Form **990**; **EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| A             | For the         | 2019 calenda | ar year, or tax year beginning                    | May 1                    | , 2019,        | and ending       |            | pril 30  | , 20 20                   |
|---------------|-----------------|--------------|---|--------------------------|----------------|------------------|------------|--|---------------------------|
| В             | Check if ap     | oplicable    | C Name of organization 23                         | ·                        |                |                  | D Empl     | oyer iden  | tification number ?       |
|               | Address c       | change       | Kentucky Municipal Clerks Association             |                          |                |                  |            | 84   | -168218 <b>0</b>          |
| $\overline{}$ | Name cha        | -            | Number and street (or P O box if mail is not del  | vered to street address) | ?:             | Room/suite       | E Telep    | hone nun   | nber                      |
| H             | Initial retur   |              | 1009 Main St                                      |                          |                | _                |            | 270-   | 527-6483                  |
| Ħ             | Amended         | n/terminated | City or town, state or province, country, and ZIP | or foreign postal code   |                | 17               | F Grou     | ıp Exem  | ption                     |
| =             | Applicatio      |              | Benton, KY 42025                                  |                          |                | UJ               | Nun        | nber 🕨   | ?1                        |
| G             | Account         | ting Method  | ✓ Cash  | >                        |                | н                | Check      | ▶ 🗹 if t   | he organization is not    |
|               | <b>N</b> ebsite | •            | kyclerks com                                      |                          |                |                  |            |  | h Schedule B              |
| J 1           | ax-exen         |              | eck only one) - 🗹 501(c)(3) 🔲 501(c) (            | ) ◀ (insert no ) ☐ 49    | 47(a)(1) or    | ·527             | (Form 9    | 90, 990-   | EZ, or 990-PF).           |
| _             |                 |              |   |                          | Other          |                  |            |  |                           |
|               |                 |              | 7b to line 9 to determine gross receipts. If g    |                          |                | nore, or if tota | al assets  |  |                           |
|               |                 |              | 5500,000 or more, file Form 990 instead of f      |                          | ,              | •                |            | <b>▶</b> \$                                      | 77,165 00                 |
| _             | art I           |              | e, Expenses, and Changes in Ne                    |                          | Balanc         | es (see the      | nstruc     | ctions f   |                           |
|               |                 |              | the organization used Schedule O to               |                          |                |                  |            |  |                           |
| ?             | 1               |              | ons, gifts, grants, and similar amounts           |                          | 000110111      | ri tino i art    |            | 1  | <u> </u>                  |
| ?1            | 1               |              |   |                          | •              | •                |            | 2  | 56,605 00                 |
|               | 1               | -            | ervice revenue including government fe            | es and contracts         | •              | •                |            | 3  | 16,495 00                 |
| ?1            |                 |              | ip dues and assessments .                         |                          | •              | •                |            | 4  | 1,450 00                  |
| 14            | 1 _             | Investment   |   |                          |                |                  | •          | 4  | 1,430 00                  |
|               | 5a              |              | ount from sale of assets other than inve          | •                        | 5a             |                  |            |  |                           |
|               | b               |              | or other basis and sales expenses .               |                          | 5b             |                  |            |  |                           |
|               | C               | -            | ss) from sale of assets other than inver          | itory (subtract line 5   | ob trom III    | ne 5a) .         |            | 5c   |                           |
|               | 6               | •            | d fundraising events.                             | <b>.</b>                 |                |                  |            |  |                           |
| a)            | a               |              | ome from gaming (attach Schedule                  | G if greater tha         | i i            | İ                |            |  |                           |
| Ž             |                 | \$15,000) .  |   |                          | 6a             |                  |            |  |                           |
| Revenue       | b               |              | me from fundraising events (not includ            |                          |                | contributio      | ns         |  |                           |
| æ             |                 |              | aising events reported on line 1) (attain         |                          | ne '           | •                |            |  |                           |
|               |                 | sum of suc   | th gross income and contributions exc             | eeds \$15,000)           | 6b             |                  | 2,615 00   |  |                           |
|               | С               |              | t expenses from gaming and fundraisi              |                          | 6c             |                  | 0 00       |  |                           |
|               | d               | Net income   | e or (loss) from gaming and fundraisi             | ng events (add line      | es 6a and      | d 6b and su      | ıbtract    | ·  |                           |
|               |                 | line 6c)     |   |                          |                |                  |            | 6d   | 2,615 00                  |
|               | 7a              | Gross sales  | s of inventory, less returns and allowar          | ices                     | 7a             |                  |            |  |                           |
|               | b               | Less cost    | of goods sold                                     |                          | 7b             |                  |            |  |                           |
|               | С               | Gross profi  | it or (loss) from sales of inventory (subt        | ract line 7b from lin    | e 7a) .        |                  | ,          | 7c   |                           |
|               | 8               |              | nue (describe in Schedule O)                      |                          |                |                  |            | 8  |                           |
|               | 9               | Total rever  | <b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar  | d8                       |                |                  | •          | 9  | 77,165 00                 |
|               | 10              |              | sımılar amounts paid (list in Schedule            |                          |                |                  |            | 10   |                           |
|               | 11              | Benefits pa  | aid to or for members .                           |                          |                |                  |            | 11   |                           |
| es            | 12              | Salaries, ot | ther compensation, and employee ben               | efits 7                  |                |                  |            | 12   | •                         |
| JS6           | 1               |              | al fees and other payments to indepen             |                          | 1.             |                  |            | 13   | 15,500 00                 |
| Expens        | 14              |              | y, rent, utilities, and maintenance               |                          |                |                  |            | 14   | _                         |
| X             | 15              |              | ublications, postage, and shipping .              |                          |                |                  |            | 15   | 640 00                    |
| ?             | 16              | <b>U</b> .,  | enses (describe in Schedule O)                    | , , ,                    |                |                  |            | 16   | 38,072 00                 |
| ,             | 17              | •            | enses. Add lines 10 through 16                    |                          |                |                  |            | 17   | 54,212 00                 |
| _             | 18              |              | (deficit) for the year (subtract line 17 fro      |                          | • •            | <u> </u>         |            | 18   | 22,953 00                 |
| ets           | 19              | ,            | or fund balances at beginning of year             | •                        | ·<br>lump (Δ)\ | (must agre       | e with     | <del>                                     </del> | 22,755 00                 |
| SS            | '               |              | ir figure reported on prior year's return)        |                          |                | unusi agre       |            | 19   | 135,784 00                |
| Net Assets    | 20              | -            |   |                          | ٠ .            |                  | •          | 20   | 0 00                      |
| Š             | 20              |              | iges in net assets or fund balances (ex           |                          |                | •                |            | 21   |                           |
|               | 21              |              | or fund balances at end of year Comb              |                          |                |                  | <u>. ▶</u> |  | 158,737 00                |
| For           | Paper           | work Reducti | ion Act Notice, see the separate instruct         | ons.                     | Cat            | No 106421        |            |  | Form <b>990-EZ</b> (2019) |

