

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009 Open to Public

PAASSNBR01 Pg 5

benefit trust or private foundation) Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning and ending Pennsylvania Association of Broadca Please C Name of organization D Employer identification number Check if applicable use IRS Broadcasters, Inc. Address change lahel or 20-1744256 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 8501 Paxton Street 717-482-4820 Specific Termination 2,489,106 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instructions. Hummelstown PA 17036 Amended return F Name and address of principal officer H(a) Is this a group return for Application pending Richard Wyckoff X offiliates? Nο Are all affiliates included? 8501 Paxton Street PA 17036 Hummelstown If "No," attach a list (see instructions) X 501(c) (6) ◀ (insert no) Tax-exempt status 4947(а)(1) ог www.pab.org Website: **H(c)** Group exemption number ▶ Type of organization X Corporation Trust Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities To provide services and support to its members in the PA Activities & Governance radio and television industry. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 34 3 Number of voting members of the governing body (Part VI, line 1a) 33 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 1,209,116 959,161 Program service revenue (Part VIII, line 2g) -9.461-147,15410 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,199,655 812,007 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 38,359 7,500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 561,848 549,554 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 661,173 526,797 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13–17 (must equal Part IX, column of the 25) 1,261,380 1,083,851 -61,725 -271,844 19 Revenue less expenses Subtract line 18 from line 12 Assets or I Balances Ú Beginning of Current Year End of Year 0 4,391,906 4,817,664 MAY 1 7 2010 20 Total assets (Part X, line 16) 35 S 5,405 21 Total liabilities (Part X. line 26) 16,059 375,847 4,812,259 Net assets or fund balances Subtract line 21 from line Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge nd complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ⇔Here yckoff Prevident Type or print name and title Preparer's identifying number Check if Preparer's (see instructions)
P00452542 **Paid** 05/05/10 signature Culp, CPA M. employed > Preparer's Smoker, Smith & Associates. 23-2324837

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

Firm's name (or yours

address, and ZIP + 4

if self-employed),

Use Only

Form **990** (2009) 9

EIN \mathbf{r}

Phone

717-533-5154

Yes

339 W.

Hershey,

Governor Rd.

17033-2074

PA

Part		nia Association ogram Service Accomp		T / 44230	Page 2
1 Bri	efly describe the organization	s mission			
	provide servio lio and televis	ces and support	to its members	in the PA	
Lac	IIO and celevis	sion industry.			
2 Dic	d the organization undertake :	any significant program services	s during the year which were no	ot listed on	
	e prior Form 990 or 990-EZ?	any organicant program controct	o danning the year timen were no		Yes X No
	'Yes," describe these new ser				
	d the organization cease cond	ducting, or make significant chai	nges in how it conducts, any pr	ogram	Yes X No
	'Yes," describe these change	s on Schedule O			103 [-3] 110
	=	chievements for each of the org	anization's three largest progra	ım services by expenses	
		organizations and section 4947		_	
alle	ocations to others, the total ex	xpenses, and revenue, if any, fo	r each program service reports	ed	
4a (C	ode) (Expenses	\$	including grants of \$) (Revenue \$)
4b (C	ode) (Expenses	\$	including grants of \$) (Revenue \$)
4c (C	code) (Expenses	•	including grants of \$) (Revenue \$	
- (C	(Lxpelises	•	including grants of \$\psi\$) (Nevenue \$,
	ther program services (Desci	ribe in Schedule O.)			
	xpenses \$	including grants of	•) (Revenue \$	

	1 990 (2009) Pennsylvania Association of Broadca 20-1744256		P	age 3
P _E	art IV Checklist of Required Schedules			
	1. the annual to develop 504/2\/2\ as 4047(a\/4\ /abbas bbas a security foundation \(\) 16 \(\) 10 \(\) 2 \(\)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x
2	complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
4	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
•	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	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, 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 term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			[.
•	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.			
•	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			
•	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12		X
12A	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		<u> </u>
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	•	х
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,			<u></u> -
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Form **990** (2009)

18

20

17

18

19

Checklist of Required Schedules (continued) Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			İ
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 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	_ <u>X</u> _	
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 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual?	1		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	ŀ		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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			
	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, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 11 and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O	38		x
	10		, 990	(2009)

