

COPY

2013 TAX RETURN

CLIENT COPY

Client: 30478

Prepared for: KACHEMAK BAY BROADCASTING INC
3913 KACHEMAK WAY
HOMER, AK 99603
907-235-7721

Prepared by: ROBERT B LAMBE, CPA
LAMBE, TUTER, WAGNER CPA'S, APC
189 S. BINKLEY STE 201
SOLDOTNA, AK 99669
(907) 262-9123

Date: FEBRUARY 11, 2015

Comments:

Route to: _____

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Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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 and its instructions is at www.irs.gov/form990.

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C KACHEMAK BAY BROADCASTING INC 3913 KACHEMAK WAY HOMER, AK 99603 F Name and address of principal officer: SAME AS C ABOVE
D Employer Identification Number 92-0060366 E Telephone number 907-235-7721 G Gross receipts \$ 568,729.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (See instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.KBBI.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1977 M State of legal domicile: AK	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PUBLIC RADIO</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	13
	6	Total number of volunteers (estimate if necessary)	226
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	469,954.
	9	Program service revenue (Part VIII, line 2g)	91,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,039.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,244.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	595,237.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	335,815.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 105,485.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	270,522.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	606,337.
	19	Revenue less expenses. Subtract line 18 from line 12	-11,100.
	20	Total assets (Part X, line 16)	1,311,726.
	21	Total liabilities (Part X, line 26)	26,373.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,285,353.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ROBERT B LAMBE, CPA	ROBERT B LAMBE, CPA	
	Firm's name ▶ LAMBE, TUTER, WAGNER CPA'S, APC	Check <input type="checkbox"/> if self-employed	PTIN P00536097
	Firm's address ▶ 189 S. BINKLEY STE 201 SOLDOTNA, AK 99669	Firm's EIN ▶ 92-0115580	Phone no. (907) 262-9123

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 11/08/13

Form 990 (2013)

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Part 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:

PUBLIC RADIO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 and section 4947(a)(1) trusts 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 \$ 335,305. including grants of \$) (Revenue \$ 90,750.)

PROGRAMMING AND TECHNICAL EXPENSES INCURRED IN OPERATION OF A NON-COMMERCIAL PUBLIC RADIO STATION - KBBI IN HOMER, ALASKA

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 335,305.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	X
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 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, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c	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.	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e 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.	11 f	X
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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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 (see instructions).	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.	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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? <i>If so, complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Form 990 (2013)

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 9		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a		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.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	1 a	1 b	2	3	4	5	6	7 a	7 b	8 a	8 b	9	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	9													
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.		9												
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?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders? SEE SCHEDULE O							X							
7 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?							X							
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?							X							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?							X							
b Each committee with authority to act on behalf of the governing body?							X							
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10 a	10 b	11 a	12 a	12 b	12 c	13	14	15 a	15 b	16 a	16 b	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?														X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O														
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O						X								
13 Did the organization have a written whistleblower policy?														X
14 Did the organization have a written document retention and destruction policy?														X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official.									X					
b Other officers of key employees of the organization. SEE SCHEDULE O.									X					
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)														
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														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 taken steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► KBBI, DORLE HARNESS 3913 KACHEMAK WAY, HOMER, AK 99603 907-235-7721

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICOLE AREVALO DIRECTOR	2 0	X						0.	0.	0.
(2) SUZANNE BISHOP DIRECTOR	2 0	X						0.	0.	0.
(3) MIKE HAWFIELD PRESIDENT	2 0	X		X				0.	0.	0.
(4) KEN BERGMAN DIRECTOR	2 0	X						0.	0.	0.
(5) DEBBIE SPEAKMAN DIRECTOR	2 0	X						0.	0.	0.
(6) BUMPPPO BREMICKER CHAIRMAN	2 0	X		X				0.	0.	0.
(7) GENIE HAMBRICK DIRECTOR	2 0	X						0.	0.	0.
(8) DAVE ECKWERT TREASURER	2 0	X		X				0.	0.	0.
(9) FRANK VONDERSAAR VICE PRESIDENT	2 0	X		X				0.	0.	0.
(10) DAVE ANDERSON GENERAL MANAGER	40 0	X						55,637.	0.	0.
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								55,637.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								55,637.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 80,098.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 261,996.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 98,220.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		440,314.			
PROGRAM SERVICE REVENUE	2 a <u>LMA-KDLL MANAGEMENT</u>	Business Code	79,750.	79,750.		
	b <u>BROADCASTING INCOME</u>		11,000.	11,000.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		90,750.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		6,545.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18		a 27,715.				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events			27,715.			27,715.
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>OTHER INCOME</u>		3,405.	3,405.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,405.				
12 Total revenue. See instructions		568,729.	94,155.	0.	34,260.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	55,637.	0.	55,637.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	306,299.	184,124.	66,510.	55,665.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,654.		9,654.	
12 Advertising and promotion.	21,902.	263.	2,093.	19,546.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	44,258.	37,906.	6,352.	
17 Travel.	15,333.	1,458.	12,336.	1,539.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	46,072.	22,739.	23,333.	
23 Insurance.	8,522.		8,522.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMMING AND PRODUCTION COSTS	54,504.	54,504.		
b OTHER EXPENSES	29,141.	12,767.	6,177.	10,197.
c REPAIRS/MAINT	24,935.	15,344.	9,132.	459.
d SUPPLIES	21,412.	6,200.	3,283.	11,929.
e All other expenses.	6,150.			6,150.
25 Total functional expenses. Add lines 1 through 24e.	643,819.	335,305.	203,029.	105,485.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	134,140.	1	124,991.
	2 Savings and temporary cash investments	554,071.	2	477,901.
	3 Pledges and grants receivable, net	7,264.	3	464.
	4 Accounts receivable, net	20,937.	4	84,523.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,000.	8	15,000.
	9 Prepaid expenses and deferred charges	18,139.	9	17,942.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,291,677.		
	b Less: accumulated depreciation	10b 800,846.		
	11 Investments — publicly traded securities	514,009.	10c	490,831.
	12 Investments — other securities. See Part IV, line 11	43,611.	11	46,329.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,555.	14	3,375.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,311,726.	15		
LIABILITIES	17 Accounts payable and accrued expenses	1,311,726.	16	1,261,356.
	18 Grants payable	23,994.	17	37,287.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	2,379.	24	
	26 Total liabilities. Add lines 17 through 25	2,379.	25	13,806.
NET ASSETS OR FUND BALANCES	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	26,373.	26	51,093.
	28 Unrestricted net assets			
	29 Temporarily restricted net assets	1,157,414.	27	1,095,216.
	30 Permanently restricted net assets	84,328.	28	68,718.
	31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	43,611.	29	46,329.
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
	35 Total net assets or fund balances.	1,285,353.	33	1,210,263.
	36 Total liabilities and net assets/fund balances.	1,311,726.	34	1,261,356.

