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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

Open to Public

OMB No 1545-0047

Inspection

benefit trust or private foundation)

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

DEC 2010 and ending NOV 30, A For the 2010 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change KENTUCKY BROADCASTERS ASSOCIATION, INC. Name change 61-0663764 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-502-848-0426 101 ENTERPRISE DRIVE Amendec 1,112,307. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-FRANKFORT,, KY 40601 H(a) Is this a group return pending F Name and address of principal officer GARY R. WHITE Yes X No for affiliates? 40601 101 ENTERPRISE DRIVE, FRANKFORT, ΚY H(b) Are all affiliates included? Yes No 501(c)(3) X 501(c) ()◀ (inse<u>rt no)</u> Tax-exempt status: 6 4947(a)(1) or If "No," attach a list. (see instructions) Website: ➤ WWW.KBA.ORG H(c) Group exemption number ▶ Form of organization X Corporation Other > L Year of formation 1946 M State of legal domicile KY Trust **Association** Part | Summary Briefly describe the organization's mission or most significant activities TO PROMOTE THE BROADCAST SCANNED MARACTURIES 1813 Overnance INDUSTRY IN KENTUCKY Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 17,644. 29,540. Contributions and grants (Part VIII, line 1h) 1,088,845. 714,941. Program service revenue (Part VIII, line 2g) 8<u>,</u>728. 7,952. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -67,636. -60,089. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 673,677. 1,066,248. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13,750. 20,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 230,793. Salaries, other compensation, employee benefits (Part.IX, column (A), lines 5-10) 305,756 16a Professional fundraising fees (Part IX) column (A) line 116) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A) lines 114 17d, j 11;24f) 390,468. 629,697. Total expenses. Add lines 13-17 (must equal Part IX, column (A), 955,453. 635,011. 38,666. 110,795. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 1,539,580. 1,651,713. 20 Total assets (Part X, line 16) 2,103. 765. 21 Total liabilities (Part X, line 26) 538 815. 649,610 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge s showed Date Signature of officer Sign GARY R. WHITE, PRESIDENT/CEO Here Type or print name and title Date 2-29-12 Check PTIN Print/Type preparer's name reparer's signature P00875654 ano C PA setf-employed David K. Harrod Paid Firm's name | HARROD & ASSOCIATES, PSC Preparer Firm's EIN Firm's address #2 HMB CIRCLE **Use Only** - SUITE A 502-695-7300 , KY 40601 FRANKFORT Phone no

X Yes

Form **990** (2010)

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

_) (Expenses \$ including grants of \$) (Revenue \$ (Code: KBA provides seminars throughout the year to provide opportunities for continuing education for the various departments in broadcast stations. These areas include, Advertising Sales, Programming, Engineering and Legal/Regulatory matters. These seminars are essential to the associations mission of providing relevant information to its members. including grants of \$) (Revenue \$) (Expenses \$

EAS EQUIPMENT REIMBURSEMENT PROGRAM: KBA HAS AGREED TO HELP ALL

KENTUCKY STATIONS WITH THE COST OF THE NEW EMERGENCY ALERT SYSTEM (EAS) EQUIPMENT THAT THE FCC HAS MANDATED ALL RADIO AND TELEVISION STATIONS TO PURCHASE AND INSTALL BY SEPTEMBER 2011. KBA DECIDED TO IMPLEMENT THIS PROGRAM TO HELP OFFSET THE COST AND ANY UNDUE HARDSHIP THIS MAY HAVE CAUSED ANY KENTUCKY STATION. Other program services. (Describe in Schedule O.)) (Revenue \$

including grants of \$ (Expenses \$ Total program service expenses 4e

Form **990** (2010)

Form 990 (2010) KENTUCKY BRO
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
	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			,,
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	Х	_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
	Schedule D, Part III	8		Λ
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			Х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ.
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		X
	If "Yes," complete Schedule D, Part V	10		_^_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	71	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
_	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	110		<u> </u>
С		11c		x
	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	110		
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	 -	 -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The second secon	14a		X
ь	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	
	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		1	
	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
20a		20a	↓	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that		1	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	<u> </u>
		Ear-	aan .	(0040)

			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 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _
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	<u>X</u>	
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
þ	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ĺ	
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	1		
	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			v
	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			Х
	Schedule L, Part III	27		
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):	20-	ļ	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	Х	A
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
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		İ	
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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2010)

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Par	t·V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			•	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	1		
Ū	(gambling) winnings to prize winners?		1c		1
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	2a 2			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	[
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
ь	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 A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a]	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	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 th	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			ļ
	to file Form 8282?		7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_	1	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e_	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f	<u> </u>	Х
9			7g	↓	X
h	•		7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	 	ļ
9	Sponsoring organizations maintaining donor advised funds.			•	1
а	Did the organization make any taxable distributions under section 4966?		9a	+-	-
	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь	 	
10	Section 501(c)(7) organizations. Enter:	الما			
a	·	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1440			1
_	Gross income from members or shareholders	11a	+		1
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11b			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	.20	1	1
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	†	
a	Note. See the instructions for additional information the organization must report on Schedule O.		1.50	1	1
	Enter the amount of reserves the organization is required to maintain by the states in which the				
IJ	organization is licensed to issue qualified health plans	13ь			
_	Enter the amount of reserves on hand	13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X

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14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

61-0663764

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

Check if Schedule O contains a response to any question in this Part VI.

1a Enter the number of voting members of the governing body at the end of the tax year 1a Enter the number of voting members of the governing body at the end of the tax year 1b Enter the number of voting members included in line 1a, above, who are independent 1b 19 2 Did any officier, directic, fruitate, or key employee have a family relationship or a business relationship with any other officer, directic, truitate, or key employees ave a family relationship or a business relationship with any other officer, directic, truitate, or key employees ave a family relationship or a business relationship with any other officers, direction or truisless, or key employees to a management company or other person? 3		Check if Schedule O contains a response to any question in this Part VI			<u> </u>			
be their the number of voting members included in line 1a, above, who are independent be let in the number of voting members included in line 1a, above, who are independent be let in the number of voting members included in line 1a, above, who are independent by the line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line 1st line	Sec	tion A. Governing Body and Management	1	V	N _a			
b Enter the number of voting members included in line 1a, above, who are independent		5 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 1		res	NO			
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? Did the organization of eligible 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		10						
officer, director, fustes, or key employee? 3		Enter the number of voting memoria molecular limb ray above, the are meaponized.						
Did the organization delegate control over management duties customantly performed by or under the direct supervision of officiers, directors or trustees, or key employees to a management company or other person? 4	2		,	1	X			
of officers, directors or trustees, or key employees to a management company or other person? A Dat the organization become sware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Desain the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Desain the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Desain committee with authority to act on behalf of the governing body? Bethe committee with authority to act on behalf of the governing body? Bethe committee with authority to act on behalf of the governing body? Bethe organization's maining address? If "Yes," provide the names and addressess in Schedule O governing body? The governing body? Desain the organization have blocal chapters, branches, or affiliates? Desain the organization have local chapters, branches, or affiliates? Desain the organization have blocal chapters, branches, or affiliates? Desain 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? Has the organization provided a copy of the Form 990 to all members of its governing body before filing the form? Desertion in Schedule O the process, frany, used by the organization to review this Form 990 Desertion in Schedule O the process, frany, used by the organization to review this Form 990 Desertion organization provided a copy of the Form 990 to all members of its governing body before filing the form? Desertion organization provided a copy of the Form 990 to all members of its governing body before filing the form? Desertion organization have a written official of interest policy? If W	2							
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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? 15a X 15b X 15b X 15b X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 15c X 1					 			
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b if "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization: OFFICE - 502-848-0426								
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KENTUCKY BROADCASTERS ASSOCIATION, INC.