- 10	11 V Statements Negarding Other INS Fillings and Tax Compitance			· · · · · · · · · · · · · · · · · · ·	T	
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			F	Yes	No
ıa	U.S. Information Returns Enter -0- if not applicable	1a	9			1
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
Ü	gaming (gambling) winnings to prize winners?	abic		1c	Ì	x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			†	 -
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		1	I
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	x	Ť
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			_ 		1
	instructions)			ŧ		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	У		Ė		1
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 auti	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					1"
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk		Į.		1
	and Financial Accounts					1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				1
	Prohibited Tax Shelter Transaction?			_5c_	ļ	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			<u>6a</u>	<u> </u>	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds		•		1
	and services provided to the payor?			<u>7a</u>		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	╁	╄
C				1_		1
	required to file Form 8282?		1	_7c	 	ļ
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				I
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onai		-		Ť
	benefit contract?			<u>7e</u>	┼	+-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.			7f	╁	╁
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			7 <u>g</u>	 	
"	required?	•		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				1"	1
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Į.		
	organization, have excess business holdings at any time during the year?			8	İ	Ī
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	İ	Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter					1
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10)41?		12a	1	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	<u> </u>
					004	n

	990 (2009) Pennsylvania Association of Broadca 20-1/44256			<u>age 6</u>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	•		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	cnanges ir	1	
<u> </u>	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management		· ·	
10	Enter the number of voting members of the governing body		Yes	No
1a b	Enter the number of voting members that are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	ĺ	х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
٠	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members	-	\vdash	
	of the governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	x	Ì
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	"		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		L	
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	ľ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	······	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		1
Sec	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 (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Richard Wyckoff, President 8501 Paxton Street			
Н	ımmelstown PA 17036	717-48	2-4	820

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

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. Use Schedule J-2 if additional space is needed
- 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 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 the organization (A)	(B)					•		(D)	(E)	(F)
Name and Title	Average hours per week		_		k all t	hat app employ	Forme	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	•	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Philip Hunt										
Chairman		X		X				0	0	0
Vince Giannini		1							•	
Vice Chair		X		X				0	0	0
Joan McAnall									•	
Vice Chair		X		X	<u> </u>	<u> </u>		0	0	0
Michael Young			İ							
Treasurer		X	L	X	<u> </u>	<u> </u>		0	0	0
Rick Henry										
Secretary		X	<u></u>	X				0	0	0
Jim Loftus						1				
Past Chair		X		X				0	0	0
Bill Baldwin	1			ļ		1 1				
Director		X						0	0	0
Jeffrey Andruloni	s				l					
Director		X						0	0	0
Donald Fredeen										
Director		X	<u> </u>		<u> </u>			0	0	0
James Helper										
Director		X		<u> </u>	<u> </u>			0	0	0
Peter Herman										
Director		X		L		$\sqcup \bot$		0	0	0
John Longo					ļ					
Director		X		L	<u> </u>			0	0	0
David Yadgaroff					İ				_	_
Director		X		<u></u>	_	\sqcup		0	0	0
Bernie Prazenica						1 1			_	_
Director		X	_	<u>L</u> .	_	\sqcup		0	0	0
Lou Abitabilo								_	_	_
Director	ļ <u> </u>	X		<u> </u>	<u> </u>	$\downarrow \downarrow \downarrow$		0	0	0
Dennis Bianchi		 						_	_	_
Director		X	_		<u>L</u>	↓ ↓		0	0	0
Ray Carter		1.			1			_	_	_
Director DAA		X	1		L			0	0	Form 990 (2009)

Form 990 (2009)

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

	t V	Statement of Reve	nue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इध	1a	Federated campaigns	_1a	_					
重	b	Membership dues	1b						
S, C	С	Fundraising events	1c			1			1
ig i	d	Related organizations	1d						1
S.E	ө	Government grants (contributions)	1e						1
흕	f	All other contributions, gifts, grants,							1
들뒴		and similar amounts not included above	_1f_						1
달	g	Noncash contributions included in lines 1a-	if :	\$					
Program Service Revenue Contributions, gifts, grants and other similar amounts	<u>h</u>	Total. Add lines 1a-1f			.				
흴					Busn. Code				
§	2a	Public Service Advis	ories	3	L	795,000	795,000		
8	b	Membership Dues				97,641	97,641		
<u>Ş</u>	C	Emergency Broadcast:	ng Sy	ystem		33,550	33,550		
Se	d	Awards, Honorariums	& Rec	cognı		16,969	16,969		
ᇤ	0	FCC Inspections				9,370	9,370		
§		All other program service rever	iue			6,631	6,631		
-		Total. Add lines 2a–2f			>	959,161			-
	3	• • • • • • • • • • • • • • • • • • • •	ividend	ds, interes	it, and	116 505			116 505
		other similar amounts)			. 🟲 📙	116,525	<u> </u>		116,525
	4	Income from investment of tax-	exemp	t bond pro	oceeds -				
	5	Royalties	1	(.) F	2000000			·····	
	٥-	(i) Real		(11) F	Personal				1
		Gross Rents							1
		Less rental exps							
		Rental inc or (loss)							1
		Gross amount from (i) Securities	•	(11)	Other				<u> </u>
		sales of assets		(")	Calei				
	h	other than inventory 1,413 Less cost or other	, 420						
	U	basis & sales exps 1,677	099						
	_	Gain or (loss) -263							
		Net gain or (loss)	,	L	▶	-263,679	-263,679		Ī
		Gross income from fundraising ever	nts						
9	-	(not including \$			1				1
Other Revenue		of contributions reported on line 1c)							•
&		See Part IV, line 18	а						
	ь	Less direct expenses	b						
ō		Net income or (loss) from fund		events	•	†			Ī
		Gross income from gaming activitie	-						
}		See Part IV, line 19	а			į			1
ļ	b	Less direct expenses	b						-
		Net income or (loss) from gam	ing acti	vities	•				
] -		Gross sales of inventory, less						•	
		returns and allowances	а						
- 1	b	Less cost of goods sold	b						
L	С	Net income or (loss) from sales	of inv	entory	>				
		Miscellaneous Revenue	,		Busn. Code	-			
Γ	11a								
	b								
	С				\coprod				
ļ	d	All other revenue							
	0	Total. Add lines 11a-11d			▶				
1.	12	Total Revenue. See instruction	ns		▶	812,007	695,482		0 116,525

