_						1 4 0 0 1 0	0
Y					23	449018	000002
6	NOV-30-2000	04:18	IRS			801620733	
/					232		
55	Form 990	Ret	urn of Organia	zation Exempt Fi	rom Income 1	ax	OMB No 1545 0047
à	~ · · · · · · · · · · · · · · · · · · ·	,	 8. 4. 2	adion axempt .		<u></u>	2005
~	1 2000	Ui	nder section 501(c), 5	27, or 4947(a)(1) of the Int	ternal Revenue Code		2000
2 ₹	www.townot.of.the Transur.		(except black it	ing benefit trust or privat	e foundation)	リン(の	Open to Public
# ₹	partment of the Treasury ornal Revenue Service	► The organiza	lion may have to use	a copy of this return to sa	stisfy state reportine	econement/	Inspection
# 0	For the 2005 calone	dar year, or tax ye	ar beginning		and ending		
9 78	Check II applicable	Please use				D Employer Iden	
302	Address change	IRS label MILWI		STERS ASSOCIATION	NC	41-0918	
- A	Name change	ortype. 401	N 3RD ST #370			E Talephone nur	
OO Y	T Indial return	specific MINN	EAPOLIS, MN	55401-1350	. (926-8123
000	Final return	1jans,			0/0	F Accounting	X Crish Accrual
2	Amended return		······		<u> </u>	Other (spe	
10PEQ 4.3.6	Application pending	• Section 501(c)(3) organizations an	d 4947(a)(1) nonexempt	H and t are not app	plicable to section 527	
	, :	charitable tru (Form 990 or	sts must attach a con	npleted Schedule A	H (a) la thea gr	oup return for altillate:	57 Yes X No
是是	Web site: ► MINN	•	•		H (b) If 'Yes,' ent	er number of affiliates	• [
	AAGD SIG: - MINI	IE3QIADKOMPC	ADIENO, COM	······································	H (c) Are all affi		Yes Ho
ENVEL	Organization type	► 🕅 501	(c) 6 - (insert	no.) 4947(a)(1) or	(If TNo,' at	tach a list. Son instruc	lions.)
₩5	(check only one).			normally not more than	H (d) is this a se	parata raturn liled by	
18	\$25,000 The organ	sivation need not t	his a return with the l	RS, but if the organization	1 	on covered by a group	
	chooses to file a re	eturn, be sure to fi	le a complete return.	Some states require a	I Group E	xemption Numbe	
<u>ee</u>						► X if the organiza	
胺	Gross receipts: Add	d lines 65, 85, 95,	and 10b to line 12 F	564,283.		Schedule B (Form 990,	, 950-EZ, 01 350-FF).
Æ	artit ::: Revenue	e, Expenses, a	nd Changes in N	let Assets or Fund l	Salances (See Ins	tructions)	
ہے۔	1 Contributions	, gifts, grants, and	t similar amounts rec	eived.	1 1	[584]	
15 E	a Direct public	support			70		
ن: ***	b Indirect publi	c support			16		
- 1. 1. Co	c Government	contributions (grai	•	· • · · · · · · · · · · · · · · · · · ·	1c	ماتين ا) .
Si 🗪	d Total (add bries is through ic) (c		noncash	·)	المراجعة الم	528,342.
	1		ing government fees	ATUIE UNIT	STATUTE UI	NIT 2	31,850.
ر الم		dues and assessn			RECEIVE	· <u>h</u>	1,601.
∞	4 interest on sa		ary cash investments	ARCEIVES.	TLOCT VI	.U 4	1,001.
=	2 Olyloguas att	d interest from sec	curilles	JUN 2 9 2018	64PR 18 20		
019 3.4	6a Gross rents.		• • • • • • • • • • • • • • • • • • • •		CP2 CO		
~ ₩	b Less, rental e	expanses		PR BRANCH OGDEN	TPR BRAN	CH TOTAL	
4~	c Net rental inc	ome or (loss) (sur	otract line ob from III	COGDEN	OGDEN	. -00	
≈ 7 €	7 Other investr	nent income (desc	:ribe	(A) Securities	(B) Oth		
JUL	8a Gross amoun	it from sales of as		(A) Securious			
ے در ا	dien macino	-			8a 8b		
	E Less, cost of	other basis and s	·		8c		
SCANNED	e Gain or (loss) (a		So columns (A) and				
SCANNE 20 2018	a iver gain of ()		: 8c, columns (A) and	y amount is from gaming			
Z I	9 Special event	is and activities (a ie (not including	ttach schedule), if an -\$	y amount is from gaming of contributions	, chack lidia		
N T	reported on li	_	~		9a		
ط رب		•	in fundraisinn expens	··· · · · · · · · · · · · · · · · · ·	96		

