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$\mathsf{Form}~9.90^{\mathsf{T}}_{\mathsf{L}}$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2012
Open to Public Inspection

DEC 1. 2012 and ending NOV 30, A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change KENTUCKY BROADCASTERS ASSOCIATION, Name change 61-0663764 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number 502-848-0426]Termເກ-ated 101 ENTERPRISE DRIVE Amended return 1,347,594 City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-FRANKFORT,, KY 40601 H(a) Is this a group return F Name and address of principal officer: GARY R. WHITE Yes X No for affiliates? 101 ENTERPRISE DRIVE, FRANKFORT, KY 40601 H(b) Are all affiliates included? _ Yes _ Tax-exempt status: 501(c)(3) X 501(c) (6)**∢** (insert no) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.KBA.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Year of formation 1946 M State of legal domicile KY Association Other > Trust Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE THE BROADCAST Activities & Governance INDUSTRY IN KENTUCKY Check this box 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 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0. 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 7h **Prior Year Current Year** 10,485. 15,613. Contributions and grants (Part VIII, line 1h) 1,289,967. 1,354,449. Program service revenue (Part VIII, line 2g) 12,969. 4,173. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,663. -30,309.11 Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e) 1,307,090. 347.594. Total revenue - add lines 8 through 1.1 (must equa) Part VIII, column (A), line 12) 12 Grants and similar arrown is paid (Part IX, column (A) thes 1-3)
Benefits paid to or for frembers (Part IX, column (A), 169 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. Ο. 13 0. 0. 14 295,208. 355,495. 0. 0. 16a Professional fundraising fees (Part-IX: column (A) b Total fundraising expenses (Part X column (D) line 25) 0. 582,601. 586,703. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 877,809. 942,198. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 429,281. 405,396. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,079,826 2,485,971. 20 Total assets (Part X, line 16) 1,684. 935. Total liabilities (Part X, line 26) 078, 891. 484,287 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 Date Signature of officer Sign GARY R. WHITE, PRESIDENT/CEO Here Type or print name and title Date Print/Type preparer's name Preparer's signature **™**Paid P00875654 OAV. P HARRON Preparer Firm's name HARROD & ASSOCIATES. 61-1291670 Firm's EIN Firm's address #2 HMB CIRCLE 🖁 Use Only SUI Phone no 502-695-7300 FRANKFORT KY 4060 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

industry.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

position(s) to legislators and regulators on matters affecting the

serve the public as mandated by the FCC. KBA has set up the Washington

association representatives and its members the ability to convey their

D.C. Leadership program to cover these expenses, which allows

Form **990** (2012)

KENTUCKY BROADCASTERS ASSOCIATION, INC. 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_		<u>X</u> _
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		X
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		٠,,	
_	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 for which donors have the right to	_		37
_	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
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			, A.
8	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	_ ,	X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	- $+$	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	- 11
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2012)

	and the second s	A		
Forr	n 990 (2012), KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-066	3764	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	

- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - 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?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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
 - **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If* "Yes," *complete Schedule L. Part I*
- Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 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):
 - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - 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
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - **b** If "Yes" to line 35a, 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
- **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
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
 Note. All Form 990 filers are required to complete Schedule O

38 X Form **990** (2012)

Х

X

X

X

X

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Form 990 (2012) KENTUCKY BROADCASTERS ASSOCIATION Form 990 (2012) 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	29			
	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 r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	•	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			v
_	any contributions that were not tax deductible as charitable contributions?			6a	-	<u>X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions c	rgiπs	C.L		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nucae i	provided to the payor?	7a	1	
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	i vices į	novided to the payor	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uıred			
•	to file Form 8282?			7c		
d	15 15 15 15 15 15 15 15 15 15 15 15 15 1	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ot?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	lle a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8	, <u>.</u>	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a	1			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	100	L			
• а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	. }	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	is the organization licensed to issue qualified health plans in more than one state?			13a		<u></u>
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ι	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
	Did the organization receive any payments for indoor tanning services during the tax year?	·- C		14a		X
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie O		14b Form	gan	(2012)
				rolli	ション	(2012)

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					X
sec.	tion A. Governing Body and Management				V	N-
		مه ا	19	ļ	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	1.7	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	4.	19			
	Enter the number of voting members included in line 1a, above, who are independent	1b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip witn	any other	2		X
_	officer, director, trustee, or key employee?			 _		_ <u></u> _
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	at supervision			Х
	of officers, directors, or trustees, or key employees to a management company or other person?	000	610	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as mea /	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		6	Х	Λ_
6	Did the organization have members or stockholders?			-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	tbboilti	one or	7.	x	
L	more members of the governing body?	مادات مادات	aldam av	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockn	olders, or	74	х	
_	persons other than the governing body?		a falla	7b	•	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar Dy (f	ie ronowing	0.	v	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really and the section of the section o	acned	at the			X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- Code l	9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	tevenu	e Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such or	hantai	o offiliates	104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	naptei	s, annates,	10ь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dv befo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	J, 5010	To ming the form.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
•	in Schedule O how this was done	,		12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by II	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	ion 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	d finar	ncıal	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion: 🕨		
	OFFICE - 502-848-0426					
	101 ENTERPRISE DRIVE, FRANKFORT, KY 40601		·			

