### Form 990

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

() Оренаю 2015 је Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. 10/01 2011, and ending 2012 For the 2011 calendar year, or tax year beginning D Employer Identification Number Check if applicable: THE KBOO FOUNDATION 23-7232987 Address channe 20 S.E. 8TH Name chance PORTLAND, OR 97214 503-231-8032 Initial return Terminated 682,890. Amended return G Gross receipts \$ LYNN FITCH H(a) Is this a group return for affiliates? F Name and address of principal officer: X No Application pending H(b) Are all affiliates included? SAME AS C ABOVE No If 'No,' attach a list. (see instructions) 527 Tax-exempt status X 501(c)(3) 501(c) 4947(a)(1) or (insert no.) Website: ► H(c) Group exemption number Form of organization: X Corporation L Year of Formation: 1972 M State of legal domicile: OR Trust Association Other P Part Summary 1 Briefly describe the organization's mission or most significant activities: WORKING TOGETHER TO TRANSMIT CULTURE NEWS, AND MUSIC THAT MATTERS. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Activities & 12 Number of independent voting members of the governing body (Part VI, line 1b)..... 5 18 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 6 500 Total number of volunteers (estimate if necessary). Ö. 0. b Net unrelated business taxable income from Form 990-T, line 34..... Prior Year **Current Year** 616,817. 639,497. Contributions and grants (Part VIII, line 1h) ...... Program service revenue (Part VIII, line 2g). 6,823 24,103. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 31,700 14,882. 655,340. 678,482. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... Grants and similar amounts paid (Part IX, column (A), lines 1-3) ...... 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) . . . . . 427,046 379,785. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 333,266. 302,787. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 760,312. 682,572. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... -4,090. 19 Revenue less expenses. Subtract line 18 from line 12..... -104.972.End of Year Beginning of Current Year 759,730. 769,480. 28,521. 42,361. 727,119. Net assets or fund balances. Subtract line 21 from line 20...... 731,209. Part | Signature Block . ricluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and formation of which preparer has any knowledge. Under penalties of perjury, I de Signature of office Date Sign Here Type or print name and title Print/Type preparer's name KRIS OLIVEIRA, CPA self-employed P00959389 Paid ► KERN & THOMPSON, Preparer LLC Firm's name Use Only Firm's address 1800 SW FIRST AVENUE, Firm's EIN ► 93-1157146 222-3338 PORTLAND, OR 97201 Phone no. (503)Yes May the IRS discuss this return with the preparer shown above? (see instructions).....

		232901	Page Z
243)6	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III.		
1	Briefly describe the organization's mission:		
	WORKING TOGETHER TO TRANSMIT CULTURE, NEWS, AND MUSIC THAT MATTERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
2		Yes	V N-
	Form 990 or 990-EZ?:	Yes	X] 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	X 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 m Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grothers, the total expenses, and revenue, if any, for each program service reported.	easured by expe ants and allocati	enses. ions to
		<u> </u>	
4a		\$	)
	PROGRAMMING AND PRODUCTION COSTS OF PRODUCING RADIO PROGRAMS ON THE AI	R	
	b (Code: ) (Expenses \$ 78,715. including grants of \$ ) (Revenue BROADCAST AND TECHNICAL EQUIPMENT AND RELATED COSTS OF OPERATING A RAL	DIO STATION	
n n			
4	c (Code:) (Expenses \$9,904. including grants of \$) (Revenue PUBLIC INFORMATION COSTS ASSOCIATED WITH INFORMING LISTENERS OF RADIO	\$SERVICES.	)
	· · · · · · · · · · · · · · · · · · ·		
4	Id Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$		)
4	le Total program service expenses ► 548, 512.		
BA		Form	990 (2011)

Part V Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 X Schedule A ...... X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 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 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. X: 4 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 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, 6 Χ Part I.... 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Χ Did the organization report an amount in Part X, line 21; 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 X 9 Schedule D, Part IV.......... X 10 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 X D, Part VI...... 11a 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 X 11b 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. Χ 11c 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 X in Part X, Tine 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...... 11e 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..... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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 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 assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV..... Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... Χ 16 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 Χ 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,' 19 X complete Schedule G, Part III X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Form 990 (2011) THE KBOO FOUNDATION

Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х_
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b	t)	_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_X_
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I	34	i i	X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
!	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.	38	Х	
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23-7232987 Form 990 (2011) THE KBOO FOUNDATION Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V..... Yes No 1 a 10 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... 1ь 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c X (gambling) winnings to prize winners?..... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2Ь X 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) X **3**a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3Ь b If "Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O...... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 1

	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40							
	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.								
бa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с							
бa	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?	6a		Х					
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		X					
d	If 'Yes,' indicate the number of Forms 8282 filed during the year								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a								
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?									
9 Sponsoring organizations maintaining donor advised funds.									
a	Did the organization make any taxable distributions under section 4966?	9a							
Ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
0	Section 501(c)(7) organizations. Enter:								
5	a Initiation fees and capital contributions included on Part VIII, line 12								
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
1	Section 501(c)(12) organizations. Enter:								
ē	a Gross income from members or shareholders								
I	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1						
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
i	a Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
1	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								
	c Enter the amount of reserves on hand								
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14b	-						
A		For	n <b>990</b>	(2011)					
, =									

Form 990 (2011) THE KBOO FOUNDATION 23-7232987 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management No Yes 12 Ta Enter the number of voting members of the governing body at the end of the tax year. . . . 1a 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. 12 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 6 Did the organization have members or stockholders? . . . SEE . SCHEDULE . Q . . . . . . . . . . . . 6 X X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X ....SEE.SCH.O 7b stockholders, or other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a **b** Each committee with authority to act on behalf of the governing body?...... X 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates?..... 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? 10b X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts?... X 12c X 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 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 ... SEE. SCHEDULE. .O. ... 15a X X b Other officers of key employees of the organization... SEE .SCHEDULE .O...... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR 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. X Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year.

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

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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII......

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- 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)	(B)	(do no	t cha	Posi	tion	an one	hox	(D)	(E)	<b>(F)</b> Estimated
Name and title	Average hours per week	unles	(do not check more unless person is t and a directo			an officestee)	cer	(D) Reportable compensation from	(E)  Reportable  compensation from related organizations	Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) S.W. CONSER								,		
PRESIDENT	2	X		Х				0.	0.	0.
(2) PAULA SMALL TREASURER	2	Х		Х				0.	0.	0.
(3) MARC DAVID BROWN										
SECRETARY	2	Х		X	<u></u>			0.	0.	0.
(4) JUDY FIESTAL VICE PRESIDENT	2	X		Х				0.	0.	0.
(5) BENJAMIN HOYNE DIRECTOR	1	Х		Æ	Ξ			0.	0.	0.
(6) KATE MCCOURT DIRECTOR	1	Х						0.	0.	0.
(7) HADRIAN MICCICHE DIRECTOR	1	X						0.	0.	0.
(8) LYN MOELICH DIRECTOR	1	X						0.	0.	0.
(9) ALICIA OLSON DIRECTOR	1	Х						0.	0.	0.
(10) MATTHEW BRISTOW DIRECTOR	1	Х						0.	0.	0.
(11) MICHAEL PAPADOPOULOS DIRECTOR	1	Х						0.	0.	0.
(12) LISA LOVING DIRECTOR	1	Х						0.	0.	0.
(13) CHRISTOPHER MERRICK CEO	40			X				14,297.	0.	2,654.
(14) DEBBIE RABIDUE CFO	40			Х				29,846.	0.	6,392.

