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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

| A F | or the | | ndar year, or tax | | | $_{0/01}$, 2008, ar | | | 09/30, | | |
|-------------|-----------------------|-------------------|-------------------------|--------------------------|-------------------|------------------------|--|-----------------------------------|--------------------|------------------|--------------------|
| <u>В</u> сн | eck if applica | Please use IRS | C Name of organization | on KENTUCKY C | HAMBER C | F COMMERCE | , INC. | D Employer id | entification n | umber | |
| | Address change | label or | | | | | | 61-040 | | | |
| L | Name cha | print or type. | Number and street | (or PO box if mail is no | t delivered to st | reet address) | Room/suite | E Telephone r | umber | | |
| | Initial retu | ırı See | 464 CHENAUL | T ROAD | | | | (502)6 | 95-4700 | | |
| | Terminate | on Instruc- | | or country, and ZIP + 4 | | | | | | | |
| | Amended | tions | FRANKFORT, | KY 40601-926 |) | | | G Gross receip | ots \$ | 5,054 | . 662 |
| | Applicatio pending | n F Na | ame and address of | principal officer DAV | ID ADKTS | SON | | H(a) Is this a gro | up return for | Yes | XN |
| |] becomed | ı | | AD FRANKFORT | | | | affiliates? H(b) Are all affilia | ates included? | Yes | X |
| · · | Tax-exem | | X 501(c) (06) | | 1947(a)(1) or | 527 | | ⊣ '' | ch a list (see ins | | Г О Т . |
| | | • | .KYCHAMBER.C | | | 1 102. | | H(c) Group exem | | | /A |
| | | rganization | Corporation | Trust X Associatio | n Other | <u> </u> | I Year of form | ation 1942 M | | | • |
| Pa | | Summary | | THOSE X ASSOCIATIO | | | | 1942[| Otato or rogar | | KY |
| 1 0 | | | - | | | | | | | | |
| | | | | s mission or most sig | | | | | | | |
| မွ | | | | ROUS BUSINESS | | | _ | | | | |
| ar | | | | VOCACY, INFO | | | <u>ER_SERVIC</u> | E IN ORDE | <u>R</u> | | |
| je l | | | | RETENTION AN | | | | | | | |
| Governance | | | | ganization discontinu | | | | | | | |
| ∞ಶ | 3 Nu | umber of vo | oting members of the | e governing body (Par | t VI, line 1a) | | | | 3 | | 61 |
| Activities | 4 Nu | umber of in | dependent voting m | embers of the gover | ning body (Pai | t VI, line 1b) | | | 4 | | 59 |
| Ξ | 5 To | tal number | r of employees (Part | V, line 2a) | | | | | 5 | | 37 |
| Act | 6 To | tal number | of volunteers (estim | ate if necessary) | | | | | 6 | NO | NE |
| Ì | 7a To | tal gross u | nrelated business re | venue from Part VIII, I | ine 12, colum | n (C) | | | 7 a | | ,059 |
| | b Ne | et unrelated | d business taxable ir | come from Form 990 | -T. line 34 | · | | | 7b | | , 458 |
| ㄱ | | | | | ., | | | Prior Year | · - I | urrent Y | |
| _ | 8 Co | ntribution | and grants (Part VIII | , line 1h) | | | | 1,209,5 | | | ,735 |
| [일 | 9 Pr | ouram can | uce revenue (Part VIII | I, line 2g) | | | | | | | • |
| Revenue | 10 Inv | vootmont in | nce revenue (r art vii | ump (A) lipos 2 4 on | | | | 3,601,7 | | 3,700 | |
| & ∣ | 44 04 | vesument ii | (Dest VIII) selvere | umn (A), lines 3, 4, an | . 10 144 | | · · · · · - | 18,6 | 1 | | ,455 |
| | 11 Ot | ner revenu | e (Part VIII, column | (A), lines 5, 6d, 8c, 9d | c, 10c, and 11 | e) | | 479,5 | | | ,048 |
| \dashv | | | | gh 11 (must equal Pa | | | | 5,309,3 | 59. | <u>5,009</u> | ,340 |
| | | | | (Part IX, column (A), I | | | | N | ONE | | NON |
| | | | | Part IX, column (A), Iir | | | | | ONE | | <u> 101</u> |
| S S | 15 Sa | alaries, othe | er compensation, en | nployee benefits (Part | IX, column (A |), lines 5-10) | | 2,257,7 | 08. | 2,490 | <u>,127</u> |
| Expenses | 16a Pr | ofessional | fundraising fees (Par | t IX, column (A), line | 1 <u>1e)</u> | | | Ŋ | ONE | | 10И |
| × | b To | tal fundrais | sing expenses, Part I | X, column (D), line 25 |) ►RE | CEIVED | | | | | |
| ٣ | 17 Ot | her expens | ses (Part IX, column | (A), lines 11a-11d, 11 | f-124f | | | 2,226,8 | 40. | 2,171 | .771 |
| | 18 To | tal expense | es Add lines 13-17 | (must equal Part IX, c | olean (A), Hip | e 25) a 0040 | | 4,484,5 | li i | 4,661 | |
| | 19 Re | evenue less | s expenses Subtract | line 18 from line 12. | S LFF | 3 W 3 ZU10 . | | 824,8 | | | ,442 |
| - W | | | | | 1 1 | | | Beginning of Ye | i . | nd of Ye | |
| 18 2 | 20 To | tal accete (| (Part X, line 16) | | 00 | DEAL LIX | ººº ⊢ | | | | |
| Bag | | • | • • • • | | <u> </u> | IDEN, UT. | ╧╧┩╌┞ | 3,460,3 | | 3,360 | |
| = = 1 | | | es (Part X, line 26) | | | | • • • • | 2,046,2 | | 1,598 | |
| | | | | otract line 21 from line | 20 | | <u> </u> | 1,414,1 | 58. | 1,761 | ,598 |
| Pa | rt II | Signatur | e Block | . | _ | | | | | | |
| | | nder penalti | es of perjury i degram | that I have examined | this return, in | cluding accompanyi | ng schedules a | nd statements, and | to the best | of my kr | owledg |
| | a | nd belief, it | is true, confect/alld o | complete Declaration o | t preparer (otr | ier than officer) is t | based on all in | formation of which | n preparer ha | is any kn | owledg |
| Si | gn 📗 | | WI XWE | us_ | | | | 1/2 | 0/10 | | |
| H | ere 📗 | Signatu | re of bificer | Λ |) | 00 1- | ~ - | Dayle | / | | |
| | 1 1 | L | JAVID C. | HOKIS: | SON | TKES/CL | 50. | | | | |
| | | Type or | print name and title | | | | | _ | | | |
| | P | reparer's | | | | Date | Check if | | parer's identify | ng numb | er |
| Paid | | ignature | Dag 0.0 | I I MIN Lord | | 1/16/ | self- employed | | instructions) | | |
| rep | 2505'S - | ırm's name (| OF VOILES A STATE | LODENIE III | | 1110// | Cimpioyer | EIN | | <u> </u> | |
| Jse (| Only if | self-employe | ed), | HORWATH LLP | | | | + | | 06.05 | |
| 40 | | ddress, and Z | | NSBORO ROAD, SUITE | | | 122 | Phone no | 502-3 | | - 1 |
| | | | | eparer shown above? | | | | <u> </u> | · · X | Yes | N ₂ |
| or | Privacy | Act and Pa | aperwork Reduction | n Act Notice, see the | separate inst | ructions. | | | _ | Form 99 (| (20 |