61-0663764

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)				iy)	Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations In Schedule O)	ustee or director	Individual trustee or director Institutional trustee			Highest compensated employee		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				v			107 605	22 107	10 760
PRESIDENT/CEO	40.00	 			Х	<u> </u>		197,605.	22,187.	19,760
SEE ATTACHED LIST		<u></u>				_		_0.	0.	0
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Part VII Section A. Officers, Directors, T (A)	rustees, Key Er (B)	nplo	yee		nd I C)	High	est	Compensated Employ (D)	ees (continued) (E)	\neg		(F)	
Name and title	Average			Pos	rtior			Reportable	Reportable		Est	۱۰ <i>۰</i> ımate	d
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	ec setsual trustani	(all 1	Key employee	Highest compensated demployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISO		comp fro orga and	ount on other pensation the inization related nization	tion e on ed
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	.,										•		-
						-							
						-							
1b Sub-total					<u> </u>	<u> </u>		197,605.	22,18		19	7,7	
c Total from continuation sheets to Part	VII, Section A							197,605.	22,18	0.	1 (9,70	0.
 d Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization 	t not limited to ti	nose	e liste	ed a	bov	e) w	ho r		' '			<i>,</i> , , ,]
										r		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	r such individual	1								-	3		Х
For any individual listed on line 1a, is the and related organizations greater than \$ Tide any page at least on line 1a received.	150,000? <i>If</i> "Yes	," co	mpl	ete :	Sch	edul	e J	for such individual		-	4	Х	
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co							eiai	ted organization or indiv			5	1	X
Complete this table for your five highest the organization. NONE	compensated in	dep	ende	ent d	cont	ract	ors 1	that received more than	\$100,000 of comp	pensa	ation fr	om	-
(A) Name and busine	ess address							(B) Description of s	services	Co	(C omper		n
											_		
													_
2 Total number of independent contractor		not I	ımıte	ed to	> the	ose I	ste	d above) who received n	nore than				
\$100,000 in compensation from the orga	anization -					<u> </u>			<u> </u>		Form 9	990 c	2010

1	Pa	revi	ill Statement of Reven	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 a Public Education Partn	tributions, gifts, grants other similar amounts	b c c	 b Membership dues c Fundraising events d Related organizations e Government grants (contributing All other contributions, gifts, grant 	1b 1c 1d 1d 1s, and	29,540.		·		
2 a Public Education Partn	a Se	_	=	1a-1f \$		29,540.			
COMMISSIONS 515100 2,567, 2,567, 2,567, 3									
Total. Add lines 2a/2f Total. Add lines 2a/2f Total. Add lines 1 (a) plant service reference	<u>8</u>	2 a		n Partn					<u>.</u>
Total. Add lines 2a/2f Total. Add lines 2a/2f Total. Add lines 1 (a) plant service reference	E G	t							
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Total. Add lines 2a/2f Total. Add lines 2a/2f Total. Add lines 1 (a) plant service reference	Re S	C		ICE	313100	1,500.	1,500.	<u>-</u> -	
Total Add lines 2a:2f	Pro			enue					
3 Investment income (including dividends, interest, and other similar amounts) 7,952. 7,952. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 67,848. (iii) Personal 67,848. (i			, ,		>	1088845.			
1		3	Investment income (including	dividends, inter	est, and				
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the			other sımılar amounts)		▶	7,952.	7,952.		
(i) Personal (ii) Personal (iii) Personal		4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
1		5	Royalties		<u>▶</u>	· · · · · · · · · · · · · · · · · · ·			***************************************
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: cort of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a EARNINGS EQUITY INVEST b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 46,059. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 21,789. 2			- Ower Brooks						
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12 Total revenue. See instructions ► 1066248. 1014919. 0. 21,789.		٠				01 070			
									21 700
	0320		lotal revenue. See instructions			1000248.	1014919.		

Part IX Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are i			O).
	not include amounts reported on lines 6b, Bb, 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	20,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,	100 600			
	trustees, and key employees	188,698.	· 		
6	Compensation not included above, to disqualified	1			
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B) Other salaries and wages	63,265.			
7	Pension plan contributions (include section 401(k)	03/203.		 	
8	and section 403(b) employer contributions)	25,196.			
9	Other employee benefits	14,707.			<u> </u>
10	Payroll taxes	13,890.			
11	Fees for services (non-employees):				
а	Management				
ь	Legal	14,425.			
c	Accounting	19,484.			
d	Lobbying	29,850.			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	10 701			
12	Advertising and promotion	10,791. 11,739.			
13	Office expenses	11,739.		1	
14	Information technology Royalties	<u> </u>			
15 16	Occupancy		·- <u>-</u>		
17	Travel	9,435.			
18	Payments of travel or entertainment expenses	•			
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	192,514.			
20	Interest				
21	Payments to affiliates		 – – – – – – – – – – – – – – – – –		
22	Depreciation, depletion, and amortization	19,537.			
23	Insurance				
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)			<u> </u>	
а	amount, list line 24f expenses on Schedule 0) EAS EQUIPMENT REIMBURSE	140,000.			<u> </u>
a h	MISC. LABOR	34,312.			
c	DEBATE EXPENSES	20,217.			
d	VEHICLE LEASE	17,979.			
e	CONSULTING FEES	12,000.			
f	All other expenses See Sch O	97,414.			
25	Total functional expenses. Add lines 1 through 24f	955,453.			
26	Joint costs. Check here ▶ ☐ rf 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				
	9911911911			· ··	·

61-0663764 Page 11 KENTUCKY BROADCASTERS ASSOCIATION, INC. Form 990 (2010) Part X Balance Sheet (A) (B) End of year Beginning of year 234,768. 102,362. 1 Cash - non-interest-bearing 493,610. 500,808. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 88,500. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,277,396. 405,513. basis. Complete Part VI of Schedule D 10a 905,524. 871,883. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 37,329. 37,329. 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets -87,745.6,925. 15 15 Other assets. See Part IV, line 11 1,651,713. 1,539,580. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 765. 2,103. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities. Complete Part X of Schedule D 2,103. 765. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,538,815. 1,649,610. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30

> 1,651,713. Form **990** (2010)

1,649,610.

31

32

33

1,538,815.

