May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

0

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax 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.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 Check if C Name of organization D Employer identification number PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR Address change RETARDED CITIZENS, INC. Name Change 31-1041907 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 425 BROADWAY, SUITE 201 (270)442-7121termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 255,190. Amended return PADUCAH, KY 42001 H(a) Is this a group return Applica-F Name and address of principal officer DWIGHT STOFFEL Yes X No for subordinates? 156 MAPLE COURT, PADUCAH, KY H(b) Are all subordinates included? Yes No 42001 If "No," attach a list. (see instructions) Tax exempt status X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Association L Year of formation: 1982 M State of legal domicile: KY Part I Summary 1 Briefly describe the organization's mission or most significant activities: RESIDENTIAL SERVICES FOR PERSONS Activities & Governance WITH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Ine 34 0. Prior Year **Current Year** 10,022. 10,874. Contributions and grants (Pari VIII, line 1h) 181,798. 244,200. Program service revenue (Part VIII, line 2g) 116. 107. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 243. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 192,170 255,190. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines (3) CEIVED 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 90,090 103,055. 16a Professional fundraising fees (Part IX, column (A), rine 11 MAY 1 5. 2018 Ø, b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-1 d, 11(24e), DEN 79,698. 91,733 181,823. 182,753. Total expenses. Add lines 13-17 (must equal Part IX, column 10,347. 72,437. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 240,231. 298,515. 20 Total assets (Part X, line 16) <u>126,596.</u> 112,442. 21 Total liabilities (Part X, line 26) 113,635. 186,073. 22 Net assets or fund balances. Subtract line 21 from line 20 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here DWIGHT STOFFEL, PRESIDENT Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name Paid GREG L. YATES, CPA 02/10/18 self-employed ₽01076959 GREG L. YATES, CPA Firm's name CLAYTON, BYRD & MEEKS Preparer Firm's EIN <u>61-0979763</u> Use Only Firm's address > 720 BROADWAY PADUCAH, KY 42001 Phone no. (270) 443-8763

X Yes No

Form 990 (2016)

RETARDED CITIZENS, INC. 31-1041907 Form 990 (2016) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE RESIDENTIAL SERVICES FOR PERSONS WITH MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES BY UTILIZING AN EIGHT (8) PERSON GROUP HOME. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 156,475. including grants of \$_____ 244,200.)) (Expenses \$) (Revenue \$ RESIDENTIAL SERVICES FOR PERSONS WITH MENTAL RETARDATION DEVELOPMENTAL DIASABILITIES. EIGHT (8) PERSONS ARE BENEFITTED. including grants of \$ (Code ______) (Expenses \$ ___) (Revenue \$ Other program services (Describe in Schedule O.) Expenses \$ including grants of \$ 156,475. Total program service expenses 4e

Form 990 (2016)

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR

31-1041907

Page 3

Form 990 (2016) RETARDED CITIZENS, INC.
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)?			ĺ
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		Ì
	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		X
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	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	_ X	
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		X
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		<u>X</u>
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	
e	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
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		<u>X</u>
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		<u> </u>
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		<u> </u>
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	17		<u> </u>
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		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Ţ	
	complete Schedule G, Part III	19		X
		Form	990 (2016)

			Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	'		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		ļ
C	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				
	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 "Yes,"	00		v
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		+ .	1.22
20	instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	بسيعتب فالك	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	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, or IV, and			
	Part V, line 1	34	_X_	_
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		
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	<u>X</u>	(0015)
		Form	990	(2016)

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Form 990 (2016) RETARDED CITIZENS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	·		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a		-		-
	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	~	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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	00	•	_
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:	70		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	Ÿ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u></u>		
va	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va		- 43
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b		75		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		- 43
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- : -	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		,	2
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	~	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	35	- +	-
а	Initiation fees and capital contributions included on Part VIII, line 12	4.4		,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		, ,	١.
1	Section 501(c)(12) organizations. Enter:			٠٠.
а	Gross income from members or shareholders		٠.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		,	. ``
	amounts due or received from them.)			-
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- 63
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	—	_
		1 "	i.	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	7	, ·
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			4,
D	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		•	
	Enter the amount of reserves on hand	445	• • •	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		┢
ַ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(201

RETARDED CITIZENS, INC.