| Form 990 (2008) | 61-0405718 | Page 2 |
|--|---|---------------------|
| Part Statement of Program Service Accomplish | ments (see instructions) | |
| Briefly describe the organization's mission | | . — |
| TO SUPPORT A PROSPEROUS BUSINESS CI | IMATE IN THE COMMONWEALTH OF | |
| KENTUCKY THROUGH ADVOCACY, INFORMAT | TION AND CUSTOMER SERVICE IN ORDER | |
| TO PROMOTE BUSINESS RETENTION AND F | RECRUITMENT. | |
| | | |
| the prior Form 990 or 990-EZ? | ram services during the year which were not listed on | es X No |
| If "Yes" describe these new services on Schedule O. 3 Did the organization cease conducting, or make sign | | |
| services? If "Yes," describe these changes on Schedule O. | | es X No |
| 4 Describe the exempt purpose achievements for each | of the organization's three largest program services by expenses. ction 4947(a)(1) trusts are required to report the amount of grants if any, for each program service reported | and |
| · · · · · · · · · · · · · · · · · · · | luding grants of \$) (Revenue \$ |) |
| SEMINARS & MEETINGS - TOPICS INCLUI | ···· | |
| WORKERS' COMP COSTS, TAX LAW_COMPLI | ANCE, ENVIRONMENTAL LAW, HUMAN | |
| RESOURCE LAW, ETC. | | |
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| | | |
| | | |
| 4b (Code.) (Expenses \$ Inc | Studing grants of \$ | |
| | | , |
| PUBLICATIONS - PUBLICATIONS FOR SAI | | |
| LABOR LAWS AND REGULATIONS, BUSINES | | |
| ENVIRONMENTAL ISSUES, HUMAN RESOURCE | JES. | |
| | | |
| | | |
| | | |
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| <u> </u> | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| 4 (O-d | Ideas aroute of \$ | |
| 4c (Code:) (Expenses \$nclu | ··· | |
| MEMBERSHIP - SOLICITS NEW MEMBERS A | AND OFFERS CUSTOMER SERVICE TO | |
| EXISTING MEMBERS. | | |
| | | _ |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| 4100 | | |
| 4d Other program services (Describe in Schedule O.) | \/D===== / | |
| (Expenses \$ including grants of \$ |) (Revenue \$) | |
| 4e Total program service expenses ▶ \$ | (Must equal Part IX, Line 25, column (B).) | 000 (0000 |
| JSA 8E1020 1 000 | For | m 990 (2008) |

| Part | IV Checklist of Required Schedules | | | |
|---------------|--|----------|-----|-------------|
| | • | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| • | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| • | Cabadula C. Boot II | 4 | | |
| 5 | Sections 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 | x | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | <u> </u> | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | · | | | |
| - | Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | l _ | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| • | complete Schedule D, Part III | 8 | | <u>X</u> |
| 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 | | <u>X</u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | - | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| 4.0 | Parts VI, VII, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| 4.0 | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| 4- | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | <u>X</u> |
| 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 | | <u>X</u> |
| 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 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | - | <u>X</u> |
| 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 | | <u> </u> |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 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 | | <u>X</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 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 | | <u> X</u> _ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) 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 | | |
| 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 | | |
| 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 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | |
| 10: | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| JSA 8E1021 | 1 000 | Form | 990 | (2008) |

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

Form 990 (2008)

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|--|---------|-----|----------------|
| | , , | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S Information Returns Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable |] | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1 c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 37 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | ! |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | |
| | this return? | 3 a | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | í | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | | | |
| | and Financial Accounts | | | ļ [;] |
| 5 a | 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 | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | _ | | |
| | Prohibited Tax Shelter Transaction? | 5 c | | |
| | Did the organization solicit any contributions that were not tax deductible? | 6a | Х | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | e L | ., | İ |
| _ | gifts were not tax deductible? | 6b | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . | 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | ' 5 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| 4 | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| - | benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | 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) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | <u> </u> |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | { |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | 12- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · · If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| D_ | in res, enter the amount of tax-exempt interest received of accrued during the year 120 | Form | 990 | (2008) |
| | | · OIIII | | (2000) |

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

| <u>Sect</u> | ion 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, process, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | | | |
| þ | Enter the number of voting members that are independent 59 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | 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 | X_ | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | <u>X</u> |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | <u>X</u> | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | 8ь | | _X |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | <u> </u> |
| b | 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? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | | |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 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> |
| Secti | on B. Policies | | | |
| | | <u> </u> | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | <u> </u> |
| р | | | | |
| | rise to conflicts? | 12b | X | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | Х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X | |
| b | Other officers or key employees of the organization? | 15b | X_ | - |
| | Describe the process in Schedule O. (see instructions) | 1 | | |
| 16a | | | | |
| | with a taxable entity during the year? | 16a | | _ X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | - | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): | s only |) | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | _ | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter- | rest | | |
| | policy, and financial statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ne | | |
| | organization ▶PATRICK MERCHAK 464 CHENAULT ROAD FRANKFORT, KY 40601-9260 | | | |
| | (502) 695-4700 | | | |

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 not com | iperisale ai | iy Oilii | Jei, | une | SCIO | i, iius | icc | , or key employee | | |
|--|--------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|----------|---------------------|----------------------------------|---------------------------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | | ion (| chec | | that apply) | | Reportable | Reportable | Estimated |
| | hours per | 악교 | Ins | 9 | G G | em Hig | Former | compensation | compensation | amount of |
| | week | Individual trustee or director | Institutional trustee | Officer | Key employee | ples | me | from | from related | other |
| | | cto | ğ | | 호 | st co | ٦ | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | ੋ ਵੇ | a t | |) ye | mg | | (W-2/1099-MISC) | (W-2/1099-WISC) | organization |
| | | stee | Z. | | " | en | | (11 2, 1000 111100) | | and related |
| | | " | ee | | | Highest compensated employee | | | | organizations |
| | | _ | | | _ | <u>.</u> | <u> </u> | | | |
| | | | | | | | | | | |
| SEE SCHEDULE J-2 | | | _ | _ | | | _ | | | |
| | | | | | | | | | | |
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Form 990 (2008)

| Р | art VII Section A. Officers, Directors, Tru | ıstees, Ke | y En | plo | ye | es, | and I | Hig | hest Compensat | ed Employ | ees (d | ontinue | ed) | |
|---|---|------------------------------|-----------------------------------|-----------------------|--------------|--------------|------------------------------|-------------|--|---------------------------------|--------|-----------------------|--|---------------|
| | (A) | (B) | | | (6 | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average hours per week | - | _ | Officer | _ | that ap | Ply) Former | Reportable compensation from | Reportal compensation from rela | ation | am | timate rount o other | |
| | | | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | er | the organization (W-2/1099-MISC) | organizati (W-2/1099- | | frorga orga and | pensatiom the anization of the second the se | e on ed |
| | | | | | | | | | | | | | - | |
| | | | | | | | | - | | | | | | |
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| | | | | | | | | | | | | | | |
| <u>1 b</u> | | | | | | | | <u> </u> | 1,032,002. | | NONE | | | 013. |
| 2 — | Total number of individuals (including those organization ► 5 | e in 1a) w | /ho r | ece | ived | m | ore ti | han | \$100,000 in rep | oortable coi | mpens | ation f | rom 1 | he |
| 3 | Did the organization list any former office | | | | | | | | | | | | Yes | No |
| | employee on line 1a? If "Yes," complete Schedu | ıle J for sud | ch ind | ıvıdı | ual | | | | | | • • | _3_ | | X |
| 4 | For any individual listed on line 1a, is the the organization and related organizations | greater th | an \$ | 150 | ,00 | 0? | If "Y | es," | complete Schedi | ule J for s | uch | | | |
| 5 | Did any person listed on line 1a receive | or accr | ue co | omp | ens | atio | n fro | m | any unrelated o | rganization | for | 4 | X | |
| 50 | services rendered to the organization? If "Yes," ction B. Independent Contractors | complete s | scried | uie . | <i>J</i> 101 | Su | on per | SOL | <i>,</i> | <u> </u> | • • | 5 | | X |
| 1 | Complete this table for your five highest compensation from the organization. | compensat | ed in | dep | enc | lent | cont | rac | tors that received | i more tha | n \$10 | 0,000 | of | - |
| (A) (B) Name and business address Description of services | | | | | | | | (C) | sation | | | | | |
| _ | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| _ | | | | | | | | - | | | | | | |
| _ | | _ | | | | | | +- | | | | | | |
| 2 | Total number of independent contractors (in compensation from the organization | ncluding th | nose | ın 1 | 1) v | vho | rece | ive | d more than \$10 | 0,000 in | | | | |
| | | .~ | | | | | · · · · · · | | | | | | | |

