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Form **990**

Department of the Treasury
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)

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

2010

Open to Public Inspection

A Fo	r the	2010 ca	ılendar year, or tax year begir	nning 01-01-2010 and ending 12-31-20	10			
B Ch	eck ıf a	pplicable	C Name of organization Kansas Assoc of Broadcasters Inc			D Empl	oyer i	identification number
	dress ch	_	Doing Business As			51-0	192!	561
Na	me cha	inge	boing basiness ris			E Telep	hone	number
Ind	tıal retu	ırn		ıf maıl ıs not delivered to street address)	Room/suit	e (785	235	5-1307
Te	mınate	ed	214 SW 6th Street Suite 300					
☐ Am	nended	return	City or town, state or country, at Topeka, KS 66603	nd ZIP + 4	<u> </u>	— G Gross	receip	ots \$ 444,076
Ар	plication	n pending	торека, ко обобо					
			F Name and address of p	orincipal officer	H(a) Is t	hıs a group return	for affili	rates? Yes No
			Kent Cornish 214 SW 6th Street Suite :	300				
			topeka, KS 66603			all affiliates ind		? Yes No t (see instructions)
				. 		roup exempt		
I la	ıx-exem	npt status	501(c)(3) 501(c)(6)	◀ (insert no)				
J W	ebsit e	e: 🕨 WW	W KAB NET					
K For	m of or	ganızatıon	Corporation Trust Associa	ation Other 🕨	L Year of	f formation 19	73	M State of legal domicile KS
Pa	rt I	Sum	mary					
		•	-					
			d educate members of the broa	adcasting industry, protect members fro	m infringeme	ents upon the	eir co	nstitutional rights and
<u>ဗိ</u>	-	iiberties						
ੁ								
<u>ş</u>	-							
Governance	2	Check th	refly describe the organization's mission or most significant activities ify and educate members of the broadcasting industry, protect members of the broadcasting industry, protect members of the some protect members of the governing body (Part VI, line 1a). Imber of voting members of the governing body (Part VI, line 1a). Imber of independent voting members of the governing body (Part VI, ital number of individuals employed in calendar year 2010 (Part V, line ital number of volunteers (estimate if necessary) Ital unrelated business revenue from Part VIII, column (C), line 12. In the individuals employed in calendar year 2010 (Part V, line ital number of volunteers). In the individuals employed in calendar year 2010 (Part V, line ital number of volunteers). Ital unrelated business revenue from Part VIII, column (C), line 12. In the individuals employed in calendar year 2010 (Part V, line ital number of volunteers). In the individuals employed in calendar year 2010 (Part V, line ital number of volunteers). In the individuals employed in calendar year 2010 (Part V, line ital number of individuals employed in calendar year 2010 (Part V, line ital number of volunteers). In the individuals employed in calendar year 2010 (Part V, line ital number of volunteers). In the individuals employed in calendar year 2010 (Part V, line ital number of individuals employed in calendar year 2010 (Part V, line ital number of individuals employed in calendar year 2010 (Part V, line ital number of individuals employed in calendar year 2010 (Part V, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed in calendar year 2010 (Part VI, line ital number of individuals employed i	discontinued its operations or disposed	l of more tha	n 25% of its	net a	assets
							3	12
Activities &						.	4	12
5						-	5	2
å ब			,	• •		-	6	12
				, , , , , , , , , , , , , , , , , , , ,		}	7a 	3,795
	Ь	Net unre	lated business taxable incom	e from Form 990-1, line 34		,	7b	1,899
		C t	h	long 4 h)	P	rior Year		Current Year
Δī	8			•	•	31,4	-	35,453 407,097
Revenue	10						73	1,526
Ä	11		,	, ,, , ,	•	۷,۰	0	0
	12		, , ,	11 (must equal Part VIII, column (A), li	ne		Ť	<u>-</u>
						372,8	-+	444,076
	13			art IX, column (A), lines 1-3)		8,3	340	14,700
	14			rt IX, column (A), line 4)			0	0
8	15	Salarıe 10)	es, other compensation, empl	oyee benefits (Part IX, column (A), lines	5-	206,6	516	216,821
Expenses	16a	•	sional fundraising fees (Part I	(X, column (A), line 11e)			0	0
Ř	ь	Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ ⁰				
Ш	17			(s), lines 11a-11d, 11f-24f)		131,2	212	154,707
	18			nust equal Part IX, column (A), line 25)		346,1	-	386,228
	19	Reven	ue less expenses Subtract li	ne 18 from line 12		26,6	39	57,848
8 % %					Beginn	ing of Curre	nt	End of Year
9 4 4 9 4 4		.	(D			Year	,	
Net Assets or Fund Balances	20					226,7	_	286,196
₩. ₩.	21			at line 2.1 from line 2.0		•	65	3,276
	22 13 01		ature Block	ect line 21 from line 20		225,0	772	282,920
		_		nined this return, including accompanying	schedules and	d statements	and :	to the best of my
know	ledge a	and belie		ete. Declaration of preparer (other than office				
know	ledge.							
		****	••			2011 10 17		
Sigr	1	I B	** ature of officer			2011-10-17 Date		
Sigi Her		Kent	Cornish Executive Director					
			or print name and title					
		Print/Type		Preparer's signature	Date	Check if self	_	PTIN
Paid	-	preparer's	name DOUGLAS W GLENN me CBIZ MHM LLC	DOUGLAS W GLENN		employed •	1	
Prep	arer							Firm's EIN •
Use (rıım's add	dress • 990 SW FAIRLAWN ROAD					Phone no ▶ (785) 272- 3176
			TOPEKA, KS 666062384					

