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Form **990-EZ**

Department of the Treasury
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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning July 01 , 2010, and ending June 30 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
K of C, Kentucky Association for Mentally Disabled, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 206067

City or town, state or country, and ZIP + 4
Louisville, KY 40250-6067

D Employer identification number
31-0965614

E Telephone number
502-454-7178

F Group Exemption Number ▶ N/A

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.kykofc.com/

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 155,094.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	15,011.
	3	Membership dues and assessments	3	25.
	4	Investment income	4	2,238.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ 137,820. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b 137,820.		
	c	Less: direct expenses from gaming and fundraising events 6c 31,352.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	106,468.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	123,742.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	142,167.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	288.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	252.
	16	Other expenses (describe in Schedule O)	16	5,079.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	147,786.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(24,044.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	122,622.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	98,618

3P

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	121,804	22	98,253
23	Land and buildings	-0-	23	-0-
24	Other assets (describe in Schedule O)	858.	24	365.
25	**Total assets**	122,662.	25	98,618.
26	**Total liabilities** (describe in Schedule O)	-0-	26	-0-
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	122,662.	27	98,618.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **Assistance to mentally challenged persons**

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 The purpose of this organization is to improve the functionality and quality for mentally challenged children and adults

(Grants $ 142,167.) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 142,167.

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 142,167

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
James E. Roberts 209 Bon Harbor Hills, Owensboro, KY 42301	Chairman 4 hrs	-0-	-0-	-0-
Robert N. Hood 723 Dixiana Dr , Owensboro, KY 42303	President 4 hrs	-0-	-0-	-0-
William Glenn 3006 Allen St., Owensboro, KY 42303	Secretary 4 hrs	-0-	-0-	-0-
James E. Fink 3060 Nadina Dr., Louisville, KY 40220	Treasurer 9 hrs	-0-	-0-	-0-
Keith Baughman 202 Hillcrest Dr., Vine Grove, KY 40175	Trustee 1/2 hr	-0-	-0-	-0-
Art Crowe 2301 Medlock Land #101, Burlington, KY 41005	Trustee 1/2 hr	-0-	-0-	-0-
Kent Hoskins 2502 Paulcrest Ct , Louisville, KY 40242	Trustee 1/2 hr	-0-	-0-	-0-
Dan Pawley 702 Hackberry Rd , Cecilia Rd , 42724	Program Chairman 6 hrs	-0-	-0-	-0-
Gerald Roof 2502 Paulcrest Ct., Louisville, KY 40242	Trustee 1/2 hr	-0-	-0-	-0-
William R. Zanone 2099 Newtown Rd., Lexington, KY 40511	Trustee 1/2 hr	-0-	-0-	-0-

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
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?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed 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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ **Kentucky**			
42a	The organization's books are in care of ▶ **James E. Fink** Telephone no. ▶ **502-454-7178**			
	Located at ▶ **3060 Nadina Dr., Louisville** ZIP + 4 ▶ **40220-0202**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(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 & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ▶ -0-

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶ -0-

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 11-20-11

James E. Fink, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
K of C, Kentucky Association for Mentally Disabled, Inc.	31-0965614

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3 .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125.	335.	312.	4,397	25.	5,194
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,728	7,942.	11,419.	13,574	15,011.	61,674.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	165,786.	161,326.	158,264.	151,591.	137,820.	774,787
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	179,639.	169,603	169,995.	169,562	152,856	841,655.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						841,665.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	179,639.	169,603.	169,995.	169,562.	152,856.	841,655.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,144.	1,790.	1,427.	183.	2,238	9,782
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,144.	1,790.	1,427.	183.	2,238	9,782.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	183,783.	171,393.	171,422.	169,745.	155,094.	851,437.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.8552 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	98.7933 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	1.1488 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	1.2066 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
K of C, Kentucky Association for Mentally Disabled, Inc.

Employer identification number
31-0965614

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☑ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Tootsie Roll Drive (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	137,820.			137,820.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	137,820.			137,8203
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,352.			31,352.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(31,352.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				106,468.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

K of C, Kentucky Association for Mentally Disabled, Inc.