31-1041907

Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}
Sec	ction 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 5			_,,,,_
	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				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		٠.	
	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	х	
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				
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-		ات ا
а	The governing body?	8a	X	. ,,,_
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, and all a	, ,	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	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 independent		-	٠ ،
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	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).	-		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		2	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		-	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	,3,,	_'1_	
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	finani	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	WESTERN KY MH-MR BOARD, INC (270)442-7121			
	425 BROADWAY, SUITE 201, PADUCAH, KY 42001			

Form 990 (2016)	RETARDED	CITIZENS,	INC.	31-1041907	Page 7
Part VII Compensation	on of Officers, D	irectors, Trust	ees, Key	Employees, Highest Compensated	
Employees, a	and Independen	t Contractors			

Check if Schedule O contains a response or note to	uny 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 in	d organization compensat						ated any current officer, director, or trustee.				
(A)	(B)			(6	C)			(D)	(E)	(F)	
Name and Title	Average	(40	not c	Pos	ition) than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	-	ceran	dad	irecto	or/trus	itee)	from	from related	other	
	(list any	lect-						the	organizations	compensation	
	hours for related	50	ᆲ			sated	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	at I		8	uadu.		(44-2/1099-141130)		and related	
	below	la la	Institutional trustee	_	튙	st Co				organizations	
	line)	Individual trustee or director	喜	Officer	Key.	Highest compensated employee	를			3	
(1) DWIGHT STOFFEL	1.00									·- ·	
CHAIRMAN		X		X		L		0.	0.	0.	
(2) CAROL BEYER	1.00				ļ						
DIRECTOR		X				_		0.	0.	0.	
(3) PATTY BICKERSTAFF	1.00		ĺ				l		. 1	_	
TREASURER		X		X	<u> </u>			0.	0.	0.	
(4) MARY CARRICO	1.00	ļ	i	 					_	_	
SECRETARY	4 30	X	ļ	X			<u> </u>	0.	0.	0.	
(5) SHARON JONES	1.00								00 540	50 561	
DIRECTOR	40.00	X					ļ	0.	83,712.	50,561.	
(6) TERESA UPSHAW	1.00	1								0	
DIRECTOR		 —				-	ļ	0.	0.	0.	
		_									
		L.,									
				\neg		Н					
	<u> </u>			İ							
	<u></u>			[,,		

(A) Name and title	(B) Average hours per week (list any hours for related organizations	itee ar director	not c	Pos heck ss pe	tion more rson i	than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-M	on d ns	(F) Estimated amount of other compensation from the organization and related
	below line)	Individu	Institution	Officer	Key employee	Highest employe	Former				organizations
					<u> </u>						
											,
1b Sub-total		٠.					>	0.	83,7		50,561.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					, i	^	0.	83,7	0.	0. 50,561.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportal	ole	0
											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		istee	, ke	y em	nploy	yee,	or f	nighest compensated ei	mployee on		3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4 X
5 Did any person listed on line 1a receive or a	ccrue comper	satio	on fi	rom	any	unre			dual for service:	s	
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scrieduie	. J 10	or su	icn į	oers:	on_					5 X
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										npensa	ation from
(A) Name and business		NO						(B) Description of s		С	(C) ompensation
		110	.11					·			
						-	1				
							-				
							+			ļ	
	·										
Total number of independent contractors (ir \$100,000 of compensation from the organize)		ot lim	ntec	to t	thos		ted	above) who received m	ore than		. و مولاد المستوجد و المحمد ال

Form 990 (2016) RETARDED CITIZENS, INC.