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

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Par	t III		gram Service Accompontains a response to any o			
1	Briefl	y describe the organizat	ion's mission			
		EDUCATE MEMBERS TIONAL RIGHTS AND		INDUSTRY, PROTECT M	1EMBERS FROM INFRINGI	EMENTS UPON THEIR
2			e any significant program s			┌ Yes ┌ No
	If "Ye	s," describe these new s	ervices on Schedule O			
3		e organization cease co	nducting, or make significa	nt changes in how it cond	lucts, any program	┌ Yes ┌ No
	If "Ye	s," describe these chang	jes on Schedule O			
4	Section	on 501(c)(3) and 501(c		ion 4947(a)(1) trusts are	rgest program services by required to report the amo rvice reported	
4a	(Code	e) (E:	rpenses \$	ıncludıng grants of \$) (Revenue \$)
		ENTIONS/SEMINARS - PROMO ENTS OF THE BROADCAST IN		IDEAS, UPDATES MEMBERS ON	INDUSTRY CHANGES, & PROVIDI	ES EDUCATION FOR SPECIFIC
	(Code	e) (E:	xpenses \$	ıncludıng grants of \$) (Revenue \$)
	INTER	RNSHIP - PROVIDES STUDENT	S WITH THE OPPORTUNITY TO F	URTHER THEIR EDUCATION TH	ROUGH HANDS ON EXPERIENCE	
 4с	(Code	e) (Ex	xpenses \$	ıncludıng grants of \$) (Revenue \$)
			& DISTRIBUTE MEMBER DIRECTO MEMBERS ON TECHNICAL INFOR		RS MISCELLANEOUS PRINTING IN	ICLUDES MEETING & SEMINAR
4d	Othe	er program services (De	scribe in Schedule O)			
		enses \$	including grants	of\$) (Revenue \$)
4e	Tota	l program service expen	ses⊁\$			

Part IV	Checklist	of Red	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		Νo
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		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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		
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		
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		No
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		No
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		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	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	38	Yes	
		F	orm 990	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		. [고	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	· · · · · · · · · · · · · · · · · · ·			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
		F	orm 99((2010)

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

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following		V	
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
Ь	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νο
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		Νo
ь	Other officers or key employees of the organization	15b		Νο
	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		Νο
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶			
18				
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FENT CORNISH EXC DIRECTOR 214 SW 6TH STREET SUITE 300