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	7,500			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,		·		
	trustees, and key employees	362,502			
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	121,936		-	
8	Pension plan contributions (include section 401(k)	′			
•	and section 403(b) employer contributions)	16.393			
9	Other employee benefits	16,393 26,529			·
10	Payroll taxes	22,194			
11	Fees for services (non-employees)	/			
11	Management				
b	Legal	12,274			
	Accounting	14,832			
d	Lobbying	18,000			
u 0	Professional fundraising services See Part IV, line 17	10,000	7.1.7 7-11		
•	-	21,898			
-	Investment management fees	79,973			
g 42	Other	19,513			
12	Advertising and promotion	25,324			
13	Office expenses	11,111			
14	Information technology	11,111			
15	Royalties	33,986			
16	Occupancy	16,857			
17	Travel	10,037			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	007 675			<u> </u>
19	Conferences, conventions, and meetings	237,675		<u> </u>	
20	Interest				
21	Payments to affiliates	12.056			
22	Depreciation, depletion, and amortization	13,256		-	
23	Insurance	3,972			
	_				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Entertainment & Promotion	9,452			
b	NCSA Expense	9,245			
С	Government Relations	7,047			
d	Taxes - Corporation	6,534		<u> </u>	
е	Community Contributions	3,882		<u> </u>	
f	All other expenses	1,479			
25	Total functional expenses. Add lines 1 through 24f	1,083,851			
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

Form 990 (2009) Pennsylvania Association of Broadca 20-1744256

Page **11**

	•		(A)		(B)				
			Beginning of year		End of year				
1	<u> </u>	-	52,063	_1	94,895				
2			257,045	2	169,298				
3	Pledges and grants receivable, net	<u> </u>	221 722	3					
4	Accounts receivable, net	<u> </u>	231,500	4	217,750				
5	Receivables from current and former officers, directors, to	trustees, key		ŧ					
	employees, and highest compensated employees. Comp	, and highest compensated employees. Complete Part II of							
	Schedule L		5						
6	, , , , , , , , , , , , , , , , , , , ,	‡		1					
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1					
ഗ	Part II of Schedule L			6					
i i 7	Notes and loans receivable, net	-		_7					
Assets	Inventories for sale or use			8					
~ 9	Prepaid expenses and deferred charges	, ,	<u></u>	9	 				
10	a Land, buildings, and equipment cost or	[1					
- 1	other basis Complete Part VI of Schedule D	10a 564,952		1					
	b Less accumulated depreciation	10b 154,623	420,756	10c	410,329				
11	Investments—publicly traded securities		3,430,542	11	3,917,991				
12	Investments—other securities See Part IV, line 11			12					
13	Investments—program-related See Part IV, line 11	ļ		13					
14	Intangible assets			14					
15	Other assets See Part IV, line 11			15	7,401				
16	Total assets. Add lines 1 through 15 (must equal line 34	1)	4,391,906	16	4,817,664				
17	Accounts payable and accrued expenses		8,526	17	5,405				
18	Grants payable			18					
19	Deferred revenue		7,533	19					
20	•			20					
S 2	Escrow or custodial account liability Complete Part IV of	f Schedule D		21					
<u>≅</u> 22	Payables to current and former officers, directors, truster	es, key		- 1					
Liabilities	employees, highest compensated employees, and disqu	alified		Ŧ					
	persons Complete Part II of Schedule L	1		22					
23	Secured mortgages and notes payable to unrelated third	l parties		23	-				
24	• • • • • • • • • • • • • • • • • • • •	arties	·	24					
2	·		4.6.050	25					
20			16,059	26	5,405				
Balances	Organizations that follow SFAS 117, check here ▶	X and		1					
일	complete lines 27 through 29, and lines 33 and 34.		4 275 247	- 1	4 010 050				
<u>ख</u> 27	Unrestricted net assets		4,375,847	27	4,812,259				
<u> </u>	Temporarily restricted net assets			28					
[2	•		·-····································	29					
ᇎᅵ	Organizations that do not follow SFAS 117, check he	ere 🕨 📋		I					
ㅎ	and complete lines 30 through 34.			ŧ					
ည် 30	• • • •			30					
88 3.				31					
8 3		r other funds	4 000 040	32	4 010 0-0				
Net Assets or Fund			4,375,847	33	4,812,259				
Z 3	Total liabilities and net assets/fund balances		4,391,906	34	4,817,664				