OGDEN Other investment income (describe..... (B) Other 8a Gross amount from sales of assets other 84 b Less: cost or other basis and sales expenses 8b c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line Sc, columns (A) and (B)) . Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including 9a reported on line 1a). 96 **b** Less, direct expenses other than fundraising expenses... 9 c c Not income or (loss) from special events (subtract line 9b from line 9a) 10a 10a Gross sales of inventory, less returns and allowances...... c Gross profit or (loss) from soles of inventory (attach schedule) (subtract line 10h from line 10a) 10c 2,490 Other revenue (from Part VII, line 103) 11 Total revenue (add lines, 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 JUN 2 8 2018 Program services (from line 44, column (B)) . . . 13 14 Management and general (from line 44, column (C)) ... Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) . 16 584,668. 17 Total expenses (add lines 16 and 44, column (A)). -20,38518 Excess or (deficit) for the year (subtract line 17 from line 12) 18 19 83<u>, 676</u> 19 Net assets or fund balances at beginning of year (from line 73, column (A)) ... Other changes in net assets or fund balances (attach explanation). 63,291 Net assets or fund balances at end of year (combine lines 18, 19, and 20).

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

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Form 990 (2005)

Page 2

Veach S	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	3073 2037	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Benetic part to or for members (aft scri) 24 25	Grants and allocations (att sch)					
Benetis paid to a for members (alt sch)		} }				
Benetits paid to a for members (alt sch) 24	non-cash \$)					
Benetits paid to a for members (aft sch) 24		22				
Benetits paid to a for members (aft sch) 24	Creffit frants, encourters	28				
Companisation of officers, directors, etc. 25 (b) 100,000	• • •					
Other salanes and wagos 26			100,000.			
Pension plan contributions 27						
Other employee benefits 28	<u>-</u>	27				
Payroll taxes 29	•	28				
Professional fundraring fees 30	· •	29	14,876.			
Accourting tees 31 3,058. 2 Legal feos 32 47,521. 3 Supplies 33 13,237. 1 Telephone. 34 6,390. 5 Postage and shipping. 35 14,008. 0 Occupancy 36 54,671. 7 Equipment rental and maintenance. 37 7 Printing and publications 38 3,655. 7 Travel 39 1 Conforences, conventions, and meetings. 40 3,137. Interest 47 2 Depreciation, depletion, etc (attach schedule) 42 14,142. 3 Other expenses not covered above (itemze): a See Statement 1 43a 218,686. b 43b c 43c 43d 43e 43d 43e 43d 43g 44g 45g 45g 45g 45g 45g 45g 45g 45g 45	•	. 30				
Legal feas 32 47,521	- · · · · · ·		3,058.			
33	-	. 32	47,521.			
Telephone 34		33				
Postage and shipping 35						
Occupancy 36 54,671. Equipment rental and maintenance 37 Printing and publications 38 3,655. Travel 39 Conferences, conventions, and meetings 40 3,137. Intere-1 41 Depreciation, depletion, ctc (stach schedule) 42 14,142. Other expenses not covaried above (itemize): a See Statement 1 43 218,686. b 43b c 43c d 43d e 43e f 43f g 43f Total functional exponses. Add lines 27 lineuph 43 (Organizations completing collumns (8) - (0), curry thase totals to lines 13 - 15) Total functional exponses. Add lines 27 lineuph 43 (Organizations completing collumns (8) - (0), curry thase totals to lines 13 - 15) Total functional exponses. Add lines 27 lineuph 43 (Organizations completing collumns (8) - (0), curry thase totals to lines 13 - 15) Total functional exponses. Add lines 27 lineuph 43 (Organizations completing collumns (8) - (0), curry thase totals to lines 13 - 15) Total functional exponses. Add lines 27 lineuph 44 584, 668. Total functional exponses. Add lines 27 lineuph 45 (0) the amount of these lines are print costs. Significant reported in (B) Program services? N./.A Yes No	•	. 35				
Equipment rental and maintenance		36				
Printing and publications 38 3,655.	•					
Travel	• •	. 38	3,655.			
Conferences, conventions, and meetings						
Interest 41 Depreciation, depletion, etc (attach schedule) 42 14,142. Other expenses not covered above (itemize): a See Statement 1 43 218,686. b 43b c 43c d 43d e 43f g Total functional expenses. Add lines 27 through 43 (Organizations completing columns (8) - (0), carry those totals to lines 13-15) at Costs. Check 13 f you are following SOP 98-2. any yout costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N/A Yes No			3,137.			