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Form 990 (2013)

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Part XI Reconciliation of Net AssetsCheck 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	568,729.
2	Total expenses (must equal Part IX, column (A), line 25)	2	643,819.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,285,353.
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	1,210,263.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

KACHEMAK BAY BROADCASTING INC

Employer identification number

92-0060366

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	569,344.	481,289.	486,873.	469,954.	440,314.	2,447,774.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	569,344.	481,289.	486,873.	469,954.	440,314.	2,447,774.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2,447,774.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	569,344.	481,289.	486,873.	469,954.	440,314.	2,447,774.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	12,639.	11,094.	11,829.	8,039.	6,545.	50,146.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	26,839.	35,609.	30,375.	26,244.	31,120.	150,187.
11 Total support. Add lines 7 through 10.						2,648,107.
12 Gross receipts from related activities, etc (see instructions).					12	435,800.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	92.43 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	93.04 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lns 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

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Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

Area for supplemental information with horizontal dashed lines.

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

KACHEMAK BAY BROADCASTING INC

92-0060366

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2013	2012	2011	2010	2009
OTHER REVENUE	\$ 3,405.	\$ 732.	\$ 4,034.	\$ 640.	
FUNDRAISING	27,715.	25,512.	26,341.	34,969.	\$ 26,839.
TOTAL	<u>\$ 31,120.</u>	<u>\$ 26,244.</u>	<u>\$ 30,375.</u>	<u>\$ 35,609.</u>	<u>\$ 26,839.</u>

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OMB No. 1545-0047

Schedule B
(Form 990, 990-EZ,
or 990-PF)**Schedule of Contributors****2013**Department of the Treasury
Internal Revenue Service▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.****Name of the organization****Employer identification number**

KACHEMAK BAY BROADCASTING INC

92-0060366

Organization type (check one):**Filers of:**

Form 990 or 990-EZ

Section:☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)**Special Rules**☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2013)**
or 990-PF.

COPY

Name of organization

KACHEMAK BAY BROADCASTING INC

Employer identification number

92-0060366

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORPORATION FOR PUBLIC BROADCASTING 401 NINTH ST NW WASHINGTON, DC 20004	\$ 126,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALASKA PUBLIC BROADCASTING CORP PO BOX 110208 JUNEAU, AK 99811-0208	\$ 132,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

COPY

Name of organization

Employer identification number

KACHEMAK BAY BROADCASTING INC

92-0060366

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

COPY

Name of organization

KACHEMAK BAY BROADCASTING INC

Employer identification number

92-0060366

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc.,

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

COPY

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

2013**Open to Public
Inspection**

Employer identification number

KACHEMAK BAY BROADCASTING INC

92-0060366

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
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 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

2 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
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 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? ☐ Yes ☐ No

6 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 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1 a 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 ► \$ _____

2 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:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations..... **3a(i)** ☐ Yes ☐ No
 (ii) related organizations..... **3a(ii)** ☐ Yes ☐ No

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		163,566.		163,566.
b Buildings.....		562,681.	372,090.	190,591.
c Leasehold improvements.....		53,975.	4,361.	49,614.
d Equipment.....		466,075.	383,459.	82,616.
e Other.....		45,380.	40,936.	4,444.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				490,831.

BAA

Schedule D (Form 990) 2013

COPY

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....		
(3) Other.....		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNDERWRITING DEPOSITS	13,806.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	13,806.