Form **990** (2009)

om	1990 (2009) Pennsylvania Association of Broadca 20-1744256		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	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			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		!	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			i
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

If the organization answered "Yes	," to Form 990, Part IV, li	ne 3, or Form 990-EZ, Pa
 Section 501(c)(3) organizations 	Complete Parts I-A and B	Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

f the organization answered	"Yes," to	Form 990, Part l	IV, line 5 (Proxy	y Tax), then
-----------------------------	-----------	------------------	-------------------	--------------

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nar	Pennsylvania Associat Broadcasters, Inc.	tion of Broadca		Employer identific 20-17442	
Pai	t I-A Complete if the organization is exem	pt under section 501(c)	or is a sectior	n 527 organizatio	n
1	Provide a description of the organization's direct and indirect	t political campaign activities in F	art IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
-	W.L. Commisso if the amonimation is assume		(2)		
	* I-B Complete if the organization is exem		3).		
1	Enter the amount of any excise tax incurred by the organizat			> \$ _ ·	
2	Enter the amount of any excise tax incurred by organization	•		- -	
3	If the organization incurred a section 4955 tax, did it file Forr Was a correction made?	m 4720 for this year?			Yes No
	If "Yes," describe in Part IV.				les No
	t I-C Complete if the organization is exem	npt under section 501(c).	except section	on 501(c)(3).	-
	Enter the amount directly expended by the filing organization			55.1(5)(5)	·
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for secti	on	- · · · -	
	527 exempt function activities	•		▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ente	er here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?			-	Yes No
5	Enter the names, addresses and employer identification nur	mber (EIN) of all section 527 polit	ical organizations t		
	were made. For each organization listed, enter the amount p	paid from the filing organization's	funds Also enter t	the amount of political	
	contributions received that were promptly and directly delive	ered to a separate political organi	zation, such as a s	eparate segregated	
	fund or a political action committee (PAC) If additional space	ce is needed, provide information	ın Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	İ			filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Turius II fione, enter -o-	delivered to a separate
					political organization If
					none, enter -0-
	·				

Sche	edule C (Form 990 or 990-EZ) 2009 Pe	nnsylvania	Association	of Broad	ca 20-17442	256 Page 2
	rt II-A · Complete if the organ	ization is exemp	t under section 5	01(c)(3) and file	ed Form 5768 (ele	ction
	under section 501(h)).			·		
A	Check ▶ ☐ if the filing organiza	tion belongs to a	n affiliated group.			
В	Check 🕨 🗍 ıf the filing organiza	tion checked box	A and "limited co	ntrol" provision	s apply	
	Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence pu	ublic opinion (grass roo	ots lobbying)			
b	Total lobbying expenditures to influence a	legislative body (direct	lobbying)			
C	Total lobbying expenditures (add lines 1a	and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add li	nes 1c and 1d)				· · · · · · · · · · · · · · · · · · ·
1	f Lobbying nontaxable amount Enter the ar	nount from the followin	ig table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is	The lobbying nonta	exable amount is:		1	
ļ	Not over \$500,000	20% of the amount of	n line 1e		1	
- 1	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	·	1	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,0	00	1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	o	1	
	Over \$17,000,000	\$1,000,000				
-	Grassroots nontaxable amount (enter 25%	•				
h	Subtract line 1g from line 1a If zero or les	s, enter -0-				
i	i Subtract line 1f from line 1c If zero or less	, enter -0-				
j	j If there is an amount other than zero on ei	ther line 1h or line 1i, c	lid the organization file	Form 4720 reporting	3	
	section 4911 tax for this year?					Yes No
		4-Year Averagi	ng Period Under	Section 501(h)		
	(Some organizations th					he five
	` _		tructions for line		•	
			ıres During 4-Yea			
	LOI	bying Expendite	les During 4-1ea	Averaging Fe	5110u	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
	Lobbying ceiling amount					
•	(150% of line 2a, column(e))					
	(100 to of mile Ed, coloring)			<u> </u>		
_	Total lobbying expenditures					
	d Grassroots nontaxable amount					
6	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Yes