Part VIII Statement of Revenue

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		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
•		Greek ii Goriogalo O containo a response	, , , , , , , , , , , , , , , , , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a		,	_		• -
ar Our	b	Membership dues 1b			, i	,	i
S, C	С	Fundraising events 1c		,	-	!	,
aft	d	Related organizations 1d		.			,
im;	е	Government grants (contributions) 1e	10,000.				
ri or	f	All other contributions, gifts, grants, and		, '			
를		similar amounts not included above 1f	874.		-	· ·	
털	g	Noncash contributions included in lines 1a-1f \$					
<u>5 E</u>	<u>h</u>	Total, Add lines 1a-1f		10,874.			, , ,
			Business Code			-	
S	2 a	SCL REVENUE	531110	186,100.			
Program Service Revenue	b	TENANT ASSISTANCE - HU	531110	31,249.	31,249.		
n S	С	TENANT RENTAL FEES	531110	26,851.	26,851.		
Ra a	d						
ğ	е					<u> </u>	
"	f	All other program service revenue		244 200	,		
		Total. Add lines 2a-2f	> _	244,200.	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including dividends, inter	est, and	116.			116.
		other similar amounts) Income from investment of tax-exempt bond	oreaceds -	110.			110.
	4	Royalties	proceeds				
	5	(i) Real	(ii) Personal	201	2 1 1		
	6 a	Gross rents	(ii) i ersonar				- 1
	o a b	Less: rental expenses					
	c	Rental income or (loss)			*		
	d		>	. '			
	-	Gross amount from sales of (i) Securities	(ii) Other		1 1 1 1 1		
		assets other than inventory	1				
	b	Less: cost or other basis			·	_ ·*	
		and sales expenses					
- 1	С	Gain or (loss))		· sus seeden in	-, 1
ĺ	d	Net gain or (loss)					
ا به	8 a	Gross income from fundraising events (not			بالب		
교		ıncludıng \$ of					
Other Revenu		contributions reported on line 1c). See			* 1		
늄		Part IV, line 18 a	·			- ,	,
Ę		Less: direct expenses	· L	المستندك أستعد			
- I		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See		100	اد ا	,	
		Part IV, line 19 a			· ,		
	b	Less: direct expenses	· L		and with a second	1 1 2 2 2 2 2 1 2	
	C	, , ,		3	1		1 1 1 1 1 1
[10 a	Gross sales of inventory, less returns			44.		1.12
		and allowances . a					
		Less: cost of goods sold b. Net income or (loss) from sales of inventory		Net met mike	a cas f f b≟ií		Charleton Solidaria
ŀ	<u>_</u>		Business Code		77	· ,	
ŀ	11 -	Miscellaneous Revenue	Business Code				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	11 a						
	b						
	ار ام	All other revenue					
	e		•				
	12	Total revenue. See instructions.		255,190.	244,200.	0.	116.

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Form 990 (2016) RETARDED CITIZENS, INC.

Part IX Statement of Functional Expenses

Sect	Check of School O contains a respon			ompiete column (A).	
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			, , , ,	- \
	and domestic governments. See Part IV, line 21			•	
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				<u>•)</u>
3	Grants and other assistance to foreign organizations, foreign governments, and foreign			,	
	individuals. See Part IV, lines 15 and 16			,	, ,
4	Benefits paid to or for members				* ,
5	Compensation of current officers, directors,				
J	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	103,055.	103,055.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u></u>			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	20,400.		20,400.	
b	Legal	4 605		4 605	
C	Accounting	4,625.		4,625.	<u></u>
d	Lobbying		1 2		
e	Professional fundraising services. See Part IV, line 17		· · · · ·	-,,,	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	 			·
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,253.		1,253.	
13	Office expenses	646.	646.	1,2331	
14	Information technology				
15	Royalties				
16	Occupancy	19,883.	19,883.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,227.	9,227.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,771.	5,771.		
23	Insurance	7,102.	7,102.		
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 0.)	10 057	10 057	r. M.	
а	GROCERIES DECREATION C DEVAN	10,057. 598.	10,057. 598.		
b	RECREATION & REHAB LICENSES	136.	136.		· · · · · · · · · · · · · · · · · · ·
ч С	TICENDED	120.	130.		
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	182,753.	156,475.	26,278.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2021100	200,2,00		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if 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 Beginning of year End of year 158,767. $216.0\overline{34}$ Cash · non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 3,575 2,965. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3**4**9,650 basis. Complete Part VI of Schedule D 10a 36,975 31,203. 318,447, 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 Intangible assets 14 14 40,914. 48,313. 15 Other assets. See Part IV, line 11 15 298,515. 240,231. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 18,617. 18,019. 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 107,194 93,175. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 785. Schedule D 126,596. 112,<u>442.</u> 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 113,635 186,073. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 186,073. 113,635. 33 33 Total net assets or fund balances 240,231 298,515. Total liabilities and net assets/fund balances

