

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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)

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

A For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: KENTUCKY PUBLIC RADIO, INC. D Employer identification number: 61-1259787. E Telephone number: (502) 574-1640. F Accounting method: Cash, Accrual.

G Web site WWW.PRP.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,452,536.

M Check [X] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF). I Enter 4-digit GEN.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total: 3,416,722); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents (SEE STATEMENT 1, Total: 8,700); 7 Other investment income; 8 Gross amount from sale of assets other than inventory; 9 Special events and activities (SEE STATEMENT 2, Total: -964); 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue (3,451,334); 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (3,280,030); 18 Excess or (deficit) for the year (171,304); 19 Net assets or fund balances at beginning of year (6,337,964); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (6,509,268).

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs Check [] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$,

(iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: BROADCAST OF INFORMATIONAL, EDUCATIONAL AND CULTURAL PROGRAMS VIA PUBLIC RADIO (Grants and allocations \$ 2,641,241). Row e: Other program services (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,641,241.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	763,241.	46 499,238.
	47 a Accounts receivable	47a 261,612.	
	b Less allowance for doubtful accounts	47b 20,149.	47c 241,463.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	212,276.	49 98,060.
	50 Receivables from officers, directors, trustees, and key employees	31,943.	50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	81,289.	53 80,561.
	54 Investments - securities	STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 0.	54 352,415.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 5,477,677.		
b Less accumulated depreciation	57b 692,789.	57c 4,784,888.	
58 Other assets (describe CERTIFICATES OF DEPOSIT)	300,000.	58 600,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,594,096.	59 6,656,625.	
Liabilities	60 Accounts payable and accrued expenses	219,132.	60 147,357.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	STMT 6 37,000.	64b
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)	256,132.	66 147,357.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	6,280,987.	67 6,484,090.
	68 Temporarily restricted	56,977.	68 25,178.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	6,337,964.	73 6,509,268.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,594,096.	74 6,656,625.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> section 4912 <u>0.</u> section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>NONE</u>	90a	
b	Number of employees employed in the pay period that includes March 12, 2001	90b	57
91	The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>814-4500 502-874-1640</u>		
	Located at <u>ORGANIZATION'S ADDRESS</u> ZIP +4 <u>40202</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>TRIO ADVERTISING</u>	541800				
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20,043.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property	532420	8,700.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-964.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <u>MISCELLANEOUS</u>			01	6,833.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		8,700.		25,912.	0.
105 Total (add line 104, columns (B), (D), and (E))					34,612.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

completing schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

1/31/03
 Gerald D Weston, President

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization: **KENTUCKY PUBLIC RADIO, INC.** Employer Identification number: **61 1259787**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TRISH KLUSMEIER ----- LOUISVILLE, KENTUCKY	FULL-TIME	58,860.	435.	
JOHN GRANTZ ----- LOUISVILLE, KENTUCKY	FULL-TIME	87,311.	2,290.	
GRAY SMITH ----- LOUISVILLE, KENTUCKY	FULL-TIME	109,598.	1,974.	
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1	During the year, has the organization attempted to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,187,775.	4,501,677.	3,998,474.	766,595.	12,454,521.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,288.	40,961.	10,820.	5,455.	65,524.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	43,161.	57,053.	73,800.	35,000.	209,014.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	673.	618.	SEE STATEMENT 8 1,710.		3,001.
23 Total of lines 15 through 22	3,239,897.	4,600,309.	4,084,804.	807,050.	12,732,060.
24 Line 23 minus line 17	3,231,609.	4,559,348.	4,073,984.	801,595.	12,666,536.
25 Enter 1% of line 23	32,399.	46,003.	40,848.	8,071.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a 253,331.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				▶ 26b 146,669.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				▶ 26c 12,666,536.
	d Add: Amounts from column (e) for lines 18 <u>209,014.</u> 19 <u> </u> 22 <u>3,001.</u> 26b <u>146,669.</u>				▶ 26d 358,684.
	e Public support (line 26c minus line 26d total)				▶ 26e 12,307,852.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▶ 26f 97.1683%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>				▶ 27c N/A
	d Add: Line 27a total <u> </u> and line 27b total <u> </u>				▶ 27d N/A
	e Public support (line 27c total minus line 27d total)				▶ 27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f N/A				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
TRANSMITTER TOWER		1	8,700.
TOTAL TO FORM 990, PART I, LINE 6A			8,700.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
MISCELLANEOUS	238.		238.	1,202.	-964.	
TO FM 990, PART I, LINE 9	238.		238.	1,202.	-964.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
MISCELLANEOUS	134,918.	134,918.				
MARKETING	105,280.	105,280.				
UTILITIES	83,562.	83,562.				
SURVEYS & RATINGS	25,242.	25,242.				
SATELLITE FEES	2,444.	2,444.				
PROGRAM COSTS	382,346.	382,346.				
AFFILIATION FEES	57,295.	57,295.				
ENGINEERING	60.	60.				
MISCELLANEOUS	6,361.		6,361.			
MARKETING	47,402.		47,402.			
INSURANCE	12,792.		12,792.			
UTILITIES	9,078.		9,078.			
BAD DEBT EXPENSE	20,012.				20,012.	
MISCELLANEOUS	30,732.				30,732.	
UTILITIES	7,400.				7,400.	
MARKETING	939.				939.	
TOTAL TO FM 990, LN 43	925,863.	791,147.	75,633.		59,083.	