1,539,580.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	•	•					•	•				
Form	990 (2010)	KENTU	CKY	BROADCASTERS	S ASSOCIATION,	INC.	61	<u>-066376</u>	4	Pag	<u>je 12</u>	
Par	tXI Recon	ciliation of Net A	Assets	3								
	Check if	Schedule O contains	a respo	onse to any question in t	his Part XI						X	
										_		
1	Total revenue	(must equal Part VIII,	column	(A), line 12)			1	1,066,248				
2	Total expense	s (must equal Part IX,	column	(A), line 25)			2		955 , 453			
3	Revenue less expenses. Subtract line 2 from line 1								110,795			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							1,5	38	<u>, 8</u>	15.	
5	5 Other changes in net assets or fund balances (explain in Schedule O)										<u>0.</u>	
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							1,6	49	,6	10.		
Par	t XII Financ	cial Statements	and R	eporting								
	Check	Schedule O contains	a respo	onse to any question in t	his Part XII						<u>X</u>	
								,		Yes	No	
1	Accounting m	ethod used to prepare	e the Fo	rm 990: X Cash	Accrual Other			أ		- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								1			
2a	Were the orga	ınızatıon's fınancıal sta	atement	s compiled or reviewed	by an independent accoun	ant?			2a		<u>X</u>	
b	Were the orga	ınızatıon's fınancıal sta	atement	s audited by an indeper	ident accountant?			1	2b	X		
С	If "Yes" to line	2a or 2b, does the or	rganızat	ion have a committee th	at assumes responsibility f	or oversight of th	ne aud	t,				
	review, or con	npilation of its financia	al staten	nents and selection of ai	n independent accountant?				<u>2c </u>	X		
	If the organiza	ation changed either it	ts oversi	ght process or selection	process during the tax yea	ır, explaın ın Sch	edule	O.		1		
d	If "Yes" to line	2a or 2b, check a bo	x below	to indicate whether the	financial statements for the	year were issue	ed on a	ı		1		
	separate basi	s, consolidated basis,	or both	:						1		
	Separat	e basis X Cons	olidated	l basis Both cor	solidated and separate ba	sis				- 1		
За	As a result of	a federal award, was t	the orga	inization required to und	ergo an audit or audits as s	et forth in the S	ngle A	udit				
	Act and OMB	Circular A-133?						<u>_</u> ;	3a		_X_	
b	If "Yes," did ti	ne organization under	go the r	equired audit or audits?	If the organization did not	ındergo the reqi	ured a	udit				
	or audits, exp	lain why in Schedule (O and d	escribe any steps taken	to undergo such audits.				3b			
	-							Fo	rm S	90 (2010)	

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

2010

OMB No 1545-0047

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 V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section	i 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		-	
Name of or				1 .	oyer identification number
	KENTUCK	Y BROADCASTERS A	SSOCIATION,	INC.	61-0663764
Part I-A	Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 or	rganization.
2 Politic	le a description of the organiz al expenditures teer hours	zation's direct and indirect politic	cal campaign activities		
Part I-B	Complete if the ord	ganization is exempt und	ler section 501(c)	0(3).	
		incurred by the organization un-		▶ \$	
		incurred by organization manag			
	•	on 4955 tax, did it file Form 4720			Yes No
	correction made?	·	•		Yes No
b If "Yes	s," describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt und	der section 501(c	, except section 501(c)(3).
1 Enter	the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	
2 Enter	the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
exem	ot function activities			▶\$	
3 Total	exempt function expenditure:	s. Add lines 1 and 2. Enter here	and on Form 1120-POI		
line 17	7b			▶ \$	
	e filing organization file Form				Yes No
made contri	payments. For each organize butions received that were pl	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		/			
	. ,,,				

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

Schedule C (Form 990 or 990-EZ) 2010

hedule C (Form 990 or 990 EZ) 2010 KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page 2 Part. II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768										
		npt under sectioi	n 501(c)(3) and 111	ed Form 5/68						
(election under secti										
A Check 🚩 🔛 if the filing organization										
B Check Lifthe filing organization	on checked box A an	d "limited control" pro	visions apply.		T					
	on Lobbying Expenures" means amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expenditures to influe	nce public opinion (g	rass roots lobbying)								
b Total lobbying expenditures to influe	nce a legislative bod	y (direct lobbying)								
c Total lobbying expenditures (add line	es 1a and 1b)									
d Other exempt purpose expenditures										
e Total exempt purpose expenditures	e Total exempt purpose expenditures (add lines 1c and 1d)									
f Lobbying nontaxable amount. Enter	the amount from the	following table in bot	h columns.							
If the amount on line 1e, column (a) or	(b) is: The lobb	ying nontaxable am	ount is:	~						
Not over \$500,000	20% of t	he amount on line 1e.								
Over \$500,000 but not over \$1,000,0	000 \$100,00	0 plus 15% of the exc	ess over \$500,000.							
Over \$1,000,000 but not over \$1,500	ess over \$1,000,000.									
Over \$1,500,000 but not over \$17,00	00,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.							
Over \$17,000,000	\$1,000,0	000.								
										
	g Grassroots nontaxable amount (enter 25% of line 1f)									
·	h Subtract line 1g from line 1a. If zero or less, enter -0-									
i Subtract line 1f from line 1c. If zero of	,				<u> </u>					
j If there is an amount other than zero		ine 1i, did the organiz	ation file Form 4720							
reporting section 4911 tax for this ye				- -	Yes No					
, ,	tions that made a s		Section 501(h) n do not have to com es 2a through 2f on p							
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total					
2a Lobbying nontaxable amount										
b Lobbying ceiling amount										
(150% of line 2a, column(e))										
c Total lobbying expenditures		<u>.</u>								
d Grassroots nontaxable amount										
e Grassroots ceiling amount										
(150% of line 2d, column (e))										
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990 EZ) 2010 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?	<u> </u>			
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				<u>.</u>
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				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	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	on 501(c)	(5), or se	ection	
	501(c)(6).				
				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?	504/-)	(5)		X
Par	TIII-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	irt III-A, III	ne 3 is a	nswerea	
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
_	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				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		5		
5	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information			<u> </u>	_
		and Dort II D	line 11 Ale		this sort
	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	ino Pari II-D,	IIITE II. AISI	o, complete	tilis part
tor a	ny additional information.				
			_		
_		·-··			-

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number

61-0663764

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
•	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
_	day of the tax year.		
	ady or the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	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	• •	re
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	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		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ring the year
,	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	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 expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	↑ Ⅲ Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her 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 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic service, 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 financial	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Sched		Y BROADCAS								
Par										
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	nıficant u	se of its o	collection i	tems
	(check all that apply):									
а	Public exhibition	d	닏ㅂ	oan or exch	nange progra	ms				
b	Scholarly research	e		Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	on's exem	pt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No_
	IV Escrow and Custodial Arran					Yes" to F	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa									
	Is the organization an agent, trustee, custod		lary for o	contributions	s or other as	sets not II	ncluded			
	on Form 990, Part X?		•						Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:						
-	ii roo, erpian iie arangemen mir area		ŭ						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?						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par			swered	"Yes" to For	rm 990. Part	IV. line 10)_			
X 441	Endownione Landor Complete	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
4.	Beginning of year balance	(a) Odirent year	(5)	nor your	(O) The year	S DOOR I	<u> </u>	outo buon	(0) : 50: 7	
1a	Beginning of year balance						***************************************			
b	Contributions	-								
	Net investment earnings, gains, and losses					<u> </u>	***************************************			***************************************
d	Grants or scholarships		 	-		<u> </u>				
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
9	End of year balance	L			l	i			<u></u>	
2	Provide the estimated percentage of the year	ar end balance held a								
а	Board designated or quasi-endowment		_%							
b	Permanent endowment -	%								
C	Term endowment	_%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiz	ation	r.	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization								3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipa			, line 10.	-					
	Description of investment	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (investi	ment)		(other)	dep	reciation			<u> </u>
1a	Land				7,500.					,500.
b	Buildings			1,09	8,181.	3	23,6	17.	774	,564.
С	Leasehold improvements									
d	Equipment			9	1,715.		81,8	96.	9	,819.
_ е	Other						 -			
Tota	1. Add lines 1a through 1e (Column (d) must	egual Form 990, Par	t X, colur	nn (B), line 1	10(c).)			>	871	,883.

Schedule D (Form 990) 2010

(8)(9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's finance.