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SOLUTION SO

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|------|---|
| Page | _ |

|   |  | Check if the organiz  | ation asca o   | Criedule                       | O to respond to a   | iny question in the  | (A) Beginning   |                                     |                             | (B) End of year                          |
|---|--|---|--|--------------------------------|---|--|---|-------------------------------------|-----------------------------|--|
| 22  | Cash   | savings, and investi  | ments  |                                |   |  |   | 5,784 00                            | -                           | 158,737 (                                |
| 23  |  | and buildings   | ments , ,  |                                |   |  |   | 3,704 00                            | 23                          | 130,737                                  |
| 23<br>24  |  | assets (describe in )   | Schedule (1)   |                                |   |  |   |                                     | 24                          | <del> </del>                             |
| 25  |  | assets  | concade of   |                                |   |  |   | 5,784 00                            |                             | 158,737 (                                |
| 26  |  | liabilities (describe   | ın Schedule O  | <br>)                          |   |  |   | <u> </u>                            | 26                          |  |
| 27  |  | ssets or fund balan   |  | •                              | (B) must agree wit  | h line 21)   | 13  | 5,784 00                            | -                           | 158,737 (                                |
|   |  | Statement of Prog   |  |                                |   |  |   | 3,70.00                             | <u></u> -                   |  |
|   |  | Check if the organiz  |  |                                | •   |  | •   |                                     |                             | Expenses                                 |
| Vha   |  | rganization's primar  |  |                                | See Schedule O  |  |   |                                     |                             | uired for section<br>c)(3) and 501(c)(4) |
| s m   | easured<br>ons bene  | organization's prog<br>I by expenses In a<br>efited, and other rele                       | clear and co<br>vant informati                                   | ncise m<br>on for ea           | anner, describe th<br>ich program title.  | e services provide   | d, the num  |                                     |                             | nizations, optional fo                   |
| 28  | **   | nual KMCA Institute a   |  |                                |   | I Clerks, provide ne   | working   |                                     |                             |  |
|   | opportu  | inities and to facilitate   | e leadership and   | d growth                       |   |  |   |                                     |                             |  |
| _   |  |   |  |                                |   |  |   |                                     |                             |  |
| 22  | (Grants  | \$  | ) If this  | amount                         | includes foreign gra  | ants, check here   |   | <u> </u>                            | 28a                         | 43,218 0                                 |
| 29  |  |   |  |                                |   |  |   |                                     |                             |  |
|   | (Cranta  | ф   | \  f thic  |                                |   |  |   |                                     | 29a                         |  |
| 30  | (Grants  | Φ   | ) ir this  | amount                         | includes foreign gra  | ants, check here .   |   |                                     | 298                         |  |
| 30  |  |   |  |                                | •••••   |  |   |                                     |                             |  |
|   | (0)  | ф   |  |                                |   |  |   |                                     | 00.                         |  |
|   | (Grants  | *rogram services (des   |  |                                | includes foreign gra  | ants, check here .   |   |                                     | 30a                         | ļ.                                       |
| 31  | Other pi   | rogram services ides  |  |                                |   |  |   |                                     | l                           |  |
|   | 10   | •   |  | •                              |   |  | •   |                                     | _ ما                        |  |
|   | (Grants  | \$  | ) If this  | amount                         | includes foreign gra  |  |   | <u> </u>                            | 31a                         | 42 219 (                                 |
| 32  | Total p  | \$<br>rogram service exp  | ) If this<br>enses (add lin                                      | amount<br>nes 28a t            | hrough 31a) .   |  |   | ▶ □                                 | 32                          | 43,218 C                                 |
| 32  | Total pi   | \$<br>rogram service exp<br>List of Officers, Direc                                       | ) If this<br>enses (add lin<br>tors, Trustees,                   | amount<br>nes 28a t<br>and Key | hrough 31a) . Employees (list eac   | h one even if not con  | npensated—  |                                     | 32<br>nstruc                | tions for Part IV)                       |
| 32  | Total pi   | \$<br>rogram service exp  | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) . Employees (list eac   | h one even if not con  | Part IV (d) Health contributions benefit p  | benefits,<br>to employ<br>lans, and | 32<br>nstruc<br>            | tions for Part IV)                       |
| 32<br>Par   | Total pr   | srogram service exp<br>List of Officers, Direc<br>Check if the organiz                    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a  (b) Average hours per week                      | h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC                         | Part IV  (d) Health  contributions  benefit pl  deferred con                      | benefits,<br>to employ<br>lans, and | 32<br>nstruc                | tions for Part IV)                       |
| 32<br>Par   | Total pi   | srogram service exp<br>List of Officers, Direc<br>Check if the organiz<br>(a) Name and to | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a  (b) Average hours per week devoted to position  | h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC                         | Part IV (d) Health contributions benefit p  | benefits,<br>to employ<br>lans, and | 32<br>nstruc<br>            | tions for Part IV)                       |
| ar<br>riss<br>res   | Total process of the contract  | s rogram service exp List of Officers, Direc Check if the organiz (a) Name and till er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a  (b) Average hours per week devoted to position  | h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0- | pensated—: Part IV (d) Health contributions benefit pl deferred con               | benefits,<br>to employ<br>lans, and | 32<br>nstruc<br><br>eee (e) | tions for Part IV)                       |
| 32<br>Par   | Total prices of the control of the c | \$ rogram service exp List of Officers, Direc Check if the organiz (a) Name and tri er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a (b) Average hours per week devoted to position   | h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0- | Part IV  (d) Health  contributions  benefit pl  deferred con                      | benefits,<br>to employ<br>lans, and | 32<br>nstruc                | tions for Part IV)                       |
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| riss<br>res<br>shi  | Total prices of the second of  | \$ rogram service exp List of Officers, Direc Check if the organiz (a) Name and tri er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a (b) Average hours per week devoted to position 2 | h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0- | ppensated—: Part IV  (d) Health contributions benefit pl deferred contributions   | benefits,<br>to employ<br>lans, and | 32<br>nstruc<br>            | tions for Part IV)                       |
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| riss<br>res<br>shi<br>ice<br>eth<br>rea                       | y Fletchedent ey Jackso Presiden any Coopsurer a Cox   | \$ rogram service exp List of Officers, Direc Check if the organiz (a) Name and tri er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a (b) Average hours per week devoted to position 2 | h one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-  | ppensated — : Part IV  (d) Health contributions benefit pl deferred coil          | benefits,<br>to employ<br>lans, and | 32 nstruc                   | tions for Part IV)                       |
| Par<br>Par<br>rriss<br>res<br>shi<br>ice<br>eth<br>rea<br>eck | y Fletchedent ey Jackso Presiden any Coopsurer a Cox   | \$ rogram service exp List of Officers, Direc Check if the organiz (a) Name and tri er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a (b) Average hours per week devoted to position 2 | h one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-  | ppensated — : Part IV  (d) Health contributions benefit pl deferred coil          | benefits,<br>to employ<br>lans, and | 32 nstruc                   | tions for Part IV)                       |
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| 32<br>Par<br>Pres<br>Ashl<br>Vice<br>Beth<br>Treas            | y Fletchedent ey Jackso Presiden any Coopsurer a Cox   | \$ rogram service exp List of Officers, Direc Check if the organiz (a) Name and tri er    | ) If this<br>enses (add lin<br>tors, Trustees,<br>zation used So | amount<br>nes 28a t<br>and Key | hrough 31a) .  Employees (list eac O to respond to a (b) Average hours per week devoted to position 2 | h one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-  | ppensated — : Part IV  (d) Health contributions benefit pl deferred contributions | benefits,<br>to employ<br>lans, and | 32 nstruc                   | tions for Part IV)                       |

