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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

OMB No 1545 1150

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)

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

**Section SPIC(x3) organizations and 4947(x1) nonexempt charitable trusts must slitted a completed Schedule A (Form 990 or 990-EZ). Website: * N/A Cheek * X of the organizations and x1 Cheek * X of the organization is not	ΑI	For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30			, 2010
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Residence Double Section Sec	_		(502)	896-0464
**Section 301(c/3) organizations and 4947(s/t) nonexempt charitable trusts must afface a completed Schedule A (Form 990 or 990-EZ) Website: N/A	=				
Website: N/A State of a completed Schedule A (Form 990 or 990-EZ) Other (speecht) > H Check X If the organization is not required to attach Schedule B (Form 990 or 990 return 990 return 990 return 990 return 990 return 990 return is not required to attach Schedule B (Form 990 or 990 return 990 return is not required to attach Schedule B (Form 990 or 990 return 990 return is not required to a fact schedule B (Form 990 or 990 return is not required to a fact schedule B (Form 990 or 990 return 990 return is not required to a return, to same to file a complete return 425,000 A Form 990 return is not required to file a complete return 990 return 990 return is not required to file a complete return 990 return 9	==	tions			cemption ► 5099
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K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$5,000. A from 990-EZ from 990-EZ from 990-EZ in the organization chooses to file a return, be sure to file a complete return \$55,000. A from 990-EZ in \$198,75 and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$198,75 and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$198,75 and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 \$198,75 and 70, to line 90-EZ in \$100,000 or more, file Form 990 \$198,75 and \$100,000 or more, file Form 990 \$198,75 and \$100,000 or more, file Form 990 or \$198,75 and \$100,000 or more, file Form 990 or \$198,75 and \$100,000 or more, file Form 990 or \$198,75 and \$100,000 or more, file Form 990 or \$100,000 or \$100,000 or \$100,000 or more, file Form 990 or \$100,000 or \$100,000 or \$100,000 or \$100,000 or more, file Form 990 or \$100,000 or \$100,000 or \$100,000 or \$100,000 or more, file Form 990 or \$100,000 or \$100,000 or \$100,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part I.) Less direct expenses other than inudratising expenses of kine interior (business or evenue, (decided applicable parts of Schedule 0). If any amount is from gaming, check here or kine from special events and activates (Subtract in 56 from line £a). For a gross sales of inventory, test returns and allowances. It is a gross profit or (foss) from special events and activates (Subtract line 76 from line £a). For a gross profit or (foss) from special events and activates (Subtract line 76 from line £a). For a gross profit or (foss) from special events and activates (Subtract line 76 from line £a). For a gross profit or (foss) from special events and activates (Subtract line 76 from line £a). For a gross profit or (foss) from special events and activates (Subtract line 76 from line £a). For a gross profit or (foss) from special events and activates (Subtract line 76 from li					dule B (Form 990,
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21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 23 Land and buildings 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > See Statement 2) 9,595. 24 6,3 25 Total assets 26 Total liabilities (describe > See Statement 3) 6,325. 26 6,2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 46,355. 27 56,1 BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	E S	figure reported on prior year's return)	-year	19	46,355.
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)	ᅗ	20 Other changes in net assets or fund balances (attach explanation)	į		10,000.
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► See Statement 2) 25 Total assets 26 Total liabilities (describe ► See Statement 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. (A) Beginning of year (B) End of year 43, 085 22 56, 0 27 Separate instructions 43, 085 22 56, 0 28 Separate instructions 52, 680 25 62, 3 39 Separate instructions 6, 325 26 6, 2 46, 355 27 56, 1 46, 355 27 56, 1 46, 355 27 56, 1 46, 355 27 56, 1 46, 355 27 56, 1 46, 355 27 56, 1 47 7 7 7 7 48 7 7 7 7 49 7 7 7 40 7 7 7 40 7 7 41 7 7 42 7 7 43 7 7 44 7 7 45 7 7 46 7 47 7 48 7 49 7 40 7 40 7 40 7 41 7 42 7 43 7 44 7 45 7 46 7 47 7 48 7 49 7 40 7 40 7 40 7 41 7 42 7 43 7 44 7 45 7 46 7 47 7 48 7 49 7 40 7 40 7 40 7 40 7 41 7 42 7 43 7 44 7 45 7 46 7 47 7 48 7 49 7 40	5		▶		56,142.
(See the instructions for Part II) 22	Par	til Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990	nste	ad of	Form 990-EZ
Land and buildings 24 Other assets (describe ► See Statement 2) 25 Total assets 26 Total liabilities (describe ► See Statement 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Each of the column (B) must agree with line 21) 29 Form 990-EZ (3) 20 Form 990-EZ (4)					(B) End of year
24Other assets (describe ► See Statement 29,595. 246,325Total assets52,680. 2562,326Total liabilities (describe ► See Statement 352,680. 256325. 266,227Net assets or fund balances (line 27 of column (B) must agree with line 21)46,355. 2756,1BAAFor Privacy Act and Paperwork Reduction Act Notice, see separate instructions.6,325. 266,2	22	Cash, savings, and investments - 43,			56,030.
Total assets 26 Total liabilities (describe ► See Statement 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 52,680.25 62,3 62,3 66,2 7 66,325.26 66,2 7 66,325.27 6	23				
26 Total liabilities (describe ► See Statement 3) 6,325. 26 6,2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 46,355. 27 56,1 BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 6,325. 26 6,2 Form 990-EZ (3) 6,325. 27 56,1					6,341.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. (46, 355. 27 56, 1 Form 990-EZ (3)					62,371.
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					6,229.
i i i i i i i i i i i i i i i i i i i			355	. 27	56,142.
	RAA	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.			Form 990-EZ (2009)