FIN 48 (ASC 740) al statements that reports the organization's liability for uncertain tax positions under

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 1,066, 248.	Sche	dule D (Form 990) 2010 KENTUCKY BROADCASTERS ASSOCIATION, INC.			663764	Page 4
2 955, 433. 2 955, 433. 3 110,795. 4 4 -2,316. 5 5 5 5 5 5 5 5 5	Par	KXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	State	ment	S	
2 2 955, 433.	1	Total revenue (Form 990, Part VIII, column (A), line 12)			1,066,	248.
3 110,795c. Net unrealized gains (bossel) on investments 4 -2,316. 5 Donated services and use of facilities 6 Prior period adjustments 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Donated services and use of facilities 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 -184,051. 10 Excess or (Selficial for the year per audited inancial statements. Combine times 3 and 9 1 -73,236. Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gama, and other support per audited financial statements 2 Amounts included on hier 1 but not no Form 990, Part VIII, line 12: a Net unrealized gams on investments b Donated services and use of facilities c Recoverse of pror year grants d Other (Describe in Part XIV) 2 do S24,976. 2 524,976. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: b Chief (Describe in Part XIV) 2 do S10 (Part XIV) 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: b Chief (Describe in Part XIV) 4 do Indire 4 sand 46 5 Total revenue, Add lines 3 and 46. (This must equal From 990, Part I, line 12) 5 Add lines 4 and 46 5 Total revenue and losses per audited financial Statements With Expenses per Return 1 Total revenue, Add lines 3 and 46. (This must equal From 990, Part I, line 12) 2 Amounts included on line 1 but not on Form 990, Part III, line 7b b Chief (Describe in Part XIV) 2 Add lines 4 and 46 5 Total revenues and losses per audited of From 990, Part II, line 7b b Chief (Describe in Part XIV) c Add lines 4 and 46 5 Total revenues and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 a hounts included on from 990, Part III, line 7b b Chief (Describe in Part XIV) c Add lines 4 and 46 5 Total revenues and losses per audited financial statements 2 a hounts included on Form 990, Part III, line 7b b Chief (Describe in Part XIV) c Add lines 4 and 46 5 Total revenues	2				955,	453.
4 -2,316. Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments (eight for the year per audited financial statements. Combine lines 3 and 9 7 Excess or identify (eight for the year per audited financial statements. Combine lines 3 and 9 8 1-181,735. 9 10 Total adjustments (eight for the year per audited financial statements. Combine lines 3 and 9 10 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a						
5 Donated services and use of facilities 6 investment expenses 8 c investment expenses 8 c investment expenses 8 c investment expenses 9 c -181, 735. 8 Cither (Describe in Part XIV) 9 c -181, 735. 9 c -181, 735. 10 Excess or (defact) for the year per audited financial statements. Combine lines 3 and 9 c -73, 255. Part XIII, Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a line turnealized gains on investments b Donated services and use of facilities c Recoverse of prior year grants d Cliner (Describe in Part XIV) c Add lines 2 through 2d 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Chiter (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part II, line 12) 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part II, line 12) 6 Chiter (Describe in Part XIV) c Add lines 4a and 4b 7 Total expenses and uses of facilities 1 Total expenses and uses of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: b Donated services and use of facilities c Cither losses 2 Control (Describe in Part XIV) c Add lines 4 and 4b 5 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IX, line 12) 7 Add lines 4 and 4b 7 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IX, line 18) 8 Described in Part XIV) 5 Add lines 4 and 4b 6 Total expenses, Add lines 3 and 4e. (This must equal Form 990, Part IX, line 18) 8 Described in Part XIV) 5 Add lines 4 and 4b 6 Described in Part XIV) 6 Add lines 4 and 4b 7 Amounts included			1			
6 Investment expenses 7 Pror period adjustments 7 Pror period adjustments 8 Provention and part XIV 9 Total adjustments (net). Add lines 4 through 8 10 Excess or defect for the year per audited financial statements. Combine lines 3 and 9 10 — 73, 256. Part XII Reconciliation of Revenue per Audited Financial Statements 1 Total revenue, gains, and other support per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not unrealized gains on investments 4 Donated services and use of facilities 6 Recoveries of prior year grants 6 Other (Resorber in Part XIV) 6 Add lines 2 through 2d 7 Subtract line 2e from line 1 8 John 100, 121. 8 Subtract line 2e from line 1 9 Other (Describe in Part XIV) 9 Add lines 8 and 4b 1 Total revenue. Add lines 3 and 4e. (Trie must equal Form 990, Part I, line 12) 1 Total revenue. Add lines 3 and 4e. (Trie must equal Form 990, Part I, line 25: 2 Donated services and uses of facilities 9 Prior year adjustments 1 Total expenses and clines 1 facilities 9 Prior year adjustments 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 9 Donated services and uses of facilities 9 Prior year adjustments 1 Total expenses and idease grant distantents 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 9 Donated services and uses of facilities 9 Prior year adjustments 2 Amounts included on Form 990, Part IX, line 25: 9 Donated services and uses of facilities 9 Prior year adjustments 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Type 1 Ty			<u> </u>			
7 Pror period adjustments 8 Other (Describe in Part XIV) 8 1-181, 735. 8 Other (Describe in Part XIV) 8 1-184, 051. 10 Excess or (deficit) for the year part adjustments (etc.) Add lines 4 through 8 10 10 -73, 256. Part XIII, Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not no Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2 Donated services and use of facilities 6 Recoveries of prior year grants 6 Other (Describe in Part XIV) 9 Add lines 2a through 2d 9 Amounts included on Form 990, Part VIII, line 12: 9 Investment expenses ent included on Form 990, Part VIII, line 7b 9 Other (Describe in Part XIV) 1 Chald lines 4a and 4b 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 1 Total expenses and loses by a raudited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 75 4 Amounts included on Form 990, Part IX, line 75 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 12: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 13: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 14:	_				·- <u></u> -	
8 Other (Describe in Part XIV) 9 Total adjustments (rel). Add lines 4 through 8 10 Excess of (delhot) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on form 990, Part VIII, line 12: a Net unrealized gains on investments 6 Donated sorvices and use of facilities c Recoverse of prior year grants d Cither (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract the 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4 Add lines 4 and 4b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part I, line 12: 3 Donated services and use of facilities 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on form 990, Part I, line 12: 2 Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Donated services and use of facilities 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9 Donated services and use of facilities 9 Donated services and use of facilities 1 1,564,359. 4 Donated services and use of facilities 9 Donated services and use of facilities 1 2a 1 2a 2 Donated services and use of facilities 9 Donated services and use of facilities 1 1 Total expenses and losses per audited financial statements 9 Donated services and use of facilities 1 2a 2 Donated services and use of facilities 9 Donated services and use of facilities 1 2a 2 Donated services and use of facilities 9 Donated services and use of facilities 1 2a 2 Dona	_		1			
9 Total adjustments (net). Add lines 4 through 8 10 -73, 256. Part XII Reconcilitation of Revenue per Audited Financial statements. Combine lines 3 and 9 10 -73, 256. Part XII Reconcilitation of Revenue per Audited Financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on hier 1but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities. c Recoveries of prior year grants d Other (Describe in Part XIV) a Add lines 2 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: a Investment expenses not included on Form 990, Part VIII, line 7b b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part, line 12) c Add lines 4a and 4b f Total expenses and use of facilities b Prior year allouded on fire in but not on Form 990, Part I, line 12: a Donated services and use of facilities b Prior year allouded on fire 1 but not on Form 990, Part I, line 12: c Total expenses and use of facilities c Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on fire 1 but not on Form 990, Part I, line 25: a Donated services and use of facilities b Prior year allouded on fire 1 but not on Form 990, Part I, line 25: a Donated services and use of facilities b Prior year allouded on fire 1 but not on Form 990, Part II, line 7b b Prior year allouded on fire 1 but not on Form 990, Part II, line 7b b Prior year allouded on form 1 but not on Form 990, Part II, line 7b b Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part II, line 7b b Other (Describe in Part XIV) c Add lines 2a hard 4b, Amounts included on Form 990, Part II, line 7b b Other (Describe in Part XIV) c Add lines 2a and 4b, This must equal Form 990, Part II, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part		The period adjournance	 		-181	735.
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Schedule D (Form 990) 2010 KENTUCKY BROADCASTERS ASSOCIATION, INC.	. 61-0663764 Page 5
Part XIV Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
SALES COMMISSIONS-SUBSIDIARY	462,537.
RENTAL INCOME (NET VS GROSS)	46,059.
INSURANCE COMMISSIONS	1.
INCOME TAX BENEFIT (SUBSIDIARY)	16,379.
Total to Schedule D, Part XII, Line 2d	524,976.
Part XII, Line 4b - Other Adjustments:	
DEFERRED & ACCRUAL ADJ. PUBLIC EDUCATION PARTNERSHIP ADV.	167,625.
DEFERRED & ACCRUAL MEMBERSHIP DUES	14,374.
EARNINGS EQUITY IN SUBSIDIARY	-81,878.
Total to Schedule D, Part XII, Line 4b	100,121.
Part XIII, Line 2d - Other Adjustments:	
	544,415.
SUBSIDIARY EXPENSES UNREALIZED (LOSS) ON INVESTMENTS	2,316.
ACCRUAL AUDIT ADJUSTMENTS: COMMISSIONS	14,706.
ACCRUAL AUDIT ADJUSTMENTS: ADVERTISING	2.
ACCRUAL AUDIT ADJUSTMENTS: DUES	68.
ACCRUAL AUDIT ADJUSTMENTS: OTHER INSURANCE	312.
ACCRUAL AUDIT ADJUSTMENTS: OFFICE SUPPLIES	221.
ACCRUAL AUDIT ADJUSTMENTS: PROFESSIONAL FEES	1,600.
UTILITIES	147.
RENTAL EXPENSE ALLOCATION	46,056.
	600 042
Total to Schedule D, Part XIII, Line 2d	009,043.
Part XIII, Line 4b - Other Adjustments:	Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
ACCRUAL AUDIT ADJUSTMENTS: BUILDING MAINTENANCE	154.
ACCRUAL AUDIT ADJUSTMENTS: ADMINISTRATIVE MEALS & ENT.	19.
ACCRUAL AUDIT ADJUSTMENTS: ANNUAL CONFERENCE	760.
ACCRUAL AUDIT ADJUSTMENTS: TELEPHONE	4.
Total to Schedule D, Part XIII, Line 4b	937.
	