Part VII Section A. Officers, Directors, Trus	lees,	Key	En	ıple	oye	es,	and	d Highest Cor	npensated Em	ployees (cont)
					2)					
(A)	(B)	Position (do not check more than e box, unless person is both			than	one	(D)	(E)	(F) Estimated	
Name and title	Average hours per	offic	er an	d a d	irecto	r/trus	tee)	Reportable compensation from the organization	Reportable compensation from related prognizations	amount of other compensation
	week (describ e hours for	indi or d	Insti	Officer	Key	emp High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	hours	vidua irecti	tutto	er	emp	lest o	ner			and related organizations
	for related organi-	il trustee or	nal tr		employee	omp				
	zations	tee	Institutional trustee			Highest compensated employee				
	Sch O)					8				
(15) LYNN FITCH CEO	40			Х				11,554.	0.	2,117.
(16)	10			21	,			22,002.		
(17)										
(18)										
(19)										
(20)										
(21)										
(22)								9		<u> </u>
(02)	ļ	-	_	_		-				
(23)										
(24)										
(25)										
1 b Sub-total.							<b>&gt;</b>	55,697.	0.	11,163.
c Total from continuation sheets to Part VII, Section /							<b>&gt;</b>	0.	0.	
d Total (add lines 1b and 1c)							<u></u>	55,697.	0.	
2 Total number of individuals (including but not limited from the organization ► 0	to the	se li	sted	abo	ove)	wno	rec	eived more than s	stuu,uuu ot reporta	ble compensation
rotti tile organization - 0										Yes No
3 Did the organization list any former officer, director	or trus	tee.	kev	emr	olove	ee. o	r hic	nhest compensate	d employee	
on line 1a? If 'Yes,' complete Schedule J for such in	ndividu	al								. 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portabl	e co	mpe	nsai	tion	and	othe	er compensation f	rom	
such individual	nan ֆ ເ			II T	es	com	oiete	Screaule J for		4 X
5 Did any person listed on line 1a receive or accrue of	ompen	satio	n fro	om a	any	unre	lated	d organization or i	ndividual	5 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te S	cned	luie	J TO	r suc	:п ре	erson		5 X
Complete this table for your five highest compensations.	ed inde	epen	deni	cor	ntrac	tors	that	received more th	an \$100,000 of	
compensation from the organization. Report compe	nsation	tor	the	cale	nda	r yea	ar en			(C)
(A) Name and business addre	SS		•					Description	of services	Compensation
2 Total number of independent contractors (including	but no	t lim	ited	to t	nose	liste	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization >	0									

Par	Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SIFTS, GRANTS AR AMOUNTS	1a Federated campaigns.     1a       b Membership dues.     1b     552,462.       c Fundraising events.     1c       d Related organizations.     1d				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	639,497.			
PROGRAM SERVICE REVENUE	Business Code  2a  b  c  d  e  1 All other program service revenue		SHE		
PRO	<ul> <li>g Total. Add lines 2a-2f.</li> <li>lnvestment income (including dividends, interest and other similar amounts).</li> <li>lncome from investment of tax-exempt bond proceeds.</li> </ul>	24,103.			24,103.
	6a Gross rents.  b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory.  b Less: cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events		The second secon		
OTHER REVENUE	(not including. \$ of contributions reported on line 1c). See Part IV, line 18				
ò	c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19	5,482.			5,482.
	b Less: direct expenses b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances				
*	b Less: cost of goods sold				Table 1
	11a TRANSMITTER INCOME 515100	9,400.	9,400.		
	d All other revenue.  e Total. Add lines 11a-11d	9,400.	9,400.	0.	29,585.

## Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All oti	ner organizations must complete column (A) but a	e not required to compa	this Part IX		X
	Check if Schedule O contains a resp	(A)	(B) Program service	Management and	Fundraising
6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	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				
<b>4</b> 5	Benefits paid to or for members	66,860.	58,168.	2,006.	6,686.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0. 224,213.	0. 200,624.	0. 6,489.	0. 17,100.
7	Other salaries and wages	221/0201			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).		51,652.	1,511.	4,230.
9	Other employee benefits	57,393.		928.	2,599.
10	Payroll taxes	31,319.	27,792.	520.	
	Fees for services (non-employees):		8		
	a Management		1/2		
	b Legal				
	c Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees			10 400	866.
	g Other	32,661.	13,389	18,406.	4,560.
10	Advertising and promotion	5,360.		800.	1,205.
		7,386.	4,163	2,018.	1,200.
13	and the state of t				
14	Information technology		44		
15	Royalties				
16	Occupancy	169.	149	. 20.	
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				50.
4	9 Conferences, conventions, and meetings	50			<del></del>
	O Interest				
				260	1,009.
	1 1-1 and amortization	31,276	. 29,907		
		15,819	. 10,064	2,879	2,070.
	A Other expenses Itemize expenses not				
-	anyoned above (List miscellaneous expelises				
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)	·	F.1.00'		The second secon
	a EQUIPMENT RENTAL	54,082			1,210.
	b UTILITIES	30,330			
	c PRINTING AND PUBLICATIONS	18,314			6,500.
	d CONTRACT SERVICES	16,675			
	e All other expenses SEE SCH O	90,665	54,57		27 461
	- Add lines 1 through 24a	222		2. 46,896	87,164.
					9
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following				
_	SOP 98-2 (ASC 958-720)	1			Form 990 (2011)

