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Department of the Treasu Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning DEC 1, 2009 and ending	NOV 30, 2010
В	Check if applicable	Please use IRS	D Employer identification number
	Addres Change	s liabel or transmission proposition and add a second second state	
	Name change	type	61-0663764
F	Initial retum Termin ated	See Number and street (or P 0 box if mail is not delivered to street address) Room/su   Specific   101 ENTERPRISE DRIVE	ite E Telephone number 502-848-0426
	Amend return	ed tions City or town, state or country, and ZIP + 4	G Gross receipts \$ 719,619
	Applica		H(a) is this a group return
	pendin		for affiliates? Yes X N
		101 ENTERPRISE DRIVE, FRANKFORT, KY 40601	H(b) Are all affiliates included? Yes N
1	Tax-exe	empt status: X 501(c) ( 6 ) ◀ (insert no.)	If "No," attach a list. (see instructions)
		e: ► WWW.KBA.ORG	H(c) Group exemption number ▶
			ear of formation 1946 M State of legal domicile.
P	art [	Summary	THE MULE DROADCACE
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${\hbox{\hbox{$TO$}$}}$ PROMO' INDUSTRY IN KENTUCKY	TE THE BROADCAST
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 1
ಳ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4 1
ties	1 .	Total number of employees (Part V, line 2a)	5
ξ	1	Total number of volunteers (estimate if necessary)	6
AC	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a (
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	
	8	Contributions and grants (Part VIII. line 1h)	Prior Year Current Year 14,340. 17,644
J.	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	662,001. 714,941
Revenue	1 .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,653. 8,728
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,44867,636
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	722,442. 673,677
		Grants and துருர்வு என்றும் (Part X, column (A), lines 1-3)	16,250. 13,750
		Benefits paid to or for members (Part JX, column (A), line 4)	216,904.
Ş	_	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	207,111. 230,793
Expenses	16a	Professional jundralsing feet in art X column (A), line 11e)	
×	ь	Total fundraising expenses (Part IX golµmn (D), line 25)	
ш	17	Other expenses (Part-IX, column (A), lines 11a-11d, 11f-24f)	170,878. 390,468
		Total expenses Add Intes 13 17 (must equal Part IX, column (A), line 25)	611,143. 635,011
	19	Revenue less expenses. Subtract line 18 from line 12	111,299. 38,666
Net Assets or			Beginning of Current Year End of Year
Rais	20	Total assets (Part X, line 16)	1,501,374. 1,539,580
let A	21	Total liabilities (Part X, line 26)	1,225. 765 1,500,149. 1,538,815
	22 art	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,500,149. 1,538,815
	CH L	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge
Sig	ın	San All	1-20-11
He	•	Signature of officer	Date
	-	GARY R-WHITE, PRESIDENT/CEO	
		Type or print name and title	
Pal	d	Preparer's Date	Check If Self- Preparer's identifying number (see instructions)
_	parer's	signature	employed
	only Only	Firm's name (or HARROD & ASSOCIATES, PSC yours if	EIN ▶
201	···y	self-employed), #2 HMP/CIRCLE - SUITE A	5.500 605 5066
		ZIP+4 FRANKFORT KY 40601	Phone no ► 502-695-7300
_		AS discuss this return with the preparer shown above? (see instructions)	X Yes
932	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions. Form 990 (20)

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses > \$

industry.

116,652.

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
	If "Yes," complete Schedule A	_1_		X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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	-	X	
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	^	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- <del>^</del>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
0	Schedule D, Part III	8		х
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			<del></del>
•	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, IX, or X			-
	as applicable	11	Х	
•	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	İ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	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			
	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	١		v
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	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	1		
40		10		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	140	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	A
D	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	145		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>	<b></b>	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>
		Form	990	(2009)

Form	990 (2009) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663	764	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			İ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
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		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	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? 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	ļ	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, 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_	ļ	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	<u> </u>
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	<b></b>
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		<u> </u>
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	<u> </u>	X

Form **990** (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

61-0663764 KENTUCKY BROADCASTERS ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 27 U.S. Information Returns. Enter -0- if not applicable 1a 0 b 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 reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a

12a

11b

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

Sec	tion A. Governing Body and Management	<u>-</u> -			
	1	1 10		Yes	No
1a	Enter the number of voting members of the governing body	19			
Ь	Enter the number of voting members that are independent  16	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n any other			v
	officer, director, trustee, or key employee?		2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direction of the direction	ect supervision			v
_	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 9	90 was filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5	X	
6	Does the organization have members or stockholders?		6_	Λ_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	rs of the	70	Х	l
	governing body?	2	7a 7b	Α	X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons		/ B		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ig the year			
_	by the following:		8a	x	
a	The governing body?		8b	X	
b	Each committee with authority to act on behalf of the governing body?	l at the	60		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	i at the	9		Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code l		<u> </u>	<del></del> -
Sec	TION B. POLICIES (This Section B requests information about policies not required by the internal neven	de Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.	stere affiliates	100		
U	and branches to ensure their operations are consistent with those of the organization?	ners, annates,	10b		
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		inc form:	<u> </u>		
12a			12a	İ	Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	IVA risa		ļ —	
•	to conflicts?		12b		
G	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe			
•	in Schedule O how this is done	0000000	12c		
13	Does the organization have a written whistleblower policy?		13		X
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	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization				
	exempt status with respect to such arrangements?		16b	ļ <u>,                                    </u>	<u> </u>
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶KY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50	1(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	ct of interest policy, a	nd fina	ancıal	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and re	ecords of the organiza	tion:	<b>-</b>	
	OFFICE - 502-848-0426	<u></u>			
	101 ENTERPRISE DRIVE, FRANKFORT, KY 40601				

