990 Form

Return of Organization Exempt From Income Tax

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	For	the	2013 calend	lar year, or	tax year begin	ning	07-	·01 , 2013, and e	nding	06-	-30 , 20	 D14
B Check if applicable: C Name of organization KENTUCKY SOCIETY FOR TEC								.N			D Employe	er identification no.
	Addre	ess ch	hange	Doing Bus	iness As						20-8996	564
	Name		•			ox if mail is not delivered	d to street address)		Room/suite		E Telephon	
	Initial	retur	'n		CHATSWORTH						(270)98	2-9207
	Term	inated	d	City or tow	n, state or province	e, country, and ZIP or fo	reign postal code		•		4	478,008
	Amer	nded i	return	ELIZA	BETHTOWN, K	Y 42701				Į,	G Gross red	ceipts \$
	Appli	cation	n pending		nd address of princi							
									H(a) Is this a subordi	a group reti inates?	urn for	Yes X No
	Tax-e	exemp	ot status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527	H(b) Are all :	subordinat	es included?	Yes No
J	Webs	site:		.KYSTE.OF	RG				If "No," H(c) Group	attach a lise exemption	st. (see instru number	ctions)
K	Form	of or	ganization: X	Corporation	Trust Ass	ociation Other	•	L Year of formation: 1	L 997 M St	ate of lega	I domicile:	KY
Pa	rt I		Summar					•	•			
		1	Briefly descri	ibe the organ	nization's missio	n or most significar	t activities: KEN	TUCKY SOCIETY	FOR TECHNOL	OGY IN	EDUCATI	LON
			-	_		_	CHOOLS IMPROVE E	DUCATION BY US	ING TECHNOL	OGY		
Governance												
rna												
Se.		2	Check this bo	ox ▶ ☐ if t	he organization	discontinued its op	erations or disposed o	of more than 25% of i	ts net assets.			
ŏ		3	Number of vo	oting membe	ers of the govern	ning body (Part VI, I	ine 1a)			. 3		17
SS SS		4	Number of in	ndependent v	oting members	of the governing bo	ody (Part VI, line 1b)			. 4		17
Activities &		5	Total numbe	r of individua	ls employed in	calendar year 2013	(Part V, line 2a)			. 5		0
نَجَ		6	Total numbe	r of voluntee	rs (estimate if n	ecessary)				. 6		17
⋖		7a	Total unrelate	ed business	revenue from P	art VIII, column (C)	, line 12			. 7a		0
		b	Net unrelated	d business ta	xable income fi	om Form 990-T, lin	ne 34			. 7b		0
									Prior Yea	ır	Cur	rrent Year
		8	Contributions	s and grants	(Part VIII, line 1	h)						29,325
ne				•	(Part VIII, line 2	•			4	108,834	1	448,381
Revenue	1	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										302
Re				•	. ,	s 5, 6d, 8c, 9c, 10c						0
					. ,.		column (A), line 12)		4	108,834	1	478,008
	_					, column (A), lines				5,000		96,625
	1	14 Benefits paid to or for members (Part IX, column (A), line 4)										0
	1						olumn (A), lines 5-10)			14,100		0
Expenses	1			•		lumn (A), line 11e)						0
oen .				_		mn (D), line 25)	>	0				
Ä	1					es 11a-11d, 11f-24e	e)			292,190		264,704
	1		•	•	, ,	equal Part IX, colum	,		3	311,290		361,329
	1				Subtract line 18	Ofmana lina 40				97,544	1	116,679
5	ם ט								Beginning of Curr	rent Year	En	nd of Year
sets	2	20	Total assets	(Part X, line	16)				2	297,352	2	410,372
Net Assets or	2 2	21	Total liabilitie	s (Part X, lin	e 26)					5,059	9	1,400
ž	2	2	Net assets of	r fund baland	es. Subtract lir	ne 21 from line 20			2	292,293	3	408,972
Pa	ırt I	ı	Signatu	re Block								
							ring schedules and stateme rmation of which preparer h		knowledge and beli	ief, it is		
- ue,	COITE	JI, all	u complete. Dec	naration of prepa	arer (other than on	cer) is based on all lillor	mation of which preparer is	as any knowledge.				
			GARY	GRANT								
Sig	ın		Signatu	re of officer						Date)	
He	re		GARY	GRANT, E	XECUTIVE DI	RECTOR						
			Type or	print name and	l title				<u> </u>			
			Print/Type pre	eparer's name		Preparer's signature		Date	Check	if	PTIN	
Pai			W Paul I	Maddox Jr	•	W Paul Maddox	Jr	10-26-2014	self-emp	loyed	P00737	7164
	pa		Firm's name	•	Berninger	Maddox Inc			Firm's EIN			
Us	e O	nly	Firm's addres	ss •	3863 Gler	more Avenue			Phone no.			
					Cincinnat	i OH 45211				513-48	31-7727	
May	the	IRS	discuss this r	eturn with th	e preparer show	vn above? (see inst	tructions)				\Box	Yes X No

