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SCANNED MAR 3 0 2015

332001 10-29-13

٨ Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

Open to Public Inspection

Form **990** (20)

<u>A </u>	or the	2013 calendar year, or tax year beginning $DEC 1$, 2013 and C	ending <u>N</u>	100 30, 2014					
Bc	Check if upplicable	C Name of organization		D Employer identific	cation number				
	Addres change	I KENTUCKY BROADCASTERS ASSOCIATION, INC	.	}					
	Name change	Doing Business As		61-0	663764				
]Initial return	, , ,	Room/suite	E Telephone numbe					
	Termin	TOT ENTERPRISE DRIVE		502-	<u>848-0426</u>				
<u>_</u>	Amend	City or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	1,130,339.				
L_	Application pendin	FRANKFORI,, RI 40001		H(a) Is this a group re					
	F ****	F Name and address of principal officer GARY R. WHITE	0.604	for subordinates					
			0601	H(b) Are all subordinates in					
		mpt status501(c)(3) _X501(c)(_6) ◀(insert no.)4947(a)(1) c	or 527	7	list (see instructions)				
		e: WWW . KBA . ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile: KY				
	art I	Summary	L Teal	OF IOTHIAMON. 1940 N	A State of legal domicile. K 1				
	T		ROMOTE	THE BROADC	AST				
nce.	1	INDUSTRY IN KENTUCKY		I IIII DICIDO					
ī.		Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets				
o Ve	1	Number of voting members of the governing body (Part VI, line 1a)		3	19				
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
es 4	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	3				
Viti	6	Total number of volunteers (estimate if necessary)		6	0				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	ы	Net unrelated business taxable income from Form 990-T, line 34	1	7b	0.				
Revenue				Prior Year	Current Year				
		Contributions and grants (Part VIII, line 1h)		10,485.	10,828.				
		Program service revenue (Part VIII, line 2g)		1,354,449.	1,064,321.				
Re		investment income (Part VIII, column (A), lines 3, 4, and 7d)	ED =	12,969.	14,651.				
		Other revenue (Part VIII, Column (A), lines 5, 60, 60, 90, 100, and 11e)		<u>-30,309.</u>	40,539.				
		Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	S	1,347,594. 0.	1,130,339. 45,494.				
			milar amounts paid (Part IX, column (A), lines 1-3) MAIN 1 5 2015						
"	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines (10))		355,495.	416,439.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	T	0.	0.				
per		Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	•				
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		586,703.	683,889.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	·	942,198.	1,145,822.				
		Revenue less expenses Subtract line 18 from line 12		405,396.	-15,483.				
58			В	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,485,971.	2,561,628.				
₽₽	21	Total liabilities (Part X, line 26)		1,684.	92,824.				
		Net assets or fund balances. Subtract line 21 from line 20		2,484,287.	2,468,804.				
_	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is				
true	, correc	t, and complete. Declaration of opeparer (other than officer) is based on all information of wh	hich prepare						
٥.		Signature of officer			-13				
Sign		GARY R. WHITE, PRESIDENT/CEO		Duto					
Her	e	Type or print name and title							
		D 15		Date Check	PTIN				
Paid	,	David Ra Hum	א כבים	2-27-15 of self-employ					
	parer	Firm's name HARROD & ASSOCIATES, DC	1,	Firm's EIN	61-1291670				
-	Only	Firm's address #2 HMB CIRCLE - SUITE A							
		FRANKFORT , KY 40601		Phone no. 50	2-695-7300				
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1,	Briefly describe the organization's mission:
	The Kentucky Broadcasters Association (KBA) unites public and
	commercial radio and television stations across the state of Kentucky.
	The purpose of the KBA is to represent and further the interest of
	broadcasters, communicate relevant information to broadcasters through
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	KBA puts on an Annual Conference & Nab Conventions to bring together
	owners, managers, sales representatives and other station personnel for
	the purpose of updating and educating the membership on the latest
	technology, regulations, promotions and other broadcast industry
	related topics. Any association bylaws changes and /or elections
	requiring a vote of the membership are conducted during the conference.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
7.0	KBA provides seminars throughout the year to provide opportunities for
	continuing education for the various departments in broadcast stations.
	These areas include, Advertising Sales, Programming, Engineering and
	Legal/Regulatory matters. These seminars are essential to the
	associations mission of providing relevant information to its members.
	The state of the s
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	The broadcast industry is regulated by the Federal Government and the
	Federal Communications Commission. These agencies frequently attempt to
	impose legal or regulatory standards that may be supportive or
	sometimes detrimental to association members. At times, such action may
	be an added burden on broadcasters and may affect their ability to
	serve the public as mandated by the FCC. KBA has set up the Washington
	D.C. Leadership program to cover these expenses, which allows
	association representatives and its members the ability to convey their
	position(s) to legislators and regulators on matters affecting the
	industry.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$
<u>4e</u>	Total program service expenses
22200	Form 990 (2013)

			Yes	_No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		v
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1 		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	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? 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
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u>. </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	 	1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
		F	$\Omega\Omega\Omega$	(0040)

			1	
^4	Did the average to a good ways than \$5,000 of greate or other acceptance to any demostic proprietion or		Yes	No_
21 ,	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		Х
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	22	х	
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22	Λ	
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	23	X	
04-	Schedule J	23	Δ.	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
_	Schedule K. If "No", go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		
00	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		x
07	complete Schedule L, Part II	20		<u> </u>
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			
		27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ł		
_	instructions for applicable filing thresholds, conditions, and exceptions).	28a		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions in trees, complete schedule with Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25		
30		30		х
0.4	contributions? If "Yes," complete Schedule M	30		22
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	,	x
20		31		-23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	<u></u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
34	Part V, line 1	34	x	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	1	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	-	<u> </u>
36		36		
27	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	30	<u> </u>	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-57		 **
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	NOTE: 7 WET OWN 300 HIGHS BIG TOQUINGS TO COMPLETE OCTIONAIS O			(2013