Page 7

# Rart 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.

(A) Name and Title	(B) Average hours	(6)		Pos	ition	ı app	lv)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated completes		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GARY WHITE	40.00						-	147 407	0.	14 740
PRESIDENT/CEO SEE ATTACHED LIST	40.00	-	-	-				147,487.	0.	14,749
						$\vdash$		0.		0
						-				
		-				<u> </u>	-			
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	(A) Name and title	(B) Average			() Pos	C) Itior	) )		( <b>D</b> ) Reportable	<b>(E)</b> Reportable			(F) ımate	ed
		hours per week	Individual trustee or director	heck struttonal frustra	all		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C)	omp fro orga and	ount other ense om th nizat relat	ation le tion ted
														<del></del>
							<u>                                      </u>							
				i										
	Total						<b>&gt;</b>		147,487.	<del></del>	0.	14	1,7	49.
2	Total number of individuals (including but compensation from the organization	not limited to ti	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	),000 in reportable	<b>∍</b>		Yes	1 No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y er	nplo	yee,	or I	nighest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the sand related organizations greater than \$1	50,000? If "Yes	, " cc	mpl	ete	Sch	edul	e J	for such individual			4	Х	ļ
5 Sec	Did any person listed on line 1a receive of the organization? If "Yes," complete Schettion B. Independent Contractors				iron	ı an	y uni	reiai	ed organization for serv	rices rendered to		5		х
1	Complete this table for your five highest of the organization.  NONE	compensated in	dep	ende	ent o	ont	racte	ors 1	that received more than	\$100,000 of com	pensati	on fr	om	
	(A) Name and busines	s address							(B) Description of	services	Cor	(C nper	) Isatio	on
_														
								_			-			
2	Total number of independent contractors \$100,000 in compensation from the organ	-	not I	ımıte	ed to		ose li O	sted	d above) who received i	nore than			200	(2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comple				
	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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	13,750.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	138,787.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40.001			
7	Other salaries and wages	48,021.			
8	Pension plan contributions (include section 401(k)	10 601			
	and section 403(b) employer contributions)	18,681.			
9	Other employee benefits	13,605.			
10	Payroll taxes	11,699.			
11	Fees for services (non-employees):				
а	Management		<del></del>		
b	Legal				
C	Accounting			-	
d	Lobbying		<del></del>	<u> </u>	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	10 505			
12	Advertising and promotion	10,525.			
13	Office expenses	12,083.			
14	Information technology				
15	Royalties				
16	Occupancy	000			
17	Travel	900.	<del></del>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	160 105			
19	Conferences, conventions, and meetings	162,135.			<del></del>
20	Interest				
21	Payments to affiliates	10 434			
22	Depreciation, depletion, and amortization	18,434.		<u> </u>	
23	Insurance			, , , , , , , , , , , , , , , , , , ,	
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 ) CONTRACT LOBBYING	30,000.			
a b	MISC. LABOR	29,079.			
C	LEGAL & ACCOUNTING	26,613.			
d	CONSULTING FEES	12,000.			
a e	BUILDING MAINT.	9,528.	_		
e f	All other expenses	79,171.			
25	Total functional expenses. Add lines 1 through 24f	635,011.			
26	Joint costs. Check here	000,011.			
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	educational campaign and idituralising Suicitation	<del></del>	L <del></del>	<u></u>	Form <b>990</b> (200)

		Balance Sheet	(A) Beginning of year		(B) End of year
			219,666.		-
	1	Cash - non-interest-bearing	335,025.	1 2	102,362 493,610
	2	Savings and temporary cash investments	333,023.	3	_473,010
	3	Pledges and grants receivable, net		4	<del> </del>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		_	
	•	of Schedule L		5	· · · · · · · · · · · · · · · · · · ·
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		_	
	,	Part II of Schedule L Notes and loans receivable, net		7	88,500
Assets	7			8	00,300
As	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges			
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,275,72	7.		
	<u> </u>	270 20	$\frac{7.0}{3.}$ 907,625.	100	905,524
	11	Investments - publicly traded securities	30,7023.	11	303/321
	12	Investments - other securities. See Part IV, line 11	37,329.	12	37.329
	13	Investments - program-related. See Part IV, line 11	1,483.	13	37,329 -88,059
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	246.	15	314
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,501,374.	16	1,539,580
	17	Accounts payable and accrued expenses	1,225.	17	1,539,580 765
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝	22	Payables to current and former officers, directors, trustees, key employees,			, , , , , , , , , , , , , , , , , , , ,
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
3		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,225.	26	765
		Organizations that follow SFAS 117, check here   X and complete	•		
es		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	1,500,149.	27	1,538,815
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	<del>, , , , , , , , , , , , , , , , , , , </del>
₽.		Organizations that do not follow SFAS 117, check here   and			
ŏ		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
ĄŠ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 500 140	32	1 500 015
-	33	Total net assets or fund balances	1,500,149.	33	1,538,815
	34	Total liabilities and net assets/fund balances	1,501,374.	34	1,539,580

