MILLER MAYER SULLIVAN AND STEVENS LLP CERTIFIED PUBLIC ACCOUNTANTS 2365 HARRODSBURG ROAD LEXINGTON, KY 40504

MS. BRIGID DEVRIES
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 EXECUTIVE DR
LEXINGTON, KY 40505-4808

DEAR BRIGID:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED JUNE 30, 2008 FOR:

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION AS FOLLOWS...

- 2007 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2007 SCHEDULE A ORGANIZATION EXEMPT UNDER 501(C)(3)
- 2007 SCHEDULE B SCHEDULE OF CONTRIBUTORS
- 2007 990-T EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

AN ADDITIONAL COPY OF THE FORM 990 HAS BEEN INCLUDED, TO BE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. PLEASE NOTE THAT ALL STATEMENTS OF DONORS' CONTRIBUTIONS ARE NOT SUBJECT TO PUBLIC INSPECTION AND HAVE BEEN REMOVED, AS APPROPRIATE.

FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A PERIOD OF THREE YEARS, BEGINNING WITH THE DATE THE RETURN IS FILED. THE AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES (INCLUDING SCHEDULE B), AS FILED WITH THE IRS, EXCEPT THAT THE NAMES AND THE ADDRESSES OF THE CONTRIBUTORS MAY BE EXCLUDED. ANY ORGANIZATION THAT FAILS TO COMPLY WITH THIS PROVISION IS SUBJECT TO A PENALTY OF \$20 FOR EACH DAY THAT INSPECTION IS NOT PERMITTED, UP TO A MAXIMUM OF \$10,000. ANY ORGANIZATION THAT WILLFULLY FAILS TO COMPLY SHALL BE SUBJECT TO AN ADDITIONAL PENALTY OF \$5,000. YOU ARE ALSO REQUIRED TO PROVIDE COPIES OF THE RETURN IF YOU RECEIVE SUCH A REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

ESTIMATED TAX PAYMENTS WILL NOT BE NECESSARY FOR THE YEAR ENDED JUNE 30, 2009 IF KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION DOES NOT EXPECT TO HAVE UNRELATED BUSINESS TAXABLE INCOME. AS A REMINDER, INCOME FROM AN UNRELATED TRADE OR BUSINESS (THAT IS NOT SUBSTANTIALLY RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE OR FUNCTION) IS SUBJECT TO INCOME TAX UNDER SECTION 511 OF THE INTERNAL REVENUE CODE.

ANY ACT OF SELF-DEALING, THE MAKING OR RETAINING OF EXCESS BUSINESS HOLDINGS, OR JEOPARDIZING INVESTMENTS, AND THE MAKING OF TAXABLE EXPENDITURES MAY SUBJECT THE FOUNDATION TO PENALTY EXCISE TAXES OF FROM 5% TO 200% OF THE AMOUNT OF THE PROHIBITED TRANSACTION. PLEASE CONTACT US FOR FURTHER INFORMATION IF YOU HAVE QUESTIONS CONCERNING ANY OF THESE PROHIBITED TRANSACTIONS.

VERY TRULY YOURS,

JOHN W. HUSTON, JR.
MILLER MAYER SULLIVAN AND STEVENS LLP
CERTIFIED PUBLIC ACCOUNTANTS

MILLER MAYER SULLIVAN AND STEVENS LLP CERTIFIED PUBLIC ACCOUNTANTS 2365 HARRODSBURG ROAD LEXINGTON, KY 40504

INSTRUCTIONS FOR FILING
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)
FOR THE PERIOD ENDED JUNE 30, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2009 WITH...

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

MILLER MAYER SULLIVAN AND STEVENS LLP CERTIFIED PUBLIC ACCOUNTANTS 2365 HARRODSBURG ROAD LEXINGTON, KY 40504

INSTRUCTIONS FOR FILING
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED JUNE 30, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2009 WITH...

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

MILLER, MAYER, SULLIVAN & STEVENS LLP

CERTIFIED PUBLIC ACCOUNTANTS
"INNOVATORS OF SOLUTION TECHNOLOGY"SM

K.H.S.A.A.

INSTRUCTIONS FOR FILING FORM 990 WITH KENTUCKY ATTORNEY GENERAL FOR THE YEAR ENDED JUNE 30, 2008

SIGNAT	rure	
	The original copy of the return should be signed (using full name and title) and dated on page 8 by:	An Authorized Officer
FILING	••••••	••••••
	The signed return should be filed on or before February 15, 2009 with:	Office of Attorney General Form 990 Processing Consumer Protection Division 1024 Capital Center Drive, Ste 200 Frankfort, KY 40601
PAYME	NT	• • • • • • • • • • • • • • • • • • • •
	This return indicates no tax due.	
	February 15, 2009	None

Form 8868

(Rev. April 2007)

Application for Extension of Time To File an Exempt Organization Return

OMB	No.	1549	5-170	
-----	-----	------	-------	--

	Exempt Organization neturn
Department of the Treasury nternal Revenue Service	► File a separate application for each return.
15 611 6	

Internal Revenue S	Service	File a separate application for each return.	
 If you are f 	iling for an Automatic	3-Month Extension, complete only Part I and check this box	X
• If you are f	iling for an Additional	(not automatic) 3-Month Extension, complete only Part II (on pa ave already been granted an automatic 3-month extension on a pre	ge 2 of this form).
		rension of Time. Only submit original (no copies needed).	viously filed form 6,000.
		d to file Form 990-T and requesting an automatic 6-month extension	on shock this how
and complete	Part I only		► □
	prations (including 112 me to file income tax r	P.O-C filers), partnerships, REMICs, and trusts must use Form 7004 to returns.	o request an
Electronic Fili	ng (e-file). Generally,	you can electronically file Form 8868 if you want a 3-month as	utomatic extension of time to file
one of the ret	turns noted below (6	months for section 501(c) corporations required to file Form	990-T). However, you cannot file
Form 8868 el	lectronically if (1) you	u want the additional (not automatic) 3-month extension or (2)	you file Forms 990-BL, 6069, or
of Form 8868.	eturns, or a composite For more details on t	or consolidated From 990-T. Instead, you must submit the fully co the electronic filing of this form, visit www.irs.gov/efileand click on	mpleted and signed page 2 (Part II e-file for Charities & Nonprofits.
Type or	Name of Exempt Orga		Employer identification number
print	KENTUCKY HI	GH SCHOOL ATHLETIC ASSOCIATION	61-0444710
File by the		oom or suite no. If a P.O. box, see instructions.	
due date for filing your	2280 EXECUT		
return. See	City, town or post offic	ce, state, and ZIP code. For a foreign address, see instructions.	
instructions.	LEXINGTON,	KY 40505-4808	
	f return to be filed (fi	le a separate application for each return):	
X Form 990		Form 990-T (corporation)	orm 4720
Form 990	- 	Form 990-T (sec. 401(a) or 408(a) trust)	orm 5227
Form 990			orm 6069
Form 990)-PF	Form 1041-A Fo	orm 8870
The books Telephone		COMPANY OFFICERS	,
·	•		
		an office or place of business in the United States, check this box	
 If this is for 	a Group Return, enter	r the organization's four digit Group Exemption Number (GEN)	. If this is
_	group, check this box	• • • • • • • • • • • • • • • • • • • •	and attach a list with the
	Is of all members the		
until <u>FC</u>		n (6 months for a section 501(c) corporation required to file Form 9 COP to, file the exempt organization return for the organization nar for:	
▶ □	calendar year	or	
X	tax year beginning	07/01 , 2007, and ending 06/30	, <u>2008</u> .
2 If this tax	year is for less than 1	2 months, check reason: Initial return Final return	Change in accounting period
3a If this ap	plication is for Form	990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any
	dable credits. See inst		3a \$
		990-PF or 990-T, enter any refundable credits and estimated tax	payments
		verpayment allowed as a credit.	3b \$
		from line 3a. Include your payment with this form, or, if require	
instruction		uired, by using EFTPS (Electronic Federal Tax Payment Syst	
			3c \$ NONE
for payment ins		electronic fund withdrawal with this Form 8868, see Form 8453-E	:O and Form 8879-EO
in balinent ills	ou actività.		

