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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20						
B Check if applicable <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending </td> <td style="width: 85%; vertical-align: top;"> C Name of organization KENTUCKY WIRELESS ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) 1220 WINDING CREEK PLACE Room/suite City or town, state or country, and ZIP + 4 LOUISVILLE KY 40245- </td> </tr> </table>		<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENTUCKY WIRELESS ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) 1220 WINDING CREEK PLACE Room/suite City or town, state or country, and ZIP + 4 LOUISVILLE KY 40245-	D Employer identification number 20-5736967 E Telephone number 502-544-3898 F Group Exemption Number ►		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KENTUCKY WIRELESS ASSOCIATION Number and street (or P O box, if mail is not delivered to street address) 1220 WINDING CREEK PLACE Room/suite City or town, state or country, and ZIP + 4 LOUISVILLE KY 40245-					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
I Website: ► WWW.KENTUCKYWIRELESS.ORG						
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) 4947(a)(1) or 527						
K Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000						
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return						
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 36,339.						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)						
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>						
Revenue	1 Contributions, gifts, grants, and similar amounts received	1				
	2 Program service revenue including government fees and contracts	2				
	3 Membership dues and assessments	3				
	4 Investment income	4				
	5 a Gross amount from sale of assets other than inventory	5a				
	b Less cost or other basis and sales expenses	5b				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6 Gaming and fundraising events					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	36,339.				
c Less direct expenses from gaming and fundraising events	6c	22,829.				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,510.				
7 a Gross sales of inventory, less returns and allowances	7a					
b Less cost of goods sold	7b					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8 Other revenue (describe in Schedule O)						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				► 9 13,510.		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10				
	11 Benefits paid to or for members	11				
	12 Salaries, other compensation, and employee benefits	12				
	13 Professional fees and other payments to independent contractors	13	150.			
	14 Occupancy, rent, utilities, and maintenance	14				
	15 Printing, publications, postage, and shipping	15				
	16 Other expenses (describe in Schedule O)	16	3,606.			
	17 Total expenses. Add lines 10 through 16	17	13,756.			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18				
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,307.			
	20 Other changes in net assets or fund balances (explain in Schedule O)	20				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,061.			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II. . .

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,307.	2,061.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	2,307.	2,061.
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,307.	2,061.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28				
29				
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>
30				
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>
31	Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>
32	Total program service expenses (add lines 28a through 31a)	►
28a				
29a				
30a				
31a				
32				

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
CRAIG THIEMAN	PRESIDENT	0		
1220 WINDI LOUISVILLE KY 40245	2	0		
STEVE NILLEY	VICE PRES	0		
330 FRANKL BRENTWOOD TN 37027	2	0		
WILL JACOBS	TREASURER	0		
1000 REED SIMPSONVIL KY 40067	2	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40a	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40c	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► CRAIG THIEMAN Telephone no ► 502-544-3898 Located at ► 1220 WINDING CREEK PL KY LOUISVILLE ZIP + 4 ► 40245-		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and title of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

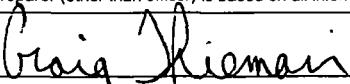
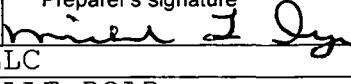
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

f Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here	 Signature of officer CRAIG THIEMAN Type or print name and title		1 - 21-2013	
	Print/Type preparer's name MIKE DYER	Preparer's signature 	Date 01/17/2013	Check <input type="checkbox"/> if self-employed
Paid Preparer Use Only	Firm's name ► TAX PROS USA LLC		Firm's EIN ► 20-5963588	
	Firm's address ► 12204 SHELBYVILLE ROAD LOUISVILLE KY 40243-		Phone no 502-254-2825	
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

KENTUCKY WIRELESS ASSOCIATION

Employer identification number
20-5736967

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> a Mail solicitations <input type="checkbox"/> b Internet and email solicitations <input type="checkbox"/> c Phone solicitations <input type="checkbox"/> d In-person solicitations	<input type="checkbox"/> e Solicitation of non-government grants <input type="checkbox"/> f Solicitation of government grants <input type="checkbox"/> g Special fundraising events
--	---

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF EVENT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . .	34,007.		2,332.	36,339.
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	34,007.		2,332.	36,339.
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages				
	8 Entertainment . . .				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				►
	11 Net income summary Combine line 3, column (d), and line 10				►
					36,339.

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . .				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor . . .	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.11 Does the organization operate gaming activities with nonmembers? Yes No

.12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

.13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

.14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

.15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

.16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

.17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

KENTUCKY WIRELESS ASSOCIATION

Employer identification number

20-5736967

01. GENERAL EXPLANATION ATTACHMENT

THE ASSOCIATION IS COMPRISED OF INDIVIDUALS AND COMPANIES WHO ARE INVOLVED IN THE MAINTENANCE AND GROWTH OF WIRELESS NETWORKS IN KENTUCKY ALL REVENUES AND ALL EXPENSES, EXCEPT FOR A DONATION TO KOSAIR CHILDREN HOSPITAL, ARE INCURRED FOR THE DEVELOPMENT AND PROMOTION OF THIS INDUSTRY

02. LIST OF GRANTS AND SIMILAR AMOUNTS PAID (PART I, LINE 10)

GRANTEE KOSAIR CHILDRENS HOSPITAL

ADDRESS PO BOX 37370

ADDRESS LOUISVILLE KY 40323

RELATIONSHIP NONE

AMOUNT \$10,000

03. DESCRIPTION OF OTHER EXPENSE (PART I, LINE 16)

INSURANCE \$1028

BANK CHARGES 9

WEB SERVICES 425

SOCIAL EVENT 2144

TOTAL \$3606