Form	990 (2009)	KENTUCKY	BROADCASTERS	ASSOCIATION,	INC. $61-0$	0663764	Pa	ge <b>12</b>
Par	XI Financial S	Statements and R	eporting		·			
	•						Yes	No
1	Accounting method	used to prepare the Fo	orm 990: X Cash	Accrual Other				
	If the organization c	hanged its method of a	accounting from a prior year	r or checked "Other," expl	aın ın Schedule O.			
2a	Were the organization	on's financial statemen	ts compiled or reviewed by	an independent accounta	ınt?	2a	X	<u> </u>
ь	Were the organization	on's financial statemen	ts audited by an independ	ent accountant?		2b		Х
С	If "Yes" to line 2a or	2b, does the organizat	tion have a committee that	assumes responsibility for	oversight of the audit,			
	review, or compilation	on of its financial stater	nents and selection of an i	ndependent accountant?		2c	X	
	If the organization c	hanged either its overs	ight process or selection p	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 fi	nancial statements for the	year were issued on a			
	consolidated basis,	separate basis, or both	n:					
	X Separate basi	s Consolidated	d basis Both cons	olidated and separate basi	s			
3a	As a result of a fede	ral award, was the orga	anization required to under	go an audit or audits as se	t forth in the Single Aud	nt		
	Act and OMB Circul	lar A-133?				3a		X
ь	If "Yes," did the org	anization undergo the r	equired audit or audits? If	the organization did not ur	ndergo the required audi	t	1	
	or audits, explain wi	hy in Schedule O and d	escribe any steps taken to	undergo such audits.		3b	<u> </u>	
						Form	990	(2009)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- 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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.								
Name of organization			Emp	loyer identification number					
KENTUCK	Y BROADCASTERS A	SSOCIATION,	INC.	61-0663764					
Part I-A Complete if the org	janization is exempt und	ler section 501(c	or is a section 527 o	organization.					
1 Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities	in Part IV.						
2 Political expenditures			▶:	S					
3 Volunteer hours									
		<del> </del>							
Part I-B Complete if the org	<u>janization is exempt und</u>	<u>ler section 501(c</u>							
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$					
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	Yes No					
	,								
4a Was a correction made?				L Yes L No					
b If 'Yes,' describe in Part IV.	ganization is exempt und	lar agetion 501/a	Nevcont coation 501	(0)(2)					
L									
1 Enter the amount directly expended	• •	•		<u> </u>					
2 Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for	section 527	•					
exempt function activities	Additional Acad O. Coton bone	1100 DO		D					
3 Total exempt function expenditures line 17b	. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	t ·					
4 Did the filing organization file Form	1120-POL for this year?			\$					
5 Enter the names, addresses and er	•	IN) of all section 527 r	political organizations to whi						
For each organization listed, enter t									
that were promptly and directly del									
(PAC). If additional space is needed									
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political					
<b>\.</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b></b>	filing organization's	contributions received and					
			funds. If none, enter -0-	promptly and directly delivered to a separate					
				political organization.					
		_		If none, enter -0					
<del></del>									
				<u> </u>					

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

	edule C (Form 990 or 990-EZ) 2009	KENTU	JCKY B	ROADCASTERS	ASSOCIATION	, INC.61-0	0663764 Page 2
Pa	rt II-A Complete if the org			npt under sectio	n 501(c)(3) and file	d Form 5768	
	(election under sec				<del> </del>	<del></del>	
_	Check 🚩 💹 if the filing organizat						
<u>B</u> C	Check 🕨 🔛 if the filing organizat	tion check	ed box A ar	d "limited control" pre	ovisions apply.	<u> </u>	T
			ying Exper eans amou	nditures nts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influ	ence pub	ic opinion (	grass roots lobbying)			
	Total lobbying expenditures to influ						
c	Total lobbying expenditures (add li	nes 1a and	d 1b)		Ĺ		
c	d Other exempt purpose expenditure	es					
€	<ul> <li>Total exempt purpose expenditure</li> </ul>	s (add line	s 1c and 1c	)			
1	Lobbying nontaxable amount. Ente	r the amo	unt from the	following table in bo	th columns.		
	If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	nount is:		
	Not over \$500,000		20% of	the amount on line 1e	<u>.                                    </u>		
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the ex-	cess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000			
							<u> </u>
_	g Grassroots nontaxable amount (en				-		
	h Subtract line 1g from line 1a. If zer				-		
i	i Subtract line 1f from line 1c. If zero	-			Ł		
j	if there is an amount other than ze		er line 1h or	line 11, did the organia	zation file Form 4720		
_	reporting section 4911 tax for this					<del></del>	Yes No
		ations tha	it made a s		r Section 501(h) In do not have to comp es 2a through 2f on pa		
					ar Averaging Period	<del></del>	<del></del>
						<del></del>	
	Calendar year (or fiscal year beginning in)	(a) :	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
	a Lobbying nontaxable amount		<del> </del>	., , ,	1	-10°-110°-110°	
ı	b Lobbying ceiling amount						
	(150% of line 2a, column(e))			[ 			
	c Total lobbying expenditures						
	d Grassroots nontaxable amount		<del></del>			· · · · · · · · · · · · · · · · · · ·	
•	e Grassroots ceiling amount	***					
_	(150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

# Schedule C (Form 990 or 990-EZ) 2009 KENTUCKY BROADCASTERS ASSOCIATION, INC.61-0663764 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	unt
1	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:				
а	Volunteers?				
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?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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				<del></del>
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_,		
Par	tili-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(	5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members	rt III-A, IIn	ie 3 is a	nswerea	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		
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 ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5_	<u> </u>	
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B, i	ine 11 Also	o, complete	this part
for a	ny additional information.				