	Check if Schedule O contains a response or note to any line in this Part V			يلسا					
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 27								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	}							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	_X_						
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	j							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b		ļ					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			 					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_							
	to file Form 8282?	7c	<u> </u>	<u> </u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		^					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		+					
9	Sponsoring organizations maintaining donor advised funds.	0-							
a	Did the organization make any taxable distributions under section 4966?	9a 9b		+					
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90	-	†					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12								
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders								
a	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
U	amounts due or received from them.)								
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	-	†					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note. See the instructions for additional information the organization must report on Schedule O	<u></u>	†	1					
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1						
	organization is licensed to issue qualified health plans			1					
c	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
	· · · · · · · · · · · · · · · · · · ·								

Form 990 (2013) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page
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

	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 or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	19						
	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 O.							
b	Enter the number of voting members included in line 1a, above, who are independent	19						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	<u> </u>	2		<u> </u>			
3	, parameter, parameter, and an arrangement.							
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х			
6	Did the organization have members or stockholders?	\vdash	6	X				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_					
	more members of the governing body?	\vdash	7a_	X				
Đ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77				
_	persons other than the governing body?		7b	<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	37				
_	The governing body?	<u> </u>	8a	<u>X</u>				
ь	,	H	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		9		X			
	This dection b requests information about policies not required by the internal nevenue code			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	Γ.	10a	162	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	F	IUa		-21			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	.	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12b	X				
	in Schedule O how this was done	-	12c	X				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	Γ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	Ŀ	15a	X				
b	Other officers or key employees of the organization	Ŀ	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	L.	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?		16b					
	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 (Section 501(c)(3)s	only) ava	aılab	le				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest police	by, and	fınan	cial				
	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 and records of the org	anızatıo	n. 🕨	·				
	OFFICE - 502-848-0426							
	101 ENTERPRISE DRIVE, FRANKFORT, KY 40601							

,. 4.						
Form 990 (2013)			ASSOCIATION,	INC.	61-0663764	Page 7
	sation of Officers, D		Key Employees, High	ghest Comp	ensated	
Employ	ees, and Independent	t Contractors				
Check if S	chedule O contains a respo	nse or note to any line in	this Part VII			
Section A. Officers,	Directors, Trustees, Key E	mployees, and Highest	Compensated Employee	es_		
1a Complete this table	for all persons required to	be listed. Report compen	sation for the calendar ye	ear ending with o	or within the organization	's tax yea
	anization's current officers,		her individuals or organiza	ations), regardle:	ss of amount of compens	sation

Enter -0- in columns (Ď), (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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
1) GARY WHITE	40.00										
RESIDENT/CEO	0.00	-	 	<u> </u>	X			229,514.	41,517.	41,323	
2) SEE ATTACHED LIST	0.00	ł						0.	0.	0	
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INC.

L al	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	gne	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(40		Pos		than	000	Reportable Reportabl		ole Estimated			∌d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	on	an	ount	of
		week		cer an	dad	irecto	or/trus	tee)	from	from relate			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	, a			sated		organization	(W-2/1099-MI	SC)		om th	
		organizations	rese	Itrus		9	ub du		(W-2/1099-MISC)			•	anızat d relat	
		below	lual tr	tiona	١.	yoldr	S st						ınızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,			o.g.		0.10
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			1											
	Sub-total			<u> </u>		1			229,514.	41,5	17		1,3	23.
	Total from continuation sheets to Part V	II Section A							0.	=1,5	0.		<u> </u>	0.
	Total (add lines 1b and 1c)	ii, Section A							229,514.	41,5		4	1,3	
2	Total number of individuals (including but r	not limited to th		lieta	ad a	hov	ابد (م	20 r					<u> </u>	<u> 25.</u>
_	compensation from the organization	iot iiiiited to ti	1030	11310	Ju a	DO V	O) **I	10 11	cceived more man proc	,,coo or reportat	,,,,			1
	compensation from the organization								., .,				Yes	No
3	Did the organization list any former officer.	director or tri	ıste	e ke	v er	mnic	vee	or	highest compensated e	mnlovee on				
	line 1a? If "Yes," complete Schedule J for s			o,	,, c.		,,,,,	,	g.ioot oopoiloutou o	p.cycc c		3		X
4	For any individual listed on line 1a, is the si			hmn	ensa	atıor	n and	d ot	her compensation from	the organization				
•	and related organizations greater than \$15	•		-					•	and organization		4	Х	
5	Did any person listed on line 1a receive or									idual for services				
Ŭ	rendered to the organization? If "Yes," con					-		Ciat	ica organization or man	iddar for corvicos		5		x
Sec	tion B. Independent Contractors	piete Geriedar		0, 0,	4011	por	30//							
1	Complete this table for your five highest co	mnensated in	den	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of cor	mpens	ation f	rom	
•	the organization. Report compensation for										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. •	
	(A)	the calcinating	<u> </u>	<u> </u>	<u>.</u>		<u> </u>		(B)	, ou	[(0	<u>., </u>	
	Name and business	address	N	INC	E				Description of s	services	C	ompe		ท
								\neg						
								一		-				
								1					_	
								一	_					
								ļ						
2	Total number of independent contractors (includina but r	not li	mıte	d to	tho	se la	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	_					0							