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

hours for related organizations below line) (1) GARY WHITE hours for related organizations below line) A 0 . 00	Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	Average Position (do not check more that box, unless person is box			than	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
(1) GARY WHITE 40.00 X 207,031. 21,200. 41, (2) SEE ATTACHED LIST 0.00		hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		compensation from the organization and related organizations
(2) SEE ATTACHED LIST 0.00	(1) GARY WHITE	40.00			Ì					0.1 0.00	
		0.00	-		_	X	-	ļ	207,031.	21,200.	41,879
	(2) SEE ATTACHED LIST	0.00							0.	0 -	0
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		-		<u> </u>							

\$100,000 of compensation from the organization

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

KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue , Grants 1a 1 a Federated campaigns 10,485. 1b b Membership dues 1c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 10,485 h Total. Add lines 1a-1f Business Code 515100 1,349,900.1,349,900 2 a PUBLIC EDUCATION PARTN Program Service 2,627. 2,627. b NAB STIPEND 515100 515100 1,350. 1,350. c ANNUAL CONFERENCE 515100 572. COMMISSIONS 572. f All other program service revenue 1,354,449 Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,969. 12,969. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 67,848. 6 a Gross rents 0. b Less: rental expenses 67,848. c Rental income or (loss) 67,848. 67,848. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 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 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** -98,15711 a EARNINGS EQUITY INVEST 515100 -98,157.

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

-98,157.

347,594.1,269,261

Form 990 (2012) KENTUCKY BROA
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	X
	Check if Schedule O contains a respon	se to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b. 8b. 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		схрензез	generarexpenses	САРСПОСО
•	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				***************************************
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	207,031.		<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	74,987.			
8	Pension plan accruals and contributions (include	40 701			
	section 401(k) and 403(b) employer contributions)	40,784.			
9	Other employee benefits	16,635.			
10	Payroll taxes	16,058.			
11	Fees for services (non-employees)				
а	Management	21,175.		<u> </u>	
ь	Legal	17,682.			
c	Accounting	30,369.			
d	Lobbying	30,309.			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0				
12	Advertising and promotion	599.			
13	Office expenses	22,703.			
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel	15,804.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	221,165.			
20	Interest				
21	Payments to affiliates	37 006			
22	Depreciation, depletion, and amortization	37,896.			
23	Insurance	12,907.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0) SCHOLARSHIPS	41,000.			
a b	MISC. LABOR	20,075.			
C	BUILDING MAINT.	18,707.		1	
d	REGISTRATION FEES	16,574.			
e	All other expenses See Sch O	110,047.			
25	Total functional expenses. Add lines 1 through 24e	942,198.			
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Fai	· X,	Check if Schedule O contains a response to any question in this Part X	•		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	324,225.	1	643,453.
	2	Savings and temporary cash investments	829,706.	2	942,410.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
ļ	5	Loans and other receivables from current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	er l		
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	i		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
ts	7	Notes and loans receivable, net	65,000.	7	175,000.
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	-	Land, buildings, and equipment: cost or other	**************************************		
	100		0 -		
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,304,36 10b 454,46	7. 887,789.	10c	849,893.
	11	Investments - publicly traded securities	33171333	11	
	12	Investments - other securities. See Part IV, line 11	37,329.	12	37,329.
	13	Investments - other securities. See Part IV, line 11	0,70230	13	0,7025
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-64,223.	15	-162,114,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,079,826.	16	2.485.971.
	17	Accounts payable and accrued expenses	935.	17	-162,114. 2,485,971. 1,684.
1	18	Grants payable	, , ,	18	
İ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i ii	22	Loans and other payables to current and former officers, directors, trustees,		-	
Liabilities	22	key employees, highest compensated employees, and disqualified persons.			
Ei.				22	
	02	Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	935.	26	1,684.
-	26	Organizations that follow SFAS 117 (ASC 958), check here X and		20	1/001.
,		complete lines 27 through 29, and lines 33 and 34.	4		
ĕ	07	Unrestricted net assets	2,078,891.	27	2,484,287.
la	27	**	270707031.	28	2/101/2010
Ba	28	Temporarily restricted net assets		29	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		-28	
됴			-		
0	00	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ş	32	Retained earnings, endowment, accumulated income, or other funds	2,078,891.	32	2,484,287.
_	33	Total net assets or fund balances	2,079,826.		
	34	Total liabilities and net assets/fund balances	1 2,013,020.	34	2,485,971.

