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Short Form Return of Organization Exempt From Income Tax

2016

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

KENTUCKY WIRELESS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address)

15312 CHAMPION LAKE PLACE

Room/suite

City or town

LOUISVILLE

State

KY

ZIP code

40245

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

20-5736967

E Telephone number

502-544-3898

**F Group Exemption
Number ►****G Accounting Method** Cash Accrual Other (specify) ► _____**I Website:** ► WWW.KENTUCKYWIRELESS.ORG**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527**H Check ►** if the organization is
not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**K Form of organization** Corporation Trust Association Other _____**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets**

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

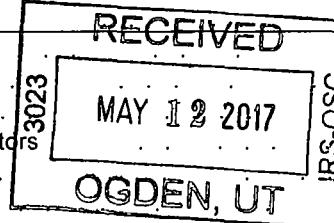
► \$ 41,672.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 41,672.
c Less direct expenses from gaming and fundraising events.	6c 30,182.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 11,490.
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 11,490.
10 Grants and similar amounts paid (list in Schedule O)	10 12,000.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 160.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 804.
16 Other expenses (describe in Schedule O)	16 3,266.
17 Total expenses. Add lines 10 through 16	17 16,230.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (4,740.)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 11,492.
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 6,752.

For Paperwork Reduction Act Notice, see the separate instructions.

BCA



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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35a X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0
b Did the organization file Form 1120-POL for this year? 37b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38a X

39 Section 501(c)(7) organizations. Enter
a Initiation fees and capital contributions included on line 9 39a
b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e X

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► CRAIG THIEMAN Telephone no ► 502-544-3898
Located at ► 15312 CHAMPI City LOUISVILLE ST. KY ZIP + 4 ► 40245 42b X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year.

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name _____ Title _____	Hr/WK			
Name _____ Title _____	Hr/WK			
Name _____ Title _____	Hr/WK			
Name _____ Title _____	Hr/WK			
Name _____ Title _____	Hr/WK			

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name NONE City _____ ST _____ ZIP _____		
Name _____ City _____ ST _____ ZIP _____		
Name _____ City _____ ST _____ ZIP _____		
Name _____ City _____ ST _____ ZIP _____		
Name _____ City _____ ST _____ ZIP _____		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

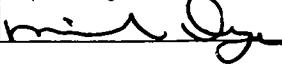
CRAIG THIEMAN

Type or print name and title

Date

PRESIDENT

5-8-17

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL DYER		05/02/2017		P00525178
	Firm's name ► TAX PROS USA LLC				Firm's EIN ► 20-5963588
	Firm's address ► 12204 SHELBYVILLE RO LOUISVILLE KY 40243-				Phone no 502-254-2825

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Part II

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

	(a) Event #1 GOLF EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	41,672.		41,672.
	2 Less: Contributions . . .			
	3 Gross income (line 1 minus line 2) . . .	41,672.		41,672.
Direct Expenses	4 Cash prizes . . .	2,500.		2,500.
	5 Noncash prizes . . .	9,881.		9,881.
	6 Rent/facility costs . . .	16,267.		16,267.
	7 Food and beverages . . .			
	8 Entertainment . . .			
	9 Other direct expenses . . .	1,534.		1,534.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . .			30,182. ►
	11 Net income summary Subtract line 10 from line 3, column (d) . . .			11,490. ►

Part III

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No
 b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in:

13a	0.00 %
13b	0.00 %

a The organization's facility

b An outside facility

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2016

► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

KENTUCKY WIRELESS ASSOCIATION

Employer identification number

20-5736967

PART III

THE ASSOCIATION IS COMPRISED OF INDIVIDUALS AND COMPANIES

INVOLVED IN WIRELESS NETWORKS IN KENTUCKY. ALL REVENUE AND

EXPENSES, EXCEPT FOR CHARITABLE DONATIONS, ARE INCURRED FOR

THE DEVELOPMENT AND PROMOTION OF THIS INDUSTRY.

PART I LINE 10

GRANTEE #1 ALS ASSOCIATION

1170 OLD HENDERSON ROAD SUITE 221

COLUMBUS OH 43220

NO RELATIONSHIP, AMOUNT DONATED \$3000

PART I LINE 10

GRANTEE #2 KENTUCKY HUMANE SOCIETY

241 STEEDLY DR, LOUISVILLE KY 40214

NO RELATIONSHIP, AMOUNT DONATED \$2500

PART I LINE 10

GRANTEE #3 SPECIAL OLYMPICS KY

105 LAKEVIEW CT, FRANKFORT KY 40601

NO RELATIONSHIP, AMOUNT DONATED \$6000

PART I LINE 10

GRANTEE #4 HOPE FOR HADLEY JO

13703 FOREST BEND CIRCLE, LOUISVILLE KY 40245

NO RELATIONSHIP, AMOUNT DONATED \$500

PART I LINE 16

INSURANCE \$1028 BANK FEES \$15 ANNUAL FEE TO KY \$35 BOARD AND

MEMBER MEETINGS \$2138 OFFICE EXPENSE \$50 TOTAL \$3266