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR 31-1041907 Page 12 Form 990 (2016) RETARDED CITIZENS, INC. Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI <u>255,190.</u> 1 Total revenue (must equal Part VIII, column (A), line 12) 182,753. Total expenses (must equal Part IX, column (A), line 25) 2 72,437. Revenue less expenses. Subtract line 2 from line 1 3 3 113,635 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 Pnor period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 186,072. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990: Cash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c 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? За Х

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2016)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR

OMB No 1545-0047

Open to Public Inspection

		RETA	RDED CITIZ	ENS, INC.				3	<u>1-1041907 </u>
Pa	irt I-	Reason for Public	Charity Status (All organizations must co	omplete this	s part.) Se	e instructions	S.	
he	Organ	zation is not a private found							
1		A church, convention of ch		, -	-	-		\mathcal{C}	Θ
2	一	A school described in sect	•				. 70-70-		
3	\equiv	A hospital or a cooperative					ii)		
_	呂	A medical research organiz						(iii) Enter	the hospital's name
4	ш		ation operated in co	rijunction with a nospita	i described	#1 56CUO	11 170(0)(1)(A	(III). LING	the hospital s hame,
_		city, and state:	or the benefit of a se	llogo or university owner	d or operate	ad by a g	overnmental i	ınıt describ	ed in
5	ш	An organization operated for		illege or university owner	J or operate	eu by a g	overninental t	iiiii describ	ea iii
_	$\overline{}$	section 170(b)(1)(A)(iv). (0				0/1 W4W4W			
6	님	A federal, state, or local go	-						Lister base
7		An organization that norma	-	intial part of its support t	rom a gove	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	\square	A community trust describe							
9		An agricultural research org	ganızatıon described	In section 170(b)(1)(A)(ix) operate	d in conju	inction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the colleg	e or
		university:							··
10	LX	An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from o	contribution	ons, members	hip fees, a	nd gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	ıts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busines	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	ively to test for public sa	ıfety. See s	ection 50)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	o perform ti	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section 5	609(a)(2).	See section (509(a)(3). C	Check the box in
		lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	orted org	janization(s), i	ypically by	giving
		the supported organizate							
		organization You must o							
b		Type II. A supporting org			tion with its	support	ed organizatio	n(s), by ha	ving
		control or management of							
		organization(s). You mus			·				
С		Type III functionally inte	•		ın connecti	ion with, a	and functiona	lly integrate	ed with,
Ū		its supported organizatio						, ,	
d	Γ	Type III non-functionally		•				ted organi	zation(s)
<u> </u>		that is not functionally int	-						
		requirement (see instruct	-					-	
_		Check this box if the orga	-	•				II Type ili	
٠	_	functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, .,,,,	
	Ente	r the number of supported	* *	many intograted dapport	ing organiz	u			
'		ride the following information	•				• •		
_ 9) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ in your governin	ization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions))	1 1 1				
					ļ				
				<u></u>					
					 				
					 	·			
ota			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	 		<u> </u>		
410									