Employer identification number

31-0965614

line 10. Grants and similar amounts paid See schedule attached $ 142,167.

line 16. Other expenses

Corporate fees	$ 157
Depreciation Expense	493.
Equipment Repairs	824
Office Supplies & Expense	1,628.
Travel & Conventions	2,316
	$ 5,079.

K of C, Kentucky Association for Mentally Disabled, Inc
Form 990 EZ FYE June 30, 2011

31-0965614

Detail for Schedule O

Date	Num	Name	Account	Paid Amount	
line 10 Grants and similar amounts paid:					
12/30/2010	4582	Burns Middle School	Arts & Crafts Programs	$	313
07/16/2010	4509	Cissna's Sporting Goods	Awards		280
05/12/2011	4676	Cissna's Sporting Goods	Awards		225
07/19/2010	4514	Jake Heringer	Camping Expense	325	
07/19/2010	4515	Amy Schwegmann	Camping Expense	500	
07/19/2010	4516	Constance Nauert	Camping Expense	300	
07/19/2010	4517	Krista Kramer	Camping Expense	300	
07/19/2010	4518	Hilary Leyland	Camping Expense	300	
07/19/2010	4519	Kiersten Leyland	Camping Expense	300	
07/19/2010	4520	Chris Calhoun	Camping Expense	300	
07/19/2010	4521	Nathan Miller	Camping Expense	300	
07/19/2010	4522	Seth Connolly	Camping Expense	300	
07/19/2010	4523	Joe Lohr	Camping Expense	300	
07/19/2010	4525	Michael Gish	Camping Expense	300	
08/13/2010	4534	Woodland Lakes Christian Camp	Camping Expense	8,440	
09/13/2010	4538	Harbor House of Louisville, Inc	Camping Expense	2,327	
02/28/2011	4640	Amy Schwegnann	Camping Expense	1,500	
02/28/2011	4641	Amy Schwegnann	Camping Expense	500	16,292
09/26/2010	4543	Desmond Brothers Insurance, Inc	Liability Insurance (Camps)		1,991
07/28/2010	4528	Knights of Columbus, Council #7847	Recreational & Atheletics	500	
08/24/2010	4536	Knights of Columbus Council #7847	Recreational & Atheletics	900	
10/21/2010	4550	LYSA TOPSoccer Blue Thunder	Recreational & Atheletics	300	
10/26/2010	4555	Scouting Unlimited	Recreational & Atheletics	193	
10/26/2010	4556	Special Olympics of Kentucky	Recreational & Atheletics	425	
11/21/2010	4560	Ohio County Equestrian Club	Recreational & Atheletics	640	
12/30/2010	4585	Bullitt County Special Olympics	Recreational & Atheletics	300	
12/30/2010	4586	Peg's Therpeutic Ponies	Recreational & Atheletics	300	
12/30/2010	4587	K of C Council #5220	Recreational & Atheletics	500	
12/30/2010	4588	Pendleton County High School	Recreational & Atheletics	350	
12/30/2010	4589	Silver Grove School	Recreational & Atheletics	400	
12/30/2010	4590	Milestone, Inc	Recreational & Atheletics	900	
12/30/2010	4594	NIKCES Regional Programs Challenage	Recreational & Atheletics	400	
01/06/2011	4597	K of C Council #7847	Recreational & Atheletics	1,100	
01/06/2011	4598	K of C Council #7847	Recreational & Atheletics	500	
01/26/2011	4610	Meade County Special Olympics	Recreational & Atheletics	2,261	
01/26/2011	4609	Ohio County Equestrian Club	Recreational & Atheletics	1,027	
01/29/2011	4613	Special Olympics	Recreational & Atheletics	485	
02/03/2011	4614	Hardin County Special Olympics	Recreational & Atheletics	2,141	
02/06/2011	4616	Jessamine Couunty Sharks - Swim Team	Recreational & Atheletics	250	
02/21/2011	4627	Woodland Lakes Christian Camp	Recreational & Atheletics	1,700	
02/22/2011	4632	FMD Class Eastside Elementry	Recreational & Atheletics	368	
03/02/2011	4642	HCCHS Olympic Field Day	Recreational & Atheletics	2,000	