2. Depreciation, depletion, etc (attach schedule) 3. Other expenses not covaried above (itemize): a See Statement 1 43a 218, 686. b 43b c 43c d 43d e 43e f 43f g 43f g 43g 4 Total functional expenses. Add lines 2? Ihrough 43 (Organizations completing columns (8) - (0), curry these totals to lines 13 - 15) any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N/A	•					
3 Other expenses not covarual above (itemize): a See Statement 1 43a 218, 686. 43b c 43c 43d e 43f 3 Organizations completing columns (8) · (0), curry those totals to lines (3) · (15), curry those totals to lines (3) · (15). any joint costs, from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A. ► Yes No			14.142.			
a See Statement 1 43a 218,686. b 43b c 43c d 43d e 43e f 43f g Total functional exponses. Add lines 2? through 43 (Organizations completing columns (8) - (0), carry these totals to lines 13 - 15) 44 584,668. nt Costs. Check Inf you are following SOP 98-2. In any joint costs from a combined educational campaign and fundraicing solicitation reported in (B) Program services?N/A. In Yes No (As.) enter (f) the appreciate amount of these joint costs.	·	-				
43b c		43a	218.686			
43c d				************		
43d 6 43e f 43f 43g Total functional exponses. Add lines 27 through 43 (Organizations completing columns (8) · (D), carry thase totals to lines 13 · 15) At Costs. Check I if you are following SOP 98-2. Any joint costs from a combined educational campaign and fundrations solicitation reported in (B) Program services? N/A . I Yes No Yes, any joint costs from a combined educational campaign and fundrations solicitation reported in (B) Program services? N/A . I Yes No		- 				
43e 43f 43f 43g 43g 43g 43g 43g 43g		-				
43f 43g 4 Total functional exponses. Add lines 2? through 43 (Organizations completing columns (8) - (0), curry thase totals to lines 13 - 15) 44 584, 668. Any joint costs, Check I if you are following SOP 98-2. Any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N/A. I Yes No Yes, Application of these joint costs.						
43 g 4 Total functional exponses. Add lines 2? through 43 (Organizations completing columns (8) - (0), curry these totals to lines 13 - 15) 44 584, 668. int Costs. Check if you are following SOP 98-2. of any joint costs from a combined educational campaign and fundrations solicitation reported in (B) Program services?N./A. if Yes No Yes, what or (i) the apparents amount of these joint costs.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Total functional exponses. Add lines 2? Ihrough 43 (Organizations completing columns (8) - (0), carry these totals to lines 13 - 15) 1584, 668. 1584, 668. 16 Any joint costs from a combined educational campaign and fundrations solicitation reported in (B) Program services? N./.A. Total functional campaign and fundrations solicitation reported in (B) Program services? N./.A. Total functional exponses. Add lines 2? Ihrough 43 (Organizations completing columns (8) - (0), carry these totals to lines 13 - 15) 44	<u>'</u>	-				
int Costs. Check I if you are following SOP 98-2. Do any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N/A. I Yes No Yes I writer (i) the appreciate amount of these joint costs. S	Total functional exponses, Add lines 22 lhrough	- 439 -				
int Costs. Check if you are following SOP 98-2. Do any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N./A. ignored to Program services. Yes, ' enter (i) the appreciate amount of these joint costs.	43 (Organizations completing columns (B) - (D),	100	584 668			
o any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?N./.A To Yes No. Yes, Yes Yes, Yes,						L
Yes ' untor (i) the appreciate amount of these ignit costs S : (ii) the amount allocated to Program services	any cont costs from a combined education	nal campaid	n and fundraising solici	tation reported in (f	B) Program sorvicos? N./A	► Yes No
(iii) the amount allocated to Management and general \$, and (iv) the amount allocated	Ves ' enter (i) the aggregate amount of the	se ioint cost	s Š	: (ii) the	amount allocated to Prog	ram services
	the amount	allocated to		ral \$, and (iv) th	e amount allocated