31-1041907 Page 2 Schedule A (Form 990 or 990-EZ) 2016 RETARDED CITIZENS Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization, fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2013 (a) 2012 (c) 2014 (d) 2015 (e) 2016 ∕(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016/(line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016., If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2016 RETARDED CITIZENS, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u></u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1							
	membership fees received. (Do not						
	include any "unusual grants ")	23,409.	23,435.	23,434.	10,022.	10,874.	91,174.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	137,968.	158,983.	194,197.	181,798.	244,200.	917,146.
3	Gross receipts from activities that					-	
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-		···				
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	161,377.	182,418.	217,631.	191,820.	255,074.	1008320.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)				5,71,		1008320.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	161,377.	182,418.	217,631.	191,820.	255,074.	1008320.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	100.	90.	78.	107.	116.	491.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	100.	90.	78.	107.	116.	491.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) · · · ·						
13	Total support. (Add lines 9, 10c, 11, and 12)	161,477.	182,508.	217,709.	191,927.	255,190.	1008811.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,
	check this box and stop here			·			
Sec	tion C. Computation of Publi	c Support Pe	centage				
15	Public support percentage for 2016 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	<u>99.95 %</u>
	Public support percentage from 2015			·		16	<u>99.94 %</u>
Sec	tion D. Computation of Inves	tment Income	e Percentage	 			
17	Investment income percentage for 20	16 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.05 %
	Investment income percentage from 2					18	<u>.06 %</u>
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation .	►LX
D	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che						
	line 10 is not mare than 22 1/20/	0 / +b10 b04	am haw- Th	nization audition -	se a muhikaki aria	arted organization	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

,	Yes	No
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3a		- '
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3b	1	
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3c		
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9b_	^	±3. 1
30	و دو	
9c		
11.		'' 1
10a	, , ,	. 1
		. 1
10b		. '

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Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	, , , , , , , , , , , , , , , , , , , ,			
	below, the governing body of a supported organization?	11 <u>a</u>	ļ	<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	ction B. Type I Supporting Organizations			
	Database describerations to the control of the cont		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		i	,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	•	- '
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		·	
800	supervised, or controlled the supporting organization.	2		<u></u>
Sec	ction C. Type II Supporting Organizations		l	
	Ware a majority of the averagination of discrete and a standard discrete and a		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		_	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	.	,	1:.
	or management of the supporting organization was vested in the same persons that controlled or managed			أالسا
Sac	the supported organization(s). tion D. All Type III Supporting Organizations			l
<u>566</u>	All Type III Supporting Organizations		V	N.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,	·r _i	' '
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	7 '	_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			- 4
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		'
3	By reason of the relationship described in (2), did the organization's supported organizations have a			·
_	significant voice in the organization's investment policies and in directing the use of the organization's	`	. 1	1 .
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		· . '	- ,
	supported organizations played in this regard.	3	2 .3"	'
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yea(see instruction)	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-	•	. 17
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 -		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	· .	; '	
	how the organization was responsive to those supported organizations, and how the organization determined			. `
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		. 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	,	,	,]
	reasons for the organization's position that its supported organization(s) would have engaged in these		'	
	activities but for the organization's involvement.	2b		an. 17
3	Parent of Supported Organizations. Answer (a) and (b) below.	,		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1. 1	<u>,</u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-	• •	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	(0) 0
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	_ 2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or] [
	maintenance of property held for production of income (see instructions)	6		· · · · · · · · · · · · · · · · · · ·
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	,		
	instructions for short tax year or assets held for part of year):		·	· · · · · · · · · · · · · · · · · · ·
а		1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	,	`	• • • • •
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		<u>.</u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting orga	nization (see
•	instructions)	. •	2 3	•

Schedule A (Form 990 or 990-EZ) 2016

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR RETARDED CITIZENS. INC.