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. ☐

COPY

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	619,982.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	51,253.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	51,253.
3	Subtract line 2e from line 1	3	568,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	568,729.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	695,072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	51,253.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	51,253.
3	Subtract line 2e from line 1	3	643,819.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	643,819.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUND IS IN A COMMUNITY FOUNDATION WHICH PROVIDES GRANTS TO VARIOUS
COMMUNITY NONPROFIT GROUPS OUT OF THE INCOME OF THE FUND.

COPY

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

	(a) Event #1 FUNDRAISING <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events NONE <small>(total number)</small>	(d) Total events (add column (a) through column (c))
REVENUE				
1 Gross receipts.....	27,715.			27,715.
2 Less: Charitable contributions.....				
3 Gross income (line 1 minus line 2).....	27,715.			27,715.
DIRECT EXPENSES				
4 Cash prizes.....				
5 Noncash prizes.....				
6 Rent/facility costs.....				
7 Food and beverages.....				
8 Entertainment.....				
9 Other direct expenses.....				
10 Direct expense summary. Add lines 4 through 9 in column (d).....				
11 Net income summary. Subtract line 10 from line 3, column (d).....				27,715.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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 operates gaming activities: _____

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

Schedule G (Form 990 or 990-EZ) 2013 KACHEMAK BAY BROADCASTING INC

92-0060366

Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- | | | | |
|---|--|------------|---|
| 13 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility..... | | 13a | % |
| b An outside facility..... | | 13b | % |

- 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 contact 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).

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

KACHEMAK BAY BROADCASTING INC

Employer identification number
92-0060366

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE GENERAL PUBLIC CAN PAY ANNUAL DUES TO BECOME A MEMBER OF THE LOCAL PUBLIC RADIO
STATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND SIGNED BY EXECUTIVE DIRECTOR BEFORE FILING AND PROVIDED TO
FINANCE COMMITTEE AND BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND REVIEWED WITH ALL NEW EMPLOYEES
AND BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION MATTERS ARE ADDRESSED BY THE PERSONNEL COMMITTEE THEN REVIEWED AND
APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST, DOCUMENTATION IS RELEASED IN PERSON, BY MAIL OR BY E-MAIL.

COPY

Form **990-T**

REQUEST FOR 45R CREDIT ONLY
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013Department of the Treasury
Internal Revenue ServiceFor calendar year 2013 or other tax year beginning 7/01, 2013, and ending 6/30, 2014

▶ See separate instructions.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be public if you organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions. KACHEMAK BAY BROADCASTING INC 3913 KACHEMAK WAY HOMER, AK 99603	D Employer identification number (Employees' trust, see instructions.) 92-0060366 E Unrelated business activity codes (See instructions.)
C Book value of all assets at end of year 1,261,356.		F Group exemption number (See instructions.) ▶ G Check organization type: <input type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☐ No
 If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of ▶ **KBBI, DORLE HARNESS** Telephone number ▶ **907-235-7721**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...			
b Less returns and allowances ... c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7) ...	2		
3 Gross profit. Subtract line 2 from line 1c ...	3		
4 a Capital gain net income (attach Form 8949 and Schedule D) ...	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ...	4 b		
c Capital loss deduction for trusts ...	4 c		
5 Income (loss) from partnerships and S corporations (attach statement) ...	5		
6 Rent income (Schedule C) ...	6		
7 Unrelated debt-financed income (Schedule E) ...	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) ...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) ...	9		
10 Exploited exempt activity income (Schedule I) ...	10		
11 Advertising income (Schedule J) ...	11		
12 Other income (See instructions; attach schedule.) ...	12		
13 Total. Combine lines 3 through 12 ...	13	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) ...	14	
15 Salaries and wages ...	15	
16 Repairs and maintenance ...	16	
17 Bad debts ...	17	
18 Interest (attach schedule) ...	18	
19 Taxes and licenses ...	19	
20 Charitable contributions (See instructions for limitation rules.) ...	20	
21 Depreciation (attach Form 4562) ...	21	
22 Less depreciation claimed on Schedule A and elsewhere on return ...	22 a	22 b
23 Depletion ...	23	
24 Contributions to deferred compensation plans ...	24	
25 Employee benefit programs ...	25	
26 Excess exempt expenses (Schedule I) ...	26	
27 Excess readership costs (Schedule J) ...	27	
28 Other deductions (attach schedule) ...	28	
29 Total deductions. Add lines 14 through 28 ...	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 ...	30	
31 Net operating loss deduction (limited to the amount on line 30) ...	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 ...	32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) ...	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 ...	34	0.