	

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SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public 2010 Inspection

OMB No 1545-0047

Employer identification number

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

Ž 61-0663764 (h) Purpose of grant or assistance X Yes 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 duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section received more than \$5,000. Part II can be duplicated if additional space is needed (b) Method of recipient of valuation (b) Description of recipient assistance recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (b) Description of recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (c) Description of the construction of the construc 1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. KENTUCKY BROADCASTERS ASSOCIATION, INC. 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? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Parti

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

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed KENTUCKY BROADCASTERS ASSOCIATION, INC. Schedule I (Form 990) (2010) Part III

Page 2

61 - 0663764

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THAT ARE ENROLLED IN A BROADCASTER OR TELECOMMUNICATIONS MAJOR. THE AMOUNT THEIR JUNIOR OR SENIOR YEAR AT A KENTUCKY COLLEGE OR UNIVERSITY Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Schedule I, Part I, Line 2: KBA ISSUES EACH YEAR SCHOLARHIPS TO STUDENTS (d) Amount of non-cash assistance ö OF SCHOLARSHIP AN INDIVIDUAL CAN RECEIVE IS UP TO \$2500 2,500. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance WHO ARE IN SCHOLARSHIPS

Schedule I (Form 990) (2010)

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.

► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

► Attach to Form 990.

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number 61-0663764

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments 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 Written employment contract			
	Independent compensation consultant 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:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	-	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	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:			
а	The organization?	5a	ļ	-
b	Any related organization?	5b	ļ	ļ
	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
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, line 1a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	+
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	+-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9	1	1

Schedule J (Form 990) 2010

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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(l)-(D)	reported in prior Form 990 or Form 990-EZ
		89,073.	23,150.	85,382.	19,760.	0	217,365.	0
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	(i)							
15	(ii)							
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16	Ξ							
				L			Schedu	Schedule J (Form 990) 2010

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.

Part I, Line la: KBA PROVIDES COUNTRY CLUB DUES FOR THE EXECUTIVE		AS PART OF THE WRITTEN EMPLOYEMENT CONTRACT THAT IS EVALUATED	1	SES FOR FISCAL VEAR END 1	'					
Part I, Line la:	DIRECTOR	AS PART OF THE W	ANNOALLI DI INE REPUE	THESE EXDENSES E						

26

Schedule J (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

					CIATION, IN			1-06	63/6	4	
Part I Excess Benefit		•									
Complete if the organ	nization ansv	vered "Yes"	on Form	990, Part IV, I	ine 25a or 25b, or For	m 990-E	Z, Part \	/, line 40	b		
1 (a) Name of dies	walfied nem	.00			(h) Description	of tranca	ction			(c) Corr	ected?
(a) Name of disc	qualitied pers		·		(b) Description	UI (Ialisa	-			Yes	No
	_										
		_									
		_	<u> </u>								
				_	<u>-</u>						
<u>-</u>				}							
2 Enter the amount of tax impo	sed on the o	rganization	manager	s or disqualific	ed persons during the	year un	der				
section 4958								▶ \$			
3 Enter the amount of tax, if an	y, on line 2,	above, reim	bursed by	y the organiza	tion			▶ \$			
Part II Loans to and/or	From Int	erested	Persons	s.							
	nization ansv	vered "Yes	on Form	990, Part IV,	ine 26, or Form 990-E	Z, Part \	/, line 38	la.		,	
(a) Name of interested			(c) Origi	inal principal	(d) Balance due			by bo	ard or	(g) W	
person and purpose	the orga	nanswered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b diperson (b) Description of transaction the organization managers or disqualified persons during the year under ne 2, above, reimbursed by the organization Interested Persons. In answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. Loan to or from e organization? O From (c) Original principal amount O From Yes No Yes No Yes No Yes No Answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. The province of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part	rttee?	agree	nent?						
	То	From	ļ			Yes	No	Yes	No	Yes	No_
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Total		61.1				<u> </u>		<u> </u>		<u> </u>	
L											
Complete if the orga	nization ansi	wered "Yes									
(a) Name of interested i	person		(b) Relat			and	1				f
					garnzation						
							-				
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Page 2

(a) Name of interested person	t "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues		
				Yes	No	
JERRI WHITE	JERRI WHITE IS THE		JERRI WHITE		X	
STACY WHITE PERRY	STACY WHITE PERRY I	3,400	STACY WHITE		Х	
Complete this part to provide addition	al information for responses to question	ns on Schedule L (see	e instructions).			
Sch L, Part IV, Business	Transactions Involvi	ng Interest	ed Persons:			
(a) Name of Person: JERRI	WHITE	, .				
(b) Relationship Between						
JERRI WHITE IS THE WIFE OF						
(d) Description of Transac PEP PROGRAM OF KBA	ction: JERRI WHITE I	NPUTS DATA	ENTRY FOR T	'HE		
PEP PROGRAM OF RDA						
(a) Name of Person: STACY	WHITE PERRY					
(b) Relationship Between	Interested Person an	d Organiza	tion:			
STACY WHITE PERRY IS THE	DAUGHTER OF THE EXEC	UTIVE DIREC	CTOR, GARY V	HITE].	
(d) Description of Transa	ction: STACY WHITE P	PERRY DOES	DUBBING FOR	THE		
PEP PROGRAM OF KBA,		····				
						