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
•		Silson ii Goineana e Goine	<u>ao a 100po1100</u>	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns	1a					
g ä	b	Membership dues	1b	10,728.	1			
S, E	С	Fundraising events	1c		ĺ			
a it	d		1d		1			
s, C	е	Government grants (contribut						
ion	f	All other contributions, gifts, gran	· —					
the the		similar amounts not included above		100.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>3 g</u>	h	Total, Add lines 1a-1f			10,828.			
				Business Code	1			
e	2 a	PUBLIC EDUCATION	N PARTN	515100	1,058,900.	1,058,900.		
ē Ķ	b		CE	515100	5,200.			
Suna	С	COMMISSIONS		515100	221.	221.		
Program Service Revenue	d	<u></u>						
<u>б</u> т	е							
<u>م</u>	f	All other program service reve	nue					
	<u> </u>	Total. Add lines 2a-2f		<u> </u>	1,064,321.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		>	14,651.	14,651.		
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties		<u> </u>				
ł			(ı) Real	(II) Personal				
	6 a	Gross rents	76,621.					
	b	Less rental expenses	0.					
	С	` '	76,621.					
l	d	` '			76,621.			76,621.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			4			
i	b	Less cost or other basis						
		and sales expenses			_			
	С	Gain or (loss)		l	1			
	d	• , ,						
9	8 a	Gross income from fundraising	•					
Other Reven		including \$	of					
æ		contributions reported on line	1c) See					
Ĕ	_	Part IV, line 18	a		_			
ਰ∣		Less direct expenses	. b		-			
		Net income or (loss) from fund	_					+
	9 а	Gross income from gaming ac						
		Part IV, line 19 Less: direct expenses	a		_			
		•	b					
		Net income or (loss) from garr Gross sales of inventory, less	-					+
	io a	and allowances						
	h	Less cost of goods sold	a b		-			
		Net income or (loss) from sale			_			
ŀ	<u> </u>	Miscellaneous Revenu		Business Code			· ·	
}	11 a			515100	-36,082.	-36,082.		
	ii a			313100	30,002.	30,002.		+
	2							+
	4	All other revenue						
	u a	Total. Add lines 11a-11d			-36,082.			+
	12	Total revenue See instructions.				1,042,890.	0	. 76,621.
33200 10-29-	9	The state of the designation of the state of					<u> </u>	Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). \mathbf{x} Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in 45,494 the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 229,515 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 105,032. Other salaries and wages 7 Pension plan accruals and contributions (include 8 49,557 section 401(k) and 403(b) employer contributions) 13,241. Other employee benefits 9 19,094 10 Payroll taxes 11 Fees for services (non-employees) Management 26,770. b Legal 15,592 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,357 Advertising and promotion 12 13,389. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17,566 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 242,667 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 40,524 22 Depreciation, depletion, and amortization 11,933 23 Insurance 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 O.) a OTHER MEMBER SERVICE EX 101,641 CONTRIBUTIONS 85,274 30,375 LEGISLATIVE EXPENSES 23,310 d REPAIRS & MAINT. 73,491 See Sch e All other expenses 1,145,822 Total functional expenses. Add lines 1 through 24e 25 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)

2,561,628. Form **990** (2013)

Total liabilities and net assets/fund balances

485,971

	990 (2013) KENTUCKY BROADCASTERS ASSOCIATION, INC.	<u>61-06</u>	<u> 53764</u>	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,13				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,14	<u>5,8</u>	<u>22.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-1</u>	5, <u>4</u>	<u>83.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,48	4,2	<u>87.</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 X, line 33,						
	column (B))	10	2,46	8,8	04.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Lx</u> _		
				Yes	No		
1	Accounting method used to prepare the Form 990. X Cash Cash Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,					
	consolidated basis, or both.						
	Separate basis X Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b]	<u> </u>		
			Form	990 ((2013)		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

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

 Section 501(c) 	4), (5), or (6) organiza	tions: Complete Part III			
Name of organizati	on			Empl	oyer identification number
	KENTUCK	Y BROADCASTERS A	ASSOCIATION,	INC.	61-0663764
Part I-A Co	mplete if the org	ganization is exempt un	der section 501(c)	or is a section 527 or	rganization.
 Provide a des Political exper Volunteer hou 	nditures	zation's direct and indirect politi	cal campaign activities	_	
Part I-B Co	mplete if the or	ganization is exempt un	der section 501(c)	(3).	
		incurred by the organization un		▶\$	
2 Enter the amo	ount of any excise tax	incurred by organization manag	gers under section 4955	. .	
3 If the organiza	ation incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correct	ion made?				Yes No
b If "Yes," desc					
Part I-C Co	mplete if the or	ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1 Enter the amo	ount directly expende	d by the filing organization for s	ection 527 exempt func	tion activities	
2 Enter the amo	ount of the filing organ	nization's funds contributed to c	ther organizations for s	ection 527	
exempt functi	on activities			▶\$	
•	function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-POL	-,	
line 17b			•	▶\$	
-	_	1120-POL for this year?			Yes No
		mployer identification number (E			
		ation listed, enter the amount pa romptly and directly delivered to			
	•	additional space is needed, pro			to sogrogatod rand or a
- 		· · · · · · · · · · · · · · · · · · ·	(c) EIN	(d) Amount paid from	(e) Amount of political
(a)	Name	(b) Address	(C) EIN	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate political organization If none, enter -0-
					·
				-	