BAA

MINNESOTA BROADCASTERS ASSOCIATION

41-0918127

Form 990 (2005)

orm 990 (2005)	1 .		Page 3
art ill Statement of P	rogram Service Accompl	lishments	
rm 990 is available for public	inspection and, for some people	e, serves as the primary or sole source of information about cases may be determined by the information presented on videscribes, in Part III, the organization's programs and acc	
hali a da a santana a a a a a a a a a a a a a a a a a	say exempt purpose 2 > Soo	Statement 2 nents in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) organienter the amount of grants and allocations to others.)	Program Service Expenses
a REPRESENTATION C	OF MINNESOTA RADIO A	ND TV STATIONS.	
) If this amount includes foreign grants, check here	
b			
(Grants and allocations	\$) if this amount includes foreign grants, check here	
G			
(Grants and allocations) If this amount includes foreign grants, check here	
(Grants and allocations	\$) If this amount includes foreign grants, check here	
Crants and allocations	\$) Expenses (should equal line 44	If this amount includes foreign grants, check here	

Page 4

Form 990 (2005)	1 1 .		· · · · · · · · · · · · · · · · · · ·		Page 4
Part IV Balance	Sheets (See Instructions)				
Note: Where require	d, attached schedules and amounts within be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
	on-interest-bearing		823.	45	822.
	nd temporary cash investments	.,	7,322.	46	7,434.
	,				
47 a Accounts	receivable	47 a		33.5	
ს Less. allo	vance for doubtful accounts	47b		47 c	
48 a Pledges r		48a		25,548	
b Less: allo	vance for doubtful accounts	48b		48 c	
49 Grants red	reivable			49	_
50 Receivable employee	es from officers, directors, trustees, and ko (attach schedule)	ey		500	
s employee 51 a Other notes b Less: allo	k loans receivable (attach sch)	51 a		RES -	
\$ b Less: allo	wance for doubtful accounts	51 b		51 c	
52 Inventorie	s for sale or use			52	2 500
53 Prepaid e	xpenses and deferred charges.	<u> </u>	2,500.	53	2,500.
	its - securities (attach schedule)			540	
55 a Investme	its - land, buildings, & equipment; basis.	55 a		1351	
b Less: acc (attach so	umulated depreciation	55 b		55 c	
	nts - other (attach schedule)	See Stmt 3	37,171.	56	20 <u>,</u> 926.
	dings, and equipment: basis	57a 232,044.	- 		
1	umulated depreciation			200 8	
(attach so	hedule) Statement.4.	57ь 204, 253.	32,042.	57 c	27,791.
58 Other ass	ets (describe - <u>See Statement 5</u>)	3,818.	58	3,818.
	ets (must equal line 74). Add lines 45 throu	ıqh 58	83,67 <u>6</u> .	59	63,291.
60 Accounts	payable and accrued expenses			60	
្រុ 61 Grants pa	yable ·	•		61	
			···	62	
	officers, directors, trustees, and koy employees (attach			64a	
	pt bond liabilities (attach schedule)		••••	64b	·-·
F 3	nd other notes payable (attach schedule)	、 1		65	
1		/	0.	66	0.
		nd complete lines 67		192	
	9 and lines 73 and 74.	na complete inico o			
L G7 Harnetric		., .,,,,,,,		67	
§ 68 Temporal	nly restricted		68		
68 Temporal			69		
	at do not follow SFAS 117, check here >			1860	•
R 70 through					
រុំ 70 Capital st	ock, trust principal, or current funds			70	
_ 71 Palq⊲no	capital surplus, or land, building, and equ	ipment fund		71	63.003
B	earnings, andowment, accumulated incom	83,676.	72	63,291	
72 Retained 73 Total net 72; colun	assets or fund balances (add lines 67 thro in (A) must equal tine 19; column (B) mus	ugh 69 or lines 70 through	83,676.	73	63,291
3 74 Total liab	litios and net assets/fund balances. Add I	nes 66 and 73	83,676.		63,291.
BAA		***			Form 990 (2005