Part V

|            | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   | s Part                                 | ٧.         |            |      |
|------------|--|--|------------|------------|------|
|            |  |  | 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                                     |            | <b>/</b>   | . lī |
| 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                                     |            | ~          | e    |
| 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>b</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                                    |            |            |      |
| С          | 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      |  | ) 🕸:                                   | .s `       | Î.         | , –  |
| b          | Did the organization file Form 1120-POL for this year?   | 37b                                    | , B.       | CHC (SAPA) | i    |
| 38a        | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such_loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 20-                                    | 18, 4, 7   |            | F    |
| b          | If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b  | 38a                                    | 20,02      |            |      |
| 39         | Section 501(c)(7) organizations Enter:   | ┧.                                     |            |            | İ    |
| а          | Initiation fees and capital contributions included on line 9   | ************************************** |            | 1800 V     |      |
| b          | Gross receipts, included on line 9, for public use of club facilities  |  | E 18 18 18 |            | i    |
| 40a        | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   |  | Se         |            |      |
|            | section 4911 ▶ 0 00 , section 4912 ▶ 0 00 , section 4955 ▶   | 3.3                                    | 1          |            |      |
| b          | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.   |  | <u> </u>   |            |      |
|            | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b                                    |            | ~          | 3    |
| c          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed  |  | \$ P. S.   |            |      |
| ,          | on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |  | , ,        |            | ŀ    |
| d          | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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                                    | <u>. ,</u> |            |      |
| 41         | List the states with which a copy of this return is filed ► None   |  |            |            |      |
| 42a        |  | 270-52                                 |            |            |      |
| b          | Located at ► 1009 Main St Benton, KY  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)? | 420                                    | Yes        | No         |      |
|            | If "Yes," enter the name of the foreign country ▶  | 42b                                    | £553       |            |      |
| •          | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |  |            |            |      |
| С          | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶   | 42c                                    |            | <u> </u>   |      |
| 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   |  | . 1        | ► □<br>N/A |      |
| 44a        | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   |  | Yes        | No         |      |
| 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<br>d     | Did the organization receive any payments for indoor tanning services during the year?   | 44c                                    | A straigh  | <u> </u>   |      |
| 45a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a                                    |            | ー          |      |
| b          | 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  | ¥3.00<br>2000<br>2000<br>2000          |            |            |      |
|            | Form 990-EZ See instructions   | 45b                                    |            |            |      |