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Mailed Certified

Form 8868 (Rev. 4-2007)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 07/01, 2007, and ending A For the 2007 calendar year, or tax year beginning 06/30/2008 B Check if applicable: C Name of organization D Employer identification number use IRS Address KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION 61-0444710 change label or print or Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return See (859)299-5472 2280 EXECUTIVE DR Specific Termination City or town, state or country, and ZIP + 4 Cash X Accrual Instruc-EXINGTON, KY 40505-4808 Other (specify) Application • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). Yes X No **H(a)** Is this a group return for affiliates? Website: WWW.KHSAA.ORG **H(b)** If "Yes," enter number of affiliates ▶ Organization type (check only one) ► X 501(c) (3) ◀ (insert no.) H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.) if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return filed by an receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Yes X No organization covered by a group ruling? to file a return, be sure to file a complete return. Group Exemption Number Check if the organization is **not** required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch. B (Form 990, 990-EZ, or 990-PF). 4,443,313. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) 1b 361,594. c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) [1d] 40,125. Total (add lines 1a through 1d) (cash \$ 381,969. noncash \$ 19,750.) 1 e 401,719. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3,529,909. 3 Membership dues and assessments 3 498,530. 4 4 Interest on savings and temporary cash investments 13,155. 5 Dividends and interest from securities 6 a Gross rents 6a Less: rental expenses c Net rental income or (loss). Subtract line 6b from line 6a 6с 7 Other investment income (describe (A) Securities (B) Other 8 a Gross amount from sales of assets other than inventory 8a 8b **b** Less: cost or other basis and sales expenses **c** Gain or (loss) (attach schedule) 8 c d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) **c** Net income or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 11 12 **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 4,443,313. 13 Program services (from line 44, column (B)) 13 1,293,965. 14 Management and general (from line 44, column (C)) 14 2,863,974. 15 Fundraising (from line 44, column (D)) 34,206. 16 Payments to affiliates (attach schedule) 16 17 4,192,145. 17 Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 251,168.

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

3,323,313. Form 990 (2007)

3,109,934.

-37,789.

19

20

Net assets or fund balances at beginning of year (from line 73, column (A))

Other changes in net assets or fund balances (attach explanation) STMT 1

19

20

Pa	rt II		-	The state of the s		and (D) are required for sets but optional for others	
	Do not	t include amounts reported on line o, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a		aid from donor advised funds (attach schedule)			33111333	ana general	
	(cash \$ _	noncash \$					
		mount includes foreign grants, ere	22a				
22b	Other g	rants and allocations (attach schedule)					
	(cash \$ _	noncash \$mount includes foreign grants,					
	check h	ere Product includes foreign grants,	22b				
23	Specif	fic assistance to individuals					
		schedule)	23				
		its paid to or for members					
		schedule)	24				
25a	•	ensation of current officers,					
		ors, key employees, etc. listed in					
		-A	25a	257,900.		257,900.	
		ensation of former officers,					
		ors, key employees, etc. listed in	0.51				
	Part V-		25b				
C		sation and other distributions, not includ- ve, to disqualified persons (as defined					
	under se	ection 4958(f)(1)) and persons described	25-				
		on 4958(c)(3)(B) es and wages of employees not	25c				-
		ed on lines 25a, b, and c	26	400 040		400 040	
		on plan contributions not	20	420,240.		420,240.	
		ed on lines 25a, b, and c	27	72,543.		72,543.	
		yee benefits not included on	21	/2,543.		72,543.	
	-	5a - 27	28	114,300.		114,300.	
29	Payrol	l taxes	29	47,991.		47,991.	-
30	Profes	ssional fundraising fees	30	47,331.		47,331.	
		nting fees	31	47,721.		47,721.	
32	I egal f	fees	32	221,758.		221,758.	
		es	33	18,398.		18,398.	
		none	34	65,652.		65,652.	
35	Posta	ge and shipping	35	61,813.		61,813.	
		ancy	36	362,705.	282,128.	80,577.	
		ment rental and maintenance	37	4,869.		4,869.	
38	Printin	g and publications	38	313,407.	119,497.	193,910.	
			39	46,602.		46,602.	
		ences, conventions, and meetings	40	81,870.		81,870.	
41	Interes	st	41	5,956.		5,956.	
42	Deprec	ciation, depletion, etc. (attach schedule)	42	127,571.		127,571.	
		expenses not covered above (itemize):					
а	STMT	_ 2	43a	1,920,849.	892,340.	994,303.	34,206.
b			43b				
С			43c				
d			43d				
е			43e				
f			43f				
g			43g				
		unctional expenses. Add lines 22a and 43g. (Organizations completing					
	column	s (B)-(D), carry these totals to lines					
		- Charles House faller	44	4,192,145.	1,293,965.	2,863,974.	34,206.
		s. Check if you are follow					.
		t costs from a combined educational				ogram services? ated to Program services	
		er (i) the aggregate amount of these jount allocated to Management and ge				llocated to Fundraising \$	Ψ;
(111)	iie alli0	din anocated to Management and ge	icidi ţ	,	, and (iv) the amount a	nocated to Fundialsing \$	5 000 (2227)

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh All of	organization's primary exempt purpose? SEE STATEMENT 3 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	BOYS AND GIRLS BASKETBALL TOURNAMENTS	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	712,099.
b	FOOTBALL PLAYOFFS	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	131,574.
С	BASEBALL TOURNAMENTS	131/0/11
٨	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	78,818.
u	OTHER TOURNAMENTS, PLAYOFFS AND MINOR SPORTS EVENTS	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	371,474.
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,293,965.
Ť	2	Form 990 (2007)