P.008 41-091014/

For	m 990 (2005)	1			rage p
Pâ	m 990 (2005) irt W-A Reconciliation of Revenue instructions.)	e per Audited Financia	al Statements with	Revenue per Retu	ırn (See
	instructions.)		·		
а	Total revenue, gains, and other support	ner audited financial statemer	nts	, a	N/A
ь	Amounts included on line a but not on Pa			\$ P. C.	
•	1 Net unrealized gains on investments.	4111	ь1	gč,	
	2Donated services and use of facilities		b2	7377	
	3Recoveries of prior year grants.		ьз	1333	
	40ther (specify).			6.5	
				<u>ا</u> رُّ يُ	
	Add lines b1 through b4			b	
_	Subtract line b from line a			c	
c d	Amounts included on Part I, line 12, but		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	225	
u	1 Investment expenses not included on Pa		. 41		
			1 1		
	2Other (specify).		احصا		
			- 		}
					
e	Total revenue (Part I, line 12). Add lines	c and d	ial Statements wit	<u>, , , , , , , , , , , , , , , , , , , </u>	turn
17.	art N°B Reconciliation of Expens	es per Audited Fillanc	iai Statements wit	ii Expenses per ite	:(0111
					N/A
2	Total expenses and losses per audited fi			a	N/A.
b	Amounts included on line a but not on Pa	•	11	Fig.	
	1 Donated services and use of facilities	************	b1		
	2Prior year adjustments reported on Parl	I, line 20	<u>b2</u>	7.30 7.30 7.30	
	3Losses reported on Part I, line 20				
	40ther (specify).			[6] S	
			<u> </u>		
	Add lines b1 through b4			<u>b</u>	<u> </u>
c	Subtract line b from line a		,	. <u>c</u>	
d	Amounts included on Part I, line 17, but	not on line a:		330	
	1 Investment expenses not included on Pa	rt I, line 6b	d1		
	20ther (specify)			30	
				d	
e	Total expenses (Part I, line 17), Add line	s c and d		≻ e	
Pz	ort V-A. Current Officers Director	rs Trustees and Key F	mployees (list eac	h nerson who was an of	ficer director trustee.
	or key employee at any time dur	ing the year even if they were	e not compensated.) (S	ee the instructions.)	moor, anderen, marror,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
	• •	to position	enter .u-)	compensation plans	allowances
JA	MES DU BOIS	President & CEO	100,000.	0.	0.
	01 N 3RD ST #370	40			
	NNEAPOLIS, MN 55401-1350	~ ~			
	E ATTACHED SCHEDULE		0.	0.	0.
	TITINGIED DOITE DOIL	٥	,		•
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		TECADIOSI I	6/17/0F		Coam 000 (2005)
<b>D</b> A	A.	TEC 4010E1 1	no tros		11 A A A A DOM (20/10/6)