| to candidates for public office? If "Yes," complete Schedule C, Part 1  Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47–49b and 52 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  If "Yes," complete Schedule C, Part II is the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47–49b and 52 and 52 and 53 and 53 and 53 and 53 and 54 a        | Page         |          |               |                   |                |                             |                              | 019)   | 990-EZ (20  |
|--|--------------|----------|---------------|-------------------|----------------|-----------------------------|------------------------------|--|-------------|
| to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations Only  All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  So Did the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Ocion by the stable for the organization as section 527 organization?  (a) Name and title of each employee  (b) Name and title of each employee  (b) Name and title of each employee  (c) Health benefits  (c) Health benefits  (d) Health benefits  (e) Health benefits  (e) Health benefit plans, and defined other compensation  (e) Name and business address of each independent contractor  (e) Name and business address of each independent contractor  (f) Name and business address of each independent contractor  (e) Complete this table for the organization if there is none, enter "None."  (e) Name and business address of each independent contractor  (f) Name and business address of each independent contractor  (h) Name and business address of each independent contractor  (h) Type of service  (e) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶ None  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  P Yes  Yes  Separated of other independent contractors each receiving over \$100,000 ト None each received in the organization of other independent contractors each received on all information of which prepare has any incondeger.   | Yes N        |          |               |                   | bobolf of      | amanana aatuutoo aa         | ما معالم من المعالم عالم     | hà araanimatian annaa directii, or i           | ال ما دا    |
| Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  If "Yes," as the related organization organization is section 527 organization?  If "Yes," as the related organization organization is section 527 organization?  If "Yes," as the related organization organization is five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 or compensation from the organization. If there is none, enter "No.  If Total number of other employees paid over \$100,000 None  Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 or compensation from the organization. If there is none, enter "None"  If Total number of other employees paid over \$100,000 None  If Complete this table for the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  If there is none, enter "None"  (d) Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 None  If Total number of other independent contractors each receiving over \$100,000 N                                | -            | 46       | LIOII         | or in opposit     |                |                             |                              |  |             |
| All section 501(p)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  7. 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  8. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  9. If "Yes," was the related organization a section 527 organization?  1. Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No forms w 2/1999-MISC)  1. Organization and title of each employee   It is position        |              |          | <u> </u>      | <u> </u>          |                |                             |                              |  | `           |
| 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  7 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  8 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 ab Did the organization make any transfers to an exempt non-charitable related organization?  49 If "Yes," was the related organization as section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization from the organization of there is none, enter "None"  6) Name and title of each employee and over \$100,000.  7) None  1) Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000.  None  1) Total number of other independent contractors each receiving over \$100,000.  None  2) Did the organization complete Schedule A? Note: All section \$51(c)(3) organizations must attach a completed Schedule A prepared (high time officer) is based on all information of which preparer has any knowledge and b completed for officer.  1) Spigature to officer  2) Spigature | r lines      | oles fo  | e tab         | omplete the       | 52, and c      | stions 47-49b and           |                              |  |             |
| 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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  AB  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  AB  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization as section 527 organization?  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Average hours per week devoted to position  (b) Average hours per week devoted to position  (c) Total number of other employees paid over \$100,000   Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of the remployee of the remployee of the remployee of the remployee of the remployee of the remployee of the remployees paid over \$100,000   (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   AD  Organization or prepare given the organization is must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A   Organization or prepare given then officer's based on all information of which preparer has any knowledge and b correct, and complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Organization or preparer given than officer's based on all information of which preparer has any knowledge and b correct, and complete of officer  Organization of officer  Date  |              |          |               | , .               | ·              |                             | •                            | , ,, ,   |             |
| to 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  Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization as chool as described in section 527 organization?  If "Yes," was the related organization a section 527 organization?  If "Yes," was the related organization is five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No leave the properties of the compensation from the organization of the position of the properties of the compensation from the organization of the position       | [            |          |               |                   | his Part V     | I to any question in t      | hedule O to respond          | Check if the organization used Sc              |             |
| year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is blid the organization make any transfers to an exempt non-charitable related organization?  Is blid the organization as section 527 organization?  Is complete this table for the organization's five highest compensation from the organization. If there is none, enter "No devoted to position (Forms W-2/1099-MISC) (e) Estimated other composition (Forms W-2/1099-MISC)  If Total number of other employees paid over \$100,000 ▶ None  Is complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  Is complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  Is complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  Is complete this table for the organization if there is none, enter "None"  Is complete this table for the organization from the organization if there is none, enter "None"  Is complete this table for the organization from the organization if there is none, enter "None"  Is completed the organization from the organ    | Yes N        |          |               |                   |                |                             |                              | -  |             |
| Se is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  48  39  30  30  31  31  32  32  33  34  35  35  36  36  37  38  38  38  38  38  38  38  38  38   |              |          | tax           | during the        | n in effec     | section 501(h) electio      |                              |  |             |
| Date organization make any transfers to an exempt non-charitable related organization?  49b  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No burs per week devoted to position (Forms W-2/1099-MISC)  f Total number of other employees paid over \$100,000 . ▶ None  Complete this table for the organization's five highest compensated independent contractors who each received in the compensation of compensation from the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service (c) Compensation  (c) Peopriable contractors who each received in \$100,000 of compensation from the organization for the research in the programation of the programation from the organization from from from from from from from from   | <u> </u>     | 47       |               |                   |                |                             |                              | •  | •           |
| b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trusted employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No (d) Health benefits, compensation (Forms W-2/1999-MISC)    Authorize   (a) Name and title of each employee   (b) Average   (c) Reportable compensation (Forms W-2/1999-MISC)   (d) Health benefits, contributions to employee health plans, and deferred compensation (Forms W-2/1999-MISC)   (e) Estimated other compensation from the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"   (e) Compensation from the organization if there is none, enter "None"   (e) Compensation from the organization if there is none, enter "None"   (e) Compensation from the organization from the       |              | -        |               |                   |                |                             |                              | -  |             |