Р	art IV	Balance Sheets (See the instructions.)					
1	Note:	Where required, attached schedules and amounts we column should be for end-of-year amounts only.	vithin t	the description	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			758,577.	45	932,546
	46	Savings and temporary cash investments			113,586.	46	118,286
	47a	Accounts receivable Less: allowance for doubtful accounts	47a 47b	96,752.	119,338.	476	06 752
	, b	Less. allowance for doubtful accounts	470		119,338.	470	96,752
	48a	Pledges receivable	48a				
		Less: allowance for doubtful accounts				48c	
		Grants receivable				49	
		Receivables from current and former officers,					
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 4958	(c)(3)	(B) (attach schedule)		50b	
Ø	51a	Other notes and loans receivable (attach					
Assets	١.	schedule)					
Αs		Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use Prepaid expenses and deferred charges		CTMT A	3,115.		2,608
		Investments - publicly-traded securities		Cost FMV	3,113.	54a	2,000
		Investments - other securities (attach schedule)		Cost FMV		54b	
	1	Investments - land, buildings, and					
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
		Investments - other (attach schedule)				56	
	1	Land, buildings, and equipment: basis STMT 5	57a	4,411,323.			
	b	Less: accumulated depreciation (attach					
	F 0		57b	1,695,748.	2,744,334.	5/0	2,715,575.
	58	Other assets, including program-related investments (describe ▶	S	,		58	
	59	Total assets (must equal line 74). Add lines 45 thro	ouah !	58	3,738,950.		3,865,767.
_		Accounts payable and accrued expenses			247,036.		253,342
	61	Grants payable			217,030.	61	255,542
		Deferred revenue			280,921.	62	181,140
Ś		Loans from officers, directors, trustees, and					
litie		schedule)				63	
Liabilities	1	Tax-exempt bond liabilities (attach schedule)				64a	
_		Mortgages and other notes payable (attach schedule	e) 🛕			64b	
	65	Other liabilities (describe ►		<u>STMT 7</u>)	101,059.	65	107,972
		Total liabilities Add lines CO through CF					540 454
_	66 Orga	Total liabilities. Add lines 60 through 65 nizations that follow SFAS 117, check here ▶ x			629,016.	66	542,454
	Orga	67 through 69 and lines 73 and 74.	_ and	d complete lines			
es	67	Unrestricted			3,067,426.	67	3,279,594.
ž	68	Temporarily restricted			42,508.		43,719
3al	69	Permanently restricted				69	
or Fund Balances	Orga	nizations that do not follow SFAS 117, check here complete lines 70 through 74.	, ▶ [and			
or I	70	Capital stock, trust principal, or current funds				70	
ts	71	Paid-in or capital surplus, or land, building, and equ	ıipmeı	nt fund		71	
SSE	72	Retained earnings, endowment, accumulated i				72	
Net Assets	73	Total net assets or fund balances. Add lines					
Š		70 through 72. (Column (A) must equal line 1					
		equal line 21)			3,109,934.		3,323,313.
	74	Total liabilities and net assets/fund balances. Add	l lines	66 and 73	3,738,950.	74	3,865,767.

JSA

Pa	Reconciliation of Revenue per Audited Fi instructions.)	nancial Statemer	nts With Ro	evenu	e per Retur	n (Se	e the
a b	Total revenue, gains, and other support per audited finance. Amounts included on line a but not on Part I, line 12:	ial statements				а	4,443,313.
1	Net unrealized gains on investments		b1				
2	Donated services and use of facilities						
3	Recoveries of prior year grants						
4	Other (specify):						
7	Other (specify).						
	Add lines b1 through b4					b	
С	Subtract line b from line a					c	4,443,313.
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):						
_	Other (specify).						
	Add lines d1 and d2					d	
е	Total revenue (Part I, line 12). Add lines c and d.						4,443,313.
Pa	rt IV-B Reconciliation of Expenses per Audited F						1,113,013.
a	Total expenses and losses per audited financial statements					a	4,192,145.
						a	1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
b	Amounts included on line a but not on Part I, line 17:		b1				
1	Donated services and use of facilities						
2	Prior year adjustments reported on Part I, line 20						
3	Losses reported on Part I, line 20						
4	Other (specify):						
						b	
	Add lines b1 through b4					C	4,192,145.
С.	Subtract line b from line a			• • •			1,1,2,113.
d	Amounts included on Part I, line 17, but not on line a:		d1				
1	Investment expenses not included on Part I, line 6b					-	
2	Other (specify):		 d2				
	Add lines d1 and d2					d	
е	Add lines d1 and d2					е	4,192,145.
Pa	art V-A Current Officers, Directors, Trustees, and						
	or key employee at any time during the year ever	if they were not co	mpensated	.) <i>(</i> See	the instruction	ns.)	
		(B)	(C) Compen	sation	(D) Contributions to	employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position		enter	benefit plans & d compensation p		and other allowances
		,	,				
SE	E STATEMENT 8		257	,900.	27.	184.	NONE
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			110111
		-					
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-		+					
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					1		
		-					
		+					
		-					
		1	1		1		1

	90 (2007)		61-044471	0			Page C
Par	t V-A Current Officers, Directors, Trustees, and Key	Employees (con	tinued)			Yes	No
75a	Enter the total number of officers, directors, and trustees meetings			business at board			
b	Are any officers, directors, trustees, or key employees list employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, re relationships? If "Yes," attach a statement that identifies the	compensated profelated to each ot	essional and o her through fa	ther independent mily or business	75b		х
С	Do any officers, directors, trustees, or key employer compensated employees listed in Schedule A, Part I, independent contractors listed in Schedule A, Part II-	ees listed in For or highest comp	rm 990, Part pensated profes	V-A, or highest	738		
	organizations, whether tax exempt or taxable, that are rethe definition of "related organization."	elated to the orga	nization? See th	e instructions for	75c		х
٦	Does the organization have a written conflict of interest poli				75d		37
	(If any former officer, director, trustee, or key employ the year, list that person below and enter the amoun instructions.)	y Employees That	at Received Constitution or other	ompensation or (Other ed belo	ow) d	urinc
	(A) Name and address	B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expension Expens	other
		0-	-0-	-0-	-0-		
						. . 1	
Par	t VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or n	nethods of conduc	cting activities?	If "Yes," attach a			
	detailed statement of each change				76		<u> </u>
77	Were any changes made in the organizing or governing do	cuments but not rep	orted to the IRS's	'	77		X
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross incor	me of \$1,000 or r	more during the	year covered by	78a		v
b	this return?				78b	N/	X A
79	Was there a liquidation, dissolution, termination, or subs a statement				79		x
80a	Is the organization related (other than by association wit common membership, governing bodies, trustees, offi	icers, etc., to an	y other exemp	ot or nonexempt	000		v
b	organization?		· 		80a		<u> </u>
Q1^	Enter direct and indirect political expenditures. (See line 81			ot or lonexempt			
	Did the organization file Form 1120-POL for this year?	,	·		81b	N/	A

Forr	m 990 (2007) 61-0444710		F	Page 7
	rt VI Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	х	
b	o If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
	olf "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b	N/	A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
	Section 162(e) lobbying and political expenditures 85d N/A			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
	of If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		,	
-	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	Δ
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	00		
	o Gross receipts, included on line 12, for public use of club facilities 86b N/A	-		
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A	-		
	Gross income from other sources. (Do not net amounts due or paid to other	-		
-	sources against amounts due or received from them.) 87b N/A			
882	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	-		
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		х
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	00a		
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		.
۰۵.	1 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	880		X
osa				
L	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
I.				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	006		7,
_	a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
لد	sections 4912, 4955, and 4958 I Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A N/A			
	I Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		900		7.7
	transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89e 89f		X
		091		Х
g	pror supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
		00-		7,
	at any time during the year?	89g		<u> </u>
	List the states with which a copy of this return is filed KY,	1001		
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		
91 a	Telephone no. 859-29		72	
	Located at ▶ 2280 EXECUTIVE DR LEXINGTON, KY ZIP+4 ▶ 40505-48	บช		
		ſ	Voc	N-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		res	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Form **990** (2007)