	Form 990-EZ (2009) KENTUCKY RESTAURANT ASSOCIATION, INC. 31 Part·III Statement of Program Service Accomplishments (See the instructions.)					78163 Page 2
			S (See the instruction	ons.)	(Dog	Expenses
What	What is the organization's primary exempt purpose? See Statement 4					uired for section c)(3) and (4)
Desc	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, escribe the services provided, the number of persons benefited, or other relevant information for each					nizations and section
prog	ram title	persons benefited, or other	relevant information for	each	for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28	TO PROMOTE THE RESTUARAN	T INDUSTRY IN NORTH	HERN KENTUCKY T	HROUGH		
	SPONSORSHIP OF MEETINGS			<u> </u>	1	
					1	
	(Grants \$) If the	his amount includes foreign g	rants shock hara		28 a	100 010
20			rants, thete		204	188,919.
29					-	
						
						
	(Grants \$) If the	his amount includes foreign g	rants, check here	▶	29 a	
30						
					İ	
	(Grants \$) If the	nis amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedul					
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	▶ □	31 a	
32	Total program service expenses (add l				32	188,919.
Par	t IV List of Officers, Directors	. Trustees, and Kev Em	plovees. List each or	ne even if not con	nens	ated (See the instrs.)
<u> </u>		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	ns and	and other allowances
		to position		deferred compensa	ition	
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<u>See</u>	Statement 5		0.		0.	0.
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BAA		TEEA0812L 0	1/30/10			Form 990-EZ (2009)

Other Information (Note the statement requirements in the instrs for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity X Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 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. a 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? 35 a X b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the 36 Х year? If 'Yes,' complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a b Did the organization file Form 1120-POL for this year? 37 b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X 38 a any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A 39b N/A b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A . section 4955 ► section 4911 ► N/A, section 4912 ► N/A **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 40 b c 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 0 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed 0 by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e Х 41 List the states with which a copy of this return is filed > 42 a The organization's STACEY ROOF (502)books are in care of > Telephone no ► Located at ► 133 EVERGREEN ROAD SUITE 133 ZIP + 4 ► 40243 Yes No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 42 b X financial account in a foreign country (such as a bank account, securities account, or other financial account) If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c Х If 'Yes,' enter the name of the foreign country N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 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

50m 900 E7 (2009)	KENTHCKY	PECTAIIPANT	ASSOCIATION.	TNC
-orm 990-E7 (2009)	VENTOCUL	VESTWOKENT	ASSOCIATION.	IIVU.

