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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning July 01 , 2011, and ending June 30 , 20 12

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 or a section 527 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 ► $ **159,690.**

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	14,312.
	3	Membership dues and assessments		3	
	4	Investment income		4	3,728.
	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 $ 00. 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	141,650.	
	c	Less: direct expenses from gaming and fundraising events	6c	22,948.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	118,702.
	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	136,742
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	126,825
	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	450.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	221.
	16	Other expenses (describe in Schedule O)		16	5,410.
	17	**Total expenses.** Add lines 10 through 16 ►		17	132,906.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,836.
	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	98,618.
	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	102,454.

4?

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	98,253	22	102,454.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	365	24	00.
25	**Total assets**	98,618	25	102,454.
26	**Total liabilities** (describe in Schedule O)	00	26	00.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	98,618.	27	102,454.

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? **To improve quality of life of mentally disabled persons**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	**K of C State Council Grants; See Schedule O** (Grants $ **18,000.**) If this amount includes foreign grants, check here ▶ ☐	30a	18,000
31	Other program services (describe in Schedule O) (Grants $ **108,825**) If this amount includes foreign grants, check here ▶ ☐	31a	108,825.
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	126,825.

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James E. Roberts 209 Bon Harbor Hills Dr , 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, KY 42724	Program Chairman 6 hrs	-0-	-0-	-0-
Gerald Roof 5515 Old Hwy. 45 S., Paducah, KY 423003	Trustee 1/2 hr	-0-	-0-	-0-
William R. Zanone 2099 Newton Rd , Lexington, KY 40511	Trustee 1/2 hr	-0-	-0-	-0-

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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 00			
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 00.			
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 ▶ -0- ; section 4912 ▶ -0- , section 4955 ▶ -0-			
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 ▶ -0-			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			
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, KY** 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 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 N/A			

			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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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: 8-7-12

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

2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** 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—2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	335.	312.	4,397	25	-0-	5,069.
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 . . .	7,942.	11,419.	13,574	15,011	14,312.	62,258.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	161,326.	158,264.	151,591.	137,820	141,650.	750,651.
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	169,603.	169,995.	169,562.	152,856.	155,962	817,978.
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						00.
8 **Public support** (Subtract line 7c from line 6)						817,978

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	169,603.	169,995.	169,562.	152,856.	155,962.	817,978
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	1,790.	1,427.	183.	2,238.	3,729.	9,367.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b .	1,790.	1,427.	183.	2,238	3,729.	9,367
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.)	171,393	171,422.	169,745.	155,094.	159,691.	827,345

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 2011 (line 8, column (f) divided by line 13, column (f))	15	98.8868 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 8552 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) . . .	17	1.1322 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1.2066 %

19a **33 1/3% support tests—2011.** 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—2010.** 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).

None

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
2011
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.

Kentucky

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	141,650.			141,650
	2 Less: Charitable contributions	124,825			124,825
	3 Gross income (line 1 minus line 2)	16,825.			16,825
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,948.			22,948
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(22,948.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				(6,123.)

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

2011

Open to Public Inspection

Name of the organization

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

Employer identification number

31-0965614

Part I, Item 10. Grant's and similar amounts paid -- See schedule attached $ 124,825.

16. Other Expenses

Corporate fees	$ 15.
Depreciation expense	365
Equipment repairs	490
Office supplies & expense	1,186.
Travel & conventions	3,354.
Total	$ 5,410

Part III, Item 31. Other program services -- See Part I, Item 10. (above) $ 124,825.

Less: Grants	18,000.
Other program services	108,825

- End -

Name of the organization	Employer identification number

Cash Basis

K of C, Kentucky Association for the Mentally Disabled, Inc
Form 990EZ - Schedule O
Part I, Line 10, Grants and similar amounts paid
July 01, 2011 to June 30, 2012