		·			_	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

032211 01-24-11 KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number 61–0663764

RENTOCKT BROADCADIERD ADDOCTATION THE: 01 0003/01
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 III, Line 2, New Program Services:
EAS EQUIPMENT REIMBURSEMENT PROGRAM: KBA HAS AGREED TO HELP ALL
KENTUCKY STATIONS WITH THE COST OF THE NEW EMERGENCY ALERT SYSTEM (EAS)
EQUIPMENT THAT THE FCC HAS MANDATED ALL RADIO AND TELEVISION STATIONS
TO PURCHASE AND INSTALL BY SEPTEMBER 2011. KBA DECIDED TO IMPLEMENT
THIS PROGRAM TO HELP OFFSET THE COST AND ANY UNDUE HARDSHIP THIS MAY
HAVE CAUSED ANY KENTUCKY STATION.
Form 990, Part VI, Section A, line 6: MEMBERS.
Form 990, Part VI, Section A, line 7a: MEMBERS.
Form 990, Part VI, Section A, line 7b: ONLY IF CHANGES TO THE BYLAWS ARE
TO BE MADE.
Form 990, Part VI, Section B, line 11: THE 990 FOR THE PRIOR FISCAL YEAR
IS REVIEWED (BEFORE FILING) AT THE JANUARY BOARD MEETING BY ALL MEMBERS
PRESENT AT THE MEETING.
Form 990, Part VI, Section B, Line 12c: ON AN ANNUAL BASIS EACH BOARD
MEMBER AND EMPLOYEES OF KBA ARE TO REPORT ANY CONFLICT OF INTEREST.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Employer identification number

Name of the organization	KENTUCKY BROADCASTERS ASS	OCIATION, IN		yer identification number L – 0 6 6 3 7 6 4
	VI, Section B, Line 15:			
MEET TO SET T	E EXECUTIVE OFFICER'S COM	PENSATION. I	NDUSTRY COM	1PARABLE DATA
AND CURRENT F	NANCIAL HEALTH ARE DETERM	INING FACTOR	S. MINUTES	OF THESE
MEETINS ARE K	PT ON FILE.			
Form 990, Par	: VI, Section C, Line 19:	KBA WILL PRO	VIDE THEIR	GOVERNING
DOCUMENTS, CO	FLICT OF INTEREST STATEME	NT, FINANCIA	L STATEMEN	rs, 990'S AND
NON-PROFIT AP	PLICATION AVAILABLE TO THE	PUBLIC UPON	REQUEST.	
Form 990, Par	IX, Line 24f, All Other	Functional E	xpenses:	
BUILDING MAIN	1.:			
Total expense	3			9,773.
REPAIRS & MAI	VT.:	.,		
Total expense	3			8,641.
		WAY.		
NEWSLETTER:				
Total expense	3		 	8,137.
UTILITIES:				
Total expense	5			7,987.
DUES & REGIST	RATION EXP.:			
Total expense	3		. .	7,959.
CONTRIBUTIONS	:			
Total expense	3		Schedule O (F	7,586. orm 990 or 990-EZ) (2010)
U1-24-11		30		

Schedule O (Form 990 or 9	· 90-EZ) (2010)				Page 2
Name of the organization	KENTUCKY	BROADCASTERS	ASSOCIATION,	INC.	Employer identification number 61-0663764
	-			· · · · · · · · · · · · · · · · · · ·	
OTHER INSURANCE	CE:				
Total expense:	<u>s</u>			·	7,583.
AUTOMOBILE EX	PENSES:				
Total expenses	S				6,633.
TELEPHONE:					
Total expense	S				6,574.
ADMINISTRATIV	E EXP.:		***		
Total expense	S				6,231.
AWARDS & GIFT	S:			·	
Total expense	s				5,425.
POSTAGE:				// No. 1	
Total expense	S				4,115.
TDGA MEMBERSH	IP EXPENS	E:		,	
Total expense	S				3,000.
PROPERTY TAXE	S:				***************************************
Total expense					
Total expense					1 205

Schedule O (Form 990 or 990-EZ) (2010)	Page
Name of the organization KENTUCKY BROADCASTERS ASSOCIATION, INC.	Employer identification number 61-0663764
OTHER TAX & LIC.:	
Total expenses	944
BANK SERVICE CHARGES:	
Total expenses	716
CREDIT CARD FEES:	
Total expenses	579
PERMIT FEES:	
Total expenses	578
SELF INSPECTION EXPENSE:	
Total expenses	500
LOBBYING/LEGISLATIVE EXPENSES:	
Total expenses	300
MISC. EXP.:	
Total expenses	179
Total Other Expenses on Form 990, Part IX, line 24f, Col	A 97,414
FORM 990, PART XII, LINE 2c	
NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.	
NO CHANGES HAVE BEEN MADE FROM THE PRIOR YEAR.	

Related Organizations and Unrelated Partnerships

2010 pen to Public Inspection

OMB No 1545-0047

ation number

SCHEDULE R (Form 990) Department of the Treasury	Relate Complete if the	Related Organizations and Unrelated Partnerships ste if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 Attach to Form 990.	ed Organizations and Unrelated Partnerships organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.	lerships 3, 34, 35, 36, or 37, ons.		2010 Open to Pul Inspectio
Name of the organization		KENTUCKY BROADCASTERS ASSOCIATION, INC.	, INC.		Εm	Employer identification nur 61-0663764
Part t Identificat	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes" to	Form 990, Part IV, line 33.)			
	(e)	(q)	(3)	(a)	(e)	ω (μ)
Nan	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
ত	of disregarded entity		toreign country)			
				1		

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.) ₽art #

				•		• ,		
12(b)(13) 12(b)(13) 1)(ed 1y7	2							
(g) Section 512(b)(13) controlled entity?	Yes							
(f) Direct controlling entity		-					_	
(e) Public charity status (if section	501(c)(3))						_	
(d) Exempt Code section								
(c) Legal domicile (state or foreign country)	•							
(b) Primary activity								
(a) Name, address, and EIN of related organization						1		

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

61-0663764

Page 2

Schedule R (Form 990) 2010 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.) Part III

General or Percentage managing ownership 3 Code V-UBI General or Pramount in box managing or 20 of Schedule Partner?
K-1 (Form 1065) Yes/No ate allocations? Yes No Disproportion-Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization æ

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 freated as a conocration or frust during the tax year.) Part IV

organizations treated as a corporation of trust during the tax year.)	year.)						
(a)	(q)	(0)	Ð	(e)	€	(6)	Ξ
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
RENTUCKY ALLIANCE FOR RADIO & TELEVISION (KART) - 31-1577527, 101 ENTERPRISE DRIVE, FRANKFORT, KY							
40601	PROMOTING ADVERTISING	KY	N/A	C CORP	0.	0.	100.00\$
						:	,
							•
							_