### Schedule D

Department of the Treasury Internal Revenue Service

(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 Open to Public Inspection

Name of the organization

KENTUCKY BROADCASTERS ASSOCIATION

Employer identification number 61-0663764

Pa	† 1 Organizations Maintaining Donor Advise		
	organization answered "Yes" to Form 990, Part IV, lin		,
		(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 adv	used funds
-	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deliter deviser, or for any exist purpos	Yes No
Pa		ganization answered "Yes" to Form 990.	•
1	Purpose(s) of conservation easements held by the organizat		·
	Preservation of land for public use (e.g., recreation or	· —'''	istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		he organization during the tax
	year >	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	- f
	violations, and enforcement of the conservation easements	<b>.</b>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		10-2
Pa	↑ III Organizations Maintaining Collections of the contraction o	of Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	oublic service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		_
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	al gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2009 KENTUCK	Y BROADCAS	TERS	ASSOC	IATION	, INC	. (	<u> 51–06</u>	63764	Page 2
Par	t 排 Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following tha	t are a sig	gnificant i	use of its	collection	ttems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ıms				
b	Scholarly research	е	, 🗀	Otner						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exen	npt purpo	se in Parl	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	ganization ar	nswered "Yes	s" to Forn	n 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
	· · · · · · · · · · · · · · · · · · ·	·	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21?				<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIV									
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 10	).			
	Manual	(a) Current year	T	Prior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance	<b>,</b> , , , , , , , , , , , , , , , , , ,	, ,	,			······································			
ь	Contributions							<del></del>		
C	Net investment earnings, gains, and losses						······	······································		***************************************
	Grants or scholarships		,							
	Other expenditures for facilities						•••••			
•	and programs									
f	Administrative expenses									
	End of year balance		1					************		
2	Provide the estimated percentage of the year	r end halance held :	ae.				******		Ł	
-	Board designated or quasi-endowment	ar cito balarioc ricio e	ىنى %							
	Permanent endowment ▶		_″							
	<del></del>	%								
	Are there endowment funds not in the posse		eation the	at are held a	and administs	red for th	o organi	zation		
Ju	by:	sssion of the organiz	auon m	at are nero e	and administr	160 101 (1	io Organia	Lation	[-	Yes No
	(i) unrelated organizations								3a(i)	103 110
	(ii) related organizations									<del>-  </del>
	If "Yes" to 3a(ii), are the related organization:	a listed as required	on Cobo	dula D2					3a(ii) 3b	
4		•							30 1	
Par	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dart Y line	10				
				T			- Augustat	-d	/d\ Paak	
	Description of investment	(a) Cost or of basis (investigation)		, , ,	t or other (other)		cumulate reciation	1	(d) Book	value
4-	Lond	Dasis (IIIVESLI	inent)		37,500.		Solation		Ω	7,500.
	Land				8,181.	-	92,0	70		, 111.
b	Buildings			1,09	0,101.		. 72,0	, , ,	300	,,,,,,
C	Leasehold improvements	<u> </u>		- 0	0,046.		78,1	22	1 1	,913.
d	Equipment				0,040.		70,1	23.	11	., , 13.
	Other				404.11			_	005	524
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colui	mn (B), line	1U(c).)				903	5,524.

Schedule D (Form 990) 2009

	ROADCASTERS AS		INC.	61-0663764 Page <b>3</b>
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.		
(a) Description of security or category (including name of security)	(b) Book value	Cos		of valuation: /ear market value
Financial derivatives	<u> </u>			
Closely-neid equity interests				
Other				
<del> </del>		<del> </del>		
<del> </del>				
<del></del>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990. Part X. line	 13.		
		1	(c) Method	of valuation:
(a) Description of investment type	(b) Book value	Cos		year market value
			·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, Im	e 15	<u> </u>		
	) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
	•	•		
	·			
<del></del>	<del></del>			
T-4-1 (0-1 (1) (15	46)			
Total. (Column (b) must equal Form 990, Part X, col (B) li  Part X Other Liabilities. See Form 990, Part X		<del></del>		
1. (a) Description of liability	V, III 6 25.	(b) Amount		
Federal income taxes		(5)		
Todala mosmo taxas				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	otnote to the organization	s financial statements	that report	s the organization's liability for

uncertain tax positions under FIN 48. 932053 02-01-10

	t XI Reconciliation of Change in Net Assets from Form 990 to					0663764	Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	Audit	ed i illali	1	temen		
1 2	Total expenses (Form 990, Part VIII, column (A), line 12)			2	<del></del>	<del>-</del>	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-		
	Net unrealized gains (losses) on investments			4			
4	• .			5			
5	Donated services and use of facilities			6			
6 7	Investment expenses 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	10		10	•		<del></del> -
-	XII Reconciliation of Revenue per Audited Financial Statemen		th Rever		Return	า	
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:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				4c		
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses pe	<u>er Retu</u>	ırn	
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:	1 1					
а	Donated services and use of facilities	2a	_		_		
b	Prior year adjustments	2b			_		
С	Other losses	2c		<u>.</u>	_		
d	Other (Describe in Part XIV.)	2d			_		
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	_4b_			┥.		
_	Add lines 4a and 4b				4c		
D <sub>21</sub>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  * XIV Supplemental Information				5	1	
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						4; Part
							<u>-</u>
		_					
				_ <del></del>			
	·		<del></del>				· · · · · · · · · · · · · · · · · · ·

**2** Schedule I (Form 990) 2009 Employer identification number × 61-0663764 Open to Public OMB No 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable reash grant assistance or government assistance cash grant assistance or government of the following process of organization of the following process of the fol Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. KENTUCKY BROADCASTERS ASSOCIATION, INC. 3 Enter total number of other organizations
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part#

61-0663764 (Form 990) 2009 KENTUCKY BROADCASTERS ASSOCIATION, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants and Othe

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	<b>.</b>	13,750.	°.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: KBA ISSUES		H YEAR SCH	EACH YEAR SCHOLARHIPS TO STUDENTS	STUDENTS	
WHO ARE IN THEIR JUNIOR OR SENIOR YEAR	AT	A KENTUCKY	COLLEGE OI	A KENTUCKY COLLEGE OR UNIVERSITY	
THAT ARE ENROLLED IN A BROADCASTER OR T	OR TELE	COMMUNICAT	ELECOMMUNICATIONS MAJOR.	THE AMOUNT	
OF SCHOLARSHIP AN INDIVIDUAL CAN RECEIVE		IS UP TO \$2500.	THE	SCHOLARHSIPS	
ARE AWARDED ON SCHOLASTIC AND ACADEMIC		LEVEMENTS	ACHIEVEMENTS AS WELL AS EACH	ЕАСН	
PARTICIPANT HAS TO HAVE AN ADVISOR RECOMMENDATION.	RECOMME		THE SCHOLAR	SCHOLARSHIP PROCESS	
DOES NOT DISCRIMINATE FOR ANY REASO	REASON INCLUI	CLUDING RACE,	SEX, OR R	OR RELIGION.	

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.

**Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization KENTUCKY BROADCASTERS ASSOCIATION, INC. Part I Questions Regarding Compensation

**Employer identification number** 61-0663764

			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  X 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 are 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 explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	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.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	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:		1	
а	The organization?	5a		
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:		•	1
	The organization?	6a	<u> </u>	-
b	Any related organization?	6b		ļ
	If "Yes" to line 6a or 6b, describe in Part III.		1	
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	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		<del>                                     </del>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		]

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

Schedule J (Form 990) 2009

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. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
:		(i) Base	(ii) Bonus &	(iii) Other	Retirement and	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
(A) Name		compensation	incentive	reportable compensation	compensation		(c) (a) (c)	Form 990 or Form 990-EZ
	Θ	87,000.	18,300.	42,187.	14,749.	0.	162,23	0
GARY WHITE	(ii)		0	0.	0	0	0	0
	Θ							
	$\equiv$							
	ε							
	(E)							
	ε							
	(II)							
	ε							
	(ii)							
	ε							
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	<u>(ii)</u>							

Schedule J (Form 990) 2009

990) 2009 KENTUCKY BROADCASTERS ASSOCIATION, INC.	mental Information	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	Part # Supplemental Information	Complete this part to provide the

EXECUTIVE DIRECTOR	CONTRACT THAT IS EVALUATED ANNUALLY BY	THE CLUB FACILITIES SERVES NUMEROUS								
JB DUES FOR THE EXECUTIVE DIRECTOR	MPLOYEMENT CONTRACT THAT IS EVALUAT	THE USE OF THE CLUB FACILITIES SERV								
KBA PROVIDES COUNTRY CLUB DUES	AS PART OF THE WRITTEN EMPLOYEMENT	THE BOARD OF DIRECTORS. THE USE OF	BUSINESS PURPOSES FOR KBA.							

Schedule J (Form 990) 2009

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number 61-0663764

Form 990, Part III, Line 1, Description of Organization Mission:
meetings and publications, and provide educational services through
conventions, workshops, or other appropriate means in order to better
serve the public.
Form 990, Part VI, Section A, line 6: MEMBERS.
Form 990, Part VI, Section A, line 7a: MEMBERS.
Form 990, Part VI, Section B, line 11: THE 990 IS REVIEWED (BEFORE FILING)  AT THE JANUARY BOARD MEETING.
Form 990, Part VI, Section B, Line 11a: MANAGMENT REVIEWS THE 990 WITH
ACCOUNTANTS PRIOR TO BOARD PRESENTATION.
Form 990, Part VI, Section B, Line 12a
THE ASSOCIATION HAS A DRAFTED CONFLICT OF INTEREST POLICY WHICH IS IN
THE PROCESS OF BEING IMPLEMENTED IN THE UPCOMING FISCAL YEAR.
Form 990, Part VI, Section B, LIne 13
THE ASSOCIATION HAS A DRAFTED WHISTLEBLOWER POLICY WHICH IS IN THE
PROCESS OF BEING IMPLEMENTED IN THE UPCOMING FISCAL YEAR.
Form 990, Part VI, Section B, Line 14

THE ASSOCIATION HAS DRAFTED A DOCUMENT RETENTION AND DESTRUCTION POLICY

### **SCHEDULE 0** (Form 990)

### Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 61-0663764

KENTUCKY BROADCASTERS ASSOCIATION, INC.	61-0663764
WHICH IS IN THE PROCESS OF BEING IMPLEMENTED IN THE UPCOM	ING FISCAL
YEAR.	
Form 990, Part VI, Section B, Line 15: ANNUALLY THE BOARD	OF DIRECTORS
MEET TO SET THE EXECUTIVE OFFICER'S COMPENSATION. INDUSTR	Y COMPARABLE DATA
AND CURRENT FINANCIAL HEALTH ARE DETERMINING FACTORS. MIN	UTES OF THESE
MEETINGS ARE KEPT ON FILE.	
Form 990, Part VI, Section C, Line 19: KBA WILL PROVIDE T	HEIR GOVERNING
DOCUMENTS, CONFLICT OF INTEREST STATEMENT, FINANCIAL STAT	EMENTS, 990'S AND
NON-PROFIT APPLICATION AVAILABLE TO THE PUBLIC UPON REQUE	ST.
Form 990, Part XI, Line 2c	
THERE HAS BEEN NO CHANGE IN THE PROCESS.	
990, VIII LINE 1h	
SCHEDULE B IS NOT REQUIRED.	

SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Schedule R (Form 990) 2009 2009 Open to Public, Inspection Employer identification number 61-0663764 OMB No 1545-0047 Direct controlling Direct controlling entity entity 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.) End-of-year assets status (if section Public charity 501(c)(3)) **e**  Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Exempt Code Total income section চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) INC. KENTUCKY BROADCASTERS ASSOCIATION, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

27

61-0663764

Page 2

Schedule R (Form 990) 2009 KENTUCKY BROADCASTERS ASSOCIATION, INC.

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.)

					ľ							
related	had one or more	ecause rt h	art IV, line 34 b	o Form 990, Pa	ed "Yes" t	zation answere	he organız	Trust (Complete if t	rporation or ex year.)	Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year.)	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.)	Part IV
	İ											
_												
_												
Yes No	K-1 (Form 1065)	Yes No				ns 512-514)	section		country)			
managing partner?	amount in box		end-of-year att			(related, unrelated,	relater	entity	(state or		of related organization	
	Code V-UBI	Disproportion-	ģ		Share of total	inant income	Predom	Direct controlling	l egal domicile	Primary activity	Vame address and FIN	~
9	8	£	(B)	€	_	(e)		9	<u> </u>	( <u>Q</u> )	(a)	

organizations treated as a corporation of trust dufing the tax year.)	year.,						
(a)	(q)	(2)	9	<b>(e)</b>	£	(6)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
KENTUCKY ALLIANCE FOR RADIO & TELEVISION (KART) -							
31-1577527, 101 ENTERPRISE DRIVE, FRANKFORT, KY							
40601	PROMOTING ADVERTISING	KY	N/A	C CORP	0.	0.	100,00%
				-			
	1						•
	<b>r</b>						
							•