Form 990 (2007) Page 8 61-0444710 Part VI Other Information (continued) Yes c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income (E) Excluded by section 512, 513, or 514 Note: Enter gross amounts unless otherwise Related or indicated **(B)** Amount (A) Business code (C) (D) exempt function Amount 93 Program service revenue: income 3,529,909. a STMT 10 f Medicare/Medicaid payments g Fees and contracts from government agencies . Membership dues and assessments 498,530 13,155 14 Interest on savings and temporary cash investments • Dividends and interest from securities . . Net rental income or (loss) from real estate: a debt-financed property **b** not debt-financed property Net rental income or (loss) from personal property 98 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events ... Gross profit or (loss) from sales of inventory Other revenue: a b 104 Subtotal (add columns (B), (D), and (E)) . . 4,028,439. **105** Total (add line 104, columns (B), (D), and (E)) 4,041,594 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Part VIII Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions. (B) (C) Nature of activities **(E)** End-of-year assets Name, address, and EIN of corporation, Percentage of Total income partnership, or disregarded entity ownership interest %

% % % % % Note that the second second

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Form	990	(2007)

Х

Yes

Yes

No

No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Гаг		Information Regarding Toontrolling organization a			intities. Comp	plete only if the organ	nization	ı is a
106	Did	the reporting organization i	nake any transfers to a d	controlled entity a		ection 512(b)(13) of	Yes	No X
		the Code? If "Yes," complete the schedule below for each controlled entity. (A) (B) (C) Name, address, of each controlled entity Employer Identification Description of transfer				(D) Amount of tra)	
а								
b								
С								
		Totals						
107		the reporting organization re(b)(13) of the Code? If "Yes	=		-	section	Yes	No X
	(A) Name, address, of each controlled entity		(B) Employer Identification Number	(C Descrip trans	c) otion of	(D) Amount of tra	nsfer	
а								
b								
С								
		Totals						
108		the organization have a bines, royalties, and annuities d	•	•	7, 2006, coverir	ng the interest,	Yes	No X
Plea Sign Here	1	Under penalties of perjury, I declar and belief, it is true, correct, and Signature of officer		, , ,	, 0	•	,	owledge
ieit	-	Type or print name and title						
		Preparer's signature		Date 01/14/2009	Check if self-employed	Preparer's SSN or PTIN (S		Inst. X)
Paid Prepa	arer⁻s ⊦					EIN > 61_0866		
Pald Prepa Use (ii seii-eiiipioyeu),	<u>LLER MAYER SULLIV</u> 55 HARRODSBURG RO			Phone no. ► 61-0866 Phone no. ► 859-223		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I Compensation of the Five Highe (See page 1 of the instructions. List e	st Paid Employe	es O	ther Than Off ne, enter "Non	e.")	ors, ar	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average her week devoted to po		(c) Compensation	(d) Contribution employee benefit p deferred compen	olans &	(e) Expense account and other allowances
EE STATEMENT 11						
	_					
otal number of other employees paid over \$50,000 •	NONE					
art II-A Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Independence one (whether					
(a) Name and address of each independent contractor paid	d more than \$50,000		(b) Type of se	rvice	(c)	Compensation
REENBAUM DOLL & MCDONALD PLLC EXINGTON, KY		ATT	ORNEYS			221,758
		-				
otal number of others receiving over \$50,000 for professional services	NONE					
Compensation of the Five Higher (List each contractor who performed firms. If there are none, enter "None.	est Paid Independ services other that	an pro	fessional servi			als or
(a) Name and address of each independent contractor paid			(b) Type of se	rvice	(c)	Compensation
IONE						
otal number of other contractors receiving over	NONE					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007 Fage **2**

Sche	61-0444710		P	age Z
Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\text{Must}} = \text{\text{(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)}.	1		х
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		х
b	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2d	х	
			71	
е	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	x	
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b	х	
b	Did the diganization have a section 405(b) annuity plan for its employees:	0.5	A	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		х
40	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			
4a	lines 4f and 4g	4a		х
b	Did the organization make any taxable distributions under section 4966?	4b		х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		х
d	Enter the total number or donor advised funds owned at the end of the tax year	-		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	·		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts	-		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	-		

Schedule A (Form 990 or 990-EZ) 2007 61-0444710 Page 3

Part IV	Reason for Non-Private Fo	undation Statu	s (See pages 4 thr	ough 8 of the	e instructions.))
I certify tha	t the organization is not a private foundat	on because it is: (Plea	ase check only ONE appl	icable box.)		
5	A church, convention of churches, or ass	ociation of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also co	omplete Part V.)				
7	A hospital or a cooperative hospital servi	ce organization. Section	on 170(b)(1)(A)(iii).			
8	A federal, state, or local government or g	overnmental unit. Sec	tion 170(b)(1)(A)(v).			
9	A medical research organization opera		.,,,,,,,,	on 170(b)(1)(A)(iii). Enter the	hospital's name, city,
	An organization operated for the benef (Also complete the Support Schedule in F	-	niversity owned or oper	rated by a gov	rernmental unit.	Section 170(b)(1)(A)(iv
	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp	•	• • • • • • • • • • • • • • • • • • • •	overnmental ui	nit or from the	general public. Section
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the	e Support Schedule in F	Part IV-A.)		
	An organization that normally receives: (*activities related to its charitable, etc., fu investment income and unrelated busines 1975. See section 509(a)(2). (Also complete acceptable)	nctions - subject to s taxable income (lese te the Support Sche	certain exceptions, and as section 511 tax) from adule in Part IV-A.)	(2) no more t businesses acc	han 33 1/3% of quired by the org	f its support from gross anization after June 30,
	An organization that is not controller requirements of section 509(a)(3). Check to				managers) and	otnerwise meets the
	Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other	
	Provide the following information	about the supported	organizations. (See pag	e 8 of the instru	uctions.)	
Nan	(a) ne(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support
				Yes	No	
					<u>, </u>	
14 4	In organization organized and operated to	test for public safet	v Section 500(a)(4) (Sec	anana 8 of the i	netructione)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (d) 2003 (a) 2006 **(b)** 2005 (c) 2004 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 485,174 467,347. 313,492 320,198 1,586,211. 496,105. 489,600. 487,615. 485,500. 1,958,820. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 2,602,611. 2,945,816. 2,919,985. 2,581,792. 11,050,204. from interest, dividends, Gross income amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975............ 26,350. 30,858. 18,388. 6,051. 81,647. 19 Net income from unrelated business activities Tax revenues levied for the organization's benefit and either paid to it or expended on its The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 3,953,445. 3,907,790. 3,422,106. 3,393,541. 14,676,882. 987,805. 819,495. 811,749. 3,626,678. 39,078. 34,221. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ... | 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 26b _____▶ **26d** 22 e Public support (line 26c minus line 26d total) ▶ 26e person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person."

Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) ____ (2004) ____ (2004) ____ (2003) ____ For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) ____ (2004) ____ (2003) ____ c Add: Amounts from column (e) for lines: 15 ______1,586,211. 16 _____1,958,820. 27c 14,595,235. 14,595,235. 99.4437 % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pai	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	C	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	20-		
ام	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
u	Copies of all material used by the organization of on its benail to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
_	Educational national			
е	Educational policies?	33e		
f	Use of facilities?	33f		
		ı		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Pay Proc. 75-50, 1975-2 C.B. 587, covering racial pandier impation? If "No." attach an explanation	25		

17

JUIT	edule A (Form 990 or 990-	-			<u> </u>		r age c
Pa			cting Public Charitie				
<u></u>		•	eligible organization				
Che	· · ·	zation belongs to an affi		b if you	(a)	ontrol" provisions apply (b)
		imits on Lobbying	•		Affiliate	ed group tals	To be completed for all electing
	<u> </u>		s amounts paid or incu				organizations
	Total lobbying expendi	tures to influence pub	lic opinion (grassroots	lobbying)	36		
37	Total lobbying expendi				37		
38 39	Total lobbying expendi	ovponditures	iu 37)		39		
40	Other exempt purpose Total exempt purpose				40		
	Lobbying nontaxable a			table -	40		
	If the amount on line 4		bbying nontaxable an				
	Not over \$500,000						
	Over \$500,000 but not over						
	Over \$1,000,000 but not over	er \$1,500,000 \$175,00	00 plus 10% of the excess of	over \$1,000,000	41		
	Over \$1,500,000 but not over	er \$17,000,000 \$225,00	00 plus 5% of the excess ov	er \$1,500,000			
_	Over \$17,000,000	\$1,000	,000				
	Grassroots nontaxable				42		
43	Subtract line 42 from li				43		
44	Subtract line 41 from li	ne 38. Enter -0- il ilne	e 41 is more than line	38	44		
	Caution: If there is an	amount on either line	43 or line 44 you mus	et file Form 4720			
	Cuation: II thoro to an		Averaging Period		501(h)		
	(Some organizati		ion 501(h) election do			ive column	s below.
	, ,		ons for lines 45 throug		-		
			Lobbying Expendi	tures During 4-	Year Averagir	ng Period	
	Calendar year (or fiscal	(a)	(b)	(c)		(d)	(e)
	year beginning in)	2007	2006	2005		004	Total
	Lobbying nontaxable						
<u>45</u>	amount						
	Lobbying ceiling amount						
<u>46</u>	(150% of line 45(e))						
47	Total lobbying expenditures						
	Grassroots nontaxable						
48	amount						
	Grassroots ceiling amount						
49	(150% of line 48(e))						
	Grassroots lobbying						
	expenditures	stivity by Napalast	│ ing Public Charities		2705		<u> </u>
Pa			ations that did not co			APPLICA	
Duri	ng the year, did the organ			•			
	npt to influence public opi	•	· ·	•	ing arry	Yes No	Amount
а	Volunteers	· ·					
b	Paid staff or managem	ent (Include compens	sation in expenses rep	orted on lines c th	rough h .)		
С	Media advertisements						
d	Mailings to members,	legislators, or the pub	lic				
е	Publications, or publish	ned or broadcast state	ments				
f	Grants to other organiz						
g	Direct contact with legi						
	Rallies, demonstration		· · · · · · · · · · · · · · · · · · ·	s, or any other me	ans		
i	Total lobbying expendi	•		ilad daaariatiaa a		tivitie c	
	If "Yes" to any of the a	pove, also attach a st	tatement giving a deta	ilea aescription o	i the lobbying ac	tivities.	

Schedule A (Form 990 or 990-EZ) 2007 Part VII Information Regar Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

	· · ·	y or indirectly engage in any of the folk on 501(c)(3) organizations) or in sectio			sect	ion
, ,	•	ation to a noncharitable exempt organiz	·	· ' 	Yes	No
				51a(i)		x
				a(ii)		х
b Other train						
(i) Sale	es or exchanges of assets v	vith a noncharitable exempt organization	1	b(i)		х
(ii) Puro	chases of assets from a nor	ncharitable exempt organization		b(ii)		х
(iii) Ren	ital of facilities, equipment, o	or other assets		b(iii)		х
(iv) Reir	mbursement arrangements			b(iv)		х
(v) Loa	ns or loan guarantees			b(v)		х
(vi) Perf	formance of services or me	mbership or fundraising solicitations		b(vi)		х
		ng lists, other assets, or paid employee:		С		х
d If the ans goods, oth	wer to any of the above is " her assets, or services giver	Yes," complete the following schedule. C by the reporting organization. If the	column (b) should always show the fair organization received less than fair m			
		in column (d) the value of the goods, other				
(a) Line no.	(b) Amount involved	(c)	(d) Description of transfers, transactions, and sh	oring orro		a to
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transiers, transactions, and si	alling alla	igemei	115
N/A						
	+					
:2a la tha ar	anization dispatly or indispa	the offiliated with or related to one or	more tox exempt erganizations			
describe		etly affiliated with, or related to, one or ode (other than section 501(c)(3)) or in adule:	·	Yes	X	No
b ii 163,	(a)	(b)	(c)			
Na	me of organization	Type of organization	Description of relationsh	iip		
	-	,, ,	·			
N/A						
			Schedule A (Form	990 or 99	00-EZ	2007

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Employer identification number

KENTUCKY HIGH SCHO	OOL ATHLETIC ASSOCIATION	61-0444710				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	\boxed{x} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
General Rule - X For organizations	filing Form 990, 990-EZ, or 990-PF that received, yone contributor. (Complete Parts I and II.)					
Special Rules -						
under sections 50	(c)(3) organization filing Form 990, or Form 990-E29(a)(1)/170(b)(1)(A)(vi), and received from any one or 2% of the amount on line 1 of these forms. (Con					
during the year, a	ggregate contributions or bequests of more than \$	Form 990-EZ, that received from any one contributor, 1,000 for use <i>exclusively</i> for religious, charitable, lty to children or animals. (Complete Parts I, II, and III.)				
during the year, s not aggregate to the year for an ex applies to this org	ome contributions for use <i>exclusively</i> for religious, c more than \$1,000. (If this box is checked, enter her clusively religious, charitable, etc., purpose. Do not	complete any of the Parts unless the General Rule ous, charitable, etc., contributions of \$5,000 or more				
990-EZ, or 990-PF), but the	nt are not covered by the General Rule and/or the Spe y must check the box in the heading of their Form s y do not meet the filing requirements of Schedule B (I	990, Form 990-EZ, or on line 2 of their Form				
For Paperwork Reduction Act No for Form 990, Form 990-EZ, and		Schedule B (Form 990, 990-EZ, or 990-PF) (2				

Name of organization KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number

61-0444710

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GATORADE	\$14,000. 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	RAWLINGS	_ \$ <u>77,546.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	COOK TIRES	\$12,466	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No4	Name, address, and ZIP + 4 NATIONAL GUARD (b)	Aggregate contributions - \$ \$ 27,525. - (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No4	Name, address, and ZIP + 4 NATIONAL GUARD (b) Name, address, and ZIP + 4	Aggregate contributions - \$\$	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Name of organization KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number

61-0444710

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	IHIGH	\$36,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	NATIONAL CITY	\$40,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	KY TRANSPORTATION CABINET FRANKFORT, KY	\$12,600.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	NORTHERN KY UNIVERSITY	\$8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	FLAV-O-RICH	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	DUTCH'S CHEVY OLDS	\$19,750.	Person X Payroll Noncash (Complete Part II if there is
	MT STERLING, KY		a noncash contribution.)