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME

TERMS OF REPAYMENT

BANK OF LOUISVILLE

LINE OF CREDIT - CAN
BORROW AND PAY AT VARIOUS
INTERVALS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
02/01/00	02/28/03	1,000,000.	6.75%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

MORTGAGE AND ASSIGNMENT OF ALL RENTS

PROVIDE PERIODIC CASH FLOW

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GERALD D WESTON LOUISVILLE KY	PRESIDENT 40	93,768.	2,483.	0.
JOSEPH B ARGABRITE, JR LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
CAROL BEHR LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DAVID BRILL LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
VAN CARLISLE LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ROBERTA M FISCHER LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ANN GILLIES LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DANIEL HALL LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DAVID S HANDMAKER LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DONALD B KATZ, M.D. LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
JOHN LABARBERA LOUISVILLE KY	DIRECTOR 10	0.	0.	0.

ROBERT S MICHAEL	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
CAROLYN NEUSTADT	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
ARMAND OSTROFF	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
ROBERT SAUNDERS	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
DWIGHT DOZIER	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
JUNE KELLEY-ROY	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
JOHN GRANTZ				
LOUISVILLE KY	40	0.	0.	0.
GRAY SMITH				
LOUISVILLE KY	40	0.	0.	0.
TRISH KLUSMEIER				
LOUISVILLE KY	40	0.	0.	0.
LAWRENCE H. BUTTERFIELD, JR.	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
RAYMOND CARCIONE	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
TODD LOWE	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
RAAMESIE UMANDAVI	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.

KENTUCKY PUBLIC RADIO, INC.

61-1259787

KERRY A. WALSH SKELLY

DIRECTOR

10

0.

0.

0.

LOUISVILLE KY

TOTALS INCLUDED ON FORM 990, PART V

93,768.

2,483.

0.

SCHEDULE A

OTHER INCOME

STATEMENT

8

DESCRIPTION

2000
AMOUNT

1999
AMOUNT

1998
AMOUNT

1997
AMOUNT

MISC

673.

618.

1,710.

0.

TOTAL TO SCHEDULE A, LINE 22

673.

618.

1,710.

0.

KENTUCKY PUBLIC RADIO, INC
EIN- 61-1259787
6/30/2002

SCHEDULE OF FIXED ASSETS AND ACCUMULATED DEPRECIATION

<u>Group</u>	<u>Cost</u>	<u>Beginning Accum Dep</u>	<u>Depreciation Expense</u>	<u>Ending Accum Dep</u>	<u>Net Book Value</u>
Computers, software - O P S	\$ 73,522	\$ (29,468)	\$ (10,977)	\$ (40,445)	\$ 33,077
Computers, software - H S A	218,018	(56,910)	(43,604)	(100,514)	117,504
Production Equipment - O P S	46,700	-	(4,670)	(4,670)	42,030
Production Equipment - H S A	617,794	(82,128)	(60,209)	(142,337)	475,457
Transmitter equipment - H S A	429,399	(57,401)	(16,937)	(74,338)	355,061
Furniture and Fixtures - O P S	14,892	-	-	-	14,892
Furniture and Fixtures - H S A	114,949	(17,252)	(16,421)	(33,673)	81,276
H S.A Broadband Building	3,924,283	(161,079)	(130,809)	(291,888)	3,632,395
Transmitter building - H S A	38,120	(4,162)	(762)	(4,924)	33,196
	<u>\$ 5,477,677</u>	<u>\$ (408,400)</u>	<u>\$ (284,389)</u>	<u>\$ (692,789)</u>	<u>\$ 4,784,888</u>

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization KENTUCKY PUBLIC RADIO, INC.	Employer identification number 61-1259787
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 619 S. FOURTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LOUISVILLE, KY 40202-2403	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for **990-T corporation**) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Rebecca S Phillips* ▶ CPA Date ▶ 11/13/02

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)