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0205L 12/23/13

Form **990-T** (2013)

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 **35c**
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 (see instructions) **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e Total credits. Add lines 40a through 40d. **40e** 0.
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866
☐ Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44a Payments: A 2012 overpayment credited to 2013 **44a**
b 2013 estimated tax payments **44b**
c Tax deposited with Form 8868 **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e**
f Credit for small employer health insurance premiums (Attach Form 8941) **44f** 1,981.
g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g**
45 Total payments. Add lines 44a through 44g. **45** 1,981.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 1,981.
49 Enter the amount of line 48 you want: **Credited to 2014 estimated tax** **Refunded** **49** 1,981.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes No**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year **1**
2 Purchases **2**
3 Cost of labor **3**
4a Additional section 263A costs (attach schedule) **4a**
b Other costs (att. sch.) **4b**
5 Total. Add lines 1 through 4b. **5**
6 Inventory at end of year **6**
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ROBERT B LAMBE, CPA

ROBERT B LAMBE, CPA

P00536097

Firm's name **LAMBE, TUTER, WAGNER CPA'S, APC**Firm's EIN **92-0115580**Firm's address **189 S. BINKLEY STE 201**Phone no. **(907) 262-9123****SOLDOTNA, AK 99669**

BAA

TEEA0202L 12/23/13

Form 990-T (2013)

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Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals. ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals. ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

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Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.
Totals						

Schedule J – Advertising Income (See instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute col 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

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Form **8941****Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

Department of the Treasury
Internal Revenue Service

► **Attach to your tax return.**
► **Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.**

2013Attachment
Sequence No. **63**

Name(s) shown on return

Identifying number

KACHENAK BAY BROADCASTING INC**92-0060366****Caution.** See the instructions and complete Worksheets 1 through 7 as needed.

1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	1a	15
b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	1b	
2 Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	6
3 Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	46,000.
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	4	49,531.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	5	59,708.
6 Enter the smaller of line 4 or line 5	6	49,531.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	12,383.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	8	12,383.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	9	1,981.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11 Subtract line 10 from line 4. If zero or less, enter -0-	11	49,531.
12 Enter the smaller of line 9 or line 11	12	1,981.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	13	8
14 Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	14	6
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	1,981.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19 Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	23,717.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20	1,981.

BAA For Paperwork Reduction Act Notice, see separate instructions.Form **8941** (2013)

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FORM 990/990-PF																
AMORTIZATION																
105	ALLEGIANCE COMPUTER SOFTW	1/10/07		12,600							12,600	12,600	S/L	3		0
106	CPB BROADCAST LICENSE	1/01/08		4,875							4,875	2,624	S/L	10		488
153	MEDIA TOUCH UPGRADE	11/30/11		3,460							3,460	1,096	S/L	5		692
TOTAL AMORTIZATION				20,935		0	0	0	0	0	20,935	16,380				1,180
BROADCAST EQUIPMENT																
5	BROADCAST EQUIPMENT	6/30/86		41,858							41,858	41,858	S/L	10		0
21	TOWER	6/30/86		27,561							27,561	27,561	S/L	15		0
22	MICROMIXER	4/10/98		1,740							1,740	1,740	S/L	10		0
23	EQUIPMENT 01-40	6/20/99		1,720							1,720	1,720	S/L	10		0
24	SPEAKERS EV 40	12/31/81		180							180	180	S/L	10		0
25	BROADCAST TOOLS	8/30/99		404							404	404	S/L	7		0
26	AUDIO CABLE	12/01/99		578							578	578	S/L	10		0
27	3 MINIDISK RECORDER/PLAY	5/08/00		1,585							1,585	1,585	S/L	10		0
28	2 APC SMART UPS	6/21/00		1,897							1,897	1,897	S/L	7		0
29	AMPLIFIER	9/29/00		424							424	424	S/L	7		0
30	PC AUDIO CARD	11/03/00		499							499	499	S/L	7		0
31	2 HEAD CASSETTE DECK	1/04/01		661							661	661	S/L	7		0
32	MICRO PHASE COMMUNICATION	2/28/02		327							327	327	S/L	5		0
33	TC/OS	3/28/02		698							698	698	S/L	5		0
34	DELL COMPUTER	11/08/01		1,120							1,120	1,120	S/L	5		0
35	CARD DELUXE PCI	11/27/01		408							408	408	S/L	5		0
35	AUTOMATION SYSTEM SOFTWARE	11/20/02		8,159							8,159	2,159	S/L	10		0