349,243

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		 -
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	-		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		\ _V
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22		31		- 22
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	X	

13) KENTUCKY SOCIETY FOR TECHNOLOGY IN

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

20-8996564 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" respon

ise to line 8a, 8b, or 10b below, describe the circumstances, processes, or	changes in Schedule O. See instructions.
if Schedule O contains a response or note to any line in the Part VI	

	Check if Schedule O contains a response or note to any line in the Part VI			<u>. x</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.7
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ	
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	21	X
13	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		21
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a				
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			
	GARY GRANT (270)982-9207, 2523 CHATSWORTH DRIVE, ELIZABETHTOWN, KY 42701			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related	organization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truste	e.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an						Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related	office	r and	a dire	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
•	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-WISC)		and related organizations
(1) ERIN WAGGONER	2.00									
PRESIDENT		Х		X				С	0	0
(2) CHARI GOSSETT VICE PRESIDENT	2.00_	Х		X				C	0	0
(3) GRETA CASTO SECRETARY	2.00_	Х		X					0	0
(4) MATTHEW CONSTANT	2.00									
TREASURER		Х		X				d	o	0
(5) DAVID LUCAS KYSTE OUTREACH	2.00_	Х						C	0	0
(6) MARY ANN RANKIN ISTE LIASON	2.00	Х						C		0
(7) JEFFREY JONES COMMUNICATIONS OFFICER	2.00_	Х								0
(8) SUSAN VINCENTZ PARLIMENTARIAN	2.00_	X						0		0
(9) DIANA MCGHEE PAST PRESIDENT	2.00	X						0		0
(10) KAREN WALLACE REGION 1 REP	2.00	X								0
(11) ROBBY FORSYTHE	2.00	27							, ,	0
REGION 2 REP		Х						c	0	0
(12) SHARIS LATTIMORE	2.00									
REGION 3 REP		Х						C	0	0
(13) CINDY JOHANN REGION 4 REP	2.00_	Х						C	0	0
(14) BRETT HIGGINS REGION 5 REP	2.00	Х								0
REGION 3 REP		77							, 0	U

EEA Form **990** (2013)

Part VI	Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	anu	піц	nes	Com	pen	Saleu Employees	(continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Average hours per	Position (do not check more than one						Reportable compensation	Reportable compensation from		stimated nount of		
		week (list any	box,	unless	s pers	on is	both an		from	related	ar	other	
		hours for					ustee)	_	the	organizations		pensation rom the	
		related organizations	Indiv or dir	Instit	Officer	Key	High	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom tne ganization	
		below dotted	idual	ution	er	employee	est c	er				d related	
		line)	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				orga	anizations	
			ee	stee			ensat						
							ed						
(15) TONY	TOMPKINS	2.00											
	ON 6 REP		X						0	0		0	
(16) ANDR	REW_CONYERS	2.00_											
REGI	ON 7 REP		X						0	0		0	
	IDON BLACKBURN	2.00_	37							_			
	ON 8 REP	10.00	X						0	0		0	
(18) GARY	GRANT UTIVE DIRECTOR	10.00			X				15 105	0		0	
					21				15,105	0			
7.5/													
(20)													
<u>(21)</u>													
(22)													
(23)													
<u>(24)</u>													
(OF)													
<u>(25)</u>													
1b S	Sub-total												
сТ	otal from continuation sheets to Part VII, Section	n A .											
d T	otal (add lines 1b and 1c)							•	15,105	0		0	
2 T	otal number of individuals (including but not limited to	those listed	above) who	o rec	eive	ed more	e tha	n \$100,000 of				
re	eportable compensation from the organization									0			
												Yes No	
	Did the organization list any former officer, directo		-	•			•		•			Х	
	mployee on line 1a? If "Yes," complete Schedule J for for any individual listed on line 1a, is the sum of repor								n from the		3	Α	
	rganization and related organizations greater than \$												
	ndividual										4	Х	
	Did any person listed on line 1a receive or accrue con	npensation fro	om any	unr	elate	d or	ganiza	tion	or individual				
	or services rendered to the organization? If "Yes," co		-				-				5	Х	
	n B. Independent Contractors												
	Complete this table for your five highest compensated												
	ompensation from the organization. Report compens	sation for the	calend	ar ye	ear ei	ndin	g with	or w	thin the organizatio	n's tax			
y	ear.								(D)			(0)	
	(A) Name and business address								(B) Description of s	services	(C) Compensation		
-	rame and pushess dudiess								Decemption of a		Jonip		
							` .						
	otal number of independent contractors (including buseling buseling)			e list	ed al	OOVE	e) who						