Date	Num				Category Total
Jul '11 - Jun '12					
10/03/2011	4744	Breckenridge County Ed Assoc for Hdcp	Arts & Crafts Programs	$ 1,354	
12/07/2011	4771	SPICE	Arts & Crafts Programs	440	
03/06/2012	4848	Amy Schwegnann	Arts & Crafts Programs	600	$ 2,394
02/06/2012	4812	Comprehensive Care Center	Audio-Visual Eqipment	500	500
05/17/2012	4869	Cissna's Sporting Goods	Awards	300	300
07/26/2011	4708	Amy Schwegnann	Camping Expense	425	
07/26/2011	4709	Constance Neuert	Camping Expense	350	
07/26/2011	4710	Krista Kramer	Camping Expense	350	
07/26/2011	4711	Kiersten Leyland	Camping Expense	300	
07/26/2011	4712	Hilary Leyland	Camping Expense	300	
07/26/2011	4713	Natalie Buller	Camping Expense	275	
07/26/2011	4714	Natham Miller	Camping Expense	350	
07/26/2011	4715	Evan Calhoun	Camping Expense	300	
07/26/2011	4716	Michael Gish	Camping Expense	300	
07/26/2011	4717	Chris Calhoun	Camping Expense	300	
07/26/2011	4718	Joe Lohr	Camping Expense	275	
07/26/2011	4719	Seth Connolly	Camping Expense	275	
08/13/2011	4733	Woodland Lakes Christian Camp	Camping Expense	8,735	
08/30/2011	4738	Harbor House of Louisville, Inc	Camping Expense	2,024	14,559
The Association provide opportunity for the handicapped person to experience camping in a safe environment Supervision is provided by the camp and by volunteers A registered nurse is provided to attend to any special needs All facilities at the location are adapted to serve handicapped persons					
02/20/2012	4831	Comprehensive Care Center	KofC State Council Grants	1,000	
02/20/2012	4832	ARHHC, Inc	KofC State Council Grants	1,000	
02/20/2012	4833	Wings on a Prayer, Inc	KofC State Council Grants	2,500	
02/20/2012	4834	Saint Leo - SPICE	KofC State Council Grants	2,000	
02/20/2012	4835	River Valley Behavioral Health	KofC State Council Grants	4,000	
02/20/2012	4836	Ohio County Equistrian, Inc	KofC State Council Grants	2,000	
02/20/2012	4837	Redwood School & Rehabilitation Ctr , Inc	KofC State Council Grants	1,500	
02/20/2012	4838	New Preception, Inc	KofC State Council Grants	4,000	18,000
These payments are made for treatment and/or scholarships to organizations that spealize in therapy, education, and training of the handicapped person These amounts are paid as the result of a grant application funneled through the Kentucky State Council of the Knights of Columbus					
07/11/2011	4698	Special Olympics of Kentucky	Recreational & Atheletics	397	
07/21/2011	4701	Special Olympics of Kentucky	Recreational & Atheletics	285	
07/21/2011	4702	Jessamine Couunty Sharks - Swim Team	Recreational & Atheletics	284	
07/26/2011	4707	Father DeJaco Coiuncil #5220	Recreational & Atheletics	130	
07/26/2011	4720	Camp Marc	Recreational & Atheletics	300	
07/26/2011	4721	Ky Special Olympics	Recreational & Atheletics	638	

Cash Basis

K of C, Kentucky Association for the Mentally Disabled, Inc
Form 990EZ - Schedule O
Part I, Line 10, Grants and similar amounts paid
July 01, 2011 to June 30, 2012