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Page 4

Paty	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ns and section 4947 ection 4947(a)(1) nor es for lines 50 and 5	(a)(1) nonexemp nexempt charitat I.	ot charitable trusts only oble trusts must answer of	All se juestio	ction ns	1
 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 					46 47	Yes	No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization? 							
50 Complempl	plete this table for the organization's five oyees) who each received more than \$1	00,000 of compensation	from the organizatio	n officers, directors, trustees n If there is none, enter 'Nor	and key ne '		
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation						pense nt and owance:	5
		-					
		-	·				
51 Comp	number of other employees paid over \$ plete this table for the organization's five pensation from the organization. If there	highest compensated in	dependent contracto	ors who each received more t	han \$10	000,00	of
	(a) Name and address of each independent con	tractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
d Total	number of other independent contracto	rs each receiving over \$1	00,000	-			
Sign	Under penalties of perjury, I declare that L have exa true, correct, and complete Declaration of preparer	mined this return, including accon (other than officer) is based on a	npanying schedules and sta Il information of which prep	1 10/25/10	dge and be	elief, it is	5
Here	STACY ROOF Type or print name and title			Executive Directo	or		
Paid Pre-	Preparer's signature DOUGLAS B. WISE	COA COA	Date /O/	self (See i	er's Identi nstructions 36004	7	mber
parer's Use Only	yours if self- employed), address and 2300 HURSTBOURN		00	EIN ► 30	-0117 491-		
	S discuss this return with the preparer s		ctions		X Yes		No

2009	Federal State KENTUCKY RESTAURANT A NORTHERN KENTUCK	ASSOCIATION, INC.	Page 1 31-1078163
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses Administrative Fee Bad Debts Bank Charges Boat Outing Conferences, Convention Credit Card Fee Golf Outing Mardi Gras Miscellaneous Office Expenses Postage and shipping State Outing Fees		\$ Total \$	12,100. 1,040. 39. 6,368. 2,096. 34. 6,007. 149,953. 202. 9,680. 265. 550. 188,334.
Statement 2 Form 990-EZ, Part II, Line 2 Other Assets	4		
Accounts Receivable Prepaid Expenses and 1	Deferred Charges	Beginning \$ 7,445.8 2,150. Total \$ 9,595.8	4,193. 2,148.
Statement 3 Form 990-EZ, Part II, Line 2 Total Liabilities	6		
Accounts Payable and i	Accrued Expenses	Beginning \$ 6,325. \$ 5 6,325.	6,229.

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

TO PROMOTE THE RESTUARANT INDUSTRY IN NORTHERN KENTUCKY THROUGH SPONSORSHIP OF MEETINGS AND EXHIBITIONS.

2009

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Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to _EBP & DC	Account/
BILL WOODSIDE 3660 OXFORD CT ERLANGER, KY 41018	Director \$			
EMILY KRAMER 700 MADISON AVENUE COVINGTON, KY 41011	Director 0	0.	0.	0.
BILL BIRDSALL 10 W RIVERCENTER BLVD COVINGTON, KY 41011	Director 0	0.	0.	0.
PAUL SANDFOSS 19 HIGHLAND MEADOWS CIRCLE #3 HIGHLAND HEIGHTS, KY 41076	Director 0	0.	0.	0.
TRICIA AMAN 2611 ANDERSON RD CRESENT SPRINGS, KY 41017	Secretary/Treas 0	0.	0.	0.
ALAN BERNSTEIN 1 RIVERBOAT ROW NEWPORT, KY 41071	President 0	0.	0.	0.
GEORGE FRAUNDORFER 9237 MCKINNEY ROAD LOVELAND, OH 45140	Director 0	0.	0.	0.
JIM MACFARLANE 3990 OLYMPIC BLVD ERLANGER, KY 41018	Chairman O	0.	0.	0.
SAL WERTHEIM 514 W 6TH ST COVINGTON, KY 41011	Vice President 0	0.	0.	0.
VITO CIEPIEL 654 HIGHLAND AVENUE FT THOMAS, KY 41075	Director 0	0.	0.	0.
JOHN ELLISON 200 E 3RD ST NEWPORT, KY 41071	Vice President 0	0.	0.	0.
GORDY SYNDER 100 E RIVER CENTER BLVD 1060 COVINGTON, KY 41011	Director 0	0.	0.	0.

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Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
WADE RIEDMAN 7373 TURFWAY RD FLORENCE, KY 41042	Director 0	\$ 0.	\$ 0.	\$ 0.
BOB MEADE 3625 SPRING GROVE AVENUE CINCINNATI, OH 45223	Director 0	0.	0.	0.
THERESA BRUN 4315 OLYMPIC BLVD ERLANGER, KY 41018	Director 0	0.	0.	0.
PAT O'CALLAGHAN 619 LINN STREET CINCINNATI, OH 45203	Director 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.