Employer identification number

61-0444710

Part I	Contributors	(See Specific	Instructions.)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	VARIOUS OTHER CONTRIBUTORS	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	ATT YELLOW PAGES	\$10,100.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	UK HEALTHCARE	\$8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No	MURRAY STATE (b)	\$ 8,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 16 (a) No.	Name, address, and ZIP + 4 MURRAY STATE (b) Name, address, and ZIP + 4	\$ 8,000. (c) Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2007) of Part I Name of organization Employer identification number KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION 61-0444710 Part I Contributors (See Specific Instructions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** 19 PHD Х Person **Payroll** 7,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash

		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

\$

(c)

Aggregate contributions

a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

(Complete Part II if there is

Person **Payroll**

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

Name of organization Employer identification number KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION 61-0444710

Part II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12_	AUTOMOBILE USAGE	_	
			06/30/2008
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

FORM 990,	PART I -	OTHER	DECREASES	IN FUND	BALANCES
	=======		-=======		=======

DESCRIPTION AMOUNT ---------

ASSETS RELEASED FROM RESTRICTION 37,789.

> TOTAL 37,789. =========

FORM 990, PART II - OTHER EXPENSES

		PROGRAM	MANAGEMENT	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
EVENT COSTS	318,307.	161,614.	155,361.	1,332.
TEAM EXPENSES & AWARDS	228,759.		133,301.	1,332.
INSURANCE	228,528.	,	228,528.	
TOURNAMENT WORKERS	212,218.	212,218.	·	
RADIO NETWORK	150,089.	150,089.		
SPONSORSHIP EXPENSE	122,655.	122,655.		
CLINICS & OFFICIALS' EXPENSE	387,548.		387,548.	
REPAIRS & MAINTENANCE	10,428.		10,428.	
DUES	51,296.		51,296.	
PROFESSIONAL DEVELOPMENT	33,272.		33,272.	
SALES COMMISSIONS	40,590.	7,716.		32,874.
AUDIO VISUAL EXPENSE	9,714.	9,289.	425.	
CONTRACT SERVICE	47,749.		47,749.	
MISCELLANEOUS SPORTS EXPENSE	8,378.		8,378.	
ADMINISTRATIVE EXPENSE	29,223.		29,223.	
SPORTSMANSHIP PROGRAMS	23,235.		23,235.	
LEADERSHIP PROGRAMS	18,860.		18,860.	
TOTALS	1,920,849.	892,340.	994,303.	34,206.
	=========	========	=========	=======================================

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ______

TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES IN KENTUCKY. IT WILL ESTABLISH, PROMOTE AND DELIVER THE HIGHEST QUALITY INTERSCHOLASTIC PROGRAMS AND ACTIVITIES IN AN EFFICIENT AND PROGRESSIVE MANNER THAT EMPHASIZES PARTICIPATION, SAFETY, SPORTSMANSHIP AND INTEGRITY TO ENHANCE THE EDUCATION OF THE STUDENT ATHLETE.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION BOOK VALUE

PREPAID INSURANCE 2,608.

TOTALS 2,608.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L	431,341.			431,341.				
BUILDINGS	SL	3,269,661.			3,269,661.	1,147,222.	86,814.		1,234,036.
FURNITURE & EQUIP	SL	710,322.			710,322.	421,087.	40,757.		461,844.
TOTALS		4,411,324.			4,411,324.	1,568,309.			1,695,880.
		========			========	========			========

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION BOOK VALUE

UNEARNED DUES PAID BY MEMBERS 81,400. UNEARNED REGISTRATION FEES 99,740.

TOTALS 181,140.

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

61-0444710

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

BOOK VALUE

ACCRUED SICK LEAVE

107,972.

TOTALS

107,972.

STATEMENT 7

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES ______

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVE PARKER 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	PRESIDENT 5.00	NONE	NONE	NONE
BRIGID DEVRIES 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	VICE PRESIDENT 40.00	110,560.	15,594.	NONE
JULIAN TACKETT 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	SECRETARY 40.00	82,170.	11,590.	NONE
MICHAEL BARREN 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	DIRECTOR 5.00	NONE	NONE	NONE
BUTCH COPE 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	TREASURER 40.00	65,170.	NONE	NONE
JERRY KEEPERS 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	DIRECTOR 5.00	NONE	NONE	NONE
ALAN DONHOFF	DIRECTOR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES ______

TITLE AND AVERAGE HOURS PER TO EMPLOYEE NAME AND ADDRESS WEEK DEVOTED TO POSITION COMPENSATION BENEFIT PLANS ALLOWANCES -----2280 EXECUTIVE DR LEXINGTON, KY 40505-4808

> GRAND TOTALS 257,900. 27,184. NONE

CONTRIBUTIONS EXPENSE ACCT

AND OTHER

FORM 990, PART VII - PROGRAM SERVICE REVENUE

	BUSINESS		EXCLUSION		RELATED OR EXEMPT		
DESCRIPTION	CODE	TRUOMA	CODE	AMOUNT	FUNCTION INCOME		
BOYS BASKETBALL TOURNAMENT					1,712,293.		
GIRLS BASKETBALL TOURNAMENT					393,197.		
FOOTBALL PLAYOFFS					373,583.		
OTHER TOURNAMENTS					471,479.		
HALL OF FAME EVENT					113,658.		
PUBLICATIONS					18,662.		
MISC REVENUES					447,037.		
			-				
TOTALS					3,529,909.		
			=	=========	=========		

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
DARREN BILBERRY 2280 EXECUTIVE DRIVE LEXINGTON, KY 40505	40.00	70,521.	9,947.	NONE
LARRY BOUCHER 2280 EXECUTIVE DRIVE LEXINGTON, KY 40505	40.00	82,040.	11,572.	NONE
	TOTAL COMPENSATION	152,561. =======	21,519. =======	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

PLEASE SEE INFORMATION DISCLOSED ON FORM 990 PART V.

0060

Form Q Q Q Q (Rev. April 2007)	Applic	ation for Extensi Exempt Organi		File an	OMB No. 1545-1709
Department of the Treasury	,	• •	ication for each return.		ONID NO. 1545-1709
 If you are filing for 	r an Additional (not a	oth Extension, complete outomatic) 3-Month Extensedy been granted an auto	nly Part I and check this	II (on page 2 of t	his form).
Part I Automatic	3-Month Extension	of Time. Only submit of	original (no copies need	ded).	
Section 501(c) corpo and complete Part I o	rations required to file	Form 990-T and requesting	ng an automatic 6-month	extension - chec	k this box
	(including 1120-C file ile income tax returns.	ers), partnerships, REMICs,	and trusts must use Form	7004 to request	tan
one of the returns n Form 8868 electroni 8870, group returns,	oted below (6 mont) cally if (1) you want or a composite or con		porations required to file natic) 3-month extension tead, you must submit the	e Form 990-T). I n or (2) you file e fully completed	However, you cannot file Forms 990-BL, 6069, or and signed page 2 (Part II)
, · ·	of Exempt Organization			Emplo	yer identification number
		SCHOOL ATHLETIC uite no. If a P.O. box, see instr		61	-0444710
	0 EXECUTIVE				
return. See City, t		and ZIP code. For a foreign a	ddress, see instructions.		
LIEX	INGTON, KY 4	0505-4808 earate application for each			
Form 990	X	Form 990-T (corporation)	return):	Form 4720	
Form 990-BL	21	Form 990-T (sec. 401(a) or	408(a) trust)	Form 5227	
Form 990-EZ		Form 990-T (trust other than		Form 6069	
Form 990-PF		Form 1041-A		Form 8870	
The books are in t	he care of ▶ COW	VANY OFFICERS			
Telephone No. ▶			FAX No. ►		
		ce or place of business in			▶ 🗀
	-	ganization's four digit Gro		EN)	. If this is
		. If it is for part of the	group, check this box 🕨	and att	ach a list with the
names and EINs of all				. , , , , , , , , , , , , , , , , , , ,	
until May 15		onths for a section 501(c) on the section 50			
	far year or ar beginning	07/01 , 20	07, and ending0	6/30	, <u>2008</u> .
2 If this tax year is	for less than 12 mont	ths, check reason:	nitial return Final r	eturn Char	ge in accounting period
	n is for Form 990-Bl	L, 990-PF, 990-T, 4720, s.	or 6069, enter the tenta	ative tax, less ar	3a \$
		or 990-T, enter any refur	idable credits and estima	ited tax payment	
		nent allowed as a credit.		F-1A	3b \$
c Balance Due. S	ubtract line 3b from I	ine 3a. Include your payn			it
with FTD coup	on or, if required,	by using EFTPS (Electro	nic Federal Tax Payme	ent System). Se	e 🚨
instructions.					3c & NONE