	rt V Type III Non-Functionally Integrated 50			1-1041907 Page 7
	tion D - Distributions	staltol outpointing Orga	amzations (continued)	Current Year
	Amounts paid to supported organizations to accomplish ex	empt purposes		Current Year
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exem		·	
2	organizations, in excess of income from activity	ipt purposes of supported		
	Administrative expenses paid to accomplish exempt purpose	oc of supported organization		
3	Amounts paid to acquire exempt-use assets	ses of supported organization	15	
4_	Qualified set-aside amounts (prior IRS approval required)			
5	Other distributions (describe in Part VI). See instructions			
6_			 -	
	Total annual distributions. Add lines 1 through 6	the ergonization is reasonable		· ,,
8	Distributions to attentive supported organizations to which	the organization is responsive	,	
	(provide details in Part VI). See instructions	· _ ·····		
9	Distributable amount for 2016 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount	(:)	(.)	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	1 .		
2	Underdistributions, if any, for years prior to 2016 (reason-			* * * * * * * * * * * * * * * * * * * *
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:	, ' , , ,	۹	
a		* * * * * * * * * * * * * * * * * * * *		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	· · · · · · · · · · · · · · · · · · ·		-1	,
С	From 2013			
d	From 2014	, , ,		,
e	From 2015	± -		A
f	Total of lines 3a through e		,	
g	Applied to underdistributions of prior years	, , , , ,		4
h	Applied to 2016 distributable amount		-	
i	Carryover from 2011 not applied (see instructions)	, 1 , , , , ,	vara (L	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			· \
4	Distributions for 2016 from Section D,	7 7 7 7	, ,	
	line 7: \$		· '	
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	7		
	Remainder. Subtract lines 4a and 4b from 4		, , ,	,
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	, , , ,		
	than zero, explain in Part VI. See instructions			, ,
6	Remaining underdistributions for 2016. Subtract lines 3h	-		
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	74	ta sa	
7	Excess distributions carryover to 2017. Add lines 3			, , ,
•	and 4c		, - , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
8	Breakdown of line 7:			
	breakdown of line 7.	, , , , , , , , , , , , , , , , , , , ,		, , ,
<u>a</u> b				
		, ,	, , , , , , , , , , , , , , , , , , ,	
	Excess from 2015			, , , , , , , , , , , , , , , , , , , ,
	Excess from 2016		<u> </u>	- , ' , ' , ' , ' , ' , ' , '

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 RETARDED CITIZENS, INC. 31-1041907 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2016
Open to Public Inspection

Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR Empl

Employer identification number

31-1041907 RETARDED CITIZENS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa		D CITIZENS				O4b		-1041		
	<u> </u>									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	significant use	of its collec	ction ite	ms
	(check all that apply).									
а	Public exhibition	C	:	Loan or exc	hange progr	ams				
b	Scholarly research	•		Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizat	on's exe	empt purpose ii	n Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's co	ollection?			Ye Ye	<u>s [</u>	□ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" or	n Form 990, Pa	rt IV, line S	∂, or	
	reported an amount on Form 990, Pa	rt X, line 21.					_			
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	sets no	tincluded			
	on Form 990, Part X?					_		☐ Ye	s [□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
	· -	•	•				1 1	Am [,]	ount	
С	Beginning balance						1c			
d	Additions during the year	• ••	•		• •		1d			
e	Distributions during the year	• • • • •	• •			• • •	1e			
f	Ending balance	•	•			•	1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21 for	escrow or c	ustodial acco	 ount liabi		Ye	s	No
	If "Yes," explain the arrangement in Part XIII.							•	Ī	╡''
	t V Endowment Funds. Complete									
		(a) Current year		rior year	(c) Two year		(d) Three years	back (e)	Four year	s back
1a	Beginning of year balance	(a) can one	127.	noi you.	(0)	<u> </u>	(a) :oo you.o	330	, <u>, , , , , , , , , , , , , , , , , , </u>	0.000
b	Contributions		 							
_	Net investment earnings, gains, and losses			·	<u> </u>					
d	Grants or scholarships									
<u>u</u>	Other expenditures for facilities	·								
_	· ·									
4	and programs Administrative expenses									
'_					ļ					
g	End of year balance	root veer and belone		! /-	\\ hald					
2	Provide the estimated percentage of the curr	rent year end baland	e (iine i	g, column (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•						_		
3 a	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are neid a	na aaministe	erea tor t	ne organizatioi	1	[<u></u>	T
	by:							_	Yes	No
	(i) unrelated organizations		••		•	•		32		+
	(ii) related organizations							<u>3a</u>		
þ	If "Yes" on line 3a(ii), are the related organiza	•					•	<u>_3</u>	b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	· · · · · · · · · · · · · · · ·									
	Complete if the organization answered									
	Description of property	(a) Cost or o		(b) Cost			ccumulated	(d) F	Book val	ue
		basis (investr	nent)	basis			preciation	 		
1a	Land				<u>6,751.</u>		·	4		751.
b	Buildings			29	1,049.		<u>268,519</u>		22,	<u>530.</u>
C	Leasehold improvements							<u> </u>		
d	Equipment			5	1,850.		49,928.	,	1,9	922.
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)		>		31,	203.