| art VI | Statement of Revenue | | | 51-0405718 | <u>-</u> | |
|-----------------------------|--|------------------|-------------------|--|---|---|
| | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512, 513, or 51 |
| <u>a</u> 1a | Federated campaigns 1a | | | | | |
| all 1a b c d e f g g | | | | | | |
| ∰ c | Fundraising events 1c | | | | | |
| <u>≣</u> d | Related organizations 1d | | | | | |
| [e | Government grants (contributions) 1e | | | | | |
| f f | | | | | | |
| 5 | and similar amounts not included above . 1f | <u>806,735</u> . | | | | |
| ≅ g | Noncash contributions included in lines 1a-1f \$ | , | | | | |
| ı n | Total. Add lines 1a-1f | | 806,735. | | | - |
| | | Business Code | | | | <u> </u> |
| 2a | | 900099 | 2,169,996. | 2,169,996. | | |
| b | SEMINARS & MEETINGS | 541610 | 1,282,681. | 1,282,681. | | |
| C | PUBLICATIONS | 541800 | 239,625. | 239,625. | | |
| 2a b c d e f | RELATED PARTY RENTAL INCOME | 531120 | 7,800. | 7,800. | <u>.</u> | ļ |
| е | | | | | · | |
| f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | <u> ▶</u> | 3,700,102. | | | |
| 3 | Investment income (including dividends, inter | rest, and | | | | |
| | other similar amounts) | . STMT. 1 ▶ | 8,455. | | | 8,45 |
| 4 | Income from investment of tax-exempt bond | - 1 | NONE | | | |
| 5 | Royalties | ' | NONE | | | |
| | (ı) Real | (II) Personal | | | | |
| 6a | Gross Rents | | | | | |
| Ь | Less rental expenses | | | | | |
| C | Rental income or (loss) | | | | | |
| d | • | | NONE | | | |
| " | (i) Securities | (II) Other | - NONE | | • | |
| 7 a | Gross amount from sales of | | | | | |
| ١. | assets other than inventory | | | + | | 1 |
| b | | | | | | |
| | and sales expenses | | İ | | | |
| C | • • | <u> </u> | | | | |
| d | 3 3 1 | | NONE | | | - |
| 8a | 5 | | | | | |
| | events (not including \$ | | | İ | | |
| | of contributions reported on line 1c) | | | | | |
| | See Part IV, line 18 a | 1 1 | 1 | | | İ |
| Ь | | | | _ · | | |
| С | Net income or (loss) from fundraising events | STMT. 2 ▶ | 20,228. | | | 20,22 |
| 9a | | | | | | |
| | See Part IV, line 19 a | | | | | i |
| b | Less direct expenses b | | | | | |
| С | Net income or (loss) from gaming activities. | · <u>···</u> | NONE | | | |
| 10a | Gross sales of inventory, less | | | | | |
| | returns and allowances a | | | | | |
| ь | | 1 | | | | |
| | Net income or (loss) from sales of inventory. | | NONE | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| 11a | ENDORSEMENT INCOME | 900004 | 426,784. | 6,205. | 420,579. | |
| Ъ | MITAGETT AVERAGE THEOLOGIC | 900099 | 32,556. | 32,556. | | |
| C | ADVERTISING | 541800 | 14,480. | | 14,480. | |
| ا ا | | 1.2 | 2.7 | - | | |
| | | | 473,820. | | | |
| e | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, | 7 1 | 313,020 | | | |
| 12 | - LOWI REVERUE, ADD LINES LT. 20. 3, 4, 5, 60 | ru. oc. | | ! | | 1 |

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).

| | 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 | NONE | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | NONE | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | US See Part IV, lines 15 and 16 | NONE | | | |
| 4 | Benefits paid to or for members | NONE | | - | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 954,083. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | _ | |
| 7 | Other salaries and wages | 1,107,747. | | | |
| 8 | Pension plan contributions (include section 401 | | | | |
| | (k) and section 403(b) employer contributions) | 94,565. | | | |
| 9 | Other employee benefits | 196,576. | | | |
| 10 | Payroll taxes | 137,156. | | | |
| | Fees for services (non-employees) | | | | |
| | Management | NONE | | | |
| | Legal | 2,759. | | | |
| | Accounting | 23,475. | | _ | |
| | Lobbying | 65,570. | | | |
| | Professional fundraising services See Part IV, line 17 Investment management fees | NONE NONE | | | |
| | Other | 335,364. | | | |
| | Advertising and promotion | 124,596. | | | |
| | Office expenses | 313,287. | | | |
| | Information technology | NONE | | | |
| 15 | Royalties | NONE | | | |
| 16 | Occupancy | 75,114. | | | |
| 17 | Travel | 166,303. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | NONE | | | |
| | Conferences, conventions, and meetings | 753,026. | ······································ | | |
| 20 | Interest | 5,407. | | | |
| 21 | | NONE | | | <u></u> |
| | Depreciation, depletion, and amortization | 102,482. | | | <u> </u> |
| | Insurance | NONE | - | | |
| 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 | MISCELLANEOUS | 68,178. | | | |
| b | REPAIRS_AND_MAINTENANCE | 46,430. | | | |
| С | COST_OF_SALES | 37,415. | | | |
| d | DUES_AND_SUBSCRIPTIONS | 29,838. | | | |
| е | INCOME_TAX_EXPENSE | 12,865. | | | |
| f | All other expenses | 9,662. | | | |
| | Total functional expenses. Add lines 1 through 24f | 4,661,898. | | | |
| 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 | | | | |

JSA 8E1052 1 000

Form **990** (2008)

| Pa | rt X | Balance Sheet | | | | | |
|------------------|--------|---|--------------------------|-----|-----------------|-----------------|----------------|
| | | | (A) Beginning of year | | End | (B) I of yea | ar |
| | 1 | Cash - non-interest-bearing | 35. | 1 | | | 7 |
| | 2 | Savings and temporary cash investments | 1,207,455. | 2 | | 761, | 484 |
| | 3 | Pledges and grants receivable, net | 466,300. | | | | 795 |
| | 4 | Accounts receivable, net | 398,120. | | | | 245 |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | |
| | ļ | employees, or other related parties Complete Part II of Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II | | | | | |
| | | of Schedule L | | 6 | | | |
| ts | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sales or use | 35,170. | 8 | | 31, | 240 |
| ä | 9 | Prepaid expenses and deferred charges | 60,285. | 9 | | 18, | 638 |
| | 10a | Land, buildings, and equipment cost basis 10a 2,698,548 | | | • | | |
| | b | Less: accumulated depreciation Complete | | | | | |
| | | Part VI of Schedule D | 1,293,021. | 10c | 1 | ,783, | 981. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line 11 · · · · · · · · · · · . | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets · · · · · · · · · · · · · · · · · · · | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 · · · · · · · · · · · · · | NONE | 15 | | 6, | 735 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,460,386. | 16 | 3 | ,360, | 125. |
| | 17 | Accounts payable and accrued expenses | 488,064. | 17 | | 455, | 263. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 1,475,618. | 19 | 1 | ,143, | 264. |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| es | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | |
| jab | | highest compensated employees, and disqualified persons. Complete Part II | | | | | |
| _ | | of Schedule L | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 82,546. | | | | NON |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,046,228. | 26 | 1 | ,598 , | <u>527,</u> |
| ces | | Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| lan | 27 | Unrestricted net assets | 780 , 558. | 27 | | | 498. |
| 8 | 28 | Temporarily restricted net assets | 633 <u>,600</u> . | 28 | | 921, | 100. |
| Ē | 29 | Permanently restricted net assets | | 29 | | | |
| or Fund Balances | | Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. | | | | | |
| Net Assets | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | |
| ¥, | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| ž | 33 | Total net assets or fund balances | 1,414,158. | 33 | 1 | 761, | <u>598.</u> |
| | 34 | Total liabilities and net assets/fund balances | 3,460,386. | 34 | 3 | .360, | <u> 125.</u> |
| Pa | rt XI | Financial Statements and Reporting | | | | 1,, | T |
| 1 | | unting method used to prepare the Form 990 \square Cash $\boxed{ 	ext{X} }$ Accrual $\boxed{ 	ext{ }}$ Othe | | | | Yes | No |
| 2a | | e the organization's financial statements compiled or reviewed by an independent account | | | | X | |
| b | | e the organization's financial statements audited by an independent accountant? | | | · · · <u>2b</u> | | X |
| С | | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility | = | | | | |
| _ | | , review, or compilation of its financial statements and selection of an independent accou | | | · · · <u>2c</u> | + | _X |
| 3a | | result of a federal award, was the organization required to undergo an audit or audits as s | | | | | |
| | | Single Audit Act and OMB Circular A-133? | | | | | <u> </u> |
| D | IT "YE | es,"_did the organization undergo the required audit or audits? | <u> </u> | | . <u> 3b</u> | 1 | L |