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2007)

for payment instructions.

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

Form	990-T	Exem	ot Organization Busines	s Income	e Tax Return (and proxy	tax under section	6033(e))	0MB NO. 1545-0687
	ment of the Treasury		For calendar year 2007 or other to	ax year beg	inning07,	<u>/ 01</u> ,2007, and		
	Revenue Service (77)		ending 06/30 ,2	008 .	See separate i	nstructions.		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Che	ck box if nar	ne changed and see instruction	is.)		ees' trust, see instructions for Block D
	address changed						on page	
	empt under section	Drint	KENTUCKY HIGH SO					
X	501(C)(3)	Print or	Number, street, and room or suite	no. If a P.O	. box, see page 9 of instructions	S)444710
	408(e) 220(e)	Туре						ated business activity codes structions for Block E on page 9.)
	408A530(a)	**	2280 EXECUTIVE I	OR			(366 111	structions for block L on page 9.)
	529(a)		City or town, state, and ZIP code					
	ok value of all assets and of year		LEXINGTON, KY 40	505-48	808		5418	300
ale	end of year	F Gro	up exemption number (See ins	tructions fo	or Block F on page 9.) ▶			
	3,865,767.	G Che	eck organization type X	501(c) co	rporation 501(d	c) trust	401(a)	trust Other trust
H D	escribe the organiz	zation's p	rimary unrelated business activi	ty. ▶ WEI	BSITE ADVERTISIN	G INCOME		
			corporation a subsidiary in an	Ū		controlled group?		Yes X No
	res, enter the na		identifying number of the parer	it corporation		ne number ▶ 85		. F472
Par			or Business Income		(A) Income	(B) Expens		(C) Net
	Gross receipts or		1		(A) IIICOIIIE	(b) Expens	563	(C) Net
		·	O Delene	10				
b			C Baland					
2	-	•	ule A, line 7)					
3			2 from line 1c					
			ttach Schedule D)					
b			Part II, line 17) (attach Form 4797)					
С	Capital loss dedu	ction for t	rusts	4c				
5	Income (loss) from	partnershi	os and S corporations (attach statem	nent) 5				
6	Rent income (Sch	edule C)		6				
7			come (Schedule E)					
8	Interest, annuitie	s, royali	ies, and rents from contro	lled				
		-						
9			section 501(c)(7), (9), or (
•								
10			ncome (Schedule I)					
11			dule J)		2,224.		2,329.	-105.
12			of the instructions; attach schedule.		2,221.	-	.,	-105.
13	,		ough 12	′ - —	2,224.		2,329.	-105.
Par			Taken Elsewhere (See					
ı aı			ributions, deductions mu					,
								1
14			directors, and trustees (Schedul					NONE
15								
16		tenance					I	
17								
18	Interest (attach so	chedule)					. 18	
19	Taxes and license	S					19	
20	Charitable contrib	outions (S	See page 14 of the instructions	for limitation	on rules.)		. 20	
21	Depreciation (atta	ach Form	4562)		21	127,571		
22			on Schedule A and elsewhere			127,571	. 22b	
23	Depletion						23	
24			compensation plans					
25			8					
26			Schedule I)					
27			chedule J)					
28								
	Total deductions	\alacii \	chedule)				20	NONE
29	i otal deductions.	. Auu IINE	s 14 through 28		-ti Outstan(" 00.1		. 29	
30			e income before net operating					-105.
31			on (limited to the amount on lir					
32			e income before specific dedu					-105.
33			ally \$1,000, but see line 33 ins				. 33	1,000.
34			le income. Subtract line 33 fro		~			
	32, enter the sma	aller of ze	ro or line 32				. 34	-105.

Form 990-T (2007) 61-0444710 Page **2**

Par	:	Tax Computation		
35	Organizat	tions Taxable as Corporations. See instructions for tax computation on page 15.		
	Controlled	d group members (sections 1561 and 1563) check here See instructions and:		
а		ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1)	(2) (3)		
b	Enter orga	anization's share of: (1) Additional 5% tax (not more than \$11,750)		
		onal 3% tax (not more than \$100,000)	0.5	
		ax on the amount on line 34 Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on	35c	
36				
		nt on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37	-	x. See page 16 of the instructions	37	
38	Alternative		38	
39			39	
Par		ax and Payments		
	•	ax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
		edits (see page 17 of the instructions)		
С		business credit. Check here and indicate which forms are attached:		
		m 3800		
		prior year minimum tax (attach Form 8801 or 8827)		
е		*	40e	
41	Subtract I		41	
42	Other taxes	s. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	42	
43	Total tax.	Add lines 41 and 42	43	
44 a	Payments	s: A 2006 overpayment credited to 2007		
b	2007 estir	mated tax payments		
С	Tax depos	sited with Form 8868		
d	Foreign or	organizations: Tax paid or withheld at source (see instructions)		
е	Backup w	vithholding (see instructions)		
f		dits and payments: Form 2439		
	For	m 4136 Other Total ▶ 44f		
45	Total pay	ments. Add lines 44a through 44f	45	
46	Estimated	d tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	46	
47	Tax due. I	If line 45 is less than the total of lines 43 and 46, enter amount owed	47	NONE
48			48	NONE
49		,	49	NONE
Part		Statements Regarding Certain Activities and Other Information (see instructions		
1	•	time during the 2007 calendar year, did the organization have an interest in or a signature or	, <u> </u>	Yes No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	y have to file	
		F 90-22.1. If YES, enter the name of the foreign country here ►		X
2		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ust?	X
_		ee page 5 of the instructions for other forms the organization may have to file.		
3 Cob		amount of tax-exempt interest received or accrued during the tax year \$		
		- Cost of Goods Sold. Enter method of inventory valuation ►		
1	•	at beginning of year 1 6 Inventory at end of year 7 Cost of goods sold. Subtract line	6	
2				
3			7	
4 a		I section 263A costs Part I, line 2 chedule) 4a 8 Do the rules of section 263A (with	7	Vac Na
b		, , , , , , , , , , , , , , , , , , ,		Yes No
		sts (attach schedule) 4b property produced or acquired for d lines 1 through 4b 5 to the organization?	, ,,,,	v
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of		ief, it is true,
Sign	correct a	and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here			y the IRS discuss this	
HICH			preparer shown below tructions)?	
	1 - 3 - 4 - 4		Preparer's SSN or PT	
Paid		Preparer's signature 01/14/2009 Check if self-employed	,	
	arer's	Firm's name (or MILLER MAYER SITLITIVAN & STEVENS LLD FIN 61-0	<u>P00249145</u> 0866166	<u>, </u>
Use	Only	yours if self-employed), address, and ZIP code address, and ZIP code		
		LEXINGTON, KY 40504		D-T (2007)
		LLEATING TOTAL	. 51111 5 0 0	(2001)