Form 990 (2013) KENTUCKY SC Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a	Federated campaigns	ı				
b	Membership dues	29,325				
C	Fundraising events	;				
d	Related organizations	I				
е	Government grants (contributions) 16	•				
f	All other contributions, gifts, grants,					
	and similar amounts not included above 1f					
g	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a-1f		29,325			
		Business Code				
2a	CONFERENCES	611710	448,381	448,381		
b						
C						
d	1					
е						
f	All other program service revenue					
g	Total. Add lines 2a-2f		448,381			
3	Investment income (including dividends, interest,					
	and other similar amounts)		302	302		
4	Income from investment of tax-exempt bond proce	eeds				
5	Royalties	<u> ▶</u>				
	(i) Real	(ii) Personal				
6a	Gross rents					
b	Less: rental expenses					
C	Rental income or (loss)					
d	d Net rental income or (loss)	<u> ▶</u>				
7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
b	Less: cost or other basis					
_	and sales expenses					
1	d Net gain or (loss)					
1	Gross income from fundraising					
Oa	events (not including \$					
	of contributions reported on line 1c).					
	See Part IV, line 18	.				
	Less: direct expenses					
1	•	′ ▶				
	Gross income from gaming activities.					
Эа	See Part IV, line 19	.				
	Less: direct expenses					
1	·					
	(, 0 0	•				
10a	Gross sales of inventory, less returns and allowances	,				
"	b Less: cost of goods sold					
	Net income or (loss) from sales of inventory .					
F-6	Miscellaneous Revenue	Business Code				
112						
b	i		+			
	· -					
, d	3 All other revenue					
	Total. Add lines 11a-11d					
	· LOIAL ACCUMES 112-110					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 92,625 92,625 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 4,000 4,000 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): а 17,138 17,138 2,862 2,862 С d Professional fundraising services. See Part IV, line 17 е Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 3,550 . 3,550 14 753 753 15 16 495 17 495 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,812 19 238,539 234,727 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) OTHER 1,367 1,367 а b С d е All other expenses 361,329 349,243 12,086 25 Total functional expenses. Add lines 1 through 24e O Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	95,684	1	80,718
	2	Savings and temporary cash investments	150,285	2	200,587
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,383	4	129,067
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	297,352	16	410,372
	17	Accounts payable and accrued expenses	5,059	17	1,400
	18	Grants payable	•	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,059	26	1,400
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	292,293	27	408,972
3ak	28	Temporarily restricted net assets		28	
l pu	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and			
o o		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	292,293	33	408,972
	34	Total liabilities and net assets/fund balances	297,352	34	410,372

Form	990 (2013) KENTUCKY SOCIETY FOR TECHNOLOGY IN 20	-8996564		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. U</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		478,	800
2	Total expenses (must equal Part IX, column (A), line 25)	2		361,	329
3	Revenue less expenses. Subtract line 2 from line 1	3		116,	679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		292,	293
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		408,	972
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