TOPEKA,KS 66603 (785) 235-1307

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

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

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

Check this box if neither the organiza	tion nor any rel	ated or	ganız	atio	n co	mpens	ate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Lynn Meredith Director	1 0	Х						0	0	0
(2) Janet Campbell Director	1 0	х						0	0	0
(3) Bruce Dierking Director	1 0	х						0	0	0
(4) Tom Glade Director	1 0	Х						О	0	0
(5) Monte Miller Director	1 0	Х						0	0	0
(6) Jim Ogle Director	1 0	Х						О	0	0
(7) Tom Norris Director	1 0	Х						0	0	0
(8) Steve Smethers Director	1 0	Х						О	0	0
(9) Joan Barrett Past Chairman	1 0	х		х				0	0	0
(10) Jeff McCausland Chair-Elect	1 0	х		х				0	0	0
(11) Joe Jındra Chaırman	1 0	Х		х				0	0	0
(12) Gordon Johnson Secretary/Treasurer	1 0	х		х				О	0	0
(13) Kent Cornish President/Executive Director	40 0			х				154,454	0	19,618

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-Total	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W 2/1099-MISC		· 0	compens from t rganizati relati organiza	the ion and ed
c Total from continuation sheets d Total (add lines 1b and 1c) .												
c Total from continuation sheets d Total (add lines 1b and 1c) .												
c Total from continuation sheets d Total (add lines 1b and 1c) .												
c Total from continuation sheets d Total (add lines 1b and 1c) .												
c Total from continuation sheets d Total (add lines 1b and 1c) .										_		
c Total from continuation sheets d Total (add lines 1b and 1c) .			\vdash		1	1			I			
c Total from continuation sheets d Total (add lines 1b and 1c) .			1									
c Total from continuation sheets d Total (add lines 1b and 1c) .	1											
c Total from continuation sheetsd Total (add lines 1b and 1c) .												
c Total from continuation sheetsd Total (add lines 1b and 1c) .							<u> </u>					
d Total (add lines 1b and 1c) .						· ·	_					
							+	154,45	4	0		19,618
\$100,000 in reportable compen	luding but not lin	nited to	thos	e lıs) who	received more	han			
											Yes	No
Did the organization list any for on line 1a? If "Yes," complete Sci					ey e	mploy -	ee, o	r highest compe	nsated employee			
For any individual listed on line organization and related organiz	1a, is the sum o	freport	able	com						3		No
individual	e e e		•	•	•	• •		· · · ·		4	Yes	
Did any person listed on line 1a services rendered to the organiz		-						_		5		No
Section B. Independent Con Complete this table for your five	e highest comper		ındep	ende	ent c	ontra	tors	that received m	ore than			
\$100,000 of compensation from	n the organizatio (A) me and business add							De	(B)		(C)	
									•			

		2010)					Pa	age 9
art \	/III	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	exclude
						function		from
						revenue		tax under
								section
								512,
								513, or
60 ch	1a	Federated campaigns	1a					514
Contributions, gifts, grants and other similar amounts				35,453				
₽ĕ		Membership dues						
∏S, rai	С	Fundraising events	1 c	-				
e E≣	d	Related organizations	. 1d					
Sins Sin	е	Government grants (contributions)	1e					
到	f	All other contributions, gifts, grants						
₽ŧ	_	similar amounts not included above Noncash contributions included in li						
멸	_				25.452			
	h	Total. Add lines 1a-1f	<u> </u>		35,453			
JII e				Business Code				
Program Service Revenue	_	NSCA/SALES TAX		541900	335,628		1,450	· ·
光 라	ь	CONVENTIONS/ SEMINARS		541900	25,015			25,01
MC	_	AWARDS		900099	18,317	18,317		
Š	d	MOCK INSPECTIONS		541990	15,100			15,10
E S		MANAGEMENT FEE All other program service re	Wenue	541900	10,000		2,345	10,00
) J	•	All other program service re	vende		3,037		2,343	09
<u>Ā</u>	g	Total. Add lines 2a-2f			407,097			
	3	Investment income (includir	ng dividends, interest					
		and other similar amounts)			1,526			1,52
	4	Income from investment of tax-ex			0			
	5	Royalties		T	0			
		Curra Banka	(ı) Real	(II) Personal				
		Gross Rents Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u> . </u>	_				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
		Gain or (loss)			_			
		Net gain or (loss)			0			
an	8a	Gross income from fundraisi (not including	ng events					
omer nevenue		\$						
a u		of contributions reported on						
Ū.		See Part IV, line 18	а					
,	ь	Less direct expenses .						
•		Net income or (loss) from fui			О			
			ctivities See Part IV, line 19 . a					
				ь				
		Net income or (loss) from ga			0			
	10a	Gross sales of inventory, les	s					
		returns and allowances .	a					
	h	Local cost of goods and	<u>.</u>					
		Less cost of goods sold . Net income or (loss) from sa			0			
	_	Miscellaneous Revenue	nes of inventory	Business Code				
	11a			Dusiliess Code				
	L L							
				<u> </u>				
	د د							
		All other revenue	•					
	•	: Total. Add lines 11a-11d			0			
	12	Total revenue. See Instructi	ons					
	Ì				444,076	18,317	3,795	386,51