	m 990 (2012), KENTUCKY BROADCASTERS ASSOCIAT	ION, INC.	61-06	63764	Pa	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
			1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,34	7,5	94.
2	Total expenses (must equal Part IX, column (A), line 25)		2			98.
3	Revenue less expenses. Subtract line 2 from line 1		3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)))	4	2,07	8,8	<u>91.</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	t X, line 33,				
	column (B))		10	2,48	4,2	<u>87.</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					LX.
		_			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Oth	er," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent a	accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and s	eparate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere audited on a separa	te basıs,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and s	eparate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight of th	ne audit,			
	review, or compilation of its financial statements and selection of an independent account	untant?		2c	X	
	If the organization changed either its oversight process or selection process during the	tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or aud					
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization d	lid not undergo the requ	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		

Form **990** (2012)

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

OMB No 1545-0047

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.

nization answered "Yes." to Form 990. Part IV. line 5 (Proxy Tax), or Form 990-EZ, Part V. line 35c (Proxy Tax), then

	s digamentalismental real to		., ,	, ,	,
	Section 501(c)(4), (5), or (6) organizative of organization	ions: Complete Part III.		Empl	oyer identification number
Naiii	•	Y BROADCASTERS A	CCOCTATION	1 -	61-0663764
Da	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	
ra	11 -A Complete if the org	anization is exempt und	ier section sorto	01 13 8 3000011 027 0	rgarnzation.
_	Duranda a decembles of the excent	ation?a direct and indirect politic	ad composan activition	in Port IV	
	Provide a description of the organiz	ation's direct and indirect politic	ai campaign activities	mranıv. ▶ ¢	
	Political expenditures			Ψ Ψ	
3	Volunteer hours				
Pa	rt 1-B Complete if the ord	anization is exempt und	ler section 501(c))(3).	<u></u>
1	Enter the amount of any excise tax			> \$	
	Enter the amount of any excise tax	• •		. .	
	If the organization incurred a section				Yes No
	Was a correction made?		•		Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities >\$	- -
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 p	olitical organizations to which	ch the filing organization
	made payments. For each organiza				
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	· · · · · · · · · · · · · · · · · · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	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) 2012

Schedule C (Form 990 or 990-EZ) 2012	KENTU	CKY BR	OADCASTERS	ASSOCIATION	, INC. 61-0	0663764 Page 2			
Part II-A Complete if the org			npt under section	n 501(c)(3) and 116	ea Form 5/68				
(election under section 501(h)).									
Check Fig. 1 If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
. — '	expenses, and share of excess lobbying expenditures).								
		ed box A ar bying Expe	nd "limited control" pro nditures	visions apply.	(a) Filing organization's	(b) Affiliated group totals			
(The term "expend	ditures" m	eans amou	ints paid or incurred.)		totals				
1 a Total lobbying expenditures to influ	Jence pub	lic opinion (grass roots lobbying)						
b Total lobbying expenditures to influ	ience a leg	gislative boo	dy (direct lobbying)						
c Total lobbying expenditures (add li	nes 1a and	d 1b)	, ,	[
d Other exempt purpose expenditure		·		Ī					
e Total exempt purpose expenditure		s 1c and 1c	i)	ĺ					
f Lobbying nontaxable amount. Enter	•		•	h columns					
If the amount on line 1e, column (a) o			bying nontaxable am						
Not over \$500,000	. , -, -		the amount on line 1e.						
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc						
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc						
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce						
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
0101 411,800,900	1	Ψ.,,σσσ,							
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)							
h Subtract line 1g from line 1a If zer				Ì					
i Subtract line 1f from line 1c If zero									
j If there is an amount other than ze	•		line 1), did the organiza	ation file Form 4720	· · · · · · · · · · · · · · · · · · ·				
reporting section 4911 tax for this						Yes No			
roporting decision in the decision time		4-Year Ave	eraging Period Under	Section 501(h)					
(Some organiz				do not have to comp	lete all of the five				
co	lumns bel	ow. See th	e instructions for line	s 2a through 2f on pa	ge 4.)				
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period					
Calendar year	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total			
(or fiscal year beginning in)									
					····				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column(e))									
						"-			
c Total lobbying expenditures									
, or the second									
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) 2012 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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)
of the	e lobbying activity.	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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?		<u>.</u>		
е	Publications, or published or broadcast statements?				·
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	·······			
	If "Yes," enter the amount of any tax incurred under section 4912	1	-		
	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?	504 (-) (<u>'5\ </u>	-41	
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(0)(5), or se	ction	
	301(0)(0).			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 carry over lobbying and political expenditures from the prior year?		3		X
1	answered "Yes."				
2			1		
_	Dues, assessments and similar amounts from members Section 162(e) condeductible lobbying and political expenditures (do not include amounts of political	1	1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ļ	1		
a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	l			
a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year		2a		
a b	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	l	2a 2b		
С	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total		2a 2b 2c		
с 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b		
С	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	es	2a 2b 2c		
с 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	es	2a 2b 2c		
с 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excest does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol expenditure next year?	es	2a 2b 2c 3		
3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	es	2a 2b 2c 3		
3 4 5	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information	es tical	2a 2b 2c 3	list); Part II	A, line 2
5 Par	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	es tical	2a 2b 2c 3	list); Part II-	A, line 2
5 Par	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) † V Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part	es tical	2a 2b 2c 3	list); Part II-	A, line 2
5 Par	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) † V Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part	es tical	2a 2b 2c 3	list); Part II-	A, line 2
5 Par	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) † V Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part	es tical	2a 2b 2c 3	list); Part II-	A, line 2
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5 Pai	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) † V Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part	es tical	2a 2b 2c 3	list); Part II	A, line 2,