1

2

No X

X

Page 3

	(-	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or			
referendum, through the use of			
a Volunteers?	<u></u>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i	[
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	 		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1_	97,641
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	18,000
b	Carryover from last year	2b	
С	Total	2c	18,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
_ 5	Taxable amount of lobbying and political expenditures (see instructions)	5	18,000

Part IV **Supplemental Information**

501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2009 Pennsylvania Association of Broadca 20-1744256

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	of the organization	'	imploye	r identification number
	ennsylvania Association of Broadca		20 4	744056
_	roadcasters, Inc.			744256
Pa —	rt I Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990, I	Part IV, line 6.	ounts	Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	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	-		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	• •		
	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?			Yes No
	rt II Conservation Easements. Complete if the orga		<u>190, Pa</u>	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor		1 area
	Protection of natural habitat	Preservation of certified historic stru	cture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservation	1	
	easement on the last day of the tax year			Wold at the End of the Tay Voca
	T. A. Laurenhauer of a consequence of a			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	(-)	2b	
C	Number of conservation easements on a certified historic structure inclu	, ,	2c	
_	Number of conservation easements included in (c) acquired after 8/17/0		2d	<u></u>
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organization di	ırıng	
	the taxable year	antad N		
4	Number of states where property subject to conservation easement is lo			
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, nanoling or		☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?	and a consequence of the consequ		res No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	oncentation eacements during the year		
•	\$ \$	onservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ie requirements or session		Yes No
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense statement, and	1	
•	balance sheet, and include, if applicable, the text of the footnote to the o	•		
	the organization's accounting for conservation easements	. •		
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		nilar A	Assets.
40		*		
та	If the organization elected, as permitted under SFAS 116, not to report in			•
	art, historical treasures, or other similar assets held for public exhibition, provide, in Part XIV, the text of the footnote to its financial statements the	•	2 201 AIC	c ,
h	If the organization elected, as permitted under SFAS 116, to report in its		of art	
D	historical treasures, or other similar assets held for public exhibition, edu			
		dealton, or research in furtherance or public se	i vice,	
	provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1			. e
			P	`
2	(ii) Assets included in Form 990, Part X	other cimilar accets for financial soin, provide	rhe.	*
2	If the organization received or held works of art, historical treasures, or collowing amounts required to be reported under SEAS 116 relating to the		IIE	
_	following amounts required to be reported under SFAS 116 relating to the	iese ileitis		. c
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			· \$
U	ASSERS INCIDUEU III FUITH 330, FAIL A			*

		nia Associat					Page 2
Pa	rt III Organizations Maintaining	Collections of Art	, Historical Treası	ures, o	r Other S	Similar Assets (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	ck any of the following th	hat are a	significant u	use of its	
а	Public exhibition	d Loai	n or exchange programs	S			
b	Scholarly research	e Othe	er				
С	Preservation for future generations	_					
4	Provide a description of the organization's collection Part XIV.	ctions and explain how t	they further the organiza	ation's exe	empt purpo	se in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be				ar		Yes No
Pa	rt IV Escrow and Custodial Arra				swered "	Yes" to Form 99	
	IV, line 9, or reported an am	•	•				
1a	Is the organization an agent, trustee, custodian			assets no	t		
	included on Form 990, Part X?	•					Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	a table				
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form	n 990, Part X, line 21?					Yes No
	If "Yes," explain the arrangement in Part XIV	, ,					
	ert V Endowment Funds. Comple	ete if organization a	answered "Yes" to	Form 9	90, Part	IV, line 10	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				,	,	
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships	-		***************************************	**!**!*****		
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses				***************************************		
g	End of year balance			**************	***************************************		
2	Provide the estimated percentage of the year e	nd balance held as	•				
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %	-					
С	Term endowment ▶ %						
	Are there endowment funds not in the possessi	on of the organization th	nat are held and adminis	stered for	the		
	organization by	U					Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sch	edule R?				3b
4	Describe in Part XIV the intended uses of the o	· ·					
Pa	art VI Investments—Land, Buildi			. Part X	(, line 10		
	Description of investment	(a) Cost or other basis				cumulated	(d) Book value
		(investment)	basis (other)		depr	eciation	
1a	Land		146	,624	11		146,624
	Buildings						
	Leasehold improvements			İ	_	· · · · · · · · · · · · · · · · · · ·	
	Equipment						
	Other		418	,328		154,623	263,705
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part X co				N	410.329