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37	SATELITE SWITCHER	11/20/02		769							769	769	S/L	10		0
38	4CH STEREO ANALOG PLAY	11/20/02		995							995	995	S/L	10		0
39	COMPAQ ML350 G2 SERVER	11/20/02		9,995							9,995	9,995	S/L	10		0
40	COMPAQ EVOD500 COMPUTER	7/01/02		2,150							2,150	2,150	S/L	10		0
41	8 STEREO IMEDIA LOGGER	7/01/02		4,995							4,995	4,995	S/L	10		0
42	8CH ST AUDIO CORE EXPAND	7/01/02		1,690							1,690	1,690	S/L	10		0
43	COMPUTER EVO D500	7/01/02		3,200							3,200	3,200	S/L	10		0
44	KDLL LIVE ASSIST	11/20/02		995							995	995	S/L	10		0
45	KDLL SATELLITE SWITCHER	11/20/02		769							769	769	S/L	10		0
46	KDLL SATELLITE SWITCHER	7/01/02		769							769	769	S/L	10		0
47	KDLL 4 CH STEREO ANALOG	7/01/02		995							995	995	S/L	10		0
48	KDLL COMPAQ EVO D500 COMP	7/01/02		1,750							1,750	1,750	S/L	10		0
49	MEDIA TOUCH INSTALLATION	4/03/03		3,738							3,738	3,701	S/L	10		0
50	FLAT MONITOR	2/18/03		690							690	690	S/L	10		0
51	STEREO SWITCHER	4/14/03		563							563	563	S/L	10		0
52	MEDIA TOUCH INSTALLATION	4/30/03		1,827							1,827	1,827	S/L	10		0
53	WHEATSTONE DIGITAL INPUT	9/10/03		500							500	492	S/L	10		8
54	STEREO SWITCH	2/14/04		460							460	433	S/L	10		27
55	COMMANDER 2 WAY POTS CODE	1/16/04		6,686							6,686	6,293	S/L	10		388
56	COMMANDER DIG AUDIO CODEC	1/16/04		6,438							6,438	6,084	S/L	10		374
57	BSW CD PLAYER	7/01/05		1,480							1,480	1,184	S/L	10		148
58	NEWS MARANTZ CF BASIC	12/07/05		594							594	448	S/L	10		59
59	GENERATOR	4/24/06		20,000							20,000	14,333	S/L	10		2,000
60	OMD 220	9/20/06		2,166							2,166	1,464	S/L	10		217
61	MOTOR PCI/ECH CARD	9/26/06		1,510							1,510	1,019	S/L	10		151
62	BSE TRANSMITTER SITE CONT	1/19/07		2,162							2,162	1,386	S/L	10		216
63	BROADCAST COMPUTER	1/09/07		2,578							2,578	1,806	S/L	10		258

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64	DELL COMPUTER	8/09/07		1,454							1,454	1,454	S/L	5		0
65	COMPUTER	9/13/07		4,702							4,702	4,702	S/L	5		0
66	COMPUTER	12/20/07		2,991							2,991	2,991	S/L	5		0
67	COMPRESSOR	5/08/08		576							576	424	S/L	7		82
68	RECEIVER	4/13/06		1,434							1,434	858	S/L	10		143
69	RECEIVER	4/13/06		1,434							1,434	853	S/L	10		143
70	STREAMING RECV/DECODER	4/13/06		1,425							1,425	858	S/L	10		143
71	STREAMING RECV/DECODER	4/13/06		1,425							1,425	858	S/L	10		143
123	LEA INT'L A-77	4/23/09		2,220							2,220	950	S/L	10		228
124	BSW 2 VOCAL MIC	9/18/08		721							721	342	S/L	10		72
126	NETWORK SERVER	8/21/09		940							940	721	S/L	5		188
127	TRANSMITTER BACKUP POWER	9/10/09		1,463							1,463	560	S/L	10		146
128	NETWORK SERVER	9/10/09		340							340	261	S/L	5		68
129	KVM EXTENDERS	9/10/09		2,594							2,594	993	S/L	10		259
130	DIGITAL AUDIOCARD	10/23/09		429							429	158	S/L	10		43
131	LED TOWER LIGHT	10/23/09		3,529							3,529	1,294	S/L	10		353
132	AUTOMATION COMPUTER	1/27/10		1,376							1,376	940	S/L	5		275
133	TALKSHOW SYSTEM	9/15/10		1,588							1,588	450	S/L	10		159
134	7CD PLAYERS	1/16/11		2,077							2,077	503	S/L	10		208
135	2 CROWN POWER AMP	3/29/11		1,111							1,111	250	S/L	10		111
136	2 DLINK SWITCHES	6/16/11		320							320	64	S/L	10		32
142	AMPLIFIER	9/09/11		535							535	196	S/L	5		107
143	STUDIO MICROPHONES	1/11/12		698							698	210	S/L	5		140
144	SERVER	4/03/12		5,100							5,100	1,275	S/L	5		1,020
145	MICRO EXTENDER	4/11/12		648							648	162	S/L	5		130
146	MOTU PCI CARD	6/12/12		912							912	197	S/L	5		182
147	SERVER HARD DRIVE	9/14/11		750							750	275	S/L	5		150

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149	(3) VOCAL MISC	2/15/12		1,040							1,040	295	S/L	5		208
150	(2) CD PLAYERS	2/15/12		658							658	187	S/L	5		132
TOTAL BROADCAST EQUIPMENT				214,833		0	0	0	0	0	214,833	183,892				8,711
BROADCAST ROUND 6																
141	CODEC EQUIPMENT	11/07/11		14,763							14,763	2,460	S/L	10		1,476
148	TRANSMITTER UPS	11/30/11		14,381							14,321	2,277	S/L	10		1,458
TOTAL BROADCAST ROUND 6				29,144		0	0	0	0	0	29,144	4,737				2,914
BUILDING LOC 2																
4	BUILDING LOC 2	6/30/96		20,854							20,854	11,068	S/L	35		596
TOTAL BUILDING LOC 2				20,854		0	0	0	0	0	20,854	11,068				596
BUILDINGS																
3	BUILDING STUDIO	3/31/91		494,717							494,717	315,678	S/L	35		14,135
TOTAL BUILDINGS				494,717		0	0	0	0	0	494,717	315,678				14,135
CPB DIGITAL TRANSMITTER																
107	DIGITAL TRANSMITTER	1/01/08		43,680							43,680	24,024	S/L	10		4,368
108	SPARE PART PACKAGE	1/01/08		2,691							2,691	1,480	S/L	10		269
109	DIGITAL HD EXCITER	1/01/08		24,180							24,180	13,299	S/L	10		2,418
110	HD DIGITAL AUDIO PROCESSOR	1/01/08		5,445							5,445	2,997	S/L	10		545
111	STUDIO TO TRANSMITTER UNI	1/01/08		10,101							10,101	5,555	S/L	10		1,010
112	ANTENNA	1/01/08		14,250							14,250	7,838	S/L	10		1,425