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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(cy)(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

| | ction 501(c)(4), (5), or (6) o | rganizations Complete Part III | | Familia de la constitución de la | |
|--|--|--|---|--|--|
| | CKY CHAMBER OF C | COMMERCE, INC. d by all organizations exemptons for Schedule C for details. | under section 50 | 61-0 | ofication number 405718 rganizations. |
| 2 Po | olitical expenditures | e organization's direct and indirect | | ▶ \$ | |
| Part I- | See the instruction | d by all organizations exempt ons for Schedule C for details. | | | |
| 2 Er 3 If 4a W | nter the amount of any e the organization incurred as a correction made? . 'Yes," describe in Part IV To be complete | xcise tax incurred by the organizat xcise tax incurred by organization of a section 4955 tax, did it file Form | managers under sen 4720 for this year | ction 4955 | Yes No |
| ac 2 Er 52 3 To on 4 Di 5 St | iter the amount directly tivities | expended by the filing organization organiza | d to other organizated lines 1 and 2 and control of all sections was paid from a separate political | ions for section senter here and on 527 political organizate the filing organization's organization, such as a se | Yes No |
| | (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 if none, enter -0- |
| | | | | | |
| | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

| Sch | nedute C (Form 990 or 990-EZ) 2008 | | | 61-04 | 05718 | Page 2 |
|------------------------------|--|---|--|---------------------------------------|----------------------------------|-----------------------------|
| Pa | art II-A To be completed by (election under sec | | | | | |
| | Check ▶ if the filing organ | nization belongs to | o an affiliated grou box A and "limited | p. | · · · - | |
| | Limits (The term "expendit | on Lobbying Exper ures" means amou | | .) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a b c d e f | Total lobbying expenditures (ad Other exempt purpose expendit | nfluence a legislativ d lines 1a and 1b) tures ures (add lines 1c ar | e body (direct lobbyi | ng) | | |
| | If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50 | 20% of the \$100,000 p | ng nontaxable amount amount on line 1e blus 15% of the excess blus 10% of the excess | over \$500,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 Grassroots nontaxable amount | 000,000 \$225,000 p \$1,000,000 | olus 5% of the excess of | over \$1,500,000 | | |
| y h i j | | nter -0- if line g is m iter -0- if line f is mo zero on either line | ore than line a | organization file F | Form 4720 reporting | Yes No |
| | (Some organizati | 4-Year Ave | raging Period Unde | r Section 501(h) on do not have to | complete all of the fiv | ve |
| | | Lobbying Expe | nditures During 4-Yo | ear Averaging Per | iod | |
| | Calendar year (or fiscal year beginning in) | (a) 2005 | (ь) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| | | | 1 | I | 1 | |

Calendar year (or fiscal year beginning in)

(a) 2005
(b) 2006
(c) 2007
(d) 2008
(e) Total

2 a Lobbying non-taxable amount
b Lobbying ceiling amount (150% line 2a, column(e))

c Total lobbying expenditures
d Grassroots non-taxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008

| Pa | rt II-B To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for complete the complete of the c | NOT letails | filed | Forn | n | | |
|--------|--|----------------|--------------|----------|-------------|--------|-----------------|
| _ | | (a | | | (b) |) | |
| | | Yes | No | | Amo | unt | |
| 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: | | | | | | |
| а | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| b | | | | | | | |
| c d | Media advertisements? | | | | | | |
| e | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? | - | | <u> </u> | | | |
| f | Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? | | | | | _ | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | • | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | | | | |
| i | Other activities? If "Yes," describe in Part IV | | | | | | |
| j | Total lines 1c through 1i | | | | | | |
| 2 a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| С. | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A To be completed by all organizations exempt under section 501(c)(4), se | -4: | E04 | 1-1/5 | ١ | | |
| Fe | rt III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). See the instructions for Schedule C for details. | Ction | อบา | (0)(5 |), or | | |
| | | | | | | Yes I | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | X |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | | | | <u>X</u> |
| Pa | rt III-B To be completed by all organizations exempt under section 501(c)(4), se | | | | | | |
| | section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N | o" O | K II | Part | III-A, | | |
| 1 | question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members | | | 1 | | 169,9 | 96 |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amou | | | | | 103,3 | 50 . |
| _ | political expenses for which the section 527(f) tax was paid). | | | | | | |
| а | Current year | | | 2a | : | 243,3 | 40. |
| b | Carryover from last year | | | 2b | | | |
| С | Total | | | 2c | | 243,3 | 40. |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | es | | 3 | | 325,4 | 99. |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lo | bbyın | g | | | | |
| _ | and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | | | 4 | | | |
| 5 | · · · · · · · · · · · · · · · · · · · | • • • • | • • | 5 | • | -82,1 | <u>59.</u> |
| Cor | rt IV Supplemental Information nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information | line ! | 5 and | l Part | II-B, hi | ne 1ı. | |
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| Schedule C (F | Form 990 or 990-E2) 2008 | 61-0405718 Page 4 | ŀ |
|---------------|--------------------------------------|-------------------|---|
| Part IV | Supplemental Information (continued) | | - |
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Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

| Total number at end of year (a) Donor advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year (a) Donor advised funds (b) Funds and other accounts | Name | e of the organization | | Employer identification number |
|---|-------|--|---|---|
| the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised tunds (b) Funds and other accounts 1 Total number at end of year | KEN | | | |
| Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? 7 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 8 Purpose(s) of conservation easements held by the organization in enswered "Yes" to Form 990, Part IV, line 7. 9 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat 9 Protection of natural habitat 10 Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the taxyear 1 Total number of conservation easements 1 Total number of conservation easements in contribution in the form of a conservation easement on the last day of the taxyear 1 Total number of conservation easements included in (c) acquired after 8117/06 1 Number of conservation easements included in (c) acquired after 8117/06 2 Number of conservation easements included in (c) acquired after 8117/06 3 Number of conservation easements included in (c) acquired after 8117/06 4 Number of states where property subject to conservation easements is londors? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, wollations, and enforcement of the conservation easements it holds? 1 Number of states where property subject to conservation easements during the year so the organization have a written policy regarding the periodic | Pa | tl Organizations Maintaining Donor Adv the organization answered "Yes" to Fol | rised Funds or Other Similar Funds or rm 990, Part IV, line 6. | Accounts. Complete if |
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| Dut the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? | | | | |
| funds are the organization's property, subject to the organization's exclusive legal control? | | , | dvisors in writing that the assets held in do | nor advised |
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| Protection of natural habitat | 1 | Purpose(s) of conservation easements held by the | organization (check all that apply). | |
| Protection of natural habitat | | Preservation of land for public use (e.g. recre | eation or pleasure) Preservation o | f an historically importantly land area |
| Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) | | , , , | · · · · · · · · · · · · · · · · · · · | • , - |
| Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | | | | |
| a Total number of conservation easements | 2 | • • | alified conservation contribution in the form | of a conservation easement |
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| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) | а | Total number of conservation easements | | 2a |
| C Number of conservation easements on a certified historic structure included in (a) | b | | | 2b |
| Number of conservation easements included in (c) acquired after 8/17/06 | С | | | 2c |
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| Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and 170(h)(4)(B)(ii)? | 4 | | rvation easement is located | |
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| Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part X Solution of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service o | | | | |
| Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 6 | | | |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 Assets included in Form 990, Part VIII, line 1 | 7 | | | |
| 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 8 | | | |
| In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received in Form 990, Part VIII, line 1 | | · | • • • | 1 1 1 |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X | 9 | | | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part X VIII, line 1 Assets included in Form 990, Part X VIII, line 1 Assets included in Form 990, Part X VIII, line 1 Assets included in Form 990, Part X VIII, line 1 | | | | · |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X | | | | |
| If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 | Pai | t III Organizations Maintaining Collections | s of Art, Historical Treasures, or Other | r Similar Assets. |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 | | <u> </u> | | |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 | 1a | art, historical treasures, or other similar assets hel | ld for public exhibition, education, or resea | rch in furtherance of public service. |
| provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 | b | If the organization elected, as permitted under SF | AS 116, to report in its revenue statement. | and balance sheet works of art, |
| (ii) Assets included in Form 990, Part X | | | | in furtherance of public service, |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 | | | | |
| following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 | | | | |
| following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 | 2 | If the organization received or held works of art, hi | storical treasures, or other similar assets f | or financial gain, provide the |
| a Revenues included in Form 990, Part VIII, line 1 | | | | |
| | а | | | |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2008 | b | Assets included in Form 990, Part X | | ▶ \$ |
| | For F | Privacy Act and Paperwork Reduction Act Notice, see the Instru | ctions for Form 990. | Schedule D (Form 990) 2008 |