| O Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No lowing per week devoted to position (Forms W-2/1089-MISC)    Total number of other employees paid over \$100,000   | <u> </u>     | $\vdash$ |               | • •               | :ation?        |                             | •                            |  |             |
| employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No long per week between the position of the position of the position of the properties of the position of the position of the properties of the position of the properties of the position of the properties       | and k        |          | ·  <br>Ore ti | <br>Icars directo | <br>er than of |                             |                              |  |             |
| (a) Name and title of each employee  |              |          |               |                   |                |                             |                              |  |             |
| (a) Name and title of each employee  |              |          | ,             |                   |                |                             |                              |  |             |
| d Total number of other independent contractor (b) Type of service (c) Compensation  d Total number of other independent contractor (b) Type of service (c) Compensation  d Total number of other independent contractor (b) Type of service (c) Compensation  d Total number of other independent contractor (c) Total number of other independent contractor (c) Total number of other independent contractor (c) Total number of other independent contractor (c) Total number of other independent contractor (c) Total number of other independent contractors each receiving over \$100,000 ▶ None  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  PYes  der penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be, correct, and complete Schedule A  Sepature of officer  Date  Date   |              |          |               |                   |                |                             |                              | Name and title of each employee                | (a)         |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be, correct, and complete Peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   | ensation     | er comp  |               |                   |                | (Forms W-2/1099-MISC)       | devoted to position          |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   None  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be, correct, and complete Peclaration of preparer other than officer) is based on all information of which preparer has any knowledge  Date  |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and by correct, and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  None  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and become and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Betting the section of preparer other than officer) is based on all information of which preparer has any knowledge  Date  |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and by correct, and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  None  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and become and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Betting the section of preparer other than officer) is based on all information of which preparer has any knowledge  Date  |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  None  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and become and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Betting the section of preparer other than officer) is based on all information of which preparer has any knowledge  Date  |              |          |               | . —               |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and by correct, and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   |              |          | }             |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and by correct, and complete Pecharation of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization of their is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Per penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and by correct, and complete Peclaration of preparer other than officer) is based on all information of which preparer has any knowledge  The Description of the preparer of the than officer of the part of the preparer has any knowledge and by Signature of officer  The Description of the preparer of the part of the part of the part of the preparer has any knowledge and by Signature of officer  The Description of the part of     |              |          | ı             |                   |                |                             |                              |  |             |
| Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be, correct, and complete Peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date   |              |          |               |                   |                | None                        | er \$100,000                 | number of other employees paid ov              | f Total     |
| \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation.  d Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Power Yes  der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date   | nore th      | eived i  | ı rece        | s who each        | contracto      |                             |                              |  |             |
| d Total number of other independent contractors each receiving over \$100,000 None  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer jother than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date  |              |          |               |                   |                |                             |                              |  |             |
| d Total number of other independent contractors each receiving over \$100,000 None  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Did the organization of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer jother than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date  |              | ensatio  | Comr          | (c)               | ıce            | (b) Type of serv            | tent contractor              | Name and husiness address of each indepen      | (a)         |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               | (9)               |                | (b) Type of serv            |                              | Trains and Sounds address of cash independ     | (-)         |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             | ···········                  |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   | <del></del> -  |                             | · · ·                        | ·  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             | ••••                         |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and be signature of officer  Signature of officer  Date   |              |          |               |                   |                |                             |                              |  |             |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Let penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bear, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date  |              |          |               |                   |                |                             |                              |  |             |
| completed Schedule A   |              |          | one           | No                | <b>&gt;</b>    | over \$100,000              | actors each receiving        | number of other independent contra             | Total       |
| der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and be, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature of officer  Date  TROSLIKE  |              |          | ı a           | must attach       | nizations      | ction 501(c)(3) orga        | ule A? Note: All se          |  |             |
| gn Signature of officer See No. 100 Dev Trens Like (   | □ No         | Yes      | ▶☑            |                   |                | · · · <u>·</u>              |                              | oleted Schedule A                              | comp        |
| gn Signature of officer Trenslike (  | elief, it is | ge and I | nowled        |                   |                |                             |                              |  |             |
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| ere _   Rethany (Lander Treasurer  |              | ΔU       | DU            | UJBUJ             |                |                             | $\mathcal{U}(\underline{}$   | Scanding of officer                            | .           |
| THE THE TANK OF TH       |              |          |               | ite -             | U              |                             | Vencural                     | Rothani Annov                                  |             |
| Type or print name and title   |              |          |               |                   |                |                             | II CUSCUICI                  | Type or print name and title                   | ?:          |
| Prenarer's signature Date PTIN   |              | PTIN     | .   F         |                   | ie             | Da                          | Preparer's signature         | <del></del>                                    |             |
| Check if   |              | •        | of            |                   |                |                             |                              | Transtype preparer a flattic                   |             |
| reparer   Seil-employed   Se Only   Firm's name ▶   Firm's EIN ▶   |              |          |               |                   |                |                             | <u> </u>                     | Firm's name                                    |             |