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number 61-0663764

Par	1 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 advise	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
Pat		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati		<u> </u>
•	Preservation of land for public use (e.g., recreation or e		oncally important land area
	Protection of natural habitat	Preservation of a certification	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.	and defined value if definition in the form of	, a constraint sacoment on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
ŭ	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, 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 per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		_
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f 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 (AS	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 ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	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	ducation, 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 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		BROADCAS								Page 2
-	† 掛 Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	is, checi	k any of the	following that	are a sig	gnificant i	use of its	collection	items
	(check all that apply)		. —							
a	Public exhibition	d			hange progra	ms				
b	Scholarly research	е		Other				-		
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizatio	n's exen	npt purpo	se in Pari	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets	_	_	
F	to be sold to raise funds rather than to be ma								Yes	No_
Pa	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered *	Yes" to F	orm 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as:	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	No.
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	-		
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
	If "Yes," explain the arrangement in Part XIII			n has been	provided in F	art XIII				
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance	(-)	(-/.			,			(0) / 02.)	
b	Contributions									
c	Net investment earnings, gains, and losses				· · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
9	Provide the estimated percentage of the curre	est veer and belone	- (line 1)) bald as:			·		
2		ent year end balanc	% %	g, columni (a	i)) Held as.					
a	Board designated or quasi-endowment ► _ Permanent endowment ►	%	_70							
b	Temporarily restricted endowment	% %								
С										
20	The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possessing the percentages.		otion the	et ara bald a	ad administra	rad far th		otion.		
Ja		ssion of the organiza	ation the	at are neto a	ind administer	eu ioi iii	e organiz	allon		/aa Na
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	h-4-4	0.1	DO					3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme									
rai					· I			. 1		
	Description of property	(a) Cost or o			or other	• • • • • • • • • • • • • • • • • • • •	cumulate	ed	(d) Book	value
		basis (investr	nem)		(other)	uep	reciation		0.7	<u> </u>
1a	Land				7,500.		00 0	5.6		,500.
Ь	Buildings			1,14	6,809.	3	90,90	00.	/35	,843.
C	Leasehold improvements	ļ		~ ~	0 051		62 54	- -		EEO
đ	Equipment			/	0,051.	<u> </u>	63,5	0 T •	6	,550.
<u>e</u>	Other			(D) /: 1	10(-))			_	010	893

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 KENTUCKY BROADCASTERS ASSOC	IATION, INC.	<u>61–</u>	<u>0663764</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per F	eturr	1	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d]		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Pa	TXII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	ırn	-
1	Total expenses and losses per audited financial statements	·= -:	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			·	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	1		
đ	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		
	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4: Part IV. lines 1	b and	2b: Part V. line	4: Part
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				.,
	ct X, Line 2: STANDARDS REQUIRE RECONGNITIO			OF	
				NO	
OIV	CERTAIN TAX POSITIONS USING A "MORE-LIKELY-	THAN-NOT" APPRO	ACII	• NO	
MA	TERIAL IMPACT ON ITS FINANCIAL STATEMENTS W	AS NOTED FOR FI	SCA	L YEARS	
NOV	VEMBER 30, 2013 AND NOVEMBER 30, 2012.				

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No 1545-0047 2012

► Attach to Form 990.