| Par | t III Organizations Maintaining | Collections of | of Art, Histori | cal Treasures | s, or (| Other Similar As | sets (continued | <u>) </u> |
|----------|--|------------------|-------------------|-------------------|----------|---------------------|---------------------|--|
| _ | | | | | | | 6 to 10 to 1 | |
| 3 | Using the organization's accession and | other records | s, cneck any of | the following t | nat ar | e a significant use | of its collection | |
| | items (check all that apply) | | . 🗀 | | | | | |
| а | Public exhibition | | d | _ | cnang | e programs | | |
| Ь | Scholarly research | | e | Other | | <u>-</u> . | | |
| С | Preservation for future gener | | | | . 41 | | | |
| 4 | Provide a description of the organization | on's collections | and explain n | ow they further | tne o | rganization's exer | npt purpose in | |
| _ | Part XIV | | | | | | _ | |
| 5 | During the year, did the organization sassets to be sold to raise funds rather | | | | | | _ | |
| Do | | | | | | | | No. |
| Par | Trust, Escrow and Custodia Part IV, line 9, or reported a | | | | | nswered res d | 5 FOIIII 990, | |
| | Tarri, mio o, or reported a | amount on | 1 01111 000,1 | | | | | |
| 1a | Is the organization an agent, trustee, c | ustodian or oth | ner intermediar | v for contributi | ons or | other assets not | | |
| | included on Form 990, Part X? | | | • | | | Tyes | No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | |
| | | | ., | 9 1 | | Am | nount | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | بابنيا | | | |
| f | Ending balance | | | | | | | |
| 2a | Did the organization include an amour | it on Form 990 |), Part X, line 2 | ا؟ | | | Yes | No |
| b | If "Yes," explain the arrangement in Pa | rt XIV | | | | | | |
| Par | t V Endowment Funds. Comple | ete if organiz | ation answere | ed "Yes" to Fo | orm 99 | 90, Part IV, line | 10. | |
| | (1 | a) Current Year | (b) Prior year | (c) Two ye | ars bacl | (d) Three years | s back (e) Four ye | ears back |
| 1 a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| С | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities . | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the | • | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | |
| b | Permanent endowment > | % | | | | | | |
| | Term endowment ▶% | | | | | | | |
| 3 a | Are there endowment funds not in the | possession of | the organization | on that are hel | d and | administered for th | _ | |
| | organization by. | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | |
| b | (ii) related organizations | | | | | | | _ |
| _ | Describe in Part XIV the intended uses | | | | | • • • • • • • • • | | |
| 4 Par | | | | | rt X li | ine 10 | | |
| rai | Description of investment | | or other basis | (b) Cost or other | | | (d) Book value | |
| | Description of investment | | estment) | basis (other) | ŀ | (c) Depreciation | (d) Book value | ; |
| 1a | Land | | 126,439. | 57,42 | 0 | | 183 | ,859. |
| b | Buildings | L | 120, 100. | 1,475,86 | I | 538,258. | | ,603. |
| c | Leasehold improvements | | | 1,1,0,00 | | | | , |
| d | Equipment | | | 436,09 | 5. | 329,112. | 106 | ,983. |
| е | Other | | | 602,73 | | 47,198. | | ,536. |
| Tota | I. Add lines 1a-1e (Column (d) should e | qual Form 990 | , Part X, colum | | | ▶ | | ,981. |
| | | | _ - | | | | | 000\ 0000 |

Schedule D (Form 990) 2008

| Part VII | Investments - Other Securities. See I | Form 990, Part X, Iir | ne 12. | |
|----------------|--|-----------------------|---|---|
| | (a) Description of security or category ' (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| Financial deri | vatives and other financial products | | | |
| | equity interests | | | |
| | | | | |
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| | (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments - Program Related. See | Form 990, Part X, lii | ne 13. | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
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| | | | | |
| | (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, | | | |
| | (a) | Description | (b) Book value | |
| | | | | |
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| | | | | — |
| Total (Column | (b) should equal Form 990, Part X, col. (B) line 15) | | | |
| Part X | Other Liabilities. See Form 990, Part | | | _ |
| Tartx | (a) Description of liability | (b) Amount | | |
| Federal incom | | (-) / | | ! |
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| Total. (Column | (b) should equal Form 990, Part X, col (B) line 25) | | | _ |
| | | | | _ |

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

| | | 405718 | Page 4 |
|--------|---|-------------------|----------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Financial S | Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A); line 12) | | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 |
| 4 | Net unrealized gains (losses) on investments | | 4 |
| 5 | Denated services and use of facilities | • • • • • • • • • | 5 |
| | Donated services and use of facilities | | |
| 6 | Investment expenses | | 6 |
| 7 | Prior period adjustments | | 7 |
| 8 | Other (Describe in Part XIV) | <u> </u> | 8 |
| 9 | Total adjustments (net) Add lines 4-8 | | 9 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 10 |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Re | evenue per Retu | urn |
| 1 | Total revenue, gains, and other support per audited financial statements | | . [1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | 7 |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | 7 |
| e | Add lines 2a through 2d | * | 2e |
| 3 | Subtract line 2e from line 1 | | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | . 3 |
| 4 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | - |
| þ | Other (Describe in Part XIV) | | ┥. ╽ |
| | Add lines 4a and 4b | | |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With E | xpenses per Re | eturn |
| 1 | | | 1 |
| 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) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | - |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | | 1 1 |
| ь ь | Other (Describe in Part XIV) | -1-7 N.S. | |
| • | Add topo 4 p and 4 b | | ┥ 4 2 |
| | Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | 4c |
| 5 | | <u> </u> | . 5 |
| Part | | | |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin | | t IV, lines 1b |
| and 2t | o; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d ar | nd 4b | |
| SEE_ | PAGE 5 | | |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008 Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

| lame of the organization | | | | | Employer identification | n number |
|---|--|--|--|--|---|---|
| KENTUCKY CHAMBER OF COMMERC | CE, INC. | | | | 61-040571 | 8 |
| Part I Fundraising Activities. C | complete if the orga | nızation a | nswered ' | "Yes" to Form 9 | 90, Part IV, line | 17. |
| Indicate whether the organization Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a writte or key employees listed in Form 5 If "Yes," list the ten highest paid in to be compensated at least \$5,000 | e f g n or oral agreement v 990, Part VII) or entity | Solid Solid Spec with any ind y in connect | itation of relation of gotal fundral dividual (in tion with p | non-government grant government grant ising events cluding officers, corofessional fundra at to agreements | grants s directors, trustees eising activities? | Yes No |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fun custody o | draiser have r control of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | it funds or has | been notified it is | exempt from |
| | | | | | | |
| | | | | | | |