Date	Num				Category Total
Jul '11 - Jun '12					
07/30/2011	4728	Pathways, Inc	Recreational & Atheletics	445	
07/30/2011	4730	Woodford County Special Olympics	Recreational & Atheletics	1,361	
10/03/2011	4745	Special Olympics of Kentucky	Recreational & Atheletics	117	
11/30/2011	4760	CDC - K of C Home	Recreational & Atheletics	802	
12/07/2011	4764	Milestone, Inc	Recreational & Atheletics	585	
12/07/2011	4769	Quest Farms, Inc	Recreational & Atheletics	500	
12/07/2011	4770	Special Olympics	Recreational & Atheletics	$ 400	
12/17/2011	4775	Knights of Columbus Council #1315	Recreational & Atheletics	1,100	
12/17/2011	4776	New Beginning Therapauti Riding, Inc	Recreational & Atheletics	1,100	
12/17/2011	4777	Bowling Green Special Olympics	Recreational & Atheletics	1,100	
12/17/2011	4778	Bowling Green Special Olympics	Recreational & Atheletics	1,100	
12/17/2011	4783	Special Olympics in Kentucky	Recreational & Atheletics	2,217	
01/15/2012	4787	Hancock County High School Special Ed	Recreational & Atheletics	580	
01/15/2012	4788	Daviess County Special Olympics	Recreational & Atheletics	1,000	
01/15/2012	4789	Dream Riders of Kentucky	Recreational & Atheletics	172	
01/15/2012	4790	Western Kentucky Special Olympics	Recreational & Atheletics	701	
01/15/2012	4791	Hardin County Special Olympics	Recreational & Atheletics	1,933	
01/15/2012	4794	Father DeJaco Council #5220	Recreational & Atheletics	500	
01/15/2012	4795	Pendleton County High School	Recreational & Atheletics	200	
01/15/2012	4796	Silver Grove School	Recreational & Atheletics	350	
01/15/2012	4798	Campbell County Middle School	Recreational & Atheletics	300	
01/15/2012	4799	Bellevue High School	Recreational & Atheletics	300	
02/06/2012	4804	Ohio County Equistrian, Inc	Recreational & Atheletics	704	
02/06/2012	4805	Kentucky Bass Club	Recreational & Atheletics	300	
02/06/2012	4806	Marshall County Exception Center	Recreational & Atheletics	200	
02/06/2012	4807	KY Sheriffs Boys & Girls Ranch	Recreational & Atheletics	150	
02/07/2012	4817	Kentucky Special Olympics	Recreational & Atheletics	607	
02/08/2012	4819	Special Olympics	Recreational & Atheletics	625	
02/08/2012	4820	Scouting Unlimited	Recreational & Atheletics	318	
02/16/2012	4823	HCCHS Olympic Field Day	Recreational & Atheletics	1,400	
02/16/2012	4824	Hopkins County Special Olympics	Recreational & Atheletics	1,400	
02/16/2012	4825	Wendell Foster Center	Recreational & Atheletics	312	
02/29/2012	4844	Peg's Therpeutie Ponies	Recreational & Atheletics	133	
02/29/2012	4845	Bullitt County Special Olympics	Recreational & Atheletics	133	
03/06/2012	4849	Taylor County Special Olympics	Recreational & Atheletics	500	
03/15/2012	4852	Special Olympics	Recreational & Atheletics	674	
03/19/2012	4853	K of C Council #7847	Recreational & Atheletics	400	
03/20/2012	4854	Special Oympics of Kentucky	Recreational & Atheletics	294	

Cash Basis

K of C, Kentucky Association for the Mentally Disabled, Inc
Form 990EZ - Schedule O
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July 01, 2011 to June 30, 2012

Date	Num				Category Total
Jul '11 - Jun '12					
04/27/2012	4864	SW Ctr for Developmentally Disabled	Recreational & Atheletics	2,000	
05/10/2012	4866	Kentucky Special Olympics	Recreational & Atheletics	500	
05/17/2012	4867	Bright Life Farms	Recreational & Atheletics	1,031	
06/01/2012	4870	Jessamine Couunty Sharks - Swim Team	Recreational & Atheletics	690	
06/01/2012	4872	Scouting Unlimited	Recreational & Atheletics	140	
06/01/2012	4873	Special Oympics of Kentucky	Recreational & Atheletics	276	31,685
These payments represent amounts to non-profit organizations who work to develop the physical potential of mentally handicapped persons These include activities such as Special Olypmics, horseback riding, baseball, basketball, and bowling					
07/11/2011	4693	Down Syndrome EEP	Social & Behavioral	$ 397	
07/11/2011	4694	Community Employment	Social & Behavioral	397	
07/11/2011	4695	Cerebral Palsy Schoo l -Mattingly Center	Social & Behavioral	397	
07/11/2011	4696	Council for the Retarded Citizens, Inc	Social & Behavioral	397	
07/11/2011	4697	Community Living	Social & Behavioral	397	
07/11/2011	4700	Kentucky Stride	Social & Behavioral	923	
07/21/2011	4703	McKay Center	Social & Behavioral	748	
07/30/2011	4725	Day Spring, Inc	Social & Behavioral	1,239	
07/30/2011	4726	Saint Mary's Center, Inc	Social & Behavioral	413	
08/17/2011	4734	Sunrise Children's Services	Social & Behavioral	1,000	
10/19/2011	4749	Ben's Place	Social & Behavioral	300	
10/22/2011	4750	W A T C H , Inc	Social & Behavioral	1,848	
11/25/2011	4752	ACCU Tran	Social & Behavioral	249	
11/30/2011	4753	Quest Farms, Inc	Social & Behavioral	2,123	
11/30/2011	4754	Washington Co Assoc F/Mentally Disabled	Social & Behavioral	1,701	
11/30/2011	4755	J U Kevil Memorial Foundation	Social & Behavioral	1,350	
11/30/2011	4756	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	460	
11/30/2011	4757	New Preception, Inc	Social & Behavioral	460	
12/01/2011	4762	Riiverview School	Social & Behavioral	2,195	
12/07/2011	4763	K U Kievel Memorial Foundation	Social & Behavioral	200	
12/07/2011	4765	New Preception, Inc	Social & Behavioral	585	
12/07/2011	4766	New Preception, Inc	Social & Behavioral	935	
12/07/2011	4767	Redwood School & Rehabilitation Ctr , Inc	Social & Behavioral	935	
12/07/2011	4768	Nelson Councty Handicapped Association	Social & Behavioral	1,971	
12/17/2011	4781	Harbor House of Louisville, Inc	Social & Behavioral	1,215	
12/17/2011	4782	Down Syndrome of Louisville	Social & Behavioral	1,215	
01/15/2012	4785	North Key Community Care	Social & Behavioral	625	
01/15/2012	4792	HCAADD	Social & Behavioral	1,933	
01/15/2012	4793	Kentucky School for Blind	Social & Behavioral	1,410	
01/15/2012	4797	Milestone, Inc	Social & Behavioral	800	