Name of th	Name of the organization KENTUCKY	KENTUCKY BROADCASTERS	ERS ASSOCIATION,	TION, INC	•			Employer identification number 1
Part	General Information on Grants and Assistance	and Assistance						
1 Does	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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	; >
criteri 2 Descr	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? scedures for month	oring the use of grant i	funds in the United	d States.			A Tes No
art II	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	Governments and	Organizations in the	United States. C	Complete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000 Part II can	be duplicated if additive	ional space is need	ded.		-	
1 (a) N	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	e line 1 table				
3 Enter	Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					A
LHA For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) KENTUCKY BROADCASTERS ASSOCIATION, INC.

| Part III | 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 | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

61-0663764

Page 2

(f) Description of non-cash assistance	•			formation.									Schedule I (Form 990) (2012)
(e) Method of valuation (book, FMV, appraisal, other)				in (b), and any other additional in	TO STUDENTS	KENTUCKY COLLEGE OR UNIVERSITY	. THE AMOUNT	ISSUED 8		SCHOLARSHIP IS	STATIONS WHO	STUDENT MUST	
(d) Amount of non- cash assistance	°			ine 2, Part III, colun	SCHOLARSHIPS	COLLEGE C	IONS MAJOR	KBA	3.	THE SCHOI	OF MEMBER S	THE	
(c) Amount of cash grant	41,000.			n required in Part I, I	H YEAR SCH	A KENTUCKY	TELECOMMUNICATIONS MAJOR.	IS UP TO \$2500.	FISCAL YEAR 11/30/13.	L SENIORS.	EMPLOYEES O	THE F	22
(b) Number of recipients	22			de the information	ISSUES EACH	AT	OR	[VE	ISCAL YE	HIGH SCHOOL	FULL-TIME E	EDUCATION IN	
(a) Type of grant or assistance	SCHOLARSHIPS			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	Schedule I, Part I, Line 2: KBA IS	WHO ARE IN THEIR JUNIOR OR SENIOR YEAR	THAT ARE ENROLLED IN A BROADCASTER	OF SCHOLARSHIP AN INDIVIDUAL CAN RECEI	SCHOLARSHIPS TOTALING \$20,000 IN F	KBA ALSO ISSUED SCHOLARSHIPS TO HI	OPEN TO HIGH SCHOOL SENIORS OF FUL	WILL BE ENTERING POSTSECONDARY EDU	232102 12-18-12

Schedule I (Form 990) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page 2 Part IV Supplemental Information
Part W. Supplemental information
ATTEND FULL TIME: A COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, INSTITUTE OF
TECHNOLOCY, OR ACADEMY THAT AWARDS ACADEMIC DEGREES OR PROFESSIONAL
CERTIFICATIONS. THERE IS NO MINIMUM GPA REQUIREMENT TO APPLY. HOWEVER,
PREFERENCE WILL BE SHOWN TO STUDENTS WHO DEMONSTRATE GOOD SCHOLASTIC
ABILITY. SCHOLARSHIPS ARE MADE ON AN ANNUAL BASIS AND ARE NON-RENEWABLE.
THE AMOUNT OF SCHOLARSHIP AN INDIVIDUAL CAN RECEIVE IS UP TO \$1500. KBA
ISSUED THIS SCHOLARSHIP TO 14 HIGH SCHOOL SENIORS TOTALING \$21,000.
<u> </u>

SCHEDULE J. (Form 990)

Department of the Treasury

Compensation Information

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

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

► Attach to Form 990. See separate instructions.

2012

Open to Public inspection

Name of the organization

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Employer identification number 61-0663764

PE	irt 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	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> </u>
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:			
а	The organization?	6a		├──
b	Any related organization?	6b	ļ	ļ
_	If "Yes" to line 6a or 6b, describe in Part III.		1	
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		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 KENTUC

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(0),(0)(0)	
(1) GARY WHITE	€	102,802.	0	104,229.	29,943.	11,936.	248,910.	0
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Part I,	
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omplete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any dditional information.	•
art I, Line la: KBA PROVIDES COUNTRY CLUB DUES FOR THE EXECUTIVE	
S PART OF THE WRITTEN EMPLOYEMENT CONTRACT THAT IS EVALUATED	
INNUALLY BY THE BOARD OF DIRECTORS. THE USE OF THE CLUB	1
ACILITIES SERVES NUMEROUS BUSINESS PURPOSES FOR KBA.	
HESE EXPENSES FOR FISCAL YEAR END 11/30/13 TOTALED \$4190.	
	1

SCHEDULE Q (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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

232211 01-04-13

KENTUCKY BROADCASTERS ASSOCIATION TNC **Employer identification number** 61-0663764