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KACHEMAK BAY BROADCASTING INC

92-0060366

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
113	SHIPPING DIGITAL TRANSMIT	1/01/08		6,500							6,500	3,575	S/L	10		650
114	INSTALL LABOR HD	1/01/08		3,000							3,000	1,650	S/L	10		300
115	STL FREQUENCY COORD	1/01/08		600							600	330	S/L	10		60
116	CABLES & CONECTORS	1/01/08		300							300	165	S/L	10		30
117	DEXSTAR UPS	1/01/08		390							390	215	S/L	10		39
	TOTAL CPB DIGITAL TRANSMITTE			111,137		0	0	0	0	0	111,137	61,123				11,114
	IMPROVEMENTS															
157	DRIVEWAY IMPROVEMENT	11/27/13		6,134							6,134		S/L	25		143
158	CONVERSION TO NATURAL GAS	5/14/14		12,286							12,286		S/L	25		82
	TOTAL IMPROVEMENTS			18,420		0	0	0	0	0	18,420	0				225
	IMPROVEMENTS 1660															
8	GAS LINE AND GATE	4/04/08		5,839							5,839	2,067	S/L	15		389
125	HEAT PANELS	5/19/10		2,771							2,771	570	S/L	15		185
140	GENERATOR	11/05/10		37,278							37,278	6,627	S/L	15		2,495
151	FENCE	11/08/11		2,386							2,386	265	S/L	15		159
154	FLOORING IMPROVEMENTS	10/14/11		2,631							2,631	307	S/L	15		175
155	SOUND BOOTH IMPROVEMENTS	12/01/11		1,019							1,019	108	S/L	15		68
	TOTAL IMPROVEMENTS 1660			51,924		0	0	0	0	0	51,924	9,944				3,461
	LAND															
1	LAND LOC1	6/30/86		119,566							119,566					0
2	LAND LOC2	6/30/86		44,000							44,000					0
	TOTAL LAND			163,566		0	0	0	0	0	163,566	0				0

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KACHEMAK BAY BROADCASTING INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
OFFICE FURNITURE & EQUIPMENT																
6	OFFICE FURNITURE	6/30/05		3,819							3,819	3,779	S/L	5		0
9	SERVER	2/21/01		3,618							3,618	3,618	S/L	5		0
10	DELL COMPUTER	11/08/01		960							960	960	S/L	5		0
11	COMPAQ COMPUTER GM	12/10/02		749							749	749	S/L	5		0
12	ACS PHONE SYSTEM	12/31/02		11,509							11,509	11,509	S/L	5		0
13	COMPUTER PD	3/31/03		1,438							1,438	1,438	S/L	5		0
14	DELL COMPUTER	1/06/04		618							618	618	S/L	5		0
15	DELL SERVER	5/24/05		1,600							1,600	1,600	S/L	5		0
16	BACK UP HARD DRIVE	1/01/05		460							460	460	S/L	5		0
17	RICOH COPIER	2/09/07		4,824							4,824	4,824	S/L	5		0
18	OFFICE COMPUTERS	1/09/07		7,836							7,836	7,836	S/L	5		0
19	COMPUTER	10/11/07		732							732	732	S/L	5		0
20	COMPUTER	5/31/08		1,076							1,076	1,076	S/L	5		0
137	CHAIRS	11/19/10		192							192	98	S/L	5		38
138	WIRELESS ROUTER	12/02/10		450							450	233	S/L	5		90
139	MONITORS	6/10/11		320							320	133	S/L	5		64
152	COMPUTER	2/21/12		1,141							1,141	304	S/L	5		228
156	COMPUTER SUPPLIES	11/30/11		743							743	236	S/L	5		149
159	KONICA MINOLTA COPY MACHI	4/15/14		3,294							3,294		S/L	5		165
TOTAL OFFICE FURNITURE & EQUI				45,379		0	0	0	0	0	45,379	40,203				734
PTFP EQUIPMENT																
72	AUTRONICS DIGITAL BROADC	11/20/02		11,945							11,945	11,945	S/L	10		0
73	PARTIAL AUDITRONICS DIGIT	12/03/02		11,945							11,945	11,945	S/L	10		0