Firm's address 

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization Employer identification number Kentucky Municipal Clerks Association 84-1682180 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

| Part       | II Support Schedule for Organiz  | ations Descr     | ibed in Sect     | ions 170(b)(1      | )(A)(iv) and 1       | 70(b)(1)(A)(vi    | i) /            |
|------------|--|------------------|------------------|--------------------|----------------------|-------------------|-----------------|
|            | (Complete only if you checked t  |                  |                  |                    |                      |                   | alify under     |
|            | , Part III. If the organization fails to   | o qualify unde   | er the tests lis | sted below, p      | lease comple         | te Part III.)     |                 |
|            | on A. Public Support   |                  |                  |                    | T                    | T                 |                 |
|            | dar year (or fiscal year beginning in)   | (a) 2015         | <b>(b)</b> 2016  | (c) 2017           | (d) 2018             | (e) 2019          | (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  |                  |                  |                    | *                    |                   | <u> </u>        |
|            | on B. Total Support  | ( ) 0045         | 430040           | 1 1 2 2 2 7        | ( 0 0040             |                   | (0 Tabel        |
| Calen<br>7 | dar year (or fiscal year beginning in) Amounts from line 4   | (a) 2015         | <b>(b)</b> 2016  | (c)/2017           | (d) 2018             | (e) 2019          | (f) Total       |
| 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 VI).  |                  |                  | •                  |                      |                   |                 |
| 11         | Total support. Add lines 7 through 10  |                  | 系化、含品类的。         | 138K 113           | 7.7.7.8.8.1.1.1.X    | <b>建设工资</b>       | -               |
| 12         | Gross receipts from related activities, etc.   | (see instruction | ons)             |                    |                      | 12                |                 |
| 13         | First five years. If the Form 990 is for the   | , -              | n's first, secon | d, third, fourth   | , or fifth tax ye    | ear as a sectio   | n 501(c)(3)     |
|            | organization, check this box and stop he   |                  |                  | ·                  |                      |                   | <u> </u>        |
|            | on C. Computation of Public Suppo  |                  |                  | 41                 |                      |                   | 0,1             |
| 14         | Public support percentage for 2019 (line   |                  |                  |                    |                      | 14                | <u>%</u>        |
| 15<br>16a  | Public support percentage from 2018 Sci 331/3% support test—2019. If the organ   |                  |                  | <br>con line 13 ar | <br>nd line 14 is 23 | 15 1/2% or more   | check this      |
| 100        | box and <b>stop here.</b> The organization qua   |                  |                  |                    |                      |                   |                 |
| b          | 331/3% support test—2018. If the organ this box and stop here. The organization  | zation did not   | check a box o    | n line 13 or 16    | ia, and line 15      |                   |                 |
| 17a        | 10%-facts-and-circumstances test—2<br>10% or more, and if the organization me<br>Part VI how the organization meets the organization.  | eets the "facts  | -and-circumsta   | ances" test, ch    | neck this box a      | and stop here.    | Explain in      |
| b          | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.  | ation meets th   | e "facts-and-d   | ircumstances'      | " test, check t      | this box and s    | stop here.      |
| 18         | Private foundation. If the organization d instructions   | id not check a   | box on line 13,  | 16a, 16b, 17a      | a, or 17b, chec      | k this box and    | see ▶ □         |
|            | /  |                  | * -              |                    | Sch                  | edule A (Form 990 | or 990-EZ) 2019 |

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

(Complete only if you checked the box on line 10 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.)

| Secti   | on A. Public Support   |   |                    | · · · · · · · · · · · · · · · · · · ·   |                     |                 |                    |
|---------|--|---|--------------------|---|---------------------|-----------------|--------------------|
| Calen   | dar year (or fiscal year beginning in)   | (a) 2015                                | <b>(b)</b> 2016    | (c) 2017                                | · (d) 2018          | (e) 2019        | (f) Total          |
| 1       | Gifts, grants, contributions, and membership fees  | , ,                                     |                    |   |                     |                 |                    |
|         | received (Do not include any "unusual grants")   | ]                                       |                    |   |                     | 73,100 00       | 73,100 00          |
| 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 |   |                    |   |                     | 2,615.00        | 2,615 00           |
| 3       | Gross receipts from activities that are not an unrelated trade or business under section 513   |   |                    |   |                     |                 |                    |
| 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<br>7a | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .   |   |                    |   |                     | 75,715 00       | 75,715 00          |
| 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           |   |                    |   |                     |                 |                    |
| с<br>8  | Add lines 7a and 7b  |   |                    |   |                     |                 | 75,715 00          |
| Secti   | on B. Total Support  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | RTF (* V) FREERING | 7 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( | ar attacked a night | en stemperson   |                    |
| Calen   | dar year (or fiscal year beginning in)   | (a) 2015                                | <b>(b)</b> 2016    | (c) 2017                                | (d) 2018            | (e) 2019        | (f) Total          |
| 9       | Amounts from line 6  |   |                    |   |                     | 75,715 00       | 75,715 00          |
| 10a     | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |   |                    |   |                     | 1,450 00        | 1,450 00           |
| b       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |   |                    |   |                     |                 |                    |
| С       | Add lines 10a and 10b  |   |                    |   |                     |                 | 1                  |
| 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 VI)   |   |                    |   |                     |                 |                    |
| 13      | Total support. (Add lines 9, 10c, 11, and 12)  |   |                    |   |                     | 77,165 00       | 77,165 00          |
| 14      | First five years. If the Form 990 is for the organization, check this box and stop he  | ere .                                   |                    |   | , or fifth tax ye   |                 |                    |
| Secti   | on C. Computation of Public Suppor   |   |                    |   | _                   |                 |                    |
| 15      | Public support percentage for 2019 (line 8   | • | •                  | 3, column (f))                          |                     | 15              | 98 12 %            |
| 16      | Public support percentage from 2018 Sch  |   |                    | <u> </u>                                |                     | 16              | %                  |
|         | on D. Computation of Investment In   |   | <del></del>        |   |                     | T               |                    |
| 17      | Investment income percentage for 2019 (  |   |                    |   |                     | 17              | 1 88 %             |
| 18      | Investment income percentage from 2018   |   |                    |   |                     | 18              | %                  |
| 19a     | 331/3% support tests—2019. If the organ  |   |                    |   |                     |                 |                    |
|         | 17 is not more than 33½%, check this box   |   |                    |   |                     |                 |                    |
| b       | 331/3% support tests – 2018. If the organize line 18 is not more than 331/3%, check this between 18 is not more than 331/3%.   |   |                    |   |                     |                 |                    |
| 20      | Private foundation. If the organization di   | d not check a                           | box on line 14.    | 19a, or 19b, o                          | heck this box       | and see instruc | ctions <b>&gt;</b> |

