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## Department of the Treasu Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

**Open to Public** Inspection

AF	or the	2009 calenda	ar year,	, or tax year beginning		, 2009, and	s ending	_	, 20
<b>B</b> c	heck if ap						nployer ic	lentification number	
=	Address c	-	use IRS label or	Kentuci	lechnology 2	student M	550C 61	-//	-6425_
=	Name cha nitial retui	•	print or type		box, if mail is not delivered to st			lephone n	
=	Terminate		See	2ktHoor CPT.	500 Mero S	reet	1.5	02-	564-3412
Ħ,	Amended	return	Specific Instruc-	Oily or town, state or count	ry, and ZIP + 4		F G	roup Exe	emption .
=		n pending	tions	trankfort.	Ku 40601			umber !	/
	• Sect	tion 501(c)(3)	organiz	zations and 4947(a)(1) no	nexempt charitable trusts	must attach	G Accounting	Method	☐ Cash ☐ Accrual
				mpleted Schedule A (For			Other (spec	ify) 🕨	
							H Check ▶ [	lf the	organization is not
	Vebsit	e:► WI	$\mathcal{V}(\mathcal{U})$	). Kontucicu t	SA.nra				chedule B (Form 990,
J T	ax-exe	empt status (d	check o	nly one) — 🛛 501(c) (	) ◀ (insert no ) ☐ 4947(a	)(1) or 527	990-EZ, or	990-PF)	
	Check •				(a)(3) supporting organization	and its gross re	ceipts are norma	lly <b>not</b> m	ore than \$25,000. A
F	orm 99				the organization chooses to				
					pts, if \$500,000 or more, file F			<b>▶</b> §	<del></del>
Pa	art I	Revenu	e, Exp	enses, and Change	s in Net Assets or Fu	nd Balances	(See the inst	ruction	s for Part I.)
	1	Contribution	ns, gif	ts, grants, and similar a	mounts received			1	5,000
	2		-	-	rnment fees and contract	s		2	29.079
	3	_		s and assessments .				3	12875
	4	Investment	•					4	1026
	5a	Gross amo	unt fro	m sale of assets other	than inventory	.   5a	4		UAV
	b			er basis and sales expe	•	. 5b	<del>-X-</del>		
	C			•	nan inventory (Subtract lii		5a)		0
ne	6				arts of Schedule G). If any amou			-	
en,	а			ot including \$	of contribut	= =	_		1
Revenue		reported or	•	J		.   6a	$\bullet$		
_	ь	•		nses other than fundrai	sing expenses		-#7		<b>A</b>
	c				and activities (Subtract li		6a)		0
	7a		•	ventory, less returns and	•	.   7a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	ь	Less: cost		•		. 7b	<del>- 0</del>		_
	c		•		ory (Subtract line 7b fron			_ 7c	0
	8	Other reve			ory (Gubiract into 15 hori	· · · · · · · · · · · · · · · · · · ·		8	7
	9		•	dd lines 1, 2, 3, 4, 5c, 6	ic 7c and 8	· · · · · · · · · · · · · · · · · · ·		9	36.580
_	10			r amounts paid (attach		DEAG	11 /00 /00	1 10	30,00
	11			or for members	sonoggio,	RECE	IVED	11	$\rightarrow$
Š	12	•		empensation, and emplo	ovee benefits		SC	12	<u> </u>
Expenses	13				independent contractor	SEP 0	7 2010	13	<del></del>
ē	14			utilities, and maintenar	100		Y GAIR Y	14	<del>A</del>
Щ	15			ions, postage, and ship			lŘ	15	7
	16			describe ►	Fg	OGDE		16	39 256
	17				6			17	39/ 25/0
	18	Excess or (	(deficit)	) for the year (Subtract	line 17 from line 9)				(3.676)
ě	19				ng of year (from line 27,				<del>, 0, 0 , 0 ,</del>
Net Assets				e reported on prior year					22,497
ŧ	20	•	_	· · · · · · · · · · · · · · · · · · ·	nces (attach explanation			20	
ž	21				ar. Combine lines 18 thro			21	19.821
P	art II				ne 25, column (B) are \$1,				ad of Form 990-EZ
				(See the instructions			(A) Beginning		(B) End of year
22	. Ca	Cash, savings, and investments						17	22 19.82
23		nd and build					7	),	23
24		her assets (	_				4	<del>}</del>	24
25		tal assets					22 1	97	25 19.82
26		tal liabilitie					1	<del>)</del>	26
27					umn (B) must agree with	line 21)	29.4	97	27 1982
					see the separate instruction				Form <b>990-EZ</b> (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