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Schedule R (Form 990) 2010

032162 12-21-10

Page 3

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

				}		1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II·IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	\dashv	×
b Gift, grant, or capital contribution to other organization(s)				1p	X	
c Gift, grant, or capital contribution from other organization(s)				10	_	×
				19	^	×
				16	_	×
						ŀ
Sale of assets to other organization(s)				*	^	×
Purchase of assets from other organization(s)				10	_	×
				4	_	×
				=	\ <u></u>	×
j Lease of facilities, equipment, or other assets from other organization(s)				1,	^	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			14	^	×
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=	^	×
m Sharing of facilities, equipment, mailing lists, or other assets				£	×	
n Sharing of paid employees				11	×	
o Reimbursement paid to other organization for expenses				10	^	×
p Reimbursement paid by other organization for expenses				9	^	×
q Other transfer of cash or property to other organization(s)				19		×
				11	^	×
ns for info	who must complete the	ils line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
KBA CONTRIBUTED ADDITIONAL PAID IN CAPITAL (1) FOR SUBSIDIARY'S OPERATIONS	m	176,500.				
KBA PROVIDES SUBSIDIARY THE USE OF THEIR (2) FACILITY & OFFICE EQUIPMENT	М	0.	0. AMOUNT OF USUAGE IS MINIMAL	IMAL		
(3) SUBSIDIARY PAYS KBA EMPLOYESS COMMISSIONS	Z	27,187.		-		
(4)					r	
(5)	ļ			,		
(6)						
032163 12-21-10	35		Schedule R (Form 990) 2010	3 (Form	990) 20	[은

Part VI 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

(a) (b)	(q)	(3)	(D)	(e)	€	(6)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign country)	organizations?	year assets	Yes No	of Schedule K-1 (Form 1065)	1 - 1
					·		
							_
						Schedule R (Form 990) 2010	n 990) 2010

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172

Business or activity to which this form relates Name(s) shown on return Identifying number KENTUCKY BROADCASTERS ASSOCIATION, INC. Form 990 Page 10 61-0663764 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 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 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 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 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 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 2011 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 15 Property subject to section 168(f)(1) election 15 19,378 16 Other depreciation (including ACRS) Part III 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 2010 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 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (e) Convention (f) Method (a) Classification of property (a) Depreciation deduction 19a 3-year property 1,413. 5YRS S/L HY 141. 5-year property b 256. 7YRS S/L HY 7-year property C 10-year property 15-year property е 20-year property 25-year property 25 yrs S/L 27.5 yrs. MM S/L h Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. i Nonresidential real property S/L MM Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 19,537. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 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

	, .											•	•		
For	m 4562 (2010)		TUCKY BR											764 I	
P	amusement.)		utomobiles, cert hich you are usi												
	through (c) of S	Section A, all	of Section B, a	nd Sect	tion C if a	applica	ble.								1113 (a)
	Section A -	Depreciation	on and Other Ir	format	tion (Car	ution: S	See the	ınstruc	tions for lii	nits for pa	assenge	er autom	nobiles)		
24a	Do you have evidence to s	upport the bu	siness/investmen	t use cla	ımed?	<u> </u>	es .	No	24b If "Y	es," is the	evider	nce writt	en?	Yes	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	oth	(d) Cost or ner basis		(e) is for dep siness/inv use on	reciation restment	Recovery period	(g Meth Conve	od/	Depre	h) ciation iction	Elec sectio co	n 179
<u>25</u>	Special depreciation alle	wance for q	ualified listed p	roperty	placed ı	n servi	e dunr	ng the t	ax year an	d					
	used more than 50% in										25		_		
<u> 26</u>	Property used more tha	n 50% in a c	ualified busines	s use:						1		_			
			%	+					<u> </u>						
		ļ. <u></u>	%						ļ .					. *	
		L	%												
27	Property used 50% or le	ess in a quali		l						0.0			-		
			%	1						S/L·					
_			% %					_	<u> </u>	S/L -					
	Add amounts in column	(h) lines 25	· · · · · · · · · · · · · · · · · · ·	-	and on	line 21	nage			13/L-	28				
	Add amounts in column	• •					, pago	•					29		
lf y	mplete this section for version for version provided vehicles to yose vehicles	ehicles used our employe	by a sole propri ees, first answei	etor, par the qu	artner, or restions i	r other in Secti	more to	han 5% see if	6 owner," o	or related an except	person ion to d	completi	ng this s	section fo	or
30	Total business/investment	miles driven d	luring the	(a Veh	· .		b) hicle	<u> </u>	(c) Vehicle	(d) Vehi		· ·	e) IICle	(f Veh	-
	year (do not include com	• .	L					_							
	Total commuting miles					-		-							
32	Total other personal (no	ncommuting	g) miles												
	driven	- 4 b	-												
33	Total miles driven durin Add lines 30 through 32	-			i										
34	Was the vehicle availab		naluse	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	no tor porcor			1		111								
35	Was the vehicle used p	nmanly by a	more												
	than 5% owner or relat														
36	Is another vehicle availa	able for perso	onal				1								
	use?						<u></u>					<u> </u>			
			- Questions fo	•	•					-					
	swer these questions to	determine if	you meet an ex	ception	to com	pleting	Section	n B for v	vehicles us	ed by em	ployee	s who a	re not n	ore than	5%
_	ners or related persons.						-6								
37	Do you maintain a writt	en policy sta	itement that pro	nibits a	ui persor	ial use	ot veni	cies, ind	cluaing cor	nmuting,	by you	r		Yes	No
20	employees?	on naliou ata	tomont that are	hibito e	omonal	use of	vobiolo	e evce	nt commut	una by ye	NI.			-	+-
5 8	Do you maintain a writt employees? See the in:		•								Jui				
30	Do you treat all use of v					110013, (211 GOLOI	J, OI 17	, o or more	C1111613					
	Do you provide more the					ınforma	tion fro	m your	employee	s about					
.,	the use of the vehicles,							,	,,					L.	
41	Do you meet the requir					monstr	ation u	se?							
_	Note: If your answer to	37, 38, 39, 4	40, or 41 is "Yes	s," do no	ot compl	ete Sed	ction B	for the	covered ve	ehicles.					1
P	art VI Amortization														

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2010 tax year:	-			
3 Amortization of costs that began befo	re your 2010 tax year			43	
Total. Add amounts in column (f). See				44	

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

2010

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

1

KEN	TUCKY BROADCASTERS	ASSOCIAT	ION, I	NC. COM	MER	CIA	L BUILDI	NG	61-0663764
Par									you complete Part I.
1 M	aximum amount (see instructions)							1	500,000.
	otal cost of section 179 property place	d in service (see	instructions	•				2	
	hreshold cost of section 179 property			•				3	2,000,000.
	eduction in limitation. Subtract line 3 fi			er -0-				4	
	ollar limitation for tax year Subtract line 4 from line				e instructi	ions		5	
6	(a) Description of pro			(b) Cost (busin			(c) Elected	l cost	
-						ĺ			
				-] '
									7
7 L	isted property. Enter the amount from	line 29				7			
	otal elected cost of section 179 prope		ın column (c), lines 6 and	17			8	
	entative deduction. Enter the smaller		•					9	
	arryover of disallowed deduction from		009 Form 45	62				10	
	usiness income limitation. Enter the sr				ro) or lı	ne 5		11	
	ection 179 expense deduction. Add lir							12	
	carryover of disallowed deduction to 20				•	13		•	
	Do not use Part II or Part III below for								
Par	t II Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de liste	ed prop	perty.)		
14 S	pecial depreciation allowance for qual	fied property (oth	ner than liste	d property) p	laced II	n servi	ce during		
	ne tax year							14	
	roperty subject to section 168(f)(1) ele	ction						15	
	Other depreciation (including ACRS)							16	15,773.
Pai	MACRS Depreciation (Do no	t include listed pr	operty.) (Se	e instructions	.)				
			S	ection A					
17 N	MACRS deductions for assets placed in	n service in tax ye	ears beginnii	ng before 201	0			17	
18 If	you are electing to group any assets placed in serv	ice during the tax year	into one or more	e general asset acc	counts, ct	heck hen	. ▶ □] [
	Section B - Assets	Placed in Servic	e During 20	10 Tax Year	Using	the G	eneral Deprecia	ation Sys	stem
	(a) Classification of property	(b) Month and year placed in service	(búsiness/	or depreciation investment use e instructions)		Recovery period	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property								
ь	5-year property	,							
c	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property	7			2	5 yrs.		S/L	
		/			27	7.5 yrs.	. MM	S/L	
h	Residential rental property	/			27	7.5 yrs	ММ	S/L	
		/			3	9 yrs.	MM	S/L	
i	Nonresidential real property	/					MM	S/L	
	Section C - Assets F	laced in Service	During 201	0 Tax Year U	lsing tl	he Alte	ernative Depre	ciation S	ystem
20a	Class life							S/L	
ь	12-year				1	2 yrs.		S/L	
	40-year	/	1		4	0 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)								
	isted property. Enter amount from line	28						21	
	Fotal. Add amounts from line 12, lines		es 19 and 2	0 in column (c	g), and	line 21	١.		
	Enter here and on the appropriate lines							22	15,773.
	or assets shown above and placed in							•	
	portion of the basis attributable to sect	_				23_			