Form 990 (2010) Page 10						
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).						
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)	
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0		, σ		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,700				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0]		
5	Compensation of current officers, directors, trustees, and key employees	174,072				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	27,000				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,042				
9	Other employee benefits	3,639				
10	Payroll taxes	11,068				
а	Fees for services (non-employees) Management	0				
ь	Legal	8,427				
с	Accounting	7,113				
d	Lobbying	0				
e	Professional fundraising services See Part IV, line 17	0				
f	Investment management fees	0				
g	Other	0				
12	Advertising and promotion	6,000				
13	Office expenses	11,398				
14	Information technology	3,708				
15	Royalties	0				
16	Occupancy	18,062				
17	Travel	11,677				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	39,780				
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	1,779				
23	Insurance	3,392				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)					
а	AWARDS	16,940				
b	DUES/SUBS/PUBS	3,021				
c	PAYROLL EXPENSES	5,384				
d	INSPECTIONS	14,150				
e	NATIONAL NCSA STARTUP FEE	1,600				
f	All other expenses	2,276				
25	Total functional expenses. Add lines 1 through 24f	386,228				
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					
	company and talastand campaign and talastanding solicitation	<u> </u>		<u>. </u>		

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			49,589	1	77,305
Assets	2	Savings and temporary cash investments			116,711	2	143,227
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key en	nployees, and			
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing employers organizations of section $501(c)(9)$ voluntary employer organizations (see instructions)	ployers	s, and			
		Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	. • •			9	
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	16,960			
	b	Less accumulated depreciation	10b	14,796	2,937	10c	2,164
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	57,500	15	63,500		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•		226,737	16	286,196
	17	Accounts payable and accrued expenses .			1,665	17	3,276
	18	Grants payable		18			
	19	Deferred revenue		19			
76	20	Tax-exempt bond liabilities		20			
<u>a</u>	21	${\tt Escroworcustodialaccountliability}\ \ \textit{Complete PartIVofSchedule}$		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties $\ \ .$		•		24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				25	
	26	Total liabilities. Add lines 17 through 25			1,665	26	3,276
ces		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27			
Balance	27	Unrestricted net assets			225,072	27	282,920
Ba	28	Temporarily restricted net assets				28	
걸	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright \sqcap and lines 30 through 34.	compl	ete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
Šet	33	Total net assets or fund balances			225,072	33	282,920
_	34	Total liabilities and net assets/fund balances			226.737	34	286.196

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	144,07
2	Total expenses (must equal Part IX, column (A), line 25)	2			386,228
3	Revenue less expenses Subtract line 2 from line 1	3			57,84
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	225,07
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	282,920
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	1			
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	☐ Separate basis ☐ Both consolidated and separated 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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493301011111