Form 990-T (2007) 61-0444710 Page 3

(see instructions on page 2		roperty	and Personal Prop	perty	Leased W	ith Real Prope	erty)			
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent receiv	ed or accr	ued							
(a) From personal property (if the for personal property is more than 50%)		percer	From real and personal protage of rent for personal pour if the rent is based on p	roperty	exceeds			cted with the income in (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total		Total				Total deductions	s. Enter			
Total income. Add totals of colur	()					here and on page				
here and on page 1, Part I, line 6, Schedule E - Unrelated De			soo instructions on n	200		line 6, column (B) >			
Schedule E - Uniterated Di	ept-Financeu ii	icome (s				ctions directly con	nected with	or allocable to		
1 Description of deb	ot-financed property		2 Gross income from allocable to debt-finar			debt-finance	ed property	property		
			property			line depreciation schedule)	(b) Other deductions (attach schedule)			
(1)					,	,				
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	equisition debt on or callocable to cable to debt-financed debt-financed property					ome reportable x column 6)		locable deductions n 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals Total dividends-received deducti		olumn 0		>		and on page 1, , column (A).		nere and on page 1, line 7, column (B).		
Schedule F - Interest, Anr	uities, Royalti	es, and I	Rents From Contro	olled	Organizati	ons (see instru	ıctions oı	n page 21)		
		E	Exempt Controlled O	rganiz	zations					
1 Name of Controlled Organization	2 Employer Identification Nur	mber	3 Net unrelated income (loss) (see instructions)		otal of specified ayments made	5 Part of column included in the organization's gro	controlling	6 Deductions directly connected with income in column 5		
(1)				1						
(2)										
(3)										
(4)	·									
Nonexempt Controlled Organ					10 Par	t of column 9 that is	1	1 Deductions directly		
7 Taxable Income	8 Net unrelated (loss) (see inst		9 Total of specification payments mad		include	ed in the controlling ation's gross income	cor	nected with income in column 10		
(1)										
(2)										
(3)			+							
(4)					Add colun	nns 5 and 10.	Add o	olumns 6 and 11.		
					Enter here	and on page 1, 8, column (A).	Enter	here and on page 1, line 8, column (B).		
Totals				1	>					

Page 4

Form 990-T (2007) 61-0444710 Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22) 3 Deductions 5 Total deductions 4 Set-asides directly connected and set-asides (col. 3 1 Description of income 2 Amount of income (attach schedule) plus col. 4) (attach schedule) (1) (2) (3)(4)Enter here and on page 1, Enter here and on page 1, Part I, line 9, Part I, line 9, column (A). column (B). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 22) 4 Net income 7 Excess exempt 3 Expenses (loss) from 2 Gross expenses unrelated trade directly 1 Description of unrelated (column 6 minus or business 5 Gross income 6 Expenses connected with column 5, but not exploited activity business income (column 2 minus from activity that attributable to production of more than from trade or is not unrelated column 5 column 3). If a unrelated column 4). business gain, compute business income business income cols. 5 through 7. (1) (2) (3)(4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col. (A). page 1, Part I, line 10, col. (B). on page 1, Part II, line 26. Schedule J - Advertising Income (see instructions on page 22) Income From Periodicals Reported on a Consolidated Basis Part I 4 Advertising 7 Excess gain or (loss) (col. 1 Name of 2 Gross 3 Direct 5 Circulation 6 Readership readership costs 2 minus col. 3). If (column 6 minus periodical advertising advertising costs income costs a gain, compute column 5, but not income cols. 5 through 7. more than column 4). (1)(2)(3)(4)Totals (carry to Part II, Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) (1) STMT 1 2,224. 2,329. -105. (2) (3)(4) (5) Totals from Part I Enter here and on Enter here and on Enter here and on page 1, Part II, line 27. page 1, Part I, page 1, Part I Totals, Part II line 11, col. (A). line 11, col. (B). (lines 1-5) ► 2,224 2,329 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
STMT 3		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			NONE

JSA 7E1640 2.000

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

	2.	3.				7.
	GROSS	DIRECT	4.	5.	6.	EXCESS
1.	ADVERTISING	ADVERTISING	ADVERTISING	CIRCULATION	READERSHIP	READERSHIP
NAME OF PERIODICAL	INCOME	COSTS	GAIN OR LOSS	INCOME	COSTS	COSTS
	=====	====		=====	====	====
WEBSITE ADVERTISING INCOME	2,224.	2,329.	-105.			
COLUMN TOTALS	2,224.	2,329.	-105.			

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE ====	BUSINESS PERCENT	COMPENSATION
STEVE PARKER 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	PRESIDENT	NONE	NONE
BRIGID DEVRIES 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	VICE PRESIDENT	NONE	NONE
JULIAN TACKETT 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	SECRETARY	NONE	NONE
MICHAEL BARREN 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	DIRECTOR	NONE	NONE
BUTCH COPE 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	TREASURER	NONE	NONE
JERRY KEEPERS 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	DIRECTOR	NONE	NONE
ALAN DONHOFF 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	DIRECTOR	NONE	NONE

TOTAL COMPENSATION

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS
TITLE
T

NONE

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2007 KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION 61-0444710

Description of Property

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Comu	Life	ACRS class	M A CRS	Current-year 179 expense	Current-year depreciation
LAND	02/01/1992			III Dasis	Reduction	depreciation	depreciation	depreciation	thod	CONV.	LIIC	Class	Class	ехрепзе	depreciation
BUILDINGS		3,269,661.				3,269,661.	1,147,222.	1,234,036.	ST.		40.000				86,814.
FURNITURE & EQUIP	01/01/1979					710,322.	421,087.	461,844.			10.000				40,757.
TORNITORE & EQUIT	01/01/15/5	710,322.	100.000			710,522.	121,007.	101,011.			10.000				10,757.
Less: Retired Assets			_						1					Г	
Subtotals		4,411,324.				3,979,983.	1,568,309.	1,695,880.							127,571.
Listed Property				I	1			1		_	l	I			
Lance Dational Asserts															
Less: Retired Assets									1						
Subtotals			_			2 070 002	1,568,309.	1,695,880.	-						127,571.
AMORTIZATION		4,411,324.				3,919,903.	1,300,309.	1,095,000.							127,571.
	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated	Accumulated amortization	Code	Life	,				Current-year amortization
7.000t docopilo	00.1100	240.0	_				<u>ao.</u>	aorti.zatio	0000						ao
			_												
			1												
TOTALS															

*Assets Retired JSA 7X9024 1.000