Schedule R (Form 990) 2009

932162 07-21-10

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

Note Complete Inc. 1 if any antity is listed in Darts. II III or IV of this school is			Yes	Ŷ
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?			ļ,	
a Receipt of (i) interest (ii) annumes (iii) rovalities or (iv) rent from a controlled entity		1a		×
		1p		×
		÷		×
c Gift, grant, or capital contribution from other organization(s)		2	╁	:
d Loans or loan guarantees to or for other organization(s)		₽	<	
e I cans or Inan cuarantees by other organization(s)		-1e		×
			-	
		*		×
t Sale of assets to other organization(s)				>
g Purchase of assets from other organization(s)		6	1	ډ ه
h Exchange of assets		=		<u>.</u>
i Lease of facilities, equipment, or other assets to other organization(s)		<b>-</b>		×
				1
i Lease of facilities, equipment, or other assets from other organization(s)		<u>;</u>		×
k Performance of services or membership or fundralsing solicitations for other organization(s)		7	_	×
Deformance of services or membership or fundraising solicitations by		=		×
		Ę	×	
		÷	×	1
n Sharing of paid employees			 	
		,		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		2 ,	+	: >
p Reimbursement paid by other organization for expenses		4	`	4
a Other transfer of cash or property to other organization(s)		19		×
		11		×
1	ansaction thresholds			
	(4)	3		
(a) Name of other organization(s)	(b) Transaction	Amount involved	volved	
	type (a-r)			-
(1) KBA LOANED KART MONEY FOR KART'S OPERATIONS	Ā	88,	3,500.	0
דקחש קס קפון קשה שמגע פמחדוזיסמת	W			0
NAME THE COSE OF THE PACEFIE & OFFICE				
(3) KART PAYS KBA EMPLOYEES CONTRACT LABOR & COMMISSIONS	Z	23	23,046	9
(4)				
(9)				
29	Sch	Schedule R (Form 990) 2009	990) 2(	600

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

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

Name actions, and EIN Primary activity Ligal door froeign resourcement of entity of en	(a) (b)	(9)	(2)	9	(e)		(6)	
Yes   No	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets		Code V-UBI amount in box 20	
			country)	Yes			(Form 1065)	
·								
_								
_								
_								_
_								
_								
_								
						-		
								4

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization RENT** (Including Information on Listed Property)

Attach to your tax return. ➤ See separate instructions.

OMB No 1545-0172

Sequence No 67

Business or activity to which this form relates Identifying number KENTUCKY BROADCASTERS ASSOCIATION, INC. COMMERCIAL BUILDING 61-0663764 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separations of the separation (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 13,160. 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only - see instructions) 19a 3-year property

b	5-year property						
С	7-year property		28,910.	7YRS	HY	S/L	2,065
d	10-year property						
е	15-year property						
f	20-year property						==
g	25-year property			25 yrs.		S/L_	
	5	/		27 5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	ММ	S/L	
		/		39 yrs.	ММ	S/L	•
ı	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2009 Tax Year Us	ing the Altern	ative Depr	eciation System	
20a	Class life					S/L	
b	12-vear			12 vrs.		S/L	

MM S/L 40 yrs. 40-year

Part IV Summary (See instructions.)

- Listed property. Enter amount from line 28
- 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instru

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

15,225.

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							-								
	• • •												٠		
For	m 4562 (2009)	KEN	TUCKY B	ROAD	CAST	ERS	ASSO	<i>C</i> T Δ ጥ	TON.	TNC	_	61-	0663	764	Page 2
_	art V Listed Proper														<u> </u>
L.E.	recreation, or a	amusement.)					•			-					
	Note: For any through (c) of S	vehicle for wi Section A. all	hich you are us of Section B	sing the and Sec	standard tion C if	d mileag applica	e rate or ble.	deducti	ing lease	expens	e, comp	eteonly	24a, 24	b, colum	ıns (a)
_			on and Other					nstructio	ons for li	mits for i	oasseng	er auton	nobiles)		
24:	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	Y	es	No 2	24b !f "Y	es," is th	e evider	ce writt	en?	Yes [	☐ No
=	(a)	(b)	(c)		(d)		(e)		(f)		g)		h)		(i)
	Type of property	Date	Business/		Cost or		is for depre		Recovery	· ·	hod/	•	ciation		cted
	(list vehicles first )	placed in service	investment use percentag	ne ot	her basis	(bu	sıness/inve use only		period	Conv	ention	dedu	iction		n 179 Ist
25	Special depreciation all	owance for o	ualified listed	property	placed	In servi	ce durino	the tax	vear an	d					
	used more than 50% in		•				•		•		25				
26	Property used more that			ess use:											
			9	%											
			9	%											
			9	%	_										
27	Property used 50% or I	ess in a qual	ified business	use:				•							
			9	%						S/L·					
			9	%						S/L·			-		
	, , , , , , , , , , , , , , , , , , , ,		9	%				Ι.		S/L·					
28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	ı lıne 21	, page 1				28				
29	Add amounts in column	n (I), line 26. E	Enter here and	on line	7, page	1							29		
			S	Section	B - Infor	mation	on Use	of Vehic	cles						
Co	mplete this section for vi	ehicles used	by a sole prop	netor, p	artner, c	or other	"more th	an 5% c	owner," (	or related	d person				
lf y	ou provided vehicles to	your employe	ees, first answ	er the qu	uestions	ın Sect	on C to	see If yo	u meet a	an excep	otion to	completi	ng this s	section f	or
tho	ose vehicles.													_	
				(	a)		(b)	(	(c)	(	d)	(4	e)	(1	f)
30	Total business/investment	miles driven d	furing the	Vel	hicle	Ve	hicle	Vel	hicle	Vet	ncle	Vet	ncle	Veh	ıcle
	year (do not include com	muting miles)		ļ											
31	Total commuting miles	driven during	g the year	<u> </u>		ļ									
32	Total other personal (no	oncommuting	g) miles												
	driven					ļ				ļ					
33	Total miles driven durin	g the year.													
	Add lines 30 through 33	2					<del>,</del>	<u> </u>	, · · ·					ļ	
34	Was the vehicle availab	ole for persor	nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									l					