Schedule D (Fo	orm 990) 2009	Pennsylvania	<u> Associati</u>	<u>on of Broadca</u>	20-1744256	Page 3
Part VII	Investments	—Other Securities	. See Form 990,	Part X, line 12.		
•		otion of security or category ding name of security)		(b) Book value	(c) Method o Cost or end-of-yea	
Financial deriva	atives					
Closely-held ed						
Other	,,					
					· 	
						
					<u>-,,,</u>	
Total. (Column	(b) must equal Fo	orm 990, Part X, col (B) lir	ne 12)		······································	······
Part VIII		—Program Related		Part X line 13		
		ription of investment type		(b) Book value	(c) Method o Cost or end-of-yea	
_						
						
		.				
						
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
						
Total. (Column	(b) must equal Fe	orm 990, Part X, col (B) lu	ne 13)			······································
Part IX	Other Asset	s. See Form 990, P	art X, line 15.			
		<u>.</u>	(a) Description			(b) Book value
					·	
		orm 990, Part X, col (B) lii			>	
Part X		lities. See Form 990	, Part X, line 25		· · · · · · · · · · · · · · · · · · ·	· ···· · · · · · · · · · · · · · · · ·
1		Description of liability		(b) Amount		
Federal income	e taxes					
						
		.,				
				·····		
		orm 990, Part X, col (B) III				
			-	ation's financial statements	that reports the	
organization's	liability for uncerta	in tax positions under FIN	48			

Schedule D (Form 990) 2009 Pennsylvania Association of Broadca 20-1744256

Sche	dule D (Form 990) 2009 Pennsylvania Association of Br	coad	lca 20-174425	6	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pá	rt XII Reconciliation of Revenue per Audited Financial Statemen	<u>its W</u>	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	1		
а	Net unrealized gains on investments	<u>2a</u>			
b	Donated services and use of facilities	2b		- 1	
С	Recoveries of prior year grants	_2c		- 1	
d	Other (Describe in Part XIV)	2d	<u> </u>	- 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
b	Other (Describe in Part XIV.)	4b	<u> </u>	┨. ┨	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Mith Evenence non E	5	
	Reconciliation of Expenses per Audited Financial Stateme	ents v	vitn Expenses per r		
1	Total expenses and losses per audited financial statements			1	· · · · · · ·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	۱ ۵-	I		
a	Donated services and use of facilities	2a		-	
þ	Prior year adjustments	2b 2c		1	
ات C	Other losses	2d		1 1	
d	Other (Describe in Part XIV) Add lines 2a through 2d			ا 👡 ا	
е 3	Subtract line 2e from line 1			2e 3	
3 4		}	ſ		
•	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a	,	4a		1 1	
	Other (Describe in Part XIV.) Add lines 4a and 4b	_ 4b	<u> </u>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Ď,	art XIV Supplemental Information			1.	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	1.4 Part IV lines 1h		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines				
	part to provide any additional information		. As Auso complete		
	to provide any distribution in the state of				
- '					
					_

Sche	eaule	e и	(F0	m 9	9U) .	2008	<u>, </u>		2111	12)	(+)	<u>aı</u>	110	1 5	15:	300	<u>: 1 c</u>	1 L.	<u> </u>	1 (<u>, T</u>	ÐΙ	.00	iac	;a	 <u>, </u>	/ -2 -	42:	00						Page 5
P	art	X۱۱	1	Su	ppl	lem	ent	tal I	Info	rm	atio	on (cor	ntini	uec	I)																			
		-																																	
		•																																	
	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_	_		-	_	_	– –
		_		_	_	_	_	_		_	_	_	_	_	_	_	_		_			_	_	_		 	_	_	_	_	_	_			
									_									_					_	_	_	 	_	_	_	_	_				
		_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_		_	_	_	_	_	_		_	_	_			_			
	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_		 	_	_	_	_	_	_	_	_	
	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 		_	_	_	_	_		_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_			_		_	_		
	_	_	_	—	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_			_	_		
	_	_	_		_		_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	 	_	_				_	_		
-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_	_		_	_	_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_			_	_	_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	 	_	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_		_		-	_	-	_	 	_	_	_	_	_	_	_	_	
_	_	_	_	_		_	_	_	_	_	_	_		_	_	_	_	_	_		_		_	_	_	 	_	_	_	_	_	_	_	_	– –
_	_	_	_		_		_	_		_			_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_				_	_	
_	_	_	_	_	-		—	_	_	_	-	_			-	_	_	_	_		_		_	_	_	 	_	_	_	_	_	_	_	_	
_	_	_	_		_	_	_	_	_	_	_	_	_	_		_	_			_	_	_		_	_	 	_	_	_	_	_	_	_	_	- -
_		_	_		_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	 	_	_	_	_	_	_	_		
_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	 	_	_	_	_	_	_	_	_	
_	_	_		_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		 	_	_	_	_	_	_	_		
_				_	_			_									_								_	 	_	_	_	_	_	_	_		
	_													_																					
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	 	_	_	_	_	_	_	_	_	
_		_	_	_	_	_		_	_	_	_	_	_		_		_	_	_	_	_	_			_	 	_	_	_	_	_		_	_	
_	_	_	_	_	_	_					_				_	_					_		_	_	_	 	_	_		_	_	_	_	_	
_	_	_	_	_	_	_		_	_		_	_	_	_	_	_	_			_		_				 	_			_	_		_	_	
_	_	_	_	_	_	_	_	_	_	_	_	-	-	_	_	_	_	_	_	_	_	_	_	-	_	 	_	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	 		_	_	_	_	_		_	
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	 	_	_	_	_	_	_	_	_	
_	_	_	-	-	_	_	_	_	_	_	_	_	_	_		_	-		_	_	_	_	_	_	_	 	_	_	_		_	_	_	_	

