUDWIG | | | | | | | | | | |
| DIRECTOR | 0.00 | X | ļ | | <u> </u> | | _ | 0. | 0. | 0. |
| LISA PETREY-KIRK | | | | | | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| DALE WARREN | | | Ì | İ | | | | | | |
| DIRECTOR | 0.00 | X | _ | <u> </u> | | _ | <u> </u> | 0. | 0. | 0. |
| GREG ROSS | | | | | | | | | | |
| DIRECTOR | 0.00 | X | | <u> </u> | ļ | | | 0. | 0. | 0. |
| NIKI ROSS | | İ | 1 | | | | | | | |
| DIRECTOR | 0.00 | X | | | ļ | <u> </u> | | 0. | 0. | 0. |
| BECKY SKAGGS | | | | | | | | | | |
| DIRECTOR | 0.00 | X | _ | | ļ | | | 0. | 0. | 0. |
| TIM WATKINS | | | | | | | | | | |
| DIRECTOR | 0.00 | X | <u> </u> | L | <u> </u> | | _ | 0. | 0. | 0. |
| NANCY TOOMBS | | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| CONSTANCE TRAINER | | | | | | | | | _ | _ |
| DIRECTOR | 0.00 | X | <u> </u> | ļ | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| EDITH YARBROUGH | | | | | | 1 | İ | _ | _ | _ |
| DIRECTOR | 0.00 | X | | ļ | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| BILL WOOLDRIGE | | | | | | | | | _ | _ |
| DIRECTOR | 0.00 | X | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| RENNEE YATES | | | | | | | | | _ | |
| DIRECTOR | 0.00 | X | ļ | ļ | <u> </u> | <u> </u> | ļ | 0. | 0. | 0. |
| MARY ANN BLANKENSHIP | | | İ | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | _ | _ | X | _ | ļ | <u> </u> | 136,464. | 0. | 0. |
| FRANCIS CLEMENTS | | | | | | | ĺ | 0.7.001 | • | |
| FINANCE DIRECTOR | 40.00 | <u> </u> | <u> </u> | X | <u> </u> | <u> </u> | 1 | 87,801. | 0. | 0. |
| JOHN WILKERSON | 1 40 00 | | | | - | , . | | 104 000 | ^ | _ |
| ASSOCIATE EX DIRECTOR | 40.00 | | | | | X | <u> </u> | 124,863. | 0. | 0. |
| | | | | | | | ļ | | | |
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| | | | | <u>. </u> | 1 | <u>-</u> | ــــــــــــــــــــــــــــــــــــــ | | | |

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

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► 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 KENTUCKY EDUCATION ASSOCIATION

Employer identification number 61-0245450

| FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED AND |
|--|
| APPROVED BY THE FINANCE DIRECTOR ON BEHALF OF THE BOARD OF DIRECTORS. FORM |
| 990 IS ALSO MADE AVAILABLE TO ANY BOARD MEMBER WHO WISHES TO REVIEW IT. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: SALARIES ARE REVIEWED AND COMPARED |
| TO DATA FROM OTHER STATES. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE |
| AVAILABLE ITS FINANCIAL STATEMENTS TO THE PUBLIC. |
| |
| FORM 990 PART XI, LINE 2C |
| THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |
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| OMB No. 1545-0047 2008 Open to Public Inspection | Employer identification number $61-0245450$ | | (F) | Direct controlling entity | | | | | | | |
|---|---|--|--------------|--|--|--|--|--|--|--|--|
| 4, 35, 36, or 37. | Employ 61- | | (E) | End-of-year assets | | | | | | | |
| , Part IV, lines 33, 3 | | | (<u>Q</u>) | Total income | | | | | | | |
| Related Organizations and Unrelated Partnerships of by organizations that answered "Yes" to Form 990 See separate instructions. | | | (C) | Legal domicite (state or foreign country) | | | | | | | |
| Related Organizations and Unrelated Partnerships ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions. | KENTUCKY EDUCATION ASSOCIATION | | (B) | Primary activity | | | | | | | |
| ► Attach to Form 990. To b | | Identification of Disregarded Entities | (A) | Name, address, and EIN of disregarded entity | | | | | | | |
| SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service | Name of the organization | Part I Identification | | Nam of c | | | | | | | |