RENTOCKY ENCADERATION, INC. 01-0005704
Form 990, Part III, Line 1, Description of Organization Mission:
meetings and publications, and provide educational services through
conventions, workshops, or other appropriate means in order to better
serve the public.
Form 990, Part VI, Section A, line 6: MEMBERS.
Form 990, Part VI, Section A, line 7a: MEMBERS.
Form 990, Part VI, Section A, line 7b: ONLY IF CHANGES TO THE BYLAWS ARE TO BE MADE.
Form 990, Part VI, Section B, line 11: THE 990 IS REVIEWED (BEFORE FILING) BY THE BOARD EITHER AT A BOARD MEETING OR BY ELECTRONIC FORMATE VIEWING
ALONG WITH A CONFERENCE CALL.
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.
Form 990, Part VI, Section B, Line 15: ANNUALLY THE BOARD OF DIRECTORS
MEET TO SET THE EXECUTIVE OFFICER'S COMPENSATION. INDUSTRY COMPARABLE DATA
AND CURRENT FINANCIAL HEALTH ARE DETERMINING FACTORS. MINUTES OF THESE
MEETINS ARE KEPT ON FILE.
Form 990, Part VI, Section C, Line 19: KBA WILL PROVIDE THEIR GOVERNING

DOCUMENTS, CONFLICT OF INTEREST STATEMENT, FINANCIAL STATEMENTS, 990'S AND

27

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
KENTUCKY BROADCASTERS ASSOCIATION, INC.	61-0663764
NON-PROFIT APPLICATION TO THE PUBLIC UPON REQUEST.	
Form 990, Part IX, Line 24e, All Other Functional Expen	ses:
RADIO TALENT SPONSORSHIP:	
Total expenses	15,000.
UTILITIES:	
Total expenses	14,870.
AWARDS & GIFTS:	
Total expenses	12,681.
CONSULTING FEES:	
Total expenses	12,000.
VEHICLE LEASE:	M
Total expenses	11,279
DUES & SUBSCRIPTIONS:	
Total expenses	6,205
POSTAGE:	
Total expenses	6,083
PROPERTY TAXES:	
Total expenses	5,824.
CONTRIBUTIONS:	
232212 01-04-13 2.8	chedule O (Form 990 or 990-EZ) (2012

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization KENTUCKY BROADCASTERS ASSOCIATION	Employer identification number 61-0663764
Total expenses	4,740.
NEWS SERVICE:	
Total expenses	4,500.
NEWSLETTER EXP.:	
Total expenses	3,710.
TDGA MEMBERSHIP GUIDE:	
Total expenses	3,000.
ADMINISTRATIVE EXP.:	
Total expenses	2,914.
EQUIPMENT LEASE & MAINT.:	
Total expenses	2,697.
HUMAN RESOURCE MATERIALS:	
Total expenses	1,500.
REPAIRS & MAINT.:	
Total expenses	663.
LEGISLATIVE EXPENSES:	
Total expenses	584.
OTHER MEMBER SERVICE MISC. EXP.:	
Total expenses	547.
232212 01-04-13 2.9	Schedule O (Form 990 or 990-EZ) (2012)

ANK SERVICE CHARGES: otal expenses THER TAX & LIC.:	Employer identification numbe 61-0663764
ANK SERVICE CHARGES: otal expenses	
otal expenses	
	514
THER TAX & LIC.:	
THER TAX & LIC.:	
otal expenses	285
REDIT CARD FEES:	
otal expenses	261
	· · · · · · · · · · · · · · · · · · ·
ISC. EXP.:	
otal expenses	190
otal Other Expenses on Form 990, Part IX, line 24e, Col A	110,047
orm 990, Part XII, Line 2c	
O CHANGES TO THE PROCESS HAVE BEEN MADE FROM PRIOR YEAR.	
	,

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

OMB No 1545-0047	2012	Open to Public	Inspection

Employer identification number

	KENTUCKY BROAD	KENTUCKY BROADCASTERS ASSOCIATION, INC.	INC.			61-0663764
Part	Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33)	if the organization answered "Yes" to	o Form 990, Part IV, line 33)			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlli entity
						-
		-				-
	moitesinessy Chambal Tay Evample Association	isans (Pamalata if the assessmention or annuand "Ven" to Earn 000 Doct IV Inc. 34 house in the construction of many related to second	OO 000 miss to Lower box	or cood to only W	a of the pool of the pool of the pool	dotod tox-oxom

(g) Section 512(h)(13) 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) $\boldsymbol{\varepsilon}$ <u>e</u> ₤ ত 9 <u>a</u> Part

						•						
Section 512(b)(13) controlled entity?	No			_								
Section 5 contr	Yes											
Exempt Code Public charity Direct controlling section status (if section entity												
Public charity status (if section	501(c)(3))				-	-						
Exempt Code section												
Legal domicile (state or foreign country)												
Primary activity												
Name, address, and EIN of related organization												

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

61-0663764

Page 2

KENTUCKY BROADCASTERS ASSOCIATION, INC Schedule R (Form 990) 2012

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 Yes No 3 Code V-UBI (amount in box 20 of Schedule - K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes Ξ Share of end-of-year assets <u>6</u> 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 Primary activity Name, address, and EIN of related organization Part 1V