Cash Basis

K of C, Kentucky Association for the Mentally Disabled, Inc
Form 990EZ - Schedule O
Part I, Line 10, Grants and similar amounts paid
July 01, 2011 to June 30, 2012

Date	Num				Category Total
Jul '11 - Jun '12					
01/15/2012	4800	The Point	Social & Behavioral	500	
01/15/2012	4801	NKCES Regional Programs	Social & Behavioral	300	
02/06/2012	4808	Saint John's On the Move Program	Social & Behavioral	2,676	
02/06/2012	4809	Day Spring, Inc	Social & Behavioral	665	
02/06/2012	4810	Saint Mary's Center, Inc	Social & Behavioral	223	
02/06/2012	4813	Harrison County Middle School/FMD Unit	Social & Behavioral	508	
02/06/2012	4814	Burns Middle School	Social & Behavioral	528	
02/06/2012	4815	West Louisville Elementary School	Social & Behavioral	528	
02/06/2012	4816	Apolla High School	Social & Behavioral	528	
02/08/2012	4818	Saint Mary's Center, Inc	Social & Behavioral	$ 625	
02/16/2012	4821	Marion County Association for the Hdcp	Social & Behavioral	1,786	
02/16/2012	4822	New Preception, Inc	Social & Behavioral	327	
02/29/2012	4846	Dream with Wings	Social & Behavioral	133	
03/15/2012	4850	Down Syndrome of Louisville	Social & Behavioral	674	
03/15/2012	4851	Community Employment	Social & Behavioral	674	
03/20/2012	4855	Southwest Center for Devlopmentally Disab	Social & Behavioral	294	
03/20/2012	4856	Harbor House of Louisville, Inc	Social & Behavioral	294	
04/27/2012	4857	Cedar Lake Foundation	Social & Behavioral	1,700	
04/27/2012	4858	Cerebral Palsy Schoo l -Mattingly Center	Social & Behavioral	1,700	
04/27/2012	4859	Community Employment	Social & Behavioral	1,700	
04/27/2012	4860	Custom Quality Service	Social & Behavioral	2,000	
04/27/2012	4861	Dream with Wings	Social & Behavioral	2,100	
04/27/2012	4862	Harbor House of Louisville, Inc	Social & Behavioral	1,700	
04/27/2012	4863	Saint Mary's Center, Inc	Social & Behavioral	1,700	
06/01/2012	4871	Saint Mary's Center, Inc	Social & Behavioral	276	
06/01/2012	4874	ARHHC, Inc	Social & Behavioral	3,337	
06/01/2012	4877	Wings on a Prayer, Inc	Social & Behavioral	1,095	57,388

These expenditures represent payments to organizations that specialize in training the handicapped person in developing appropriate behavioral practices, maintaining personal relationship, and in ever-day personal care and hygiene

$ 124,825	$ 124,825