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All'Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|            |            | Yes             | No                                    |
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| Part  | Supporting Organizations (continued)   |            |  |                 |
|-------|--|------------|--|-----------------|
|       |  |            | Yes  | No              |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  | 教教院        | 1964   | N. S.           |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |            | Lucitor  |                 |
|       | below, the governing body of a supported organization?   | 11a        |  |                 |
| `b    | A family member of a person described in (a) above?  | 11b        |  |                 |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c        |  |                 |
|       | on B. Type I Supporting Organizations  |            |  |                 |
|       |  |            | Yes  | No              |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to  | 7. EX.     | 5.7.4W   |                 |
| •     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |            |  |                 |
|       | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |            |  | ****            |
|       | controlled the organization's activities of the organization had more than one supported organization,   | je k       |  |                 |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |            |  |                 |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | عاقبتك ا   |  | الأقالت         |
| •     | Dod the severe to the first test to the first test to the first test test test test test test test t   | H = \$600. | 5.69   | -32.0           |
| .2    | Did the organization operate for the benefit of any supported organization other than the supported  |            |  |                 |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |            | 1. 2. William  | 7               |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | V ACC      |  | 284             |
|       | supervised, or controlled the supporting organization.   | 2          |  | L               |
| Secti | on C. Type II Supporting Organizations   |            |  |                 |
|       | •  | HALL END   | Yes  | No              |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |            |  |                 |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  | <b>特別</b>  |  |                 |
|       | or management of the supporting organization was vested in the same persons that controlled or managed   | 17.42      |  |                 |
|       | the supported organization(s).   | 1          |  |                 |
| Secti | on D. All Type III Supporting Organizations  |            |  |                 |
|       |  |            | Yes  | No              |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |            | 134  |                 |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |            | 400  |                 |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |            |  |                 |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          |  |                 |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |            |  |                 |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |            | à de la company  |                 |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2          |  |                 |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a  |            |  | 编制              |
|       | significant voice in the organization's investment policies and in directing the use of the organization's   |            | 1  |                 |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |            | to High  |                 |
|       | supported organizations played in this regard.   | 3          |  |                 |
| Secti | on E. Type III Functionally Integrated Supporting Organizations  |            |  |                 |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i   | nstru      | ctions   | <br>s)          |
| а     | ☐ The organization satisfied the Activities Test. Complete line 2 below.   |            |  |                 |
| ь     | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |            |  |                 |
| С     | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s   | see ins    | structi  | ions)           |
| 2     | Activities Test. Answer (a) and (b) below.   | [          | Yes  | No              |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | (A)        | \\San  |                 |
| -     | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |            | THE STATE OF THE S |                 |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,   |            |  |                 |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |            |  |                 |
|       | that these activities constituted substantially all of its activities  | 2a         | نعاتكائد   | zerou           |
| h     | ·  | 20         | <sub>1.5</sub> 論·3   | <b>公徽: 4</b>    |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Ves." evaluar in Part VI the |            |  |                 |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these       | 1 X X      | X.8502   |                 |
|       | activities but for the organization's involvement  | 10000      |  |                 |
| -     | -  | 2b         | 135-3-221 22-  | Kate does 1. 14 |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.   |            | A STATE OF   | 1887            |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |            |  | 3               |
|       | trustees of each of the supported organizations? Provide details in Part VI.   | 3a         |  |                 |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            |  |                 |
|       | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard   | 3b         |  |                 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non | gan   | izations  |  |
|--|-------|---|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying  |       |   |  |
| instructions. All other Type III non-functionally integrated supporting organ  | niza  | tions must complete Sectio  |  |
| Section A—Adjusted Net Income  |       | (A) Prior Year  | (B) Current Year (optional)  |
| 1 Net short-term capital gain  | 1     |   |  |
| 2 Recoveries of prior-year distributions   | 2     |   |  |
| 3 Other gross income (see instructions)  | 3     |   |  |
| 4 Add lines 1 through 3  | 4     |   |  |
| 5 Depreciation and depletion   | 5     |   |  |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6     |   |  |
| 7 Other expenses (see instructions)  | 7     |   |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8     |   |  |
| Section B—Minimum Asset Amount   |       | (A) Prior Year  | (B) Current Year<br>(optional)   |
| 1 Aggregate fair market value of all non-exempt-use assets (see  | 27.5  |   |  |
| instructions for short tax year or assets held for part of year)   |       |   |  |
| a Average monthly value of securities  | 1a    | <del>                                     </del>  |  |
| <b>b</b> Average monthly cash balances   | 1b    |   |  |
| c Fair market value of other non-exempt-use assets   | 1c    |   |  |
| d Total (add lines 1a, 1b, and 1c)   | 1d    | <u> </u>  | . 2013 FOR SERVICE CONTRACTOR SAME OF THE PARTY OF THE PA |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)  | 77.   |   |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2     |   |  |
| 3 Subtract line 2 from line 1d   | 3     |   |  |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4     |   |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |   |  |
| 6 Multiply line 5 by 035   | 6     |   |  |
| 7 Recoveries of prior-year distributions   | 7     |   |  |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8     |   |  |
| Section C—Distributable Amount   |       |   | Current Year   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     |   |  |
| 2 Enter 85% of line 1  | 2     | San The Later of the Contract |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     | (1) 17· 18 1 19 18 18 18 18 18 18 18 18 18 18 18 18 18  |  |
| 4 Enter greater of line 2 or line 3.   | 4     | The continue the sales with week  |  |
| 5 Income tax imposed in prior year   | 5     | 2000 1000 1100 1100 1100 1100 1100 1100   |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   | _     |   |  |
| emergency temporary reduction (see instructions)   | 6     |   |  |
| 7 Check here if the current year is the organization's first as a non-functional instructions).  | ıy ın | tegrated Type III supporting  | organization (see  |