30	Total business/investment miles driven during the	Veh	ıcle	Veh	ıcle	Veh	ııcle	Veh	ıcle	Veh	ıcle	Veh	ıcle
	year (do not include commuting miles)	ļ					==	ļ					
31	Total commuting miles driven during the year	<u> </u>											
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.									ļ.			
	Add lines 30 through 32						,						
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more						1						
	than 5% owner or related person?												
36	is another vehicle available for personal									1			
	use?									<u> </u>			

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

(a) Description of costs	(b) Cate amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
2 Amortization of costs that begins during you	ır 2009 tax year:				
3 Amortization of costs that began before you	r 2009 tax year		-	43	
14 Total. Add amounts in column (f). See the in	structions for w	here to report		44	

## 4562

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property) ▶ See separate instructions. ▶ Attach to your tax return

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates Name(s) shown on return

990

Identifying number

KEN	TUCKY BROADCASTERS	ASSOCIAT	ION, I	NC. For	m 990	Page 10		61-0663764
Par	₹	ty Under Section 1	79 Note: If yo	ou have any lis	ted propert	y, complete Part	V before y	rou complete Part I.
1 N	faximum amount. See the instructions	for a higher limit	for certain b	usinesses			1	250,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions	s)			2	
3 T	hreshold cost of section 179 property	before reduction	ın limitation				3	800,000.
4 F	leduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ent	er -0·			4	
<b>5</b> D	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fi	ling separately, see	instructions		5	
6	(a) Description of pro	perty		(b) Cost (busine	ess use only)	(c) Electe	d cost	
				ļ				 
	<del></del>							
	Isted property. Enter the amount from			(-) ( C	7			+
	otal elected cost of section 179 prope	•	in column (	(c), lines 6 and	′		9	<del></del>
	entative deduction. Enter the <b>smaller</b> Carryover of disallowed deduction from		000 Earm 41	E60			10	<del> </del>
	Business income limitation. Enter the si	•			ra) or line F		11	
	Section 179 expense deduction. Add li		,		•		12	
	Carryover of disallowed deduction to 20	•			▶ 13			
	: Do not use Part II or Part III below for		<del> </del>		- 10			<u> </u>
Pai			·		de listed pr	operty)		
14 8	Special depreciation allowance for qual							
	he tax year						14_	
15 F	Property subject to section 168(f)(1) ele	ection					15	
16 C	Other depreciation (including ACRS)						16	18,184.
Pa	MACRS Depreciation (Do no	t include listed pi	operty.) (Se	e instructions.	)			
			S	ection A				
17 N	MACRS deductions for assets placed I	n service in tax ye	ears beginni	ng before 2009	9	. —	_ 17	
18 If	you are electing to group any assets placed in serv							
	Section B - Assets	(b) Month and		009 Tax Year I	Using the C	ieneral Depreci	ation Sys	tem
	(a) Classification of property	year placed in service	(business/	Investment use e instructions)	(d) Recove	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	4					- /-	0.14
b_	5-year property	4		2,141.	5YRS	HY	S/L	214.
<u> </u>	7-year property	4		508.	7YRS	HY	S/L	36.
<u>d</u>	10-year property	4						
<u>e</u>	15-year property	4			<u></u>	-	<del> </del>	
	20-year property	4		<del></del>			-	
_8_	25-year property	<u> </u>			25 yrs		S/L	
h	Residential rental property	/		<del> </del>	27.5 yr	i i	S/L	
-		/	-	<del> </del>	27.5 yr		S/L S/L	
i	Nonresidential real property				39 yrs	. MM MM	S/L	
	Section C - Assets P	laced in Service	During 200	9 Tax Year U	ing the Al			rstem
20a	Class life	T					S/L	
b	12-year	1			12 yrs		S/L	
	40-year	/			40 yrs		S/L	
	rt IV Summary (See instructions.)	•	-					
	Isted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines		es 19 and 2	20 ın column (g	), and line 2	21.		
Ε	Enter here and on the appropriate lines	of your return. P	artnerships	and S corpora	tions - <u>see i</u>	nstr.	22	18,434.
<b>23</b> F	For assets shown above and placed in	service during th	e current ye	ar, enter the				
	portion of the basis attributable to sect				23	1		<u></u>
91625	1 LNA For Danoguark Doduction	Act Metics	COMO 1-	actmustices.				Form 4562 (2000)