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 K Part II-A Complete if the orga	ENTUCKY BR Inization is exer	OADCASTERS npt under sectio	ASSOCIATION n 501(c)(3) and file	<u>, INC. 61-0</u> ed Form 5768	0663764 Page 2
(election under sect		•			
A Check ▶ ☐ If the filing organization	on belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
B Check ▶ ☐ If the filing organization	on checked box A ar	nd "limited control" pro	ovisions apply.		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe			<u> </u>		
c Total lobbying expenditures (add lin	•	2) (aoct (obb) (i.ig)	ļ		
d Other exempt purpose expenditures	•				·
e Total exempt purpose expenditures		n.			-
f Lobbying nontaxable amount Enter	•	•	h columns		
If the amount on line 1e, column (a) or			. 1		
Not over \$500,000		bying nontaxable am the amount on line 1e			
Over \$500,000 but not over \$1,000,					
Over \$1,000,000 but not over \$1,000,		00 plus 15% of the exc			
Over \$1,500,000 but not over \$1,50		00 plus 10% of the exc			
		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enti-	or 25% of line 16				
· ·	•				****
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c If zero	•	ino 1, did the ergeniz	ction file Form 4720	·	<u></u>
j If there is an amount other than zero		line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y			Cookies 504(b)		Yes No
· · · · · · · · · · · · · · · · · · ·	tions that made a s	• •	า section 50 i(n) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(150% Of fine 2d, column (e))					<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990 EZ) 2013 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	n)	(b))
	e lobbying activity.	Yes	No	Amo	
	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				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
_	Media advertisements?	-			 -
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	-		-	
9					
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		- · · -		
i					
:	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				·
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 501 (c	on 501(c)	(5). or se	ction	·
	501(c)(6).	(-)	(-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	·-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members				ie 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).	.00.			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c	,	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u></u>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou complete this part for any additional information.	p list), Part II	-A, line 2, a	nd Part II-B	, line 1.
			_		
		-			
					- 1

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

KENTUCKY BROADCASTERS ASSOCIATION, 61-0663764 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Vec. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche Par		Y BROADCAS' collections of A							63764 ts(continue	
3	Using the organization's acquisition, accessi						_			
	(check all that apply):			•	J	•				
a	Public exhibition	d		Loan or excl	hange progra	ms				
b	Scholarly research	е		Other	0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	ot purpo	se in Part	XIII	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nızatıon's co	ellection?			. \square	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" to Fo	rm 990	, Part IV, I		
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	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	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII				
Par	t V Endowment Funds. Complete r	f the organization an	swered	"Yes" to Fo	rm 990, Part I	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three y	ears back	(e) Four ye	ears back_
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities								1	
	and programs	!								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for the	organi	zation		
	by·								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				-				3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sche	dule R?					3b	
_4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	ee Form 990,	Part X, lin	e 10			
	Description of property	(a) Cost or c	ther	(b) Cost	or other	(c) Acc	umulate	∍d	(d) Book	/alue
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land			8	7,500.				87	,500.
b	Buildings				1,659.	4:	26,1	84.		,475.
	Leasehold improvements									
	Equipment			7	0,051.		66,1	78.	3	,873.
	Other				6,301.		2,6			,671.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur					•		,519.

Schedule D (Form 990) 2013

	(Form 990) 2013 KENTUCKY BR Investments - Other Securities.	OADCASTERS	ASSO	CIATION,	INC.	61-0663	3764 Page 3
Lait Aii	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11h	See Form 990 F	Part Y line 12		
(a) Descript	tion of security or category (including name of security)	(b) Book value		(c) Method of va			market value
	al derivatives	(5) 5000 14.00		(0)			
	held equity interests						
(3) Other	nois oquity interests						:-
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							 _
	o) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>					
Part VIII	Investments - Program Related.						
	Complete if the organization answered "Yes"		line 11c	See Form 990, F (c) Method of va	Part X, line 13.	ar and of year	market velve
	(a) Description of investment	(b) Book value		(c) Metriod of va	aluation Cost	or end-or-year i	Tiarket value
(1)							
(2)							
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
	o) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.	•					
	Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d	See Form 990, F	Part X, line 15		
	(a)	Description				(b)	Book value
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							
<u>(7)</u>				<u> </u>			
(8)							
(9)	mn (b) must equal Form 990, Part X, col. (B) lin	20.15.1					
Part X	Other Liabilities.	l e 13.j					
	Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e	or 11f See Form	990. Part X. I	ne 25.	
1.	(a) Description of liability			look value			
	eral income taxes	•					
(2)							
(3)							
(4)							
(5)	·						
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lin	ne 25)			<u> </u>		
تعدادها وا	facilities and the second seco	- 41 4 4 - 6 41 6 4	_ 4 _ 4 _ 4				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 KENTUCKY BROADCASTERS ASSOC	CIATION, INC.	61-	<u>0663764</u>	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per F	Return) .	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	<u>-</u>			
1 (Total revenue, gains, and other support per audited financial statements		1	3,071	109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a	1 1		
b	Donated services and use of facilities	2b	1 1		
С	Recoveries of prior year grants	2c	4		
ď	Other (Describe in Part XIII)	2d 1,904,689.	니		
е	Add lines 2a through 2d		2e	1,904	<u>, 689 </u>
3	Subtract line 2e from line 1		3	1,166	<u>,420.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 26 001	-		
b	Other (Describe in Part XIII)	4b -36,081.	7	2.0	0.01
c	Add lines 4a and 4b		4c		081.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	onto With Evnances no	5 Potu	1,130 _r	339.
Га		ents with Expenses per	netu	f f 1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	· · · · ·	Т	2,934	753
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	4,934	, /33.
2	Donated services and use of facilities	10-			
a		2a	-		
b	Prior year adjustments Other losses	2b	-		
G	Other (Describe in Part XIII)	2c 2d 1,874,574.	-		
d e	Add lines 2a through 2d	20 1,0/4,5/4	7	1 874	571
3	Subtract line 2e from line 1		2e	1,874 1,060	170
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	1,000	1170
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b 85,643	1		
	Add lines 4a and 4b	40 05,045	4c	85	643.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5		822.
	rt XIII Supplemental Information.			<u> </u>	022.
lines Par	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition. Line 2: Clanation: STANDARDS REQUIRE RECONGNITION A	tional information			
<u>TAX</u>	K POSITIONS USING A "MORE-LIKELY-THAN-NOT"	APPROACH. NO MA	ATER:	IAL IMPA	ACT_
<u>ON</u>	ITS FINANCIAL STATEMENTS WAS NOTED FOR FIS	SCAL YEARS NOVE	<u>IBER</u>	30, 202	L 4
<u>ANI</u>	NOVEMBER 30, 2013.				
Par	ct XI, Line 2d - Other Adjustments:				
SAI	LES COMMISSIONS-SUBSIDIARY		<u>-</u>	1,811	447.
DE	FERRED & ACCRUAL ADJ. PUBLIC EDUCATION PART	TNERSHIP ADV.		87	500.
DE	FERRED & ACCRUAL MEMBERSHIP DUES			5_	742.
Tot	tal to Schedule D, Part XI, Line 2d	<u> </u>		1,904	689.