23

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

| Pa | rt l | Fundraising Events. Complemore than \$15,000 on Form | ete if the organization n 990-EZ, line 6a. Lis | answered "Yes" to Fo t events with gross re | orm 990, Part IV, li ceipts greater than | ne 18, 0 า \$5,00 | or rep 0. | porte | d |
|-----------------|--------|---|---|--|---|----------------------|------------------|-------------|--------------|
| | | | (a) Event #1 GOLF SCRAMBLE (event type) | (b) Event #2 | (c) Other Events | (d) Tota (a) t | al Eve throug | | |
| Revenue | | Gross receipts | | | | | | 65, | 550 |
| | 3 | Gross revenue (line 1 minus line 2) | | | | | | 65, | 550 |
| | 4 | Cash prizes | | | , | | | | |
| enses | 5 | Non-cash prizes | | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | - | | | |
| Dire | 7 | Other direct expenses | 45,322. | | | - | | 45, | 322 |
| | 9 | Direct expense summary Add lines 4 Net income summary Combine lines | 3 and 8 in column (d) | | <u> </u> | <u> </u> | | 20, | 22.) 228. |
| Pa | rt I | Gaming. Complete if the org than \$15,000 on Form 990- | | Yes" to Form 990, Pa | rt IV, line 19, or rep | orted i | more | f | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | | otal ga | | |
| œ | 1 | Gross revenue | | | | <u> </u> | | | |
| ses | 2 | Cash prizes | | | | <u> </u> | | | |
| Direct Expenses | 3 | Non-cash prizes | | | | ļ | | | |
| Direct | 4 | Rent/facility costs | | | <u></u> | | | | |
| | 5 | Other direct expenses | | Yes % | Yes % | - | | | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% No | | | | |
| | 7 | Direct expense summary Add lines 2 | 2 through 5 in column (d) | | | - (| | |) |
| | 8 | Net gaming income summary Comb | ine lines 1 and 7 in colur | mn (d) | <u> </u> | <u>•</u> | 1 | | T |
| 9 a | | nter the state(s) in which the organizat | | | | | 9a | Yes | No |
| b | lf | "No," Explain | | | | | | | |
| | | /ere any of the organization's gaming l "Yes," Explain | licenses revoked, suspe | inded or terminated durir | ng the tax year? | | 10a | | |
| 11 | | oes the organization operate gaming a | | | | | 11 | | |
| 12 | ls | the organization a grantor, benefician remed to administer charitable gaming? | y or trustee of a trust or | a member of a partners | ship or other entity | | 12 | | |
| | | | | | Schedule | | 990 or 9 | 990-EZ | 2008 |

Schedule G (Form 990 or 990-EZ) 2008

in the organization's own exempt activities during the tax year ▶ \$

Compensation Information

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

OMB No 1545-0047 Inspection Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

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

| (EN | TUCKY CHAMBER OF COMMERCE, INC. 61-040 | 5718 | | |
|------|--|------|--------------|-------------|
| Part | | | | |
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in For | rm 🗆 | | |
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | X Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or | | | |
| | provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | X | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply | | | |
| | x Compensation committee Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | x Form 990 of other organizations x Approval by the board or compensation committee | е | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a | | | |
| | Receive a severance payment or change of control payment? | 4a | | х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | | ļ | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | - | |
| | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| 5 | compensation contingent on the revenues of: | : | | |
| _ | | 5a | | |
| a | The organization? | | | - |
| b | Any related organization? | 30 | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| U | compensation contingent on the net earnings of: | | | |
| 9 | | 6a | | 1 |
| | The organization? Any related organization? | | | |
| U | If "Yes" to line 6a or 6b, describe in Part III | 69 | - | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | <u></u> |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | - | | |
| | subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | In Port III | g | | |

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

Schedule J (Form 990) 2008

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

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

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

| | r | amobdeos (a) | (a) Broaddamos (M. 2) Page 1000 MISC amobacons | Componention | | | | |
|------------------|------------|---|--|---|----------------------------------|---|---|--|
| (A) Name | 1 | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | (U) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
| 3 | ε | 253, 905. | 28,611. | 34,514. | 13,800. | 7,201. | 338,031. | NONE |
| DAVID ADKISSON | ■ | NONE | | | NONE | NONE | NON | NONE |
| | Ξ | 129,814. | 19,311. | $\frac{13}{2}$ | 7,871. | 4, 405. | 174,857. | NONE |
| JAMES FORD | ≣ | | | | | NONE | | NONE |
| | ε | 137,561. | 6,225. | 1,562. | 1,562. | 14,376. | 161,286. | NONE |
| MICHAEL RIDENOUR | (III) | NONE | | | NONE | NONE | | NONE |
| | (1) | 95, 103. | 75,244. | 10,547. | 9, 107. | 1,630. | 191,631. | NONE |
| KELLY WOLF | (II) | NONE | NONE | | | | | NONE. |
| | (i) | | | | | 1 | | |
| 1) | (ii) | | | | | | | |
|) | € | | | | | | | |
| D . | ≘ | | i | | | | | |
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| <u> </u> | : 8 | | | | - | | | |
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|) | ε | | | | | | | |
| 0 | € | | | | | | | • |
| | (i) | 1 | | | | | | |
| 0) | ⊞ | | | | | | | |
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| <u>.</u> | € | | | 1 | | | 1 | |
| 0 | € | | | | | | | |
| | | | | | | | Sche | Schedule J (Form 990) 2008 |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information Schedule J (Form 990) 2008 Part III Supplemental Information

| _TRAVEL_FOR_COMPANIONS | SCHEDULE J. PART I. LINE 1A |
|------------------------|-----------------------------|

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| FOR THOSE DAYS, INCLUDING A PROPORTIONATE SHARE OF | RENTAL CAR FEES, ETC., ARE PAID BY THE STAFF PERSON. |
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| COST | 1 ETC |
| NAL | ar <u>fees</u> a |
| TIIO | <u>CAR</u> |
| ADDI | <u>ral</u> |
| ALL ADDITIONAL COSTS | RENT |

Schedule J (Form 990) 2008

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization

Employer Identification number

61-0405718

KENTUCKY CHAMBER OF COMMERCE, INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

| (A) | (B) (C) | | | | | | | (D) | (E) | (F) |
|---|-----------------|-----------------------------------|-----------------------|----------|--------------|------------------------------|------------|--|--|--|
| Name and Title | Average hours | Posit | tion (| | | that ap | ply) | Reportable | Reportable | Estimated |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| DAVID_ADKISSON | | | | | | | | | | |
| PRESIDENT/CEO | 38. | X | | X | - | | | 317,030. | NONE | 21,001. |
| WES_BECKNERDIRECTOR | 1. | х | | | | | | · NONE | NONE | NONE |
| RODNEY BOHANNON | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| DANIEL BORK | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| STEPHEN_BRANSCUM | | | | | | | | 22027 | VOVE | NONE |
| DIRECTOR | 1. | X | | <u> </u> | | | - | NONE | NONE | <u>NONE</u> |
| JEFFREY BRINGARDNER DIRECTOR | 1. | x | | | | | | NONE | NONE | NONE |
| KEVIN CANAFAX | | | | | | | | | | |
| DIRECTOR | 1. | x | | | | | | NONE | NONE | NONE |
| JAMES CANTRELL | | | | | | | | | - | |
| DIRECTOR | 1. | x | | | | | | NONE | NONE | NONE |
| RUSTY CHEUVRONT | | | | | | | | | | |
| DIRECTOR | 1. | X | | ŀ | | } | | NONE | NONE | NONE |
| JOHN CHILTON | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| JEFF CONDER | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE |
| WILLIAM CORUM | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | <u>NONE</u> |
| PAUL COSTEL | | | | | | | | | | |
| DIRECTOR | 1 | <u>x</u> | | | | | | NONE | NONE | <u>NON</u> E |
| LUTHER DEATON JR. | | | | | | | | | | |
| DIRECTOR | 1. | X_ | | | | | | NONE | NONE | NONE |
| CHARLES DENNY | | ŀ | | | | | | | | |
| DIRECTOR | 1. | Х | <u> </u> | <u> </u> | L_ | | <u> </u> | NONE | NONE | <u>NONE</u> |
| KEVIN_FLANERY | | | | | | | ļ | | | |
| DIRECTOR | 1. | Х | | | | L | <u> </u> | NONE | NONE | NONE |
| TERRY FORCHT | | | | | | | | | | |
| DIRECTOR | 1 | _x | | | _ | | | NONE | NONE | NONE |
| LINDA FOSS | Į | 1 | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE |
| MICHAEL FRANCESCONI | | | | | 1 | | | | | |
| DIRECTOR | 1 | X | | | <u>L</u> . | | <u>L</u> . | NONE | NONE | NONE |
| KEITH GANNON |] | | | | | | | | | |
| DIRECTOR | 1. | х | | | | | <u> </u> | NONE | NONE | NONE_ |
| DAVID GRAY |] | | | | | | ŀ | | | |
| DIRECTOR | 1 | Х | | | | l | | NONE | NONE | NONE |
| For Privacy Act and Paperwork Reduction | Act Notice, see | the In | stru | ıctic | ons | for Fo | orm | 990. | Schedule | J-2 (Form 990) 2008 |

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

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Department of the Treasury

Part I

Continuation Sheet for Form 990

OMB No 1545-0047

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

Open to Public Inspection

Name of the Organization

Employer Identification number

KENTUCKY CHAMBER OF COMMERCE, INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