Schedule D (Form 990) 2016 RETARDED C	CITIZENS, IN	ic.	31	-1041907 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Ye	s" on Form 990, Part I			· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security	(b) Book value	e (c) Method of	valuation: Cost or end	-of-year market value
(1) Financial derivatives			<u> </u>	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>	1 1 1		
Part VIII Investments - Program Related.		······		
Complete if the organization answered "Yes	s" on Form 990, Part I	V, line 11c. See Form 990.	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	/aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		1 = 1 1	15
Part IX Other Assets.		<u> </u>		
Complete if the organization answered "Yes	s" on Form 990, Part i	V, line 11d. See Form 990.	Part X, line 15.	
	a) Description			(b) Book value
(1) DUE FROM WKMHMR				17,434.
(2) RESTRICTED RESERVES				29,566.
(3) TENANT SECURITY DEPOSITS				1,248.
(4) TENANT ACCOUNTS RECEIVAB			, , , , , , , , , , , , , , , , , , , ,	65.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) II	ine 15.)	 -		48,313.
Part X Other Liabilities.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 ——E.J.	
Complete if the organization answered "Yes	" on Form 990. Part IV	/. line 11e or 11f. See Forr	n 990. Part X. line 25.	
1. (a) Description of liability		(b) Book value	11 000,1 41 77, 1110 20.	
(1) Federal income taxes	,	(-)		1
(2) TENANT SECURITY DEPOSITS	HELD IN			
(3) TRUST	HILLD III	1,248.		and the second
		1,240.		
(4)		· · · · · · · · · · · · · · · · · · ·		200
(5)			1	, The same of the same
(6)				, 10 th 12 11
(7)			Property of the second	
(8)				
(9)	0E)	1 240		
Total. (Column (b) must equal Form 990, Part X, ∞l. (B) li	ne 25) >	1,248.		

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

31-1041907 Page 4 RETARDED CITIZENS, INC. Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 255,190. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12: a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4c 255.190. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 182,753. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and use of facilities 2b Prior year adjustments ь Other losses C 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE PROJECT HAS ADOPTED ASC740-10 AS IT RELATES TO THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE PROJECT HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND KENTUCKY DEPARTMENT THE PROJECT BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE OF REVENUE. SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE PROJECT'S FINANCIAL

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC. 31-1041907 Page 5 Schedule D (Form 990) 2016 Part XIII | Supplemental Information (continued) CONDITION, RESULTS OF OPERATION OR CASH FLOWS. ACCORDINGLY, THE PROJECT HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2017.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