_		4 4		m. 10111	DO 3.5		ED C	3 C C C	O T N	m T O N	TNO		• 61	^	764	
Form 4562 (2010) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or																
PE	a	musement.)		·			•				•					
	N	ote: For any	vehicle for wi	hich you are u I of Section B,	sing the	standard	d mileage	e rate or	dedu	cting lease	expense	e, comp	lete only	124a, 24	4b, colun	ıns (a)
	u			on and Other					nstruc	tions for li	nits for p	asseng	er auton	nobiles.)		
	Do you hav			siness/investme			Y		$\overline{}$	24b if "Y					Yes	No
		(a) (b)		(c)		(d)		(e)		(f)		(g)		h)	(i)	
	Type of property (list vehicles first) Date placed in investment service use percental			، ا	Cost or		Basis for depreciation (business/investment use only)		Becovery Meth		hod/	Depreciation deduction		Elected section 179 cost		
25 Special depreciation allowance for qualified listed					propert	y placed	ın servic	e during	the t	ax year an	d					
	used more	than 50% <u>in</u>	a qualified b	ousiness use								25				
26	Property u	sed more tha	an 50% in a c	qualified busin	ess use	:										
				%												
				%					ļ				_			
			<u></u>		%		ł			l			ļ			
27	Property u	sed 50% or I	ess in a qual	ified business	use										F	
			 	%			 		S/L·					<u> </u>		
			 	%			 		S/L·			 				
_	Add amounts in column (h), lines 25 through 27.			·	%			. 01 1] S/L·		100			-	
				•			•	page 1				28	1	29	<u> </u>	
29	Add amou	nts in column	1 (I), IIIIe 26. I	Enter here and		7, page B - Infor		on lise	of Vel	hicles			•	2.5	J	
If y		d vehicles to		by a sole propees, first answ	er the q	uestions	ın Section	on C to		you meet a	an excep	otion to	completi		1	
~~	Total husinges (investment miles deven during the			(a) Vehicle		1	(b) Vehicle				d) uolo	(e) Vehicle		(f) Vehicle		
		ousiness/investment miles driven during the			Venicle		Vei	Vernicie		+ Official		Vehicle		VOINGE		Cle
21	year (do not include commuting miles)									 -		1.				
	Total commuting miles driven during the year Total other personal (noncommuting) miles												1			
UL	2 Total other personal (noncommuting) miles driven											ì				
33	Total miles driven during the year.															
		Add lines 30 through 32														
34	Was the vehicle available for personal use			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
during off-duty hours								ļ								
35	Was the vehicle used primarily by a more															
	than 5% owner or related person?										_		-			
36	6 is another vehicle available for personal															
	use?				<u>. </u>		<u> </u>		<u></u> _	411 b	. 79 :- 7	<u> </u>				
۸	4 h			- Questions										ro not n	oro than	E 0/4
				you meet an	exceptic	ii to con	ipieting (Section	י וטו ס	veriicies us	ed by ei	прюуее	S WIIO a	re not n	iore man	370
_	ners or related persons. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your											Yes	No			
38	employee		en policy sta	atement that n	rohibits	nersona	luse of v	ehicles.	excei	ot commut	ina, by v	our/				-
•	8 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												1			
39	Do you treat all use of vehicles by employees as personal use?															
	10 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 m	Do you meet the requirements concerning qualified automobile demonstration use?														
			37, 38, 39, 4	40, or 41 is "Yo	es," do <i>i</i>	not comp	lete Sec	tion B fo	or the	covered ve	hicles					1
P	art VI A	mortization		 	40.5										-,-	
		(a) Description	of costs	Dat	(b) e amortizatio	amortization Amortizable Code Amortization						A	(f) mortization			
40	Amortizat			uring vour 201	begins O tax ve	ear:	amoun	τ	l	section		period or pe	rcentage	f	or this year	

Form **4562** (2010)

43

44

43 Amortization of costs that began before your 2010 tax year

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

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

Alan Burton At-Large WKLW-FM P O Drawer 1407 Paintsville KY 41240

David Carr District 6 Radio Director WTHL-FM P O Box 1423 Somerset KY 42502 Keith Casebolt Chairman East KY Broadcasting P O Box 2200 Pikeville KY 41502

Mike Feldhaus Associate Member E L U Productions/Ky Farm Bureau 7109 Green Springs Drive Louisville KY 40241 Chris Freeland
District 1 Radio Director
WCBL AM/FM WCCK-FM
P O Box 387
Benton KY 42025

Marti Hazel At-Large Main Line Broadcasting 520 South 4th Ave, 2nd Floor Louisville KY 40202-2577 Bob Kelley District 2 Radio Director WFMW-AM WKTG-FM P O Box 338 Madisonville KY 42431

Bill Lamb Commercial Television Director WDRB-TV WMYO-TV 624 W Muhammad Ali Blvd Louisville KY 40203 Jim MacFarlane
District 5 Radio Director
L M Communications
401 West Main Street
Lexington KY 40507

Rick McCue Commericial Television Director WBKO-TV 2727 Russellville Road Bowling Green KY 42101-3976 Chuck Miller
Public Radio Director
WNKU-FM
301 Landrum, Nun Drive
Highland Heights KY 41099

Dan P'Pool
District 8 Radio Director
East Kentucky Broadcasting
P O Box 2200
Pikeville KY 41502

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

Jeff Ray Past-Chairman Gateway Radio Works P O Box 1010 Owingsville KY 40360 Julie Schmidt
Public Television Director
KET, The Kentucky Network
620 W Main Street, Suite 125
Louisville KY 40202

Dawn Sciarrino – Legal Counsel Sciarrino & Associates 5425 Tree Line Drive Centreville VA 20120 Mike Tarter
District 4 Radio Director
Forcht Broadcasting
P O Box 76
Somerset KY 42502

Tom Ulmer
District 3 Radio Director
Main Line Broadcasting
520 South 4th Ave, 2nd Floor
Louisville KY 40202-2577

Kelly Wallingford Chairman-Elect Wallingford Broadcasting P O Box 281 Irvine KY 40336 Gary White
President/CEO
Kentucky Broadcasters Association
101 Enterprise Drive
Frankfort KY 40601

Chris Winkle
District 7 Radio Director
WCYN-AM
111 Court Street
Cynthiana KY 41031