61-0405718

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) | | |
|---------------------|---------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|--|--|--|
| Name and Title | Average hours | Posit | ion (| chec | k all | that ap | ply) | Reportable | Reportable | Estimated | | |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations | | |
| STEVE GROSSMAN | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| TIM HAGERTY | | | | | l | | ĺ | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE | | |
| PAULA HANSON | , | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| JOHN_HARRYMAN | | | | | | ŀ | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| CHRIS HERMANN | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| STEVE_HIGDON | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | ļ | | <u></u> | | NONE | NONE | NONE | | |
| JOEL_HOPPER | | İ | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | ļ | | NONE | NONE | NONE | | |
| JULIE JANSON | | | | | | | | | | | | |
| DIRECTOR | 1 | X | | | | ļ | | NONE | NONE | NONE | | |
| WILLIAM_JONES | | | | | ŀ | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| TĀNĀ KĪĀĒ | | | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE | | |
| KENNETH_LAWSON_JR. | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| WILLIAM LEAR | _ | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| STEPHEN_LOCHMUELLER | _ | | | | | i | | | | | | |
| DIRECTOR | 1 | X | | | | | | NONE | NONE | NONE | | |
| KATHY LOVE | _ | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | <u> </u> | | | NONE | NONE | NONE | | |
| STEPHEN LOYAL | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | ļ | ļ | | NONE | NONE | NONE | | |
| MILLIE MARSHALL | _ | | | | | | | | | | | |
| DIRECTOR | 1 | Х | | \vdash | | | <u> </u> | NONE | NONE | NONE | | |
| ANN MCBRAYER | | | | | | | | | | | | |
| DIRECTOR | 1. | Х | | | | | | NONE | NONE | NONE | | |
| SUSAN_MCCLOUD | | | | | | | | | | | | |

Х

Х

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

Schedule J-2 (Form 990) 2008

NONE

NONE

NONE

NONE

NONE

NONE

NONE

NONE

DIRECTOR

DIRECTOR DEB_MOESSNER_

DIRECTOR

ALOIS MOORE

ELIZABETH MCCOY

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NONE

NONE

NONE

NONE

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

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

KENTUCKY CHAMBER OF COMMERCE, INC.

Employer Identification number

61-0405718

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---|---------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and Title | Average hours | Posi | tion (| chec | k all | that ap | ply) | Reportable | Reportable | Estimated |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| TIMOTHY MOSHER | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE NONE |
| DANIEL MURPHY JR. DIRECTOR | 1. | x | | | | | | NONE | NONE | NONE |
| NICK NICHOLSON | | | | | | | | | 5.55.1 | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| KELLY NUCKOLS | | 1 | | | | | | | 210112 | 1101112 |
| DIRECTOR | 1. | x | | | | | | NONE | NONE | NONE |
| MICHAEL OWSLEY | <u></u> | | | | | | | NONE | NONE | NONE |
| DIRECTOR | 1 | x | | | | | | NONE | NONE | NONE |
| LYNN PARRISH | т. | <u> </u> | - | | | | | NONE | NONE | NONE |
| DIRECTOR | 1 | x | | | | | | NONE | NONE | NONE |
| | т. | 1^ | | | | | | NONE | NONE | NONE |
| STEVEN PENROD | 1. | x | | | | | | NONE | NONE | NONE |
| DIRECTOR MARY DATE DECAM | т. | ^ - | | | | | | NONE | NONE | <u> NONE</u> |
| MARY PAT REGAN | 1 | ١,, | | | | | | NONE | NONE | NONE |
| DIRECTOR MARGIN PIPINGS | 1. | X_ | | | _ | | | NONE | NONE | NONE |
| MARCIA RIDINGS | 4 | ,, | | | | | | ,,,,,,,, | ,,,,,,, | ,,,,,,, |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| MARY JEAN RILEY | ā | ١ | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| RICHARD ROBINSON | _ | l | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| NICK ROWE | _ | | | | | | | | | |
| DIRECTOR | 1. | X | _ | | | | | NONE | NONE | NONE |
| RANDY SCHUMAKER | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| RAYMOND_SMITH | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| KELLY_SWARTZ | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| JOB_TURNER_III | | | | | | | | | | |
| DIRECTOR | <u>1.</u> | X | <u> </u> | | | | | NONE | NONE | NONE |
| SHANNON TURNER | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| MITCH_WAGNER | | | | | | | | | | |
| DIRECTOR | 1. | X | | | | | | NONE | NONE | NONE |
| JILL WILSON | | | | | | | | | | |
| DIRECTOR | 1. | _X _ | | | | | | NONE | NONE | NONE |
| PATRICK MERCHAK | | | | | | | | | | |
| CFO | 38 | | | Х | | | | 95,035. | _ NONE | 5,727. |
| MICHAEL RIDENOUR | | | | | | | | | | |
| VICE PRESIDENT, PUBLIC AFFAIRS | 1. | <u>L</u> . | L | х | | | | 145,348. | NONE | 15,938. |
| For Privacy Act and Paperwork Reduction A | | the In | stru | ctio | ns 1 | for Fo | rm : | | | J-2 (Form 990) 2008 |

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

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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

Employer Identification number

KENTUCKY CHAMBER OF COMMERCE, INC. 61-0405718 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (C) (F) Name and Title Average hours Position (check all that apply) Reportable Reportable Estimated per week compensation compensation amount of Individual trustee or director Highest compensated Institutional trustee Key employee employee from from related other organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations JAMES FORD V.P. OF BUSINESS EDU. 38 NONE 162,581 12,276. KELLY WOLF V.P. MEMBERSHIP & MKT. Х 38. 180,894 NONE 10,737. AIMEE_HILLER____ V.P. OF ADMINISTRATION 38 131,114 NONE 12,334.

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

Schedule J-2 (Form 990) 2008

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Attach to Form 990 or Form 990-EZ.
➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization | | | | | | | | Employer identification number | | | | | | | | |
|---|---|--------------|--|--|---------------------------|-------------------|---------------------------|--------------------------------|---|------------------------|---------|-------------------------------|--|--|--|--|
| KENTUCKY CHAMBER OF COMMERCE | , INC | <u></u> | | | | | 61- | -040 | <u>5718</u> | 3 | | | | | | |
| Part I Excess Benefit Transacations To be completed by organizations | | | | | | | | orm 9 | 90-EZ | . Part | V, line | e 40b | | | | |
| 4 (-) Name of decreabled record | | | | 43.5 | | | | | | | | | | | | |
| 1 (a) Name of disqualified person | · · · · | , | | (b) Description of the | | or transacu | of transaction | | | | Yes | No | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | <u> </u> | | | | |
| | | _ | | | | | | | | | | | | | | |
| Enter the amount of tax imposed on under section 4958 Enter the amount of tax, if any, on line | | | | | | | | | > \$ _ > \$ _ | | | | | | | |
| Part II Loans to and/or From Interest To be completed by organization | | | | Form 990, | Part IV, line | 26, or For | m 990 | -EZ, F | Part V, | , line 3 | 8a. | | | | | |
| (a) Name of interested person and purpose | purpose (b) Loan to or from the organization? (c) Original principal amount | | | (d) Bala | nce due | e (e) In default? | | | proved pard or nittee? | (g) Written agreement? | | | | | | |
| | То | From | | | | | Yes | No | Yes | No | Yes | No | | | | |
| | | | - | | | | | | | | | İ | | | | |
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| Total | | | | | | | | | | | | | | | | |
| Part III Grants or Assistance Benefit To be completed by organization | ns that | answere | ed "Yes" on | Form 990, | Part IV, line | 27 | | | | | | | | | | |
| (a) Name of interested person | (b) R | elationsh | elationship between interested person and the organization (c) A | | | | | | (c) Amount of grant or type of assistance | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | | | |
| Part IV Business Transactions Invo | lying Ir | ntorosto | d Persons | | | | | | | | | | | | | |
| To be completed by organization | | | | | Part IV, line | s 28a, 28b | , or 28 | c. | | | | | | | | |
| (a) Name of interested person | | | nip between rson and the cation | | (c) Amount of transaction | | (d) Description of transa | | ansacti | ion | organi | aring of zation's nues? | | | | |
| NAMES OF THE COOCCUENTAGES | DEB 14 | AE CONTRA | - OFFICER | - | 350,914. | ENDORSEME | אות דאור | OME | | | Yes | No X | | | | |
| ANTHEM BLUE CROSS-KENTUCKY | DEB M | YESSNEK_ | - OFFICER | | 330,314. | FINDOKSEME | AT THE | VIII. | | _ | | | | | | |
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Schedule L (Form 990 or 990-EZ) 2008