Form	Fact X Balance Sheet									
Hat	<i>3</i> ,4	Balance Sneet			(A) Beginning of year	34	(B) End of year			
						_	102,363.			
$\top$	1	Cash — non-interest-bearing			85,635.	1	212, 248.			
-	2	Savings and temporary cash investments		209,990.	2	2,860.				
	2	Di-dess and grants receivable net			11,844.	3	6,175.			
	J A	Accounts receivable, net.			195.	4	6,175.			
		1 15 directors	es key employees.			and the second s				
		Receivables from current and former officers, directors and highest compensated employees. Complete Part II				5				
		Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrib sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)				6				
A	7	Notes and loans receivable, net				8				
SSETS	8	Inventories for sale or use			10.750		24,458.			
Ţ	9	Prepaid expenses and deferred charges			10,759.	9	24,430.			
"										
	10a	Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a	1,357,647.			222 065			
	Ь	Less: accumulated depreciation.	10 b	1,134,782.	234,141.	10c	222,865.			
		Investments — publicly traded securities			898.	11				
	11 12	Investments – other securities. See Part IV, line 11				12				
		Investments – program-related. See Part IV, line 11.				13				
	13	Intangible assets				14				
	14	Other assets. See Part IV, line 11.			100,200.	15	198,511.			
	15	Total assets. Add lines 1 through 15 (must equal line)	34)		159,130.	16	769,480.			
	16	Accounts payable and accrued expenses			28,521.	17	42,361.			
	17	Grants payable			18					
	18	Deferred revenue			19					
	1 .	Tax-exempt bond liabilities			20					
Ļ	20	Escrow or custodial account liability. Complete Part I	V of S	chedule D	0	21				
Å B	21	Escribe to aureant and former officers, directors, tru	stees.	key employees,						
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	rsons.	Complete Part II		22				
ļ		of Schedule 1			12.2	23				
i E	23	Secured mortgages and notes payable to unrelated to	hird pa	rties		24				
E S	24	Unsecured notes and loans payable to unrelated third	partie	S		12-				
	25	and other liabilities not included on lines 17-24). Com		. 25	42,361.					
	26	Total lightilities Add lines 17 through 25			28,521	. 26	42,301.			
N	+=-	Organizations that follow SFAS 117, check here	X a	and complete lines						
N E T					721, 200	07	710,119.			
Ą		Uncertricted not accets			731,209		45.000			
Ş	28	- I I I I I I I I I I I I I I I I I I I				28				
SET S	29	and the state of the second or				29				
Ç		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete						
		lines 30 through 34.		-						
	30	and the state of t			30					
	21		ment f	und	4)	31				
Ž	31	moord betellimined the model in the	e, or o	ther funds		32				
ł	3				131,20.		7.00 100			
- 1	3	to the state of th			759,730	) .   34				
	3	4 Total liabilities and her assers/fund balances					Form 990 (2011)			

orm 990 (2011) THE KBOO FOUNDATION	23-7232987	Page	e 12
Par X Reconciliation of Net Assets	1		_
Check if Schedule O contains a response to any question in this Part XI			
Official in Outloads C Contains C 1997	52.07		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	678,48	
2 Total expenses (must equal Part IX, column (A), line 25)	2	682,57	
3 Revenue less expenses. Subtract line 2 from line 1	3	-4,09	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	731,20	<u> </u>
5 Other changes in net assets or fund balances (explain in Schedule O).	5		0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		707 1	1.0
column (B))	6	727,1	19.
Par XII Financial Statements and Reporting		90	
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	ē.	2a X	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<del></del>	
b Were the organization's financial statements audited by an independent accountant?		2b	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c X	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:	re issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3b	, S.
BAA		Form 990 (	(2011)