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Internal Revenue Service		Actual to Form 330 of Form 330 i	ez. F occ scpara	e matractions.		Inspection
If the organization	on answered "Ye	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art V, line 46 (Polit	ical Can	
then						
, , ,	, -	mplete Parts I-A and B Do not complet		D		
	other than section 5 anizations Complete	501(c)(3)) organizations Complete Par	ts I-A and C belov	v Do not complete H	art FB	
_		s," to Form 990, Part IV, Line 4, or	Form 990-F7 P:	art VI line 47 (Lob	hvina A	ctivities) then
-		t have filed Form 5768 (election under				•
, , ,	, •	t have NOT filed Form 5768 (election u	, ,,	•		•
_		s," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or Fori	m 990-EZ, Part V, li	ne 35a ((Proxy Tax), then
. , ,		zations Complete Part III		1		
Name of the orga Kansas Assoc of Bro				Employ	erident	ıfıcatıon number
				51-019		
Part I-A Com	plete if the or	ganization is exempt under	section 501(d	c) or is a sectio	n 527	organization.
1 Provide a de	escription of the or	ganızatıon's dırect and ındırect politic	al campaign acti	ıvıtıes ın Part IV		
2 Political exp	penditures				- :	\$
3 Volunteer h	ours					
	_	ganization is exempt under :				
1 Enter the ar	nount of any excise	e tax incurred by the organization und	der section 4955		!	\$
2 Enter the ar	nount of any excise	e tax incurred by organization manag	ers under sectior	14955	>	\$
3 If the organ	ızatıon ıncurred a s	ection 4955 tax, did it file Form 472	O for this year?			┌ Yes ┌ No
4a Wasacorre	ction made?					┌ Yes ┌ No
b If "Yes," de	scribe in Part IV					
Part I-C Con	plete if the or	ganization is exempt under	section 501(d	c) except section	n 501	(c)(3).
1 Enter the ar	nount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	-	\$
	nount of the filing o ion activities	rganızatıon's funds contributed to ot	her organizations	for section 527	.	\$
3 Total exemp	ot function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	-	¢:
4 Did the filing	g organization file F	Form 1120-POL for this year?			•	√ Γ Yes Γ Νο
		, nd employer identification number (E)	(N) of all section	527 political organi	izations	to which the filing
organızatıor amount of p	n made payments. I olitical contribution	For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organiza to a separate politic	ation's fu al organ	ınds Also enter the nızatıon, such as a
(a) l	Vame	(b) Address	(c) EIN	(d) A mount paid filing organizati funds If none, en	on's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		1	1	1		

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns						
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

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	A mount
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?			
ь	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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r section

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo

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	35,453
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	3,156
b	Carryover from last year	2b	
c	Total	2c	3,156
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,545
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	-389

Supplemental Information Part IV

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

Ident if ier	Ret urn Reference	Explanation				
Political Campaign Activity, Part 1a	Form 990, Schedule C, Part IV	Kansas Association of Broadcasters, Inc. does not conduct any				
		political campaign activities				

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DLN: 93493301011111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

F Attacil to	roilli 330. F See separate ilistructions.		Illope	
Name of the organization Kansas Assoc of Broadcasters Inc		Emplo	oyer identification num	per
Kalisas assoc of bloadcasters inc		51-0	192561	
Part I Organizations Maintaining Donor organization answered "Yes" to Form				ete if the
organization answered res to rorm	(a) Donor advised funds	(b) Funds and other acco	unts
. Total number at end of year		,		
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor ac funds are the organization's property, subject to th		lonor advis	ed Yes	┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the b conferring impermissible private benefit			purpose T Yes	┌ No
Part II Conservation Easements. Complet	e if the organization answered "Yes	" to Form	990, Part IV, line 7.	
Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queasement on the last day of the tax year	Preservation of	a certified		
			Held at the End of th	e Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easemer		2b		
c Number of conservation easements on a certified l	· ·	2c		
d Number of conservation easements included in (c)	acquired after 8/17/06	2d		
Number of conservation easements modified, trans the taxable year -	sferred, released, extinguished, or termina	ated by the	organization during	
Number of states where property subject to conse				
Does the organization have a written policy regard enforcement of the conservation easements it hold		andling of v	violations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring, in				
A mount of expenses incurred in monitoring, inspec			the year 🟲 \$	
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			·	┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financ	•	•	
art III Organizations Maintaining Collect Complete if the organization answered		s, or Oth	er Similar Assets.	
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or rese	arch ın furt		ce,
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or researc		•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$	
(ii) Assets included in Form 990, Part X			► \$	
If the organization received or held works of art, hi following amounts required to be reported under SF		s for financ		
Revenues included in Form 990. Part VIII. line 1			▶ - \$	