Detail for Schedule O

Date	Num	Name	Account	Paid Amount	
line 10. Grants and similar amounts paid:					
03/02/2011	4643	Hopkins County Special Olympics	Recreational & Atheletics	$ 2,000	
03/02/2011	4645	Hardin County Special Olympics	Recreational & Atheletics	681	
03/06/2011	4646	Knights of Columbus Council #1055	Recreational & Atheletics	831	
03/06/2011	4647	Hancock County High School Special Ed	Recreational & Atheletics	461	
03/09/2011	4648	Camp Marc	Recreational & Atheletics	2,500	
03/09/2011	4650	Scouting Unlimited	Recreational & Atheletics	318	
03/09/2011	4651	Special Olympics of Kentucky	Recreational & Atheletics	625	
04/19/2011	4656	Kentucky Lake Bass Club	Recreational & Atheletics	300	
04/19/2011	4659	Saint James Church	Recreational & Atheletics	900	
06/06/2011	4679	Daviess County Special Olympics	Recreational & Atheletics	2,500	
06/06/2011	4680	Dream Riders of Kentucky	Recreational & Atheletics	1,276	
06/24/2011	4683	Mount Mercy Knights of Columbus #14604	Recreational & Atheletics	168	
06/24/2011	4684	Msgr James H Willett, K of C #7847	Recreational & Atheletics	3,804	34,303
07/06/2010	4505	Hancock County High School Special Ed	Social & Behavioral	454	
07/24/2010	4527	Quest Farms, Inc	Social & Behavioral	241	
08/03/2010	4530	Saint John's On the Move Program	Social & Behavioral	2,747	
10/21/2010	4549	W A T C H , Inc	Social & Behavioral	2,146	
10/21/2010	4551	Alzi + Aimers Association	Social & Behavioral	300	
10/25/2010	4552	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	1,300	
10/26/2010	4554	St Mary's Day Center	Social & Behavioral	425	
10/26/2010	4557	J U Kevil Memorial Foundation	Social & Behavioral	250	
11/20/2010	4559	K of C Home for the Mentally Challenged	Social & Behavioral	638	
11/21/2010	4561	Ben's Place Adult Day Care	Social & Behavioral	404	
11/21/2010	4563	Washington County Assoc for Mentally Hdcp	Social & Behavioral	1,754	
11/22/2010	4565	Riverview School, Inc	Social & Behavioral	183	
11/22/2010	4566	New Preception, Inc	Social & Behavioral	630	
11/22/2010	4567	Milestone, Inc	Social & Behavioral	630	
12/02/2010	4568	Riverview School, Inc	Social & Behavioral	2,564	
12/02/2010	4569	Quest Farms, Inc	Social & Behavioral	2,121	
12/02/2010	4570	BCEAH	Social & Behavioral	1,707	
12/24/2010	4571	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	362	
12/24/2010	4572	New Preception, Inc	Social & Behavioral	361	
12/24/2010	4577	Riverview School, Inc	Social & Behavioral	71	
12/24/2010	4578	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	1,500	
12/24/2010	4579	New Preception, Inc	Social & Behavioral	1,500	
12/30/2010	4581	Burns Elementary School	Social & Behavioral	313	
12/30/2010	4583	Apolla High School	Social & Behavioral	313	
12/30/2010	4584	Dream with Wings	Social & Behavioral	300	
12/30/2010	4591	Campbell County Middle School	Social & Behavioral	400	
12/30/2010	4592	Bellevue High School	Social & Behavioral	400	
12/30/2010	4593	Northern Kentucky Guild for Retarded	Social & Behavioral	394	
01/04/2011	4595	The Point	Social & Behavioral	500	
01/06/2011	4599	New Preception, Inc	Social & Behavioral	131	
01/26/2011	4602	Marion County Association for the Hdcp	Social & Behavioral	2,066	

K of C, Kentucky Association for Mentally Disabled, Inc
Form 990 EZ FYE June 30, 2011