Schedule D (Form 990) 2013 KENTUCKY BROADCASTERS ASSOCIATION, INC Part XIII Supplemental Information (continued)	. 61-0663764 Page 5
Part XI, Line 4b - Other Adjustments:	
EARNINGS EQUITY IN SUBSIDIARY	-36,082.
COMMISSIONS INCOME	1.
Total to Schedule D, Part XI, Line 4b	-36,081.
Part XII, Line 2d - Other Adjustments:	
SUBSIDIARY EXPENSES	1,848,779.
ACCRUAL AUDIT ADJUSTMENTS: DUES & SUBSCRIPTIONS	7,124.
ACCRUAL AUDIT ADJUSTMENTS: DEPRECIATION	1.
ACCRUAL AUDIT ADJUSTMENTS: INSURANCE	400.
ACCRUAL AUDIT ADJUSTMENTS: MEALS & ENT.	209.
ACCRUAL AUDIT ADJUSTMENTS: MEETINGS - ANNUAL CONFERENCE	231.
ACCRUAL AUDIT ADJUSTMENTS: MEETINGS - NAB CONVENTION	1,320.
ACCRUAL AUDIT ADJUSTMENTS: MISCELLANEOUS	8,077.
ACCRUAL AUDIT ADJUSTMENTS: OFFICE SUPPLIES	100.
ACCRUAL AUDIT ADJUSTMENTS: POSTAGE	698.
ACCRUAL AUDIT ADJUSTMENTS: PROFESSIONAL FEES	2,370.
ACCRUAL AUDIT ADJUSTMENTS: SEMINAR EXP.	2,345.
ACCRUAL AUDIT ADJUSTMENTS: TRAVEL-OTHER	1,873.
ACCRUAL AUDIT ADJUSTMENTS: UTILITIES	368.
ACCRUAL AUDIT ADJUSTMENTS: BUILDING MAINT.	679.
Total to Schedule D, Part XII, Line 2d	1,874,574.
·	
Part XII, Line 4b - Other Adjustments:	
ACCRUAL AUDIT ADJUSTMENTS: COMMISSION EXP.	80,728.
ACCRUAL AUDIT ADJUSTMENTS: MEMBER SERVICES	4,564.
ACCRUAL AUDIT ADJUSTMENTS: TELEPHONE	141.
ACCRUAL AUDIT ADJUSTMENTS: STORAGE RENTAL	210 . Schedule D (Form 990) 2013
332055 00.05 42	Schedule D (FOIM 990) 2013

Schedule [Part XIII	(Form 990) 2013 Supplemental	KENTUC Information (con	KY BRO	ADCASTERS	ASSOCIATION,	INC.	61-066376	54 Page 5
	to Schedul			ine 4b				35,643.
	_	· · · · · · ·	.					
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			<u>-</u>					
								
					<u>.</u>			
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	- .	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE (Form 990)

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

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

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

KENTUCKY BROADCASTERS ASSOCIATION, INC.

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection Employer identification number

61-0663764

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Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selectiv	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring	ocedures for monit	oring the use of grant	the use of grant funds in the United States	d States			
Part 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	e United States. C	omplete if the org	anization answered "^	res" to Form 990, Part IV	V, 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 addit	ional space is need	per			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	ind government or s listed in the line	ganizations listed in the table	ne line 1 table				
ہ ا	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (3

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 61-0663764 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed JUNIOR OR SENIOR YEAR AT A KENTUCKY COLLEGE OR UNIVERSITY THAT ARE ENROLLED Explanation: KBA ISSUES EACH YEAR SCHOLARSHIPS TO STUDENTS WHO ARE IN THEIR IN A BROADCASTER OR TELECOMMUNICATIONS MAJOR. THE AMOUNT OF SCHOLARSHIP AN 8 SCHOLARSHIPS TOTALING Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE SCHOLARSHIP IS (d) Amount of non-cash assistance 0. INC. KENTUCKY BROADCASTERS ASSOCIATION, KBA ALSO ISSUED SCHOLARSHIPS TO HIGH SCHOOL SENIORS. 41,000, (c) Amount of cash grant TO \$2500. KBA ISSUED (b) Number of recipients \$20,000 IN FISCAL YEAR 11/30/14 INDIVIDUAL CAN RECEIVE IS UP (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2013) SCHOLARSHIPS Part III

Schedule I (Form 990) (2013)

OPEN TO HIGH SCHOOL SENIORS OF FULL-TIME EMPLOYEES OF MEMBER STATIONS WHO

332102 10-29-13

Schedule I (Form 990) KENTUCKY BROADCASTERS ASSOCIATION, INC. 61-0663764 Page 2 Part IV Supplemental Information
Part IV Supplemental information
WILL BE ENTERING POSTSECONDARY EDUCATION IN THE FALL. THE STUDENT MUST
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.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

KENTUCKY BROADCASTERS ASSOCIATION

Employer identification number 61-0663764

	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)			l
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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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 X 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			l
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X
С	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		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, 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		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	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			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

61-0663764 KENTUCKY BROADCASTERS ASSOCIATION, INC.