b Assets included in Form 990, Part X

<u>Par</u>	Organizations Maintaining Co	ollections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or O	ther	<u>Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing t	hat are	a sıgnıfıca	ant us	e of its col	lection		
а	Public exhibition		d	\vdash	Loan	orexcha	nge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v the	furthe	r the org	ganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	Γ,	í es	┌ No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Ye	es" to Fori	m 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for c	ontribu	tions or	other ass	ets n	ot	Γ,	í es	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	ble		_					
										A mou	nt	
C	Beginning balance						L	1c				
d	Additions during the year						L	1d				
e	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ,	í es	┌ No
b	If "Yes," explain the arrangement in Part XI\	J										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	'ear	(c)Two	Years Back	(d)⊺	hree Years Ba	ack (e)	Four Ye	ars Back
1a	Beginning of year balance									_		
b	Contributions											
С	Investment earnings or 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	ar end balance held:	as									
- а	Board designated or quasi-endowment											
ъ	Permanent endowment >											
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation t	that s	ro hold	and ad	ministoro	d for t	·ho			
Ja	organization by	ssion of the organiz	ation	inat c	ire ireid	and ad	illillis teret	101 (.iic		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations								[3a(ii)		
Ь	If "Yes" to 3a(11), are the related organization								[3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 9	90, Par	t X, line	<u> 10.</u>	ı			
	Description of investment				a) Cost o sıs (ınve		(b)Cost or basis (otl		(c) Accum deprecia		(d) Bo	ook value
1a	Land											
b	Buildings		•									
c	Leasehold improvements		•									
d	Equipment		•				1	6,960		14,796		2,164
e	Other											

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)20011 12.00	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			_
o their			
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
——————————————————————————————————————	(B) Book value	Cost or end-of	-year market value
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
(1) NOTE RECEIVABLE - FOUNDATION			37,500
(2) INVESTMENT IN KS MKTG SVCS INC			20,000
(3) NOTE RECEIVABLE - KMS			6,000
Total (Caluman (h) abouted agreed Forms 000, Park V, and (B) lime 1	<i>5</i> \	_	63.500
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			63,500
Part X Other Liabilities. See Form 990, Part X	, line 25.	1	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
 			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	0		
	0	<u>I</u>	

Par	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
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 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts 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)	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
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	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, 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 expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	Question 2	Management is required to evaluate the existence of uncertain tax positions. There has been no interest or penalties recognized neither in the statement of operations nor in the balance sheet related to uncertain tax positions. In addition, no tax positions exist for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly increase or decrease within the next twelve months. Tax years with open statutes of limitations are 2007 and forward.

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Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493301011111

Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Kansas Assoc of Broadcasters Inc 51-0192561 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other)

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarship Grant	13	6,000			
(2) Kıd Scholarshıps	23	7,200			
(3) Educator Internships	2	1,500			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

dicity outpromit	intal zillolillationi complete t	ms part to provide the information required in rare 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
SCHOLARSHIP REVIEW PROCESS	Form 990, Schedule I, Part I, Line 2	There is an application process and committee review. There are also interviews for the student scholarships

Schedule I (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493301011111

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization Kansas Assoc of Broadcasters Inc **Employer identification number**

51-0192561

Pa	rt I Questions Regarding Compensatio	n			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I 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 idemnification 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 in line 1a are checked, did the oreimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Νo
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				Νo
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	- , , , , , ,	8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation		SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Kent Cornish	(1) (11)	154,454 0	0	_	4,634 0	14,984 0	174,072 0	166,218 0	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493301011111

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Kansas Assoc of Broadcasters Inc Employer identification number

51-0192561

Identifier Return Reference		nce Explanation		
ENFORCEMENT OF CONFLICT OF INTEREST POLICY		At each quarterly Board meeting, the Executive Director discusses the conflict of interest policy and if any instances of conflicts arise, these are discussed then		

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION	FORM 990, PART VI, SECTION B, LINE 15A	Selection is made by the executive committee and must be approved by the board of directors. Selection is based on review of the CEO's goal and an approximate fair value measurement based on duties performed.