92.
g
О.
5
ĕ
ã
z
S
SS
⋖
⋖
Δ.

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Pennsylvania Association	iation of	Broadca	lca		Employer	Employer identification number	ber	
Part General Information on Grants and Assistance	Assistance				T-07	0075		
selecti	he amount of the control of the cont	grants or as	sistance, the grantees'	eligibility for the grant	s or assistance, an	<u> </u>	X Yes	2
7	overnments are expensed at the control of the contr	od Organ space is	Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed.	nited States. Com Check this box if	plete if the org no one recipie	janization ansint received m	wered "Yes" to ore than \$5,000 Use	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	organizations							

Schedule I (Form 990) 2009

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

Schedule I (Form 990) 2009 Pennsylvania Association of Broadca 20-1744256

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, PMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Schedule I (Form 990) 2009

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pennsylvania Association of Broadca Broadcasters, Inc.

Employer identification number 20-1744256

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

Pennsylvania Association of Broadca 20-1744256

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	5	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
Richard Wyckoff (0)	153,540	80,00	60,163	0	73,79	367,502	0
(II)		0	0	0	0	0	0
(9)			·				
((1)	0						
(0)	(•				
(ii)							
(c)			·	•			
(9)							
((1))						
(9)							
(ii)	(
(II) (i)	(0						
(0)							
((1))	0						
(0)	(•			
(n)							
(1)							
(0)			:				
			·				
(I))	0			•			
(0)						-	
	(
(C)							
(h)							

Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Part I

Pennsylvania Association of Broadca Broadcasters, Inc.

Employer Identification number 20-1744256

Employees (B) (C) (F) Reportable compensation Reportable Estimated Average hours Position (check all that apply) Name and Title per week compensation amount of Individual trustee or director Institutional trustee Highest compensated from related from other employee organizations compensation the organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations John Riggle X 0 0 Assoc. Dir. Jerry Lee X 0 0 Dir. Emerit. Fred Young X 0 0 Dir. Emerit. Richard Wyckoff 0 40.00 X 293,703 73,799 President

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open To Public Inspection

Pennsylvania Association of Broadca Name of the organization

Employer identification number

	Broadcasters, Inc.							20-	-174	42	56				
Part I	Excess Benefit Transactions (section Complete if the organization answered "Yes" on								40b						
1	(a) Name of disqualified person						(b) Description	n of transaction				(c) (Correct	ted?	
					 							res	+	10	
														_	
					<u> </u>								+	—	
													+		
					Ĺ <u></u>										
under s	e amount of tax imposed on the organization mana ection 4958 e amount of tax, if any, on line 2, above, reimburse					s during th	e year		▶ \$ ▶ \$	_					
Part II	Loans to and/or From Interested Pe				<u> </u>									=	
	Complete if the organization answered "Yes" on			Part IV, I	ne 26,	or Form 9	90-EZ, Part \	/, line 38a			, <u> </u>				
(a) Name of interested person and purpose		1 ' '	oan to m the zation?		c) Ongir cipal an		(d) Balance due		(e) in (default?	by bo			(g) Written agreement?	
		То	From						Yes	No	Yes	No	Yes	No	
					<u>-</u>										
		<u> </u>												<u> </u>	
		<u> </u>													
		ļ												<u> </u>	
]								
Total		L	<u> </u>			> :	<u> </u>					<u> </u>		—	
Part III	Grants or Assistance Benefitting In	tere	sted	Perso	ns.		μ		<u> </u>						
	Complete if the organization answered "Yes" on	Form	n 990,	Part IV, I	ine 27				1						
	(a) Name of interested person		,	(b)	Relatio	-	en interested p janization	erson and the	(c) /	Amour	nt and t	ype of	assista	ince	
							···		+						
Part IV	Business Transactions Involving Ir Complete if the organization answered "Yes" or					a, 28b, or 2	28c								
	(a) Name of interested person		rested	nship betw person and inization			mount of isaction	(d) Desc	enption (of tran	saction	1	of reve	org nues?	
Barbara	Wyckoff	Spo		of Pr	es		71,850	Employm	ent				les	X	
							,								
						ļ		·_					1	<u> </u>	
						 							\vdash	\vdash	
						 		-					+	\vdash	