MINNESOTA BROADCASTERS ASSOCIATION

41-0918127

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)   73 a Sent to total names of direct, directors, and trustees presented vide or outputs to the source and the part of the source of	Form 990 (2005)				<b>_</b>	Page 6
Part VFE Other Information (See the instructions)  (A) Nome and address  (A) Nome and address  (A) Nome and address  (A) Nome and address  (B) Loans and Advances  (B) Loans and Advances  (B) Loans and Advances  (C) Companisation or other promise of project of the IRS? If Yes, at all and a tax retrievable of the organization of each of the through of early in year, jet his parameter of each of the through of the common of the programation of the programation of the common of the programation of the pro	Part V-A Current Officers, Directors, Tru	istees, and Key E	mployees (continued,	<u> </u>	<del></del>	Yes No
b Are any officers, directions, flustees, or key employees staked in Form 990, Part V-X, or inspired compensated employees listed in Schedule A, Part II A or II-B, related to each other through signly or business realisticishings if it is a complex and the part of the compensation of t	75 a Enter the total number of officers, directors, and trustees pe	ermitted to voto on organizati	on business as board meetings	: . ► <u>13</u>	_l	
isled in Schedule A, Part II of highest compensation professional and contention to the highest professional and contention of the content of	b Are any officers, directors, trustees, or key emissed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throughputness the individuals and explains the relations.	ployees listed in Form sated professional and gh family or business r onship(s)	990, Part V-A, or highes I other independent cont elationships? If 'Yes,' at	st compensated employees tractors listed in Schedule ttach a statement that	75 b	X
If Yes, altach a statement that identifies the individuals, explains the relationship between this organization and the other organization of describes the compensation arrangements, including amounts paid to each individual by each related organization and describes the compensation arrangements, including amounts paid to each individual or or Other Barefits (if any tormer officer, director, trustees, and Key Employees That Received Compensation or Other Barefits (if any tormer officer, director, trustees, or key employee received compensation or other benefits in the person below and other the amount of compensation or other benefits in the appropriate column. See  (A) Nome and address  (B) Loans and Advances  (C) Compensation  (A) Nome and address  (B) Loans and Advances  (C) Compensation  (B) Loans and Employee benefit plains and deferred compansation plains  (E) Expense and deferred compensation or other benefits in the appropriate column. See  (E) Expense after the address of the individual or other benefits in the person and the fill of the individual of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual of the individual of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual of the individual or other benefits in the appropriate column. See  (E) Expense of the individual or other benefits in the appropriate column. See  (E) Expense of the individual or other benefi	c Do any officers, directors, trustees, or key emplicated in Schedule A, Part I, or highest compend. A. Part II-A or II-B, receive compensation from to this organization through common supervise.	oloyees listed in form 9 isated professional and i any other organization on or common control?	90, Part V-A, or highest tother independent con is, whether tax exempt	or taxable, that are related	, 75 c	X
Object for organization flower a written conflict of interests and Key Employees That Received Compensation or Other Benefits (if any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (D) Contributions to employee benefits a compensation or other benefits and the account and						
Part VI: Other Information (See the instructions)  (A) Nome and address  (B) Loans and Advances  (C) Compensation  (A) Nome and address  (B) Loans and Advances  (C) Compensation  (C) Compensation  (D) Contributions to establish the person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See  (B) Loans and Advances  (C) Compensation  (D) Contributions to establish the present address account and other allowed the instructions.)  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions to expense the instructions.  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions.  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions.  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions.  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions.  (E) Expense account and other allowed the instructions to expense the instructions to expense the instructions to expense the instruction of the instruction decrease the instruction instruction.  (E) Expense the instructions to expense the instructions to expense the instruction of the instruction instruction.  (E) Expense the instructions to expense the instruction of the instruction of the instruction of the instruction instruction in the instruction instruction instruction in the instruction instruction in the instruction in th	other organization(s), and describes the complementation	ensation arrangements	, including amounts part	to each individual by each	į	
Benefits (if any tomer officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Nome and address  (B) Loans and Advances  (C) Compensation  (D) Contributions to purpose benefit and address account and other purpose benefits (described benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits (described benefits) and other purposes benefits) and other purposes benefits and other purposes b	d Does the organization have a written conflict of	f interest policy?				
(A) Nome and address  Advances    Part VI: Other Information (See the instructions)   Yes   No.	Benefits (If any former officer, director during the year, list that person below a	or, trustee, or key emp and enter the amount o	loyee received compens f compensation or other	ation or other benefits (dead benefits in the appropriate	column.	See
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.  78 Were any changes made in the organizing or governing documents but not reported to the IRS?  79 If 'Yes,' attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.  78b N/A  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?  80a Is left 'Yes,' enter the name of the organization ► N/A  and check whether it is exempt or nonexempt.  80a Enter direct and indirect political expenditures. (See line 81 instructions.).  80a K  80	(A) Name and address		(C) Compensation	employee benefit a	ccount	and other
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Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity	Rart VI Other Information (See the instruc	tions )			<del></del>	1233272 1100000
If 'Yes,' attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78b N/A  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  80a X  b if 'Yes,' enter the name of the organization > N/A  and check whether it is exempt or nonexempt.  81a Enter direct and indirect political expenditures. (See line 81 instructions.)  81b X	76 Did the organization engage in any activity not attach a detailed description of each activity.	previously reported to	the IRS? If 'Yes,'	,	76	Х
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.  78a X  78b N/A  78b N/A  78b N/A  78c N/A  80c Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?  80c N/A  80c			ut not reported to the IR	\$?	77	The second second
b if 'Yes,' has it filled a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  80a			or more during the year	r covered by this return?	78a	Х
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?  80a	· · · · · · · · · · · · · · · · · · ·				1 = 4 1	( part of the state of the stat
membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  b if 'Yes,' enter the name of the organization > N/A  and check whether it is exempt or nonexempt.  81 a Enter direct and indirect political expenditures. (See line 81 instructions.).  b Did the organization file Form 1120-POL for this year?  81 b X	79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement .	n, or substantial contra	ction during the		79	
b If 'Yes,' enter the name of the organization N/A  and check whether it is exempt or nonexempt.  81 a Enter direct and indirect political expenditures. (See line 81 instructions.).  b Did the organization file Form 1120-POL for this year?  81 b X	80a is the organization related (other than by assormembership, governing bodies, trustees, office	ciation with a statewide ers, etc. to any other e	e or nationwide organizations or communication or control or contr	lion) (hrough common conization?	80 a	X
and check whether it is exempt or nonexempt.  81 a Enter direct and indirect political expenditures. (See line 81 instructions.)						
b Did the organization file Form 1120-POL for this year? 81b X		and ch	_			
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•			81 2 0	<del>''</del>	**************************************
		s year?				