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION DOES MAKE AVAILABLE UPON WRITTEN REQUEST, ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND COPIES OF ANNUAL RETURNS FILED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, QUESTIONS 6 & 7a	THE DIRECTORS OF THE ORGANIZATION CONSTITUTE ITS MEMBERS THE MEMBERS APPROVE ANNUAL FINANCIAL STATEMENTS AS WELL AS ELECT THE GOVERNING BODY EACH YEAR

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, QUESTION 11	THE 990 IS E-MAILED TO THE BOARD OF DIRECTORS PRIOR TO FILING

	ldentifier	Return Reference	Explanation
I	HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Lynn Meredith TITLE Director HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Janet Campbell TITLE Director HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Bruce Dierking TITLE Director HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Tom Glade TITLE Director HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Monte Miller TITLE Director HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jim Ogle TITLE Director HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Tom Norris TITLE Director HOURS

ldentifier	Return Referenc	e Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATI	ON FORM 990 PART VII	NAME Steve Smethers TITLE Director HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Joan Barrett TITLE Past Chairman HOURS 1

ldentifier	Return Reference	Explanation				
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jeff McCausland TITLE Chair-Elect HOURS				

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Joe Jindra TITLE Chairman HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Gordon Johnson TITLE Secretary/Treasurer HOURS

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kent Cornish TITLE President/Executive Director HOURS 1

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entity

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. ► Attach to Form 990. ► See separate instructions.

or foreign country)

Total income

End-of-year assets

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Kansas Assoc of Broadcasters Inc 51-0192561 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I **(f)** Direct controlling (a)
Name, address, and EIN of disregarded entity (b) (c) Legal domicile (state (d)

Primary activity

Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	if the organization	n answered "Yes" (on Form 990, Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	(b) Primary 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		g) 12(b)(13 rolled nzation
						Yes	No
(1) Kansas Association of Broadcasters Fndtn							
214 SW 6th Street Suite 300	Scholarships	KS	501 (c)(3)	9	KS Brdcstrs		
Topeka, KS 66603 86-1064784						<u> </u>	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	ions for Form 990.	Cat No 50	<u>l</u> D135Y	1	Schedule R (F	orm 990)	2010

Part III	Identif	cation of Relate	d Org	anizations Taxa	ble as a Partners	ship (Complete ıf	the organization a	nswered "	Yes" on Form 990,	Part IV, lır	ne 34
	because it had one or more related organizations treated as a partnership during the tax year.)										
											1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocations? amo		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	gıng	(k) Percentage ownership
							Yes	No		Yes	No					
	•	· ·														

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Kansas Marketing Services Inc 214 SW 6th Street Suite 300 Topeka, KS66603 20-4419240	Marketing	KS	ks brdcstrs	C Corp	22,250	38,938	100 000 %

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	·	· · ·	<u> </u>	Y	es	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organiz	zations listed in Parts	II-IV?	Г	\top						
	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
ь	Gift, grant, or capital contribution to other organization(s)			1	ь		No				
c	c Gift, grant, or capital contribution from other organization(s)										
d	d Loans or loan guarantees to or for other organization(s)										
e	e Loans or loan guarantees by other organization(s)										
f	Sale of assets to other organization(s)			1	f		No				
g	g Purchase of assets from other organization(s)										
h	Exchange of assets			1	h		No				
i	Lease of facilities, equipment, or other assets to other organization(s)			1	.i		No				
				Γ							
j	Lease of facilities, equipment, or other assets from other organization(s)			3	j		No				
k	Performance of services or membership or fundraising solicitations for other organization(s)			1	k		No				
ı	Performance of services or membership or fundraising solicitations by other organization(s)			1			No				
m	Sharing of facilities, equipment, mailing lists, or other assets			1	m		No				
n	Sharing of paid employees			1	n		No				
0	Reimbursement paid to other organization for expenses			1	0		No				
р	Reimbursement paid by other organization for expenses			1	pΥ	es					
q	O ther transfer of cash or property to other organization(s)			1	q		No				
r	O ther transfer of cash or property from other organization(s)			1	.r		No				
				_		-					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relation	onships and transacti	on thresholds							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of detern Involv	nınıng	amou	ınt				
1)											
2)											
3)											
4)											
4)											
5)											
-,											

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or naging tner?
			Yes	No		Yes	Yes No		Yes	N
										+
										-
										t
										+
										\dagger
										╀
										+
										L
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										t
										ı

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010