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KACHEMAK BAY BROADCASTING INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
74	AUDIARTS DIGITAL AUDIO RO	12/03/02		9,381							9,381	9,381	S/L	10		0
75	CONSOLE DROP IN XY CONTRO	12/03/02		1,292							1,292	1,292	S/L	10		0
76	RACK MOUNT XY CONTROLLER	12/03/02		608							608	608	S/L	10		0
77	AUDIC ARTS ANALOG CONSOLE	12/03/02		4,220							4,220	4,220	S/L	10		0
78	7 MINI DISK RECORDER	9/30/02		4,221							4,221	4,221	S/L	10		0
79	3 HEAD CASSETTE DECK	9/30/02		2,997							2,997	2,997	S/L	10		0
80	5 CD PLAYER SLR OUTPUT	9/30/02		2,925							2,925	2,925	S/L	10		0
81	16 CHANNEL AUDIO MIXER	9/30/02		708							708	708	S/L	10		0
82	RACKMOUNT DIGITAL HYBRID	9/30/02		774							774	774	S/L	10		0
83	1X6 TALKSHOW SYSTEM	9/30/02		2,208							2,208	2,208	S/L	10		0
84	MOSELEY PCL6010 TRANSMITT	10/14/02		3,402							3,402	3,402	S/L	10		0
85	MOSELEY PCL6020 RECEIVER	10/14/02		3,614							3,614	3,614	S/L	10		0
86	ORBA 5200 OPTIMOD AM DIG	9/17/02		3,614							3,614	3,614	S/L	10		0
87	BURK ARC 16 TWO UNIT REMO	9/17/02		5,207							5,207	5,207	S/L	10		0
88	4 TECHNICS TURNTABLE	9/17/02		2,551							2,551	2,551	S/L	10		0
89	INTRAPLEX SYSTEM KBB1	8/29/02		8,510							8,510	8,510	S/L	10		0
90	INTRAPLEX SYSTEM KDLL	8/29/02		8,510							8,510	8,510	S/L	10		0
91	CONSOLE INSTALL LABOR	5/28/03		5,400							5,400	5,400	S/L	10		0
92	CONNECTORS & CABLES	4/30/03		1,943							1,943	1,943	S/L	10		0
93	TERJ DIAL LINE TRANSIENT	4/30/03		151							151	151	S/L	10		0
94	2 SHURE SM7B	4/30/03		596							596	596	S/L	10		0
95	5 SONY CLOSED EARHEADPHC	4/30/03		432							432	432	S/L	10		0
96	2 LPBMB SILENT MIC BOOM	4/30/03		288							288	288	S/L	10		0
97	2 AKG C 400B SUSPENSIONMA	4/30/03		841							841	841	S/L	10		0
98	2 AT 3031 SMALL DIAPHRM	4/30/03		275							275	275	S/L	10		0
99	2 AT16B 2000LMIC	4/30/03		100							100	100	S/L	10		0
100	AUDIO TECHICA	4/30/03		122							122	122	S/L	10		0

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KACHEMAK BAY BROADCASTING INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
101	7 QUICK LOKA205 MIC STAND	4/30/03		280							280	280	S/L	10		0
102	BYERDYNAMIC SHOTGUN MIC	4/30/03		362							362	362	S/L	10		0
103	HHB MIDP500 PORTABLE MINID	4/30/03		1,235							1,235	1,235	S/L	10		0
104	PTFP PROJECT INSTALL	4/30/03		10,305							10,305	10,305	S/L	10		0
	TOTAL PTFP EQUIPMENT			110,962		0	0	0	0	0	110,962	110,962				0
	STUDIO IMPROVEMENTS															
7	ELECTRIC GENERATOR	6/30/07		23,680							23,680	14,772	S/L	10		2,368
118	BSW RACK MOUNT	3/26/09		729							729	310	S/L	10		73
119	BSW AMPLIFIER	3/26/09		372							372	157	S/L	10		37
120	BSW COMPRESSOR/LIMITER	3/26/09		632							632	268	S/L	10		63
121	TECH CONNECT COMPUTER	9/03/08		1,054							1,054	1,020	S/L	5		34
122	BSW CHANNEL CONSOLE	3/26/09		4,274							4,274	1,815	S/L	10		427
	TOTAL STUDIO IMPROVEMENTS			30,741		0	0	0	0	0	30,741	18,342				3,002
	TOTAL DEPRECIATION			1,291,677		0	0	0	0	0	1,291,677	755,954				44,892
	GRAND TOTAL AMORTIZATION			20,935		0	0	0	0	0	20,935	16,320				1,180
	GRAND TOTAL DEPRECIATION			1,291,677		0	0	0	0	0	1,291,677	755,954				44,892

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FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

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KACHEMAK BAY BROADCASTING INC

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	2013	2012	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	440,314	469,954	-29,640
PROGRAM SERVICE REVENUE.....	90,750	91,000	-250
INVESTMENT INCOME.....	6,545	8,039	-1,494
OTHER REVENUE.....	31,120	26,244	4,876
TOTAL REVENUE.....	568,729	595,237	-26,508
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	361,936	335,815	26,121
OTHER EXPENSES.....	281,883	270,522	11,361
TOTAL EXPENSES.....	643,819	606,337	37,482
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-75,090	-11,100	-63,990
TOTAL ASSETS AT END OF YEAR.....	1,261,356	1,311,726	-50,370
TOTAL LIABILITIES AT END OF YEAR.....	51,093	26,373	24,720
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,210,263	1,285,353	-75,090