Schedule J (Form 990) 2013

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	3C compensation	(C) Retirement and	ble	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(i)(B)	reported as deferred in prior Form 990
(1) GARY WHITE	8	101,402.	0	128,112.	34,427.	6,896		0
PRESIDENT/CEO	(E)		0	41,517.	0	0.	41,517.	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

VENULUAV DOCADOS CORDO ACCOCTANTON TATO

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 61-0663764

RENTUCKI BRUADCASTERS ASSOCIATION, INC. 61-0003704
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: Explanation: MEMBERS.
Explanation: MEMBERD:
Form 990, Part VI, Section A, line 7a:
Explanation: MEMBERS.
Form 990, Part VI, Section A, line 7b:
Explanation: ONLY IF CHANGES TO THE BYLAWS ARE TO BE MADE.
Form 990, Part VI, Section B, line 11:
Explanation: 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:
Explanation: 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:
Explanation: ANNUALLY THE BOARD OF DIRECTORS MEET TO SET THE EXECUTIVE
OFFICER'S COMPENSATION. INDUSTRY COMPARABLE DATA AND CURRENT FINANCIAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization KENTUCKY BROADCASTERS ASSOCIATION, INC.	Employer identification number 61-0663764
HEALTH ARE DETERMINING FACTORS. MINUTES OF THESE MEETINS	ARE KEPT ON FILE.
Form 990, Part VI, Section C, Line 19:	
Explanation: KBA WILL PROVIDE THEIR GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST STATEMENT, FINANCIAL STATEMENTS, 990'S AND NON-E	PROFIT APPLICATION
TO THE PUBLIC UPON REQUEST.	
Form 990, Part IX, Line 24e, All Other Functional Expense	es:
MISC. LABOR	15,895.
UTILITIES	14,404.
CONSULTING FEES	12,000.
PROPERTY TAXES	6,305.
DUES & SUBSCRIPTIONS	5,935.
NEWSLETTER EXP.	5,718.
POSTAGE	3,907.
BANK SERVICE CHARGES	3,100
ADMINISTRATIVE EXP.	3,010
MISC. EXP.	1,667
EQUIPMENT LEASE & MAINT.	1,297
STORAGE RENT	210
OTHER TAX & LIC.	43.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 73,491.
FORM 990 PART XII LINE 2c	
Explanation: NO CHANGES HAVE BEEN MADE TO THE PROCESS.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ See separate instructions.

2013

Open to Public Inspection

Employer identification number

61-0663764

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. INC. BROADCASTERS ASSOCIATION, KENTUCKY

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ž entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

332161 09-12-13 LHA

61-0663764 Page 2

Schedule R (Form 990) 2013 KENTUCKY BROADCASTERS ASSOCIATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

organizations treated as a partnersnip during the tax year	arrnersnip during the t	ax year									,	ı
(a)	(Q)	<u></u>	(q)			()	(6)	E	(6)		3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule (Form 1065)		General or Percentage managing ownership partner?	, · Ø 0
												1
												I
												1
												I
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corpo	oration or Trust Co	omplete if the	e organization	answered "Yes	" on Form 990	, Part IV, line	34 because it h	ad one or m	ore related	ı
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Ing Type of entity (C corp. S corp, or trust)	entity Sha	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	1 1
KENTUCKY ALLIANCE FOR RADIO & TELEVISION (KART) - 31-1577527, 101 ENTERPRISE DRIV FRANKFORT, KY 40601	<u>a</u>	ROMOTING	PROMOTING ADVERTISING	KY	N/A	C CORP	F-1	,763,413,	31,461	100,008		, I I
												1
						,						
332162 09-12-13				31				;	Sche	dule R (For	Schedule R (Form 990) 2013	اسا

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V Yes × 0. AMOUNT OF USUAGE IS MINIMAL 4 **1**e 무 트 두 우 4 ₽ ş Method of determining amount involved 19 ₽ ဍ ŧ ¥ ¥ **=** = ÷ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 55,000.AS NEEDED 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? 517 (c) Amount involved 41, (b)
Transaction type (a·s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Д Z 0 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity (3) SUBSIDIARY PAYS KBA EMPLOYESS COMMISSIONS USE OF THEIR Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets to related organization(s) KBA LOANED MONIES FOR SUBSIDIARY'S c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) KBA PROVIDES SUBSIDIARY THE (a)
Name of related organization (2) FACILITY & OFFICE EQUIPMENT e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) OPERATIONS a **c** 0 ۵.

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Schedule R (Form 990) 2013

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61-0663764

Page 4

Schedule R (Form 990) 2013 KENTUCKY BROADCASTERS ASSOCIATION, INC.