		Y SOCIETY FOR T								96564			
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	ations m	ust comp	olete this	part.) S	See instru	ctions.			
The	orgar	nization is not a private	foundation because	e it is: (For lines 1 through	n 11, check	only one bo	ox.)						
1	Ц	A church, convention	n of churches, or a	ssociation of churches	described in	n section	170(b)(1)(A)(i).					
2	Ц	A school described i	n section 170(b)(1)(A)(ii). (Attach Schedu	ule E.)								
3	Ш	A hospital or a coop	erative hospital se	rvice organization descr	ibed in sec	tion 170(b)(1)(A)(iii)).					
4	Ш	A medical research	organization opera	ted in conjunction with a	a hospital c	lescribed in	n section	170(b)(1)(A)(iii). Ente	er the			
	_	hospital's name, city,	and state:										
5		An organization opera	ated for the benefit o	of a college or university of	owned or op	perated by a	a governme	ental unit d	escribed in				
		section 170(b)(1)(A	(Complete Page 1)	art II.)									
6		A federal, state, or lo	ocal government or	r governmental unit des	cribed in s e	ection 170	(b)(1)(A)(v	/).					
7		An organization that r	normally receives a	substantial part of its sup	port from a	governmer	ntal unit or f	rom the ge	eneral public	;			
		described in section	170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Con	nplete Part	II.)							
9		An organization that r	normally receives: (1) more than 33 1/3% of i	ts support f	rom contrib	utions, mer	mbership f	ees, and gro	oss			
		receipts from activitie	s related to its exem	npt functions - subject to o	certain exce	ptions, and	(2) no mor	e than 33	1/3% of its				
		support from gross in	vestment income ar	nd unrelated business tax	able incom	e (less sect	tion 511 tax	() from bus	inesses				
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety. See se	ction 509	(a)(4).					
11	X	An organization organ	nized and operated	exclusively for the benefi	t of, to perfo	orm the fund	ctions of, or	to carry o	ut the				
		purposes of one or r	nore publicly supp	orted organizations des	cribed in se	ection 509(a)(1) or se	ction 509	(a)(2). See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizati	on and cor	nplete line	s 11e thro	ugh 11h.				
		a 🗌 Type I	b 🗌 Typ	e II 🔀 Type	III-Function	ally integra	ted	d 🗌	Type III-1	Non-funtio	onally inte	grated	l
е		By checking this box,	I certify that the org	anization is not controlled	d directly or	indirectly b	y one or m	ore disqua	lified person	S			
		other than foundation	managers and other	er than one or more publi	cly supporte	ed organiza	tions descr	ibed in sec	ction 509(a)((1)			
		or section 509(a)(2).											
f		If the organization red	eived a written dete	ermination from the IRS th	nat it is a Ty	pe I, Type I	I, or Type I	II supportii	ng				
		organization, check th	nis box										X
g		Since August 17, 200	6, has the organiza	tion accepted any gift or	contribution	from any o	f the						
		following persons?											
		(i) A person who d	irectly or indirectly c	ontrols, either alone or to	gether with	persons de	escribed in	(ii) and				Yes	No
		(iii) below, the g	overning body of the	e supported organization	? .						11g(i)		X
		(ii) A family member	er of a person descri	ibed in (i) above?							11g(ii)	,	X
		(iii) A 35% controlle	d entity of a person	described in (i) or (ii) abo	ve? .						11g(iii)	X
h		Provide the following	information about th	ne supported organizatior	n(s).								
	(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Did yo		(vi) Is		(vii) Amo		
		organization		(described on lines 1-9 above or IRC section	in col. (i) lis governing		the organ col. (i) o		organizatio			support	
				(see instructions))	garaning			port?	U.S				
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2013

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Employer identification number

2 □ (h) Purpose of grant Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, or assistance Yes × (g) Description of non-cash assistance 20-8996564 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 8,075 9,568 18,989 25,20b 19,793 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable **General Information on Grants and Assistance** the selection criteria used to award the grants or assistance? (b) EIN KENTUCKY SOCIETY FOR TECHNOLOGY IN 日日 (a) Name and address of organization (3) DAVIESS COUNTY BOARD OF (2) BOURBON COUNTY SCHOOLS (5) POWELL COUNTY SCHOOLS BOWLING GREEN, KY 42101 (4) ROWAN COUNTY SCHOOLS or government 3343 LEXINGTON ROAD OWENSBORO, KY 42304 230 TECHNOLOGY WAY PARIS, KY 40361 PO BOX 21510 (1) GRREC Part I Part II 9 9 6 <u>ඉ</u> 8

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 20-8996564 KENTUCKY SOCIETY FOR TECHNOLOGY IN Schedule I (Form 990) (2013) Part III

Part III can be duplicated if additional space is needed.

Page 2

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV EEA 4 _ 8 က 2 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KENTUCKY SOCIETY FOR TECHNOLOGY IN 20-8996564 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION HAS MEMBERS WHO ELECT BOARD REPRESENTATIVES FROM THE VARIOUS REGIONS. 02. Member election for additional members (Part VI, line 7a) THE ORGANIZATION HAS MEMBERS WHO ELECT BOARD REPRESENTATIVES FROM THE VARIOUS REGIONS. 03. Form 990 governing body review (Part VI, line 11) THE BOARD REVIEWS AND DISTRIBUTES THE 990 TO ALL MEMBERS A THE MONTHLY BOARD MEETING FOLLOWING ITS COMPLETION. 04. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT THE SPRING RETREAT WITH CURRENT AND INCOMING BOARD MEMBERS. 05. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION. THE EXECUTIVE DIRECTOR IS UNDER A ONE YEAR CONTRACT AS AN INDEPENDENT CONTRACTOR. THE CONTRACT IS REVIEWED AND VOTED ON ANNUALLY AT THE SPRING RETREAT. 06. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE APPRORPRIATE INDIVIDUALS