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

| Name of the organization | Employer identification number | | | | | | | |
|---|--------------------------------|--|--|--|--|--|--|--|
| KENTUCKY CHAMBER OF COMMERCE, INC. | 61-0405718 | | | | | | | |
| AUDITED FINANCIAL STATEMENTS | | | | | | | | |
| FORM 990, PART IV, LINE 12 AND PART X, LINE 2B-C | | | | | | | | |
| THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH | | | | | | | | |
| GAAP BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS. THE | | | | | | | | |
| ORGANIZATION ALSO HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR | | | | | | | | |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN | | | | | | | | |
| INDEPENDENT ACCOUNTANT. | | | | | | | | |
| | | | | | | | | |
| MEMBERS OR STOCKHOLDERS OF THE ORGANIZATIONS | | | | | | | | |
| FORM 990, PART VI, SECTION A, LINES 6 | | | | | | | | |
| THE CHAMBER IS ORGANIZED AS AN ASSOCATION WITH MEMBERS. | | | | | | | | |
| | | | | | | | | |
| REVIEW OF FORM 990 BY GOVERNING BODY | | | | | | | | |
| FORM 990, PART VI, SECTION A, LINE 10 | | | | | | | | |
| A COPY OF THE ORGANIZATIONS FINAL FORM 990 (INCLUDING SUPPLEMENTA | <u>L</u> | | | | | | | |
| SCHEDULES), AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EAC | H_VOTING | | | | | | | |
| MEMBER OF THE CHAMBER'S GOVERNING BODY ELECTRONICALLY PRIOR TO JA | NUARY 8, | | | | | | | |
| 2010. A HARD COPY OF THE FORM 990 (INCLUDING SUPPLEMENTAL SCHEDU | LES)_WAS | | | | | | | |
| THEN PRESENTED DURING THE FULL BOARD MEETING ON JANUARY 8, 2010 P | RIOR_TO | | | | | | | |
| ITS FILING WITH THE IRS. IN ADDITION, THE CHAMBER'S RETURN PREPA | RER_AND | | | | | | | |
| MANAGEMENT PRESENTED A SUMMARY REPORT TO THE AUDIT COMMITTEE ON D | ECEMBER | | | | | | | |
| 16, 2009 FOR REVIEW AND APPROVAL. | | | | | | | | |
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| Name of the organization | Employer identification number |
|---|--------------------------------|
| KENTUCKY CHAMBER OF COMMERCE, INC. | 61-0405718 |
| ORGANIZATION'S PROCESS FOR ENFORCING COMPLIANCE WITH CONFLICT OF | INTEREST |
| FORM 990, PART VI, SECTION B, LINE 12C | |
| THE KENTUCKY CHAMBER ANNUALLY SURVEYS ITS BOARD OF DIRECTORS AND | OTHER |
| KEY PERSONS TO DETERMINE POTENTIAL CONFLICTS OF INTEREST. A QUEST | IONNAIRE |
| IS DISTRIBUTED ANNUALLY THAT INCLUDES A LIST OF KEY PERSONS AND A | |
| DETAILED DESCRIPTION OF WHAT MIGHT CONSTITUTE A CONFLICT OF INTER | EST_WITH |
| THE ORGANIZATION. THE RESPONSE TO THE QUESTIONNAIRES ARE REVIEWE | D BY THE |
| BOARD OF DIRECTORS. ON MATTERS WHERE THE CONFLICT APPLIES, THE BO | ARD |
| MEMBER HOLDING THE CONFLICT WILL BE PREVENTED FROM DELIBERATING A | ND |
| VOTING ON DECISIONS OF THE TRANSACTION OR ARRANGEMENT. | |
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| Name of the organization | Employer identification number |
|--|--------------------------------|
| KENTUCKY CHAMBER OF COMMERCE, INC. | 61-0405718 |
| ESTABLISHING COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EM | PLOYEES |
| FORM 990, PART VI, SECTION B, LINE 15A & 15B | |
| THE CEO'S PERFORMANCE AND COMPENSATION ARE REVIEWED AT LEAST ONCE | <u>EACH</u> |
| YEAR BY THE PERFORMANCE REVIEW AND COMPENSATION COMMITTEE (ESTABL | ISHED IN |
| THE CHAMBER'S BYLAWS) USING COMPARABLE CHAMBER OF COMMERCE AND ST | ATE |
| ASSOCIATION EXECUTIVE COMPENSATION DATA. THE PERFORMANCE REVIEW | AND |
| COMPENSATION COMMITTEE REPORTS ITS REVIEW PROCESS TO THE EXECUTIVE | E |
| COMMITTEE. | |
| | |
| THE CEO REPORTS TO THE COMMITTEE ON HIS/HER PROCESS FOR REVIEW OF | OTHER |
| EXECUTIVE SALARIES. THE COMMITTEE REPORTS ITS REVIEW PROCESS TO | |
| EXECUTIVE COMMITTEE. | |
| · | |
| THE REPORTS FOR THE ABOVE ARE INCLUDED IN THE EXECUTIVE COMMITTEE | |
| WHICH ARE DISTRIBUTED TO THE FULL BOARD OF DIRECTORS AT THE NEXT | REGULAR |
| MEETING. | |
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Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

> ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

(F)
Direct controlling
entity Schedule R (Form 990) 2008 (F)
Direct controlling
entity N/A 61-0405718 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section (D) Total income 501(C)(3) (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) EDUCATION DEV KY (B) Primary activity (B) Primary activity 61-1284992___ KY 40601 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations FRANKFORT, (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity KY COMMUNITY & ECONOMIC DEV. FOUNDATION Identification of Disregarded Entities KENTUCKY CHAMBER OF COMMERCE, INC. 464 CHENAULT ROAD Part II Part I

Schedule R (Form 990) 2008

61-0405718

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Part III Identification of Related Organizations Taxable as a Partnership

| (B) Primary activity do (s) (s) (s) (c) (c) | (C) Legal domicile (state or foreign | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportorate allocators? | Code V-UBI G amount in box 20 of rr Schedule K-1 (Form 1065) | (J) General or managing partner? |
|---|--------------------------------------|-------------------------------|---|------------------------------|---------------------------------------|---------------------------------|--|----------------------------------|
| | <u> </u> | | | | | Yes No | | Yes No |
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| Part IV | Identification of Related Organizations Taxable as a | able as a Corpora | Corporation or Trust | | | | | |
|---------|--|----------------------|---|-------------------------------|---|------------------------------|---------------------------------------|--------------------------|
| | (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
| | | | | | | | | |
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Schedule R (Form 990) 2008

Page 3

Yes × (C) Amount involved 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 9 Ε __ <u>م</u> 19 Purchase of assets from other organization(s)...................... 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? type (a-r) Performance of services or membership or fundraising solicitations for other organization(s) Name of other organization(s) Other transfer of cash or property from other organization(s). . Gift, grant, or capital contribution to other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV. Transactions With Related Organizations Part V **7**0 _ E = **Б**Е._ o a Ф ပ <u>._ ×</u> ₽ -4 Ξ 2 <u>ත</u> (2) 12

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Schedule R (Form 990) 2008

61-0405718

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Part VI Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

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.

| or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | ciusion for certain ii | ivestment partr | ersnips. | | | | | | ١ |
|--|-------------------------|---|--|---------------------------------|-------------------|-----------------------------------|---|----------------------------------|--------------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) | (E) Share of end-of-year assets | Disprop alloca | (F) Disproportionate allocations? | (G) Code V-UBI amount in box 20 of Schedule K-1 | (H) General or managing partner? | 200 |
| | | | Yes No | 2 0 | Yes | No | (Form 1065) | Yes No | ا <u>ہ</u> ا |
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FORM 990, PART VIII - INVESTMENT INCOME DESCRIPTION

TOTALS

| 8,455. | | | |
|----------|---------------|---|---------|
| | | 1 | |
| REVENUE | BUSINESS REV. | EXEMPT REVENUE | REVENUE |
| EXCLUDED | UNRELATED | RELATED OR | TOTAL |
| (D) | (C) | (B) | (A) |

STATEMENT