	(2000)					- Tage =		
Par			<del></del>			Expenses		
What	is the organization's primary exempt purpose?	Ment organization to	promote tect	10/09veda	(Rech	yred for section		
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise	501(C	(3) and 501(c)(4) zations and section		
	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
	program title.				for ot	a)(1) trusts; optional		
	P. 0 9. 0 1. 1				10, 0			
28								
	(Grants \$ ) If this amount	28a						
29								
		[ ]						
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	<u>. ▶ U</u>	29a			
30								
	(Grants \$ ) If this amount	includes foreign grants, cho	eck here	▶ 🗇	30a			
24		· · · · · · · · · · · ·			-	<del></del>		
31	, , , , , , , , , , , , , , , , , , , ,							
		includes foreign grants, che			31a			
	Total program service expenses (add lines 28a t				32			
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and		
	.,	devoted to position	enter -0)	deferred comper	sation	other allowances		
He	Chry Lacy Mero St, 21st Floor CPT, Frankfort, r. Obin Johnson Delaney Way, Versailles, Ky							
500	Make St 21st Alex COT Frank Ficher	State Advisor	-0-	-0	-	-0 -		
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KC	pru johusou	State Coordinator	^	-0.	_	- ^ -		
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Form 99	90-EZ (2009)		Р	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		/
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>V</b>
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		· ✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			/
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<u>v</u>
b	name and the state of the state	38a	<del> </del>	<del></del>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			İ
b	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		<b>/</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶			
42a		9- <u>-</u> 38.		52
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<del></del>	NO
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	1.63	<u></u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	-	<b>V</b>
			0-F7	(2000)

•	and complete the tables for lines 50 an	id 51.	cnantable trusts n	nust answer questic	ns 40-	49D		
	Did the organization engage in direct or indirect	political campaign				es No		
	candidates for public office? If "Yes," complete Schedule C, Part I							
	Did the organization engage in lobbying activities				47	<del>                                     </del>		
	Is the organization a school as described in section Did the organization make any transfers to an ex		•		49a	+		
			-		49b	1		
50	If "Yes," was the related organization a section 527 organization?							
	employees) who each received more than \$100,0							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		on (d) Contributions to employee benefit plans & deferred compensation	accou	pense nt and owances		
	<u> </u>							
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	Total number of other employees paid over \$100	0.000 ▶	0	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>		
	Complete this table for the organization's five \$100,000 of compensation from the organization			actors who each rec	eived m	ore than		
	(a) Name and address of each independent contractor	paid more than \$100,000	(t	Type of service	(c) Comp	ensation		
	$\sim$							
	+	·						
		. <u></u> .						
d	Total number of other independent contractors	each receiving over \$	S100.000 ▶	77				
			<del></del>					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including ac of preparer (other than of	companying schedules an	d statements, and to the be ation of which preparer has	st of my kr any knowl	owledge edge.		
Sign Here	Rober B Johnson   8/31/10							
	Robin B. John Type or print name and title	nson Sta	ate Coordi		TSA			
Paid	Preparer's signature	0	check if self- employed	Preparer's identifying nu	mber (See in	structions)		
Prepare	er's Firm's name (or		[ employed a	EiN ▶				
Use On	yours if self-employed), address, and ZIP + 4	<del></del>		Phone no. >				
May th	e IRS discuss this return with the preparer show	n above? See instruc	tions	<b>&gt;</b> [	Yes	□ No		
	The state of the s					<b>EZ</b> (2009)		

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section