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GENERAL INFORMATION

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KACHEMAK BAY BROADCASTING INC

92-0060366

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH O, 990-T, 8941

CARRYOVERS TO 2014

NONE

2013

FEDERAL WORKSHEETS

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KACHEMAK BAY BROADCASTING INC

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FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	335,305.	335,305.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	90,750.	90,750.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PROF. FEES-MANAGEMENT	9,654.		9,654.	
TOTAL	\$ 9,654.	\$ 0.	\$ 9,654.	\$ 0.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBTS	6,150.			6,150.
TOTAL	\$ 6,150.	\$ 0.	\$ 0.	\$ 6,150.

FORM 990, WORKSHEET 1
INFORMATION NEEDED TO COMPLETE LINE 1A AND WORKSHEETS 2 AND 3

INDIVIDUALS CONSIDERED EMPLOYEES	EMPLOYEE HOURS OF SERVICE	EMPLOYEE WAGES PAID
DAVID ANDERSON	2,080	58,717
DORETHEA HARNESS	1,424	30,271
INGRID HARRALD	6	61
CAROL DEE	18	213
TERRY RENSEL	2,080	40,175
AARON SELBIG	2,080	40,717
MARYROSE GRECH	2,080	41,658
KATHLEEN GUSTAFSON	1,510	23,449
LAURA INGLIMA	227	3,247
PETER SHEPPARD	391	4,109
ARIEL VANCLEAVE	1,566	28,793
SHADY GROVE OLIVER	436	4,417
WILLIAM PALMER	23	345
HEATHER REICHENBERG	52	624
GABRIEL SELBIG	39	385
TOTALS: 15	14,012	277,181

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FEDERAL WORKSHEETS

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KACHEMAK BAY BROADCASTING INC

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FORM 8941, WORKSHEET 2
FULL-TIME EQUIVALENT EMPLOYEES (FTES)

1	TOTAL EMPLOYEE HOURS OF SERVICE FROM WORKSHEET 1.....	14,012
2	HOURS OF SERVICE PER FTE.....	2,080
3	FULL-TIME EQUIVALENT EMPLOYEES. REPORT THE AMOUNT ON LINE 2.....	6

FORM 8941, WORKSHEET 3
AVERAGE ANNUAL WAGES

1	TOTAL EMPLOYEE WAGES PAID FROM WORKSHEET 1.....	277,181
2	ENTER FTES FROM WORKSHEET 2, LINE 3.....	6
3	AVERAGE ANNUAL WAGES. LINE 1 DIVIDED BY LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1,000, THEN IT'S ROUNDED DOWN TO THE NEXT LOWEST MULTIPLE OF \$1,000. REPORT THE AMOUNT ON LINE 3.....	46,000

FORM 8941, WORKSHEET 4
INFORMATION NEEDED TO COMPLETE LINES 4 AND 5 AND WORKSHEET 7

ENROLLED INDIVIDUALS CONSIDERED EMPLOYEES	EMPLOYER PREMIUMS PAID	EMPLOYEE STATE AVG. PREMIUMS	ENROLLED EMP. HOURS OF SERVICE
DAVID ANDERSON.....	8,383	7,961	2,080
DORETHEA HARNESS.....	3,028	5,971	1,424
TERRY RENSEL.....	8,383	7,961	2,080
AARON SELBIG.....	8,383	7,961	2,080
MARYROSE GRECH.....	8,383	7,961	2,080
KATHLEEN GUSTAFSON.....	5,315	5,971	1,510
ARIEL VANCELEAVE.....	6,199	7,961	1,566
SHADY GROVE OLIVER.....	1,457	7,961	436
TOTALS: 8	49,531	59,708	13,256

FORM 8941, WORKSHEET 6
AVERAGE ANNUAL WAGE LIMITATION

1	ENTER THE AMOUNT FROM FORM 8941, LINE 8.....	12,383
2	ENTER THE AMOUNT FROM FORM 8941, LINE 7.....	12,383
3	ENTER THE AMOUNT FROM FORM 8941, LINE 3.....	46,000
4	SUBTRACT \$25,000 FROM LINE 3.....	21,000
5	DIVIDE LINE 4 BY \$25,000.....	0.840
6	MULTIPLY LINE 2 BY LINE 5.....	10,402
7	SUBTRACT LINE 6 FROM LINE 1. REPORT THIS AMOUNT ON LINE 9.....	1,981

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FEDERAL WORKSHEETS

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KACHEMAK BAY BROADCASTING INC

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FORM 8941, WORKSHEET 7
FTES ENROLLED IN COVERAGE

1	TOTAL ENROLLED EMPLOYEE HOURS OF SERVICE FROM WORKSHEET 4.....	13,256
2	HOURS OF SERVICE PER FTE.....	2,080
3	FULL-TIME EQUIV. ENROLLED EMPLOYEES. REPORT THE AMOUNT ON LINE 14	6