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

(e)	(q)	(c)	(P)	(e)	()	(6)	ε	9	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Ŗ	Share of end-of-year assets	- <u>B</u> a	きるりもに	_ 2 2 3 2 3 −
KENTUCKY ALLIANCE FOR RADIO & TELEVISION (XABT) - 31-1577527 101 ENTREDETER DRIVE		(famo)						Xes	<u>0</u>
FRANKFORT, KY 40601	PROMOTING ADVERTISING	KY	N/A	C CORP		39,038.	100.00%		×
	1								
								-	
						•			•
					•			_	•
								-	
	<u> </u>						_		
232162 12-10-12		32				Schec	Schedule R (Form 990) 2012	990) 2	012

61-0663764

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	å
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	In Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)			•	1d	×	•
e Loans or loan guarantees by related organization(s)				1e		X
					••	
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19	1	×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				; -		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			£	\dashv	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두	×	
 Sharing of paid employees with related organization(s) 				10	×	
					•••	>
				a L	+	د >
q Reimbursement paid by related organization(s) for expenses				19		4
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				1s		×
s for Inform	who must complete the	us line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
KBA LOANED MONIES FOR SUBSIDIARY'S	D	175,000.				
KBA PROVIDES SUBSIDIARY THE USE OF THEIR (2) FACILITY & OFFICE EQUIPMENT	Z	0	0. AMOUNT OF USUAGE IS MINIMAL	IMAL		ĺ
SUBSIDIARY PAYS KE	0	26,617.				
(4)						
(5)						-
(9)						
232163 12-10-12	33		Schedule R (Form 990) 2012	3 (Form 9	90) 2(012

Page 4

Schedule R (Form 990) 2012 KENTUCKY BROADCASTERS ASSOCIATION, INC.

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.

١.	a ~	, 1	I	1				1	
1.0	(K) Percentag ownershir						:		
	rat or light								
Ľ	Genera manag	yes No							
9	Ospropor- Code V-UBI General or Percentage Boats amount in box 20 managing ownership -	of Schedule K-1 (Form 1065)							
1	ate of	SE SE	 				•		
4	Disproper tronate	Yes No			-			_	
	(9) Share of end-of-vear	assets							
	(t) Share of total	-							
	(e) Are all partmers sec 501(c)(3)	orgs? Yes No							
<u>.</u> [Part P	<u> </u>	 						
earment parmerant	(a) Predominant income part (related, unrelated,	excluded from tax under section 512-514							
מסוו וסו כפו ושוו וווא	(c)	(state of foleign country)							
il delicits regalding evolu	(b) Primary activity								
Illat Was Ifot a related organization. See Illstructions regarding exclusion for certain investment parties simps	(a) Name, address, and EIN of entity	OI GILLLY							

Schedule R (Form 990) 2012

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

KE	NTUCKY BROADCASTERS	ASSOCIAT	<u> </u>	NC. For	m 990	<u> </u>	Page 10		61-0663764
Pa	ert Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	ou have any lis	ted prope	erty,	complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)							1	500,000.
2	Total cost of section 179 property place	d in service (see	instructions)				2	
	Threshold cost of section 179 property	,		,				3	2,000,000.
	Reduction in limitation. Subtract line 3 fr			er -0-				4	
_	Dollar limitation for tax year Subtract line 4 from line				e instruction			5	
6	(a) Description of pro		o minamed in	(b) Cost (busin			(c) Elected	cost	
						\dashv			
7	Listed property. Enter the amount from	lino 20			Τ.	7			
	Listed property. Enter the amount from			-\	_				
	Total elected cost of section 179 proper	-	s in column (c), lines 6 and	1			8	
	Tentative deduction. Enter the smaller of		044 5 45	.00				9	
	Carryover of disallowed deduction from	•				_		10	
	Business income limitation. Enter the sn		•		•	5		11	
	Section 179 expense deduction. Add lin							12	
	Carryover of disallowed deduction to 20				P 1	3			
	e: Do not use Part II or Part III below for	• • • • •				-			
	Special Depreciation Allowar	·						ı	
	Special depreciation allowance for quali	fied property (oti	her than liste	d property) pl	aced in s	ervic	e during		
	the tax year							14	
	Property subject to section 168(f)(1) elec	ction						15	27 006
	Other depreciation (including ACRS)					-		16	37,896.
PE	art III MACRS Depreciation (Do not	include listed pi			.)				
				ection A					Т
17	MACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 201	2			<u> 17</u>	
18	If you are electing to group any assets placed in servi								
	Section B - Assets				Using the	e Ge	neral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use nstructions)	(d) Rec	overy	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property]			ļ				
b	5-year property]							
	7-year property]							
d	10-year property]							
е	15-year property								
f	20-year property								
_ 9	25-year property				25 y	rs .		S/L	
	D. and a feel on that are a sets	/			27.5	yrs.	MM	S/L	
h	Residential rental property	/			27.5	yrs.	MM	S/L	
		/			39 y	rs.	MM	S/L	
i	Nonresidential real property	/					MM	S/L	
	Section C - Assets P	laced in Service	During 201	2 Tax Year U	sing the	Alte	mative Deprec	iation Sy	stem
20a	Class life							S/L	
b	12-year]			12 y	rs.		S/L	
C	40-year				40 y	rs.	MM	S/L	
Pέ	ert IV Summary (See instructions.)								
21	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1		es 19 and 2	0 ın column (g), and line	e 21.			
	Enter here and on the appropriate lines	•						22	37,896.
	For assets shown above and placed in s	-				T			
	portion of the basis attributable to section				2	23			
04.00									