SCHEDULE Q (Form 990)

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Pennsylvania Association of Broadca Broadcasters, Inc.

Employer identification number 20-1744256

Form 990, Part III, Line 4d - All Other Achievements

Provide members and others in the Broadcasting industry
with tools and resources to enhance their profession and
organizations. This includes quarterly newsletters,
annual conventions, seminars and education sessions,
and recognition of those who have services the TV and
radio industries.

To provide the public with service advisories through its members' media.

To provide grants and scholarships to those continuing their eduction in and those institutions which support and provide courses in the broadcast arena.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members in each sector vote and appoint the Directors of the Organization.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships olete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 3	nrelated Partne orm 990, Part IV, line 3	rships 3, 34, 35, 36, or 37.		OMB No 1545-0047
Department of the Treasury Internal Revenue Service		Attach to Form 990.	▶ See separate instructions.	ń		Open to Public Inspection
Name of the organization	Pennsylvania Association of Broadca Broadcasters, Inc.				Employer identific 20-1744256	Employer identification number 20-1744256
Part ! Identii	tities (Complete if the	organization answered "Yes" to Form 990, Part IV, line 33.)	ed "Yes" to Form 9	190, Part IV, line 33	(:	
	(a) Name, address, and EIN 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
Part # Identi	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	complete if the orgaing the tax year)	nization answered	'Yes" to Form 990,	Part IV, line 34 be	cause it
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PAB Education 8501 Paxton S Hummelstown	Educational Foundation, Inc. Paxton Street 26-1678556 Paxtown PA 17036	Affiliated	PA PA	501c3	7	N/A
For Privacy Act and Pa DAA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form DAA	990.			Schec	Schedule R (Form 990) 2009

Page 2 (j) General or managing partner? Schedule R (Form 990) 2009 Yes No Percentage ownership Code V—UBI , amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 (Form 1065) end-of-year assets Share of 6 (h) Dispro-portionate alloc 2 (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਉ Pennsylvania Association of Broadca 20-1744256 (d)
Direct controlling 1 Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2009 Part III Part IV ĕ

r 36.)
34, 35, 0
ne 34,
art IV, III
, Part
, 990
Form (
es" to
red "۲
n answe
ition a
aniza
ie org
e if th
mplet
လ) s
ation
ganiz
ed O
Relat
With
ions
nsact
Tra
Part V

2	Schedule R (Form 990) 200	Schedule	
			(9)
			(5)
			(4)

			(3)
- }			(2)
			(1)
	(c) Amount involved	(b) Transaction	(a) Name of other normalization
		transaction thresholds	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
×	1-		r Other transfer of cash or property from other organization(s)
×	₽		a Other transfer of cash or property to other organization(s)
×	1p		p Reimbursement paid by other organization for expenses
×	10		o Reimbursement paid to other organization for expenses
×	-T		n Sharing of paid employees
×	1m		
×	-		Performance of services or membership or fundraising solicitations by other
×	+) case of teames, equipment, or since asserts from solicitations for other organization(s)
×	-		i Lease of facilities, equilipment, or other assets from other organization(s)
×	1i		
×	, t		g Fulcilase of assets from other organization(s) h Exchange of assets
×	10		
×	-		f Sale of accete to other organization(e)
×	1e		e Loans or loan quarantees by other organization(s)
×	10		
×	10		
×	1b		
×	1a		a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
	·		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?
ž	Yes		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2009 Pennsylvania Association of Broadca 20-1744256

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

Yes No General or managing partner? Ξ amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI 6 (f)
Disproportionate
allocations? ŝ Yes (e) Share of end-of-year assets (d)
Are all partners section 501(c)(3) organizations? Yes No or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EiN of entity

Schedule R (Form 990) 2009