Employer identification number 31-1041907

FORM 990, PART VI, SECTION A, LINE 3:
PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC. IS
OPERATED UNDER A MANAGEMENT CONTRACT WITH WESTERN KENTUCKY REGIONAL MENTAL
HEALTH AND MENTAL RETARDATION BOARD, INC.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY CPA'S WHO PERFORM THE AUDIT OF THE ORGANIZATION
AND IS REVIEWED BY THE CFO WHO IS ALSO A CPA. DUE TO TIMING ISSUES, A COPY
WAS NOT PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING.ADDITIONALLY, THE
FORM 990 WILL BE DISCUSSED AT THE NEXT BOARD MEETING AND A COPY WILL BE
PROVIDED TO BOARD MEMBERS UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
POLICY ACKNOWLEDGEMENT FORMS ARE UPDATED ANNUALLY. ADDITIONALLY,
MANAGEMENT CONTINUOUSLY MONITORS ACTIVITY FOR COMPLIANCE WITH THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2016 Open to Public Inspection

OMB No 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.fs.gov/form990. PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR

Employer identification number 31-1041907

Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

RETARDED CITIZENS, INC.

Name of the organization

Department of the Treasury Internal Revenue Service

	(a) Name, address, and EiN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		:				
=	Identification of Related Tax-Exempt Organizations. Complete if	tions. Complete if the organization and	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	rt IV, line 34 becaus	e it had one or more re	elated tax-exempt

organizations during the tax year. Part

(a)	(q)	(0)	(p)	(e)	()	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	controlled	ed (o) led
of related organization		foreign country)	section	status (if section	entity	entity	7
				501(c)(3))	*	Yes	8
WESTERN KENTUCKY REGIONAL MENTAL HEALTH AND PROVIDE MENTAL	NOVIDE MENTAL HEALTH AND						
MENTAL RETARDATION BOARD, INC, 425	MENTAL RETARDATION						
BROADWAY, PADUCAH, KY 42001	SERVICES TO THE COMMUNITY KENTUCKY		501(C)(3)	LINE 7			×

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 RETARDED CITIZENS, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year PartIII

Page 2

31-1041907

(a) Name address and EIN	(b)	(c)	(b)	(e)		(6)	æ	6	8	(k)
	rillialy activity	domicile (state or foreign	Direct controlling entity	rrecominant income (related, unrelated, excluded from tax under)	Share of total	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage · managing ownership partner?
\dagger		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

Primary activity

Schedule R (Form 990) 2016

632162 09-06-16

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Schedule R (Form 990) 2016 RETARDED CITIZENS, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2016 Yes Ξ (d)
Method of determining amount involved **1**p ပ္ ₽ <u>ə</u> 5 = 9 **1**p 4 <u>a</u> 읃 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 20,400.MANAGEMENT CONTRACT 120,394.ACTUAL COST 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) × Д Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. WESTERN KY REGIONAL MENTAL HEALTH AND WESTERN KY REGIONAL MENTAL HEALTH AND Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) INC. Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) (1) MENTAL RETARDATION BOARD, Purchase of assets from related organization(s) Exchange of assets with related organization(s) (2) MENTAL RETARDATION BOARD Sale of assets to related organization(s) Dividends from related organization(s) 632163 09-06-16 (9) ପ **3** ত্র

RETARDED CITIZENS, INC. Schedule R (Form 990) 2016

Part VI. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

i >

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(a)	<u> </u>	(a)	(4)	ψ,	(8)	4	3	5	3
Name, address, and EiN of entity	Primary activity	nıcıle oreign ry)	Predomi (related excluded 1 section	Ω t ∈	Share of end-of-year assets	Dispropor- tonate allocations?	UBI box 20 lle K-1 065)	General or managing partner?	ercentage ownership
									·

Schedule R	(Form 990) 2016	RETARDED	<u>CITIZENS,</u>	INC.	31-1041907	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.			···	
	Provide additional inform	nation for responses	to questions on Sc	hedule R See instructions	ł.	
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Schedule R (Form 990) 2016

PADUCAH/MCCRACKEN COUNTY ASSOCIATION FOR