31-0965614

Detail for Schedule O

Date	Num	Name	Account	Paid Amount	
line 10. Grants and similar amounts paid					
01/26/2011	4603	Harbor House of Louisville, Inc	Social & Behavioral	$ 1,050	
01/26/2011	4604	Down Syndrome of Louisville	Social & Behavioral	1,050	
01/26/2011	4605	J U Kevil Memorial Foundation	Social & Behavioral	1,188	
01/26/2011	4608	Harbor House of Louisville, Inc	Social & Behavioral	825	
01/29/2011	4612	Quest Farms, Inc	Social & Behavioral	400	
02/03/2011	4615	Association for Adult Developmental Disab	Social & Behavioral	2,141	
02/06/2011	4617	St Mark Council #12852	Social & Behavioral	828	
02/18/2011	4620	Nelson Councty Handicapped Association	Social & Behavioral	1,952	
02/21/2011	4621	Wendell Foster Center	Social & Behavioral	750	
02/21/2011	4625	Saint Leo - SPICE	Social & Behavioral	5,000	
02/21/2011	4626	I Believe Foundation	Social & Behavioral	1,200	
02/21/2011	4628	ARHHC, Inc	Social & Behavioral	4,000	
02/21/2011	4629	New Preception, Inc	Social & Behavioral	4,000	
02/22/2011	4633	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	500	
02/22/2011	4634	Marshall County Exceptional Center	Social & Behavioral	3,523	
02/27/2011	4637	Harbor House of Louisville, Inc	Social & Behavioral	1,131	
02/27/2011	4638	Wendell Foster Center	Social & Behavioral	454	
03/02/2011	4644	Saint John's On the Move Program	Social & Behavioral	2,675	
03/09/2011	4649	Saint Mary's Center, Inc	Social & Behavioral	625	
04/19/2011	4657	Marshall County Exceptional Center	Social & Behavioral	230	
04/19/2011	4658	Saint Mary's Center, Inc	Social & Behavioral	100	
04/19/2011	4660	Cedar Lake lodge	Social & Behavioral	1,700	
04/19/2011	4661	Cerebral Palsy Schoo l -Mattingly Center	Social & Behavioral	1,700	
04/19/2011	4662	Community Employment	Social & Behavioral	1,700	
04/19/2011	4663	Custon Quality Service	Social & Behavioral	2,000	
04/19/2011	4664	Dream of Wings	Social & Behavioral	2,100	
04/19/2011	4665	Harbor House of Louisville, Inc	Social & Behavioral	1,700	
04/19/2011	4666	Saint Mary's Center, Inc	Social & Behavioral	1,700	
04/19/2011	4667	Southwest Center for Devlopmentally Disab	Social & Behavioral	2,000	
05/02/2011	4669	Harbor House of Louisville, Inc	Social & Behavioral	72	
05/02/2011	4670	ARHHC, Inc	Social & Behavioral	3,100	
05/02/2011	4671	Very Special Arts	Social & Behavioral	1,100	
05/05/2011	4672	Ceda Lake Lodge	Social & Behavioral	1,520	81,114
06/25/2011	4687	The Point/ARC of Northern Kentucky	State Programs (Grants)	4,000	
06/25/2011	4688	Wings on a Prayer, Inc	State Programs (Grants)	3,550	
06/25/2011	4689	Precious Blood Church	State Programs (Grants)	100	7,650
Total line 10 - Grants and similar amounts paid					**$ 142,167**

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐
• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	**Employer identification number**
File by the due date for filing your return See instructions	**K of C, Kentucky Association for Mentally Disabled, Inc.**	**31-0965614**
	Number, street, and room or suite no If a P O box, see instructions **P O Box 206067 / 3060 Nadina Dr., Louisville, KY 40220**	
	City, town or post office, state, and ZIP code For a foreign address, see instructions **Louisville, KY 40250-6067**	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **Jim Fink**

Telephone No. ▶ **502-454-7178** FAX No ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year 20 ____ or
▶ ☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	**3a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	**Employer identification number**
File by the extended due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . ☐☐

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20 _____.

5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	**8a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ Treasurer President Date ▶ 11.20.11