| Organizations |
|----------------|
| Tax-Exempt |
| of Related |
| Identification |
| Part II |

| (A) | (B) | (0) | (Q) | (E) | (F) |
|---|--|---|---------------------|--|---------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity |
| ION - 53-0115260 | TO ASSURE THAT THE RIGHTS OF ALL EDUCATORS AND | | | | |
| WASHINGTON DC 2003b-3290 | STUDENTS ARE EQUAL | DISTRICT OF COLUMBIA | (0)(0)100 | | N/A |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

| (J) Seneral or nanaging partner? | | |
|---|--|--|
| Code V-UBI General or amount in box managing 20 of Schedule Partner K-1 (Form 1065) Yes No. | | |
| (H) Disproportionate allocations? | | |
| (G) Share of Diend-of-year are assets | | |
| (F) Share of total income | | |
| (E) Predominant income (related, investment, unrelated) | | |
| (C) (D) Legal domicile (State or foreign foreign country) | | |
| (C) Legal domicile (state or foreign country) | | |
| (B) Primary activity | | |
| (A) Name, address, and EIN of related organization | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) | (B) | <u>0</u> | (g) | (E) | (F) | (5) | £ |
|---|------------------|--|------------------------------|---|-----------------------|-----------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership |
| | | | | | | | |
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| 832162 12-23-08 | 27 | 7 | | | | Schedule R (Form 990) 2008 | m 990) 2008 |

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Schedule R (Form 990) 2008 KENTUCKY EDUCATION ASSOCIATION

Part V Transactions With Related Organizations

| | | - | Н |
|---|---------------------------|----------------------------|----------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV. | | Yes | S No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | - |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1 a | × |
| b Gift, grant, or capital contribution to other organization(s) | | 1b | × |
| c Gift, grant, or capital contribution from other organization(s) | | 1c X | |
| d Loans or loan quarantees to or for other organization(s) | | 19 | × |
| | | - - | × |
| | | | |
| f Sale of assets to other organization(s) | | + | × |
| a Purchase of assets from other organization(s) | | 10 | × |
| | | £ | × |
| | | ; = | × |
| | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | | 11 | × |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k | × |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | 1 | × |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E | × |
| n Sharing of paid employees | | 1- | × |
| | | | |
| o Rembursement paid to other organization for expenses | | 10 | × |
| p Reimbursement paid by other organization for expenses | | T _P | |
| | | | |
| q Other transfer of cash or property to other organization(s) | | 19 | × |
| r Other transfer of cash or property from other organization(s) | | 1- | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | transaction thresholds | | |
| (A) | (B) | () | |
| Name of other organization(s) | Transaction type (a-r) | Amount involved | lved |
| (1) NATIONAL EDUCATION ASSOCIATION | υ | 1,407, | 325. |
| (2) NATIONAL EDUCATION ASSOCIATION | Д | 554, | 778. |
| (3) | | | |
| (4) | | | |
| (9) | | | |
| | | | |
| 832163 12-23-08 | Sche | Schedule R (Form 990) 2008 | 30) 2008 |

Page 4

Part Vf Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships | usion for certain investment partners | sdins | | | | | |
|---|---------------------------------------|----------------------------|------------------|------------------|--------------|--------------------------------|------------|
| (A) | (8) | <u>(</u>) | <u>@</u> | (E) | Œ | (0) | £ |
| Name, address, and EIN | Primary activity | Legal domicile | Are all partners | Share of end-of- | Dispropor- | Code V-UBI | General or |
| of entity | | (state or foreign country) | organizations? | year assets | allocations? | of Schedule K-1 (Form 1065) | 1.5 |
| | | | | | 2 | (222) | ទ |
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Schedule R (Form 990) 2008