Part V. Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 42 a to you have advented to support the business/investment used calmed? (in the property placed in Section Businessian) (in the placed in Section Businessian) (in t		Note: For any through (c) of S	vehicle for wi Section A, all	hich you are us of Section B, a	ang the and Sec	standard ction C if	d mileag applica	e rate oi ble.	r dedu	cting lease	e expens	e, comp	ete onl	y 24a, 2	4b, colui	mns (a)
(g) Type of property (g) Both Business (g) Election in vestimate (g) E		Section A	- Depreciati	on and Other	nforma	ation (Ca	ution:	See the i	nstruc	tions for li	mits for p	oasseng	er autor	nobiles.)		
Type of property (list vehicles first) place of property (list vehicles first) placed of service during the sask brispensation of property (list vehicles first) placed of service during the sask brispensation of provided vehicles of convention of deduction section 179 continues only to the sask brispensation of provided vehicles of the section 179 continues only to the sask brispensation of provided vehicles of the section 179 continues only to the sask brispensation of provided vehicles for the section 179 continues of the sask brispensation of the sask brispensation provided vehicles for the section of the sask brispensation and sask brispensation of the sas	24a	Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	<u> </u>	es 🗀	_ No_	24b If "Y	es," is th	ne evide	nce writ	ten?] Yes [No
used more than 50% in a qualified business use: Section B - Information on Use of Vehicle Section B - Information Section B -		Type of property	Date placed in	Business/ investment	e ot	Cost or	1 /60	sis for depr siness/inve	stment	Recovery	Met	thod/	Depre	eciation	Ele section	cted on 179
Property used more than 50% in a qualified business use: 1	25	Special depreciation alle	owance for c	ualified listed p	property	y placed	ın servi	ce durin	the ta	ax year an	d					
Solution												25			<u> </u>	
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing of the showners or related persons. Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owners or related persons.	26	Property used more tha	ın 50% ın a c	qualified busine	ss use:											
27 Property used 50% or less in a qualified businesse use: 96				9	6											
Property used 50% or less in a qualified business use:		. <u> </u>		9	6								ļ		_	_
96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 96 S/L 99 99 99 99 99 99 99	_			9	6	_					<u> </u>					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section 6 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehic	27	Property used 50% or k	ess in a qual	ified business i	ıse:											
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Ve	_			9	6						S/L·		<u> </u>			
28 Add amounts in column (in), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 7, page 1 Section 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) (e) (f) Vehicle Vehic				9	6						S/L·					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, parfier, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Section 1 (on or include commuting miles) 30 Total business/finvestment miles driven during the year (a) not include commuting miles of when during the year (a) not include commuting miles of when during they even and the personal (noncommuting) miles driven 31 Total other personal (noncommuting) miles driven during off-duty hours? 32 Was the vehicle available for personal use during off-duty hours? 33 Was the vehicle used primarily by a more than 5% owner or related person? 34 Was the vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you provide more than five vehicles to you employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41				9	6						S/L -					
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 55% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Ve	28	Add amounts in column	ı (h), lines 25	through 27. Er	nter her	e and or	line 21	, page 1				28	<u> </u>			
Complete this section for vehicles used by a sole propnetor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle	<u>29</u>	Add amounts in column	i (i), line 26. E	Enter here and	on line	7, page	1							29	<u> </u>	
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f)				s	ection	B - Infor	mation	on Use	of Vet	nicles						
Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal use during off-duty hours? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. So you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you provide more than five vehicles to your employees as personal use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." do not complete Section B for the covered vehicles Part VI Amortization Description of control of this year. Vehicle If y	ou provided vehicles to y										•		ing this s	section f	or	
year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your enswer to 37, 38, 39, 40, or 41 is "Yes." do not complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (b) Date amortization pendor personal pendor pendor pendor personal pendor personal pendor pendor		· ·			((a)	(b)		(c)	(4	d)	(e)	(f)
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44 Total. Add amounts in column (f). See the instructions for where to report

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