Form 990 (2005)			P	<u>age 7</u>
Part VI Other Information (continued)	· · · · · · · ·	`	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	.	82a	3.971	X
bilif 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).	N/A	83a	X	\$(3). \$5 <u>\</u>
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	· -	83b	$\frac{\hat{x}}{x}$	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		84a	<del>^</del>	<u>x</u>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	··· ··· · <del> </del>	<u> </u>	कु दुई	
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	•	84b 85а	N/	
85 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	• • •	85b		$\frac{x}{x}$
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		200	उङ्ग	<u> जुल</u> ेल
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receivaiver for proxy tax owed for the prior year.		1		griji za Zalata Larako
C Dues, assessments, and similar different members	1,850.	;'	(** <del>}</del>	, <u> </u>
d Section 162(e) lobbying and political expenditures	6,072.	1	844	Section .
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	0.	1		833
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	6,072.	AC - 17	<b>***</b> *	gregie.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	· -	85 g	×	
h it section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	, }	85 h		X
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	(-			
line 12	N/A	1:		3/8/4
b Gross receipts, included on line 12, for public use of club facilities	N/A	1.5	爲	
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders	N/A	18		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	,		
At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partner or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 if 'Yes,' complete Part IX		88		<u>x</u>
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under:	[	300	8.53	10 00 00 00 00 00 00 00 00 00 00 00 00 0
section 4911 ► N/A ; section 4912 ►N/A , section 4955 ►	N/A	133	\$£.}	1000
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a state explaining each transaction	n ement	89 b	Ŋ	<u>'A</u>
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	., >			N/A
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>			N/A
90a List the state's with which a copy of this return is filed None		т		- <del>-</del> -
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90b		5
91a The books are in care of PRUSSELL FINELSON, CPA Telephone number (612 Located at P 401 N 3RD ST #370, MINNEAPOLIS MN ZIP +4	- 55401	123 -135	0	_ ~ -
b At any time during the calendar year, did the organization have an interest in or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?	/era .	91 b	Yes	No X
If 'Yes,' enter the name of the foreign country		2		288 ·
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements				
c At any time during the calendar year, did the organization maintain an office outside of the United States?	L	91 c		<u>X</u>
If 'Yes,' enter the name of the foreign country	- <b>-</b>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	1	N/A	•	ָׁוַן,
and enter the amount of tax-exempt interest received or accrued during the tax year	92			N/A
BAA .		Form :	990 (	2005)