| Part     | Type III Non-Functionally Integrated 509(a)(3   | s) Supporting Organ  | izations (continuea)   | , <u>-</u> -   |
|----------|---|--|--|--|
| Sect     | ion D—Distributions   |  |  | Current Year   |
| 1        | Amounts paid to supported organizations to accomplish   | exempt purposes  |  | 1-   |
| 2        | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity  | orted  |  |  |
| 3        | Administrative expenses paid to accomplish exempt purp  | oses of supported orga   | inizations   |  |
| 4        | Amounts paid to acquire exempt-use assets   | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 5        | Qualified set-aside amounts (prior IRS approval required)   |  |  | ,  |
| 6        | Other distributions (describe in Part VI). See instructions.  |  |  |  |
| 7        | Total annual distributions. Add lines 1 through 6   |  |  |  |
| 8        | Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res  | sponsive   | •  |
| 9        | Distributable amount for 2019 from Section C, line 6  |  |  |  |
| 10       | Line 8 amount divided by line 9 amount  |  |  | <del>- ,</del>   |
| Sect     | on E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019   | (iii)<br>Distributable<br>Amount for 2019  |
| ู 1      | Distributable amount for 2019 from Section C, line 6  |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.  |  |  |  |
| 3        | Excess distributions carryover, if any, to 2019   |  |  |  |
| а        | From 2014   |  | は、不動の機能をある。  |  |
| b        | From 2015   | <b>医腹膜</b> 11 25 25 25 25 25 25 25 25 25 25 25 25 25   | 行った結婚機能が続い合い   |  |
| С        | From 2016 .   | Page 会立といるを確認  | されが高端野がたった。  | 學是經濟學學的  |
| d        | From 2017   |  |  | TERRES CONTRACTOR  |
| е        | From 2018   |  |  |  |
| f        | Total of lines 3a through e   | 10000000000000000000000000000000000000   |  |  |
| <u>g</u> | Applied to underdistributions of prior years  |  | For C The AMNESS SHOWERENES THOSE OF   |  |
| <u>h</u> | Applied to 2019 distributable amount  |  |  | ラを大きる歌ったとう。  |
| <u> </u> | Carryover from 2014 not applied (see instructions)  |  |  |  |
|          | Remainder. Subtract lines 3g, 3h, and 3i from 3f  | THE SAME AND THE STATE OF THE SENSOR   | THE SECOND PROPERTY OF THE   | Construction of the Constr |
| 4        | Distributions for 2019 from Section D, line 7:  |  |  |  |
| a        | Applied to underdistributions of prior years  |  |  |  |
| b        | Applied to 2019 distributable amount  |  |  |  |
| С        | Remainder. Subtract lines 4a and 4b from 4  |  | MUNICIPAL STATE  |  |
| 5        | Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions. |  |  |  |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                       |  |  |  |
| 7        | Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c.  |  |  | A Spirit Section 2   |
| 8        | Breakdown of line 7   |  |  |  |
| а        | Excess from 2015  | A STATE OF S | 学员 网络黑鹭鹭   |  |
| b        | Excess from 2016  | (Artificial de l'antoire de la proposition de la principal de  | photocoping to appropriate the property of the second of t | 19 . 4 . Hilling prop your or rate thinks  |
| С        | Excess from 2017  |  | 的人。是是是一个   |  |
| d        | Excess from 2018  | Tink to the same   |  |  |
| e e      | Excess from 2019  |  |  |  |

| Page | 8 |
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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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### **SCHEDULE O** (Form 990 or 990-EZ)

## 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.

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| Kentucky Municipal Clerks Association  | 84-168218                               |  |
|--|---|--|
| Form 990-EZ, Part I, Line 4 - Interest Income  |   |  |
|  |   |  |
| Form 990-EZ, Part I, Line 16 - Trainings, travel, website, regional dues, marketing, clerk handbooks, miscel             | laneous                                 |  |
|  |   |  |
| Form 990-EZ, Part III, Primary Exempt Purpose - To provide education about official duties and obligations               | of Municipal Clerks, develop            |  |
| standard procedures for Muncipal Clerk Offices, facilitate the interchange of ideas and improvement of municipal affairs |   |  |
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