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exciu	Sion for certain inve	estment partnersnips.							
(e)	(a)	ઉ	(G)	(e) Are ali		(b)	£ į	(E)	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes. No.	6 partners sec 501(c)(3) orgs 7	Share of total income	Share of end-of-year assets	unspropor- tonate allocations?	Usphopor- Code V-UBI General or Percentage to the amount in box 20 managing ownership of Schedule K-1 pariner ownership yes No (Form 1065) Yes No	General or managing partner?	Percentage ownership
				-						
									_	
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					-					
							_			
							<u> </u>			

Schedule R (Form 990) 2013

Officers & Directors



Rick McCue, Chairman

WBKO-TV 2727 Russellville Road Bowling Green KY 42101



Phone: 270-781-1313 Fax: 270-781-1507



Chris Winkle, Chairman-Elect

WCYN AM/FM 117 North Main Street, Suite 3 Cynthiana KY 41031 chris.winkle@wcyn.com

Phone: 859-234-1400 Fax: 859-234-1425



Bill Lamb, Past Chairman

WDRB-TV WMYO-TV 624 W Muhammad Ali Blvd Louisville KY 40203 billlamb@wdrb.com

Phone: 502-584-6441 Fax: 502-589-5559



Jim Moore, Radio Director, District 1

WYMC-Radio P O Box V Mayfield KY 42066 wymc@hotmail.com

Phone: 270-247-1430

Fax:



Bob Kelley, Radio Director, District 2

WFMW-AM WKTG-FM P O Box 338 Madisonville KY 42431 bob@wktg.com

Phone: 270-821-4096 Fax: 270-821-5954

Bill Gentry, Radio Director, District 3

Clear Channel, Louisville 4000 #1 Radio Drive Louisville KY 40218 billgentry@clearchannel.com

Phone: 502-479-2121

Fax:





Derron Steenbergen, Radio Director, District 4

Commonwealth Broadcasting Company P O Box 457 Glasgow KY 42142 dsteenbergen@commonwealthbroadcasting.com

Phone: 270-651-6050

Fax:



Kristin Cantrell, Radio Director, District 5

CapCity Radio 115 West Main Street Frankfort KY 40601 kristin.cantrell@gmail.com

Phone: 502-875-1130 Fax: 502-875-1225



Bridgett Gambrel, Radio Director, District 6

Forcht Broadcasting, London P O Box 1988 London KY 40741 brgambrel@forchtbroadcasting.com

Phone: 606-864-2148 Fax: 606-864-0645



Jeff Ray, Radio Director, District 7

Gateway Radio Works P O Box 1010 Owingsville KY 40360 jeff@gatewayradio.net

Phone: 859-674-2266

Fax:

Adam Gearheart, Radio Director, District 8

Gearheart Media 98 Church Road P O Box 1094 Harold KY 41635 adam@gearheart.com

Phone: 606-479-6237

Fax:

Paul Hitchcock, Public Radio Director

WMKY-FM, Morehead State University Morehead State Public Radio 150 University Boulevard 132 Breckinridge Hall Morehead State University Morehead, KY. 40351 p.hitchc@moreheadstate.edu

Phone: 606-783-2334 Fox: 606-783-2335





Marti Hazel, Television Director, Louisville

WDRB-TV WMYO-TV 624 W Muhammad Ali Blvd Louisville KY 40203 mhazel@wdrb.com

Phone: 502-584-6441 Fax: 502-589-5559



Ronna Corrente, Television Director, Lexington

WDKY-TV 836 Euclid Ave Lexington KY 40502 rcorrente@sbgtv.com

Phone: 859-967-1622 Fax:



Nick Ulmer, Television Director, Other Markets

WFIE-TV P O BOx 1414 Evansville IN 47701 nulmer@14news.com

Phone: 812-433-3440

Fax:



David Brinkley, Public Television Director Western KY University 1906 College Heights Blvd Bowling Green KY 4210-1034

david.brinkley@wku.edu

Phone: 270-745-2400

Fax:



Nathan Butler, Associate Member Director

KNN, KY News Network 4000 #1 Radio Drive Louisville KY 40218 nathanbutler@clearchannel.com

Phone: 502-479-2248

Fax:

Keith Casebolt, At-Large Director

Casebolt Broadcasting & Marketing

keithc@caseboltbroadcasting.com

Phone: 606-789-6664 Fax: 606-789-6669



P O Box 487 Shelbiana KY 41562



Tom Ulmer, At -Large Director

Alpha Media, Louisville 520 South 4th Ave., 2nd Floor Louisville KY 40202-2577 tom.ulmer@alphamediausa.com

Phone: 502-625-1288 Fax: 502-625-1255



Dawn Sciarrino, Legal Counsel

Sciarrino & Shubert, PLLC 5425 Tree Line Drive Centreville VA 20120 dawn@sciarrinolaw.com

Phone: 202-350-9658 Fax: 703-991-7120

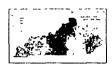


Gary R White, President/CEO

Kentucky Broadcasters Association 101 Enterprise Drive Frankfort KY 40601 gary@kba.org

Phone: 502-682-6896 Direct Line

Fax: 502-848-5710



KBA Radio District Map

4562 Form

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2013

990

Business or activity to which this form relates

Attachment Sequence No 179

Form 4562 (2013)