Fon	m 4562	(2009)	KEN	TUCKY B	ROAD	CAST	ERS	ASSO	CIA	TION	, INC	С.	61-	0663	764	Page 2
_	art V	Listed Propert recreation, or a	y (Include a	utomobiles, ce												
		Note: For any v	ehicle for wi	hich vou are u	sing the	standare tion C if	d mileag applicat	e rate or	dedu	cting lea	ise expen	se, com	oleteonly	24a, 24	b, colum	nns (a)
				on and Other					nstruc	ctions fo	r limits fo	r passen	ger auton	nobiles)		
 24a	Do you	have evidence to s	upport the bu	siness/investme	ent use ci	aimed?	Y	es 🗌	No	24b lf	"Yes." is	the evide	ence writt	en?	Yes	No
		(a)	(b)	(c)		(d)	T	(e)		(f)	1	(g)	T .	h)		(i)
	Type (list ve	of property chicles first )	Date placed in service	Business/ investment use percenta		Cost or ther basis	/bus	is for depre siness/inve use only	stment	Recove		ethod/ ention	Depre	ciation iction	sectio	cted in 179 ost
<u></u>	Specia	l depreciation allo	wance for c	ualified listed	property	/ placed	ın servic	e during	the t	ax year	and					
	used m	nore than 50% in	a qualified b	usiness use								25				
26	Proper	ty used more tha	n 50% in a c	ualified busin	ess use:											
				,	%								ļ			
					%										_	
			<u> </u>	•	<u>%  </u>					,						
27	Proper	ty used 50% or le	ess in a qual				<del></del>			1			1			
			ļ	ì	%						S/L·				-	
			<b>.</b>	t	%						S/L-				-	
	A .d .d		(h) lines 05	1	%   						S/L·	00	<del>                                     </del>		1	
		mounts in column	• • •	•				, page i				28	<u> </u>	29	<u> </u>	
28	Add ar	mounts in column	(1), 11110 20. 1		Section			on Hea	of Val	hicles					<u> </u>	
Cor	molete t	this section for ve	hicles used			_			-		" or relati	ed nerso	n			
	•	ided vehicles to y										•		ng this	section f	or
	se vehi		' '	·	•					•		•	•	•		
_					1 (	(a)	(	b)		(c)		(d)	(6	e)	(1	f)
30	Total bu	siness/investment	miles driven d	luring the	1	hicle	I	ncle	١ ،	/ehicle	l v	ehicle	1	nicle	1	ncle
		o not include comr		<b>g</b>												
31		ommuting miles		the vear				-	<u> </u>					•		•
		ther personal (no													1	
	driven		•	-,							İ					
33	Total n	niles driven during	g the year.													
		nes 30 through 32													<u> </u>	
34	Was th	ne vehicle availab	le for persor	nal use	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during	off-duty hours?			<u> </u>		<u> </u>		<u> </u>					<u> </u>		
35	Was th	ne vehicle used p	nmanly by a	more											1	
	than 5	% owner or relate	ed person?		ļ	ļ <u>.</u>	ļ		ļ						ļ	ļ
36	Is anot	ther vehicle availa	ble for pers	onal				İ	ŀ							
	use?				<u>.L</u>	J	L	<u> </u>	<u> </u>				<u> </u>	ļ		L
_				- Questions	-	-										
		ese questions to	determine if	you meet an e	exceptio	n to com	pleting	Section	B for v	/ehicles	used by	employe	es who a	re not r	nore thar	15%
		related persons.		A A Al A -		-11		- <b>6</b> h l							Yes	No
31		u maintain a writte	en policy sta	tement that p	rombits	ali perso	nai use	or venici	es, inc	dualing (	communi	ig, by yo	ur		165	140
38	employ	yees: u maintain a writte	an nolicy eta	tement that n	rohibite	nercona	luce of s	ehicles.	AYCA!	ot comn	autina by	VOUR				-
•	•	yees? See the ins		•		•					• •	•				
39		u treat all use of v			•	•		0010.0	, 0, 1,			-				
	•	provide more th	•				ınforma	tion fron	1 your	emplov	ees abou	t				
-	•	e of the vehicles,		•			_		•	. ,						
41		meet the require					emonstra	ation use	∍?							
	•	If your answer to		• .						covered	vehicles					
P	art VI	·y=												-		
		(a) Description o	of costs	Det	(b) e amortization	,	(c) Amortiza	hle		(d) Coo		<b>(∈</b> Amort		,	(f) Amortization	
		<del> </del>			begins	1	amoun	t		secti		period or p			or this year	
<u>42</u>	Amort	zation of costs th	at begins di	uring your 200	9 tax ye	ar:						т.				

43 44

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

Mike Feldhaus, Associate Member ELU Productions 7109 Green Springs Drive Louisville KY 40241 Francis Nash, At-Large WGOH WUGO P O Box 487 Grayson KY 41143

Derron Steenbergen, At-Large Commonwealth Broadcasting P O Box 457 Glasgow KY 42142

Jeff Ray, Chairman Gateway Radio Works P O Box 1010 Owingsville KY 40360

Keith Casebolt, Chairman-Elect East KY Broadcasting P O Box 2200 Pikeville KY 41502 Bill Lamb, Commercial Television Director WDRB-TV WMYO-TV 624 W Muhammad Ali Blvd Louisville KY 40203

Chris Aldridge, Commercial Television Director WTVQ-TV 6940 Man O War Blvd Lexington KY 40509

Rick McCue, Commericial Television Director WBKO-TV P O Box 13000 Bowling Green KY 42102-0900

Chris Freeland, District 1 Radio WCBL AM/FM WCCK-FM P O Box 387 Benton KY 42025 Bob Kelley, District 2 Radio WFMW-AM WKTG-FM P O Box 338 Madisonville KY 42431

Doug James, District 3 Radio Main Line Broadcasting 520 South 4th Ave, 2nd Floor Louisville KY 40202-2577 Mike Tarter, District 4 Radio Forcht Broadcasting P O Box 76 Somerset KY 42502

Jim MacFarlane, District 5 Radio L M Communications 401 West Main Street Lexington KY 40507 Kelly Wallingford, District 6 Radio Wallingford Broadcasting P O Box 281 Irvine KY 40336 Chris Winkle, District 7 Radio WCYN-AM 111 Court Street Cynthiana KY 41031

Patti Pullen, Executive Assistant Kentucky Broadcasters Association 101 Enterprise Drive Frankfort KY 40601

Tom Ulmer, Past-Chairman Main Line Broadcasting 520 South 4th Ave, 2nd Floor Louisville KY 40202-2577

Chuck Miller, Public Radio Director WNKU-FM 301 Landrum, Nun Drive Highland Heights KY 41099 Dan P'Pool, District 8 Radio East Kentucky Broadcasting P O Box 2200 Pikeville KY 41502

Dawn Sciarrino, Legal Counsel Sciarrino & Associates 5425 Tree Line Drive Centreville VA 20120

Gary White, President/CEO Kentucky Broadcasters Association 101 Enterprise Drive Frankfort KY 40601

Julie Schmidt, Public Television Director KET, The Kentucky Network 620 W Main Street, Suite 125 Louisville KY 40202