MINNESOTA BROADCASTERS ASSOCIATION

41-0918127 Page 8

Form 990 (	(2005)	<u> </u>				Page 8
Part VII	Analysis of Income Producin			<del></del>		
		Unrelate	d business income		ection 512, 513, or 514	
Note: Ente	er gross amounts unless	(A)	(8) Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income
		Business code	Amount	Exclusion code	Amount	Tariotto i i i i i i i i i i i i i i i i i
	ogram service revenue.			5	454,862.	
	ROADCASTING AIR TIME			7	22,370.	
	ALL CONFERENCE			<del> </del>	22,010.	415.
	DB BANK		}- <del></del>	·		9,945.
	EDIA BEST AWARDS		<del></del>		<u> </u>	40,750.
****	OCK INSPECTIONS			<del> </del>		10,730.
	dicare/Medicaid payments			<del></del>		
_	s & contracts from government agencies .			ļ		31,850.
	mbership dues and assessments.			14	1,601.	21,630.
	rest on savings & temporary cash invinits	ļ		14	1,001.	
-	Idends & interest from securities.	CALL THE PROPERTY OF STREET	 	130 101 10 10 101 101	Marie (Bone 12 m	0823888088409885
	rental income or (loss) from real estate:	56363039 C	2	F\$4038 15: 50 St. VI	1344 4 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( 084 138 08 1020 000 000 000 000 000 000 000 000 00
	bt-financed property	<u> </u>			<del> </del>	
	t debt-financed property					<del></del>
98 Net	rental income or (loss) from pers prop					·
•	ner Investment income .	<u></u>			ļ	
	in or (loss) from sales of assets		}			
	ner than inventory.					
	income or (loss) from special events		-	<del> </del>		
	ss profit or (loss) from sales of inventory	**************************************	esee eest celle leeville	1681 8 C 88 E 1 1 1 E	2. 2. (2.2) (4.2) (3.2) (1.2) (4.2) (4.2)	3 223 3 3 3 3 3 2 2 2 2
	her revenue. aAB REIMBURSEMENTS	1.1.2.12.12.22.12.	3 (/38//) 38/4 88/4	Ser. 1.8.8811.15	10.377 20.380.380.380.330.0	2,490.
	AB REIMBURSEMENTS	-				2,150.
<u> </u>		<del></del>		1		
d		<u> </u>		<del> </del>		
e				विश्वदेशक्ष्मे अस्ति ।	478,833.	85,450.
	ototal (add columns (B), (D), and (E)) tal (add line 104, columns (B), (D), :	E23802445		La secasoração y	470,000.	564,283.
	of the organization's exempt purposes Statement 6	oses (other the	ar by providing rands to	7 3001 parposo.		
Part IX	Information Regarding Tax	xable Subs	idiaries and Disre	garded Entiti	es (See the instruction	1\$.)
	(A)	(B)	(0	3)	(D)	<b>(ξ)</b>
Name	, address, and EIN of corporation,	Percentage	of Nature of	anticition.	Total	End-of-year
	rtnership, or disregarded entity	ownership in		activities	income	assets
N/A			Š			
			3			
			8			
			8			
Part X	Information Regarding Tra	ansfers Ass	ociated with Pers	onal Benefit	Contracts (See the	instructions.)
******************	e organization, during the year, receive any fu					
<b>b</b> Did ti	he organization, during the year, pa If 'Yes' to (b), file Form 8870 and Fo	ıy premiums, c	lirectly or indirectly, on	•		
	United penalties of perjury, I declare that I ha	ive examined this i	ratyrri, įnclųding accompanying	gahadyles and state	inents, and to the heat of my	knowledge and belief, it is
	trum, correct and amount and ar alon of	<del>repire i lo isqui</del>	Forrear) is based on all inform	ation of which brebar	or gas any knowledge,	•
Please	- / N/Bubert				J CO ZILLI	<u> </u>
Sign Here	Papeturn of officer	1000		ail	Date Date	<del></del>
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		· · ·		Dale	Check if G	reparer's SSN or PT/N (Rea eneral Instruction W)
Paid	Type or printedine and title  Preparer's signature  Russell	F Nu	bon	Dale 6-13-	Check if self employed FX	reparer's SSN or PT/N (366 eneral Instruction W)
Paid Pre-	Preparer's Russell Firm's name for Russell F. I	P Mu Nelson, C	loon PA	_	/ AT   DOIL   14.5   14.5	reparer's SSN or PCIN (See ordered Instruction W)
Paid	Preparer's signature Pussell  Firm's name (or yours it self employed) 7400 Metro I			_	omployed ► X P	reparer's SSN or FIN Gae orieral instruction W) 000149860
Paid Pre- parer's	Preparer's viginature    Firm's name (or yours II self employed)    Russell F. II 7400 Metro II		15	_	omployed ► X P	900149860 315032