Identifying number

KENTUCKY BROADCASTERS	ASSOCIAT	ION, INC	. For	m 9	90 Pa	age 10		61-0663764
Part Election To Expense Certain Prope	rty Under Section 17	9 Note: If you h	nave any lis	ted pr	operty, c	omplete Part	V before y	ou complete Part I.
1 Maximum amount (see instructions)			-				1	500,000.
2 Total cost of section 179 property place	ed in service (see i	instructions)					2	
3 Threshold cost of section 179 property	before reduction	ın lımıtatıon					3	2,000,000.
4 Reduction in limitation Subtract line 3	from line 2. If zero	or less, enter -	0-				4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing	separately, see	nstruct	tions		5	
6 (a) Description of pro		1	(b) Cost (busin			(c) Electe	cost	
	<u> </u>							
]
								1
				-				1
7 Listed property Enter the amount from	line 29				7			1
8 Total elected cost of section 179 prope		ın column (c). I	lines 6 and	7	<u> </u>		8	1
9 Tentative deduction. Enter the smaller	· · ·	00.4 (0),	mioo o ama	•			9	
10 Carryover of disallowed deduction from		112 Form 4562					10	
11 Business income limitation Enter the s	•			ro) or l	ne 5		11	
12 Section 179 expense deduction. Add li		•		,			12	
13 Carryover of disallowed deduction to 2					13		2	
Note: Do not use Part II or Part III below for					13		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Part II Special Depreciation Allowa				do liet	ad propo	rty l		
14 Special depreciation allowance for qua		•					1	1
	iiilea property (otri	er than listed p	property) pi	aced I	n service	auring		
the tax year	14							
15 Property subject to section 168(f)(1) ele	15	27 050						
Part III MACRS Depreciation (Do no	A makinda katad ar	anarty Maa in		`			16	37,858.
Part III MACRS Depreciation (Do no	t include listed pro			<u>' </u>				
47 MAODO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Secti						1
17 MACRS deductions for assets placed i							17	<u> </u>
18 If you are electing to group any assets placed in sen								
Section B - Assets	(b) Month and	(c) Basis for de		Using	tne Gen	erai Deprecia	ation Syst	em I
(a) Classification of property	year placed in service	(business/inves only - see ins	stment use	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property]
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				2	5 yrs.		S/L	
	/				5 yrs	ММ	S/L	
h Residential rental property	/			1	'.5 yrs	ММ	S/L	
	08/14	4	1,850.		9 yrs	MM	S/L	36.
i Nonresidential real property	/			<u>_</u>	 	MM	S/L	
Section C - Assets F	Placed in Service	During 2013 T	ax Year U	sina tl	ne Altern			stem
20a Class life	1	<u> </u>		 			S/L	
b 12-year	-			1	2 yrs.		S/L	
c 40-year	,				0 yrs.	MM	S/L	
Part IV Summary (See instructions.)	, /			·	- , , , ,	IAIIAI		L
21 Listed property Enter amount from line	. 20						0.0	2 620
21 Listed property Enter amount from line 22 Total. Add amounts from line 12, lines		on 10 and 00 :-	. ookuma /-) a	lino Od		21	2,630.
								40 E04
Enter here and on the appropriate lines 23 For assets shown above and placed in	•	•	•	นบทร -	See mstr	<u>. </u>	22	40,524.
portion of the basis attributable to sect	-	current year, e	SIILEI LIIE		23			
	IOTI ECOTA GOGIG							1

318251 12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

Note: For any we through (c) of S	ehicle for wi	hich you are us	ing the	standard	mileag	e rate or	•							
Section A -	Depreciation	on and Other	Informa	tion (Cau	ition: S	See the I	nstruc	tions for li	mits for	passeng	er auton	nobiles)		
24a Do you have evidence to s	upport the bu	siness/investme	nt use cla	aimed?	X Y	es] No	24b If "Y	es," ıs tl	ne evidei	nce writt	ten? X	Yes [☐ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	je ot	(d) Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ rention	Depre	h) eciation uction	Elec sectio	(i) cted in 179 ost
25 Special depreciation allo used more than 50% in		· ·	oroperty	placed in	n servi	ce durinç	the t	ax year an	d	25				-
26 Property used more than									,				,	
VEHICLE	031814	100.00%		6,301	L.	26,3	01.	5YRS	SL-Y	AL	2,	630.		
	L	9	6											
27 Property used 50% or le	ess in a qual	1	- 1					T					r	
		9						-	S/L -					
		9							S/L -					
	L	9							S/L·			620	-	
28 Add amounts in column	• • •	•			line 21	, page 1				28	2,	630.		
29 Add amounts in column	(i), line 26 E			7, page 1 B - Inforn								29	<u> </u>	
Complete this section for ve to your employees, first ans				•				-		•	•	•	S.	
an Talalla areas for advant			_	a)	-	(b)	Ι,	(c)		(d) Vehicle		e)	(f	
30 Total business/investment		uring the	Ver	nicle	Ve	hicle	 ;	Vehicle Ve		ehicle V		nicle	Veh	icie
year (do not include comm	• ,												 	
31 Total commuting miles of	_	•		-			-							
32 Total other personal (no driven	ncommuting	j) miles												
33 Total miles driven during Add lines 30 through 32	•													
34 Was the vehicle available		al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?	•													
35 Was the vehicle used potential than 5% owner or related		more												
36 Is another vehicle availa use?	•	onal								,				
Answer these questions to o		- Questions f you meet an e	•	•					-			re not m	nore than	5%
owners or related persons						of waland				. h				l Na
37 Do you maintain a writte employees?		·		·				•			ſ		Yes	No
38 Do you maintain a writte		-	-							your				
employees? See the ins					icers, C	urectors	or 19	o or more	owners				-	
39 Do you treat all use of vo	-													
40 Do you provide more that		•			norma	tion from	your	employee	s about					
the use of the vehicles,						otion iion	.0						-	1
41 Do you meet the require		• .						anuamd u	hiolon					ــــــــــــــــــــــــــــــــــــــ
Part VI Amortization	37, 30, 39, 4	U, UI 4 I IS TE	s, ao n	ot comple	ie Sec	HOH B IC	ii tile (covered ve	enicies.					
(a)	<u>-</u>		(b)	T	(c)	-	<u> </u>	(d)		(e)			(f)	
Description of	costs		amortization begins	<u> </u>	Amortiza amoun			Code section		Amortiza period or per		A	mortization or this year	
42 Amortization of costs th	at begins du	ırıng your 2013	3 tax yea	ar:										
							\perp						· <u></u> -	
				<u> </u>										
43 Amortization of costs th	_										43			
44 Total. Add amounts in o	olumn (f) So	ee the instruct	ons for	where to	report						44			

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