

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2003

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)

Open to Public Inspection

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print of type See Specific Instructions	<b>C</b> Name of organization <b>KENTUCKY PUBLIC RADIO, INC.</b>	<b>D</b> Employer identification number <b>61-1259787</b>	
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>619 S. FOURTH STREET</b>	<b>E</b> Telephone number <b>(502) 814-6500</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify)	
	City or town, state or country, and ZIP + 4 <b>LOUISVILLE, KY 40202-2403</b>		<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>	

**G** Website: **WWW.PRP.ORG**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**J** Organization type (check only one)  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. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

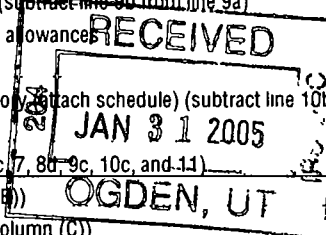
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **3,626,021.**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	3,113,694.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	312,826.		
d	Total (add lines 1a through 1c) (cash \$ 3,426,520. noncash \$ )	1d	3,426,520.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	40,215.		
5	Dividends and interest from securities	5			
6a	Gross rents SEE STATEMENT 1	6a	3,200.		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	3,200.		
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	149,529.		
b	Less direct expenses other than fundraising expenses	9b	100,677.		
c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2	9c	48,852.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	6,557.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,525,344.		
13	Program services (from line 44, column (B))	13	2,726,913.		
14	Management and general (from line 44, column (C))	14	321,108.		
15	Fundraising (from line 44, column (D))	15	401,554.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	3,449,575.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	75,769.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,233,404.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,309,173.		

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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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	142,626.	65,741.	68,667.
26	Other salaries and wages	26	1,502,411.	1,292,628.	85,600.
27	Pension plan contributions	27			
28	Other employee benefits	28	320,924.	254,487.	35,456.
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	14,635.	975.	13,660.
32	Legal fees	32	17,481.	6,846.	10,635.
33	Supplies	33	100,343.	46,195.	29,998.
34	Telephone	34			
35	Postage and shipping	35	25,658.	12,836.	
36	Occupancy	36	15,861.	4,679.	
37	Equipment rental and maintenance	37	20,351.	18,542.	
38	Printing and publications	38	27,016.	8,092.	109.
39	Travel	39	10,325.		
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	275,555.	221,525.	32,418.
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 3	43e	976,389.	794,367.	44,565.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,449,575.	2,726,913.	321,108.

**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  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? <b>SEE STATEMENT 4</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
<p><b>a BROADCAST OF INFORMATIONAL, EDUCATIONAL AND CULTURAL PROGRAMS VIA PUBLIC RADIO</b></p> <p style="text-align: right;">(Grants and allocations \$ _____ )</p> <p style="text-align: right;"><b>2,726,913.</b></p>		
<p><b>b</b></p> <p style="text-align: right;">(Grants and allocations \$ _____ )</p>		
<p><b>c</b></p> <p style="text-align: right;">(Grants and allocations \$ _____ )</p>		
<p><b>d</b></p> <p style="text-align: right;">(Grants and allocations \$ _____ )</p>		
<p><b>e Other program services (attach schedule)</b></p> <p style="text-align: right;">(Grants and allocations \$ _____ )</p>		
<p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b></p>		<b>2,726,913.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	625,239.	46	1,132,289.
	47 a Accounts receivable	47a 297,132.		
	b Less allowance for doubtful accounts	47b 20,655.	235,939.	47c 276,477.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		36,594.	49 8,000.
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a 18,819.		
	b Less allowance for doubtful accounts	51b	1,225.	51c 18,819.
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		81,205.	53 72,760.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		99,464.	54 0.
	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 5,571,065.			
b Less accumulated depreciation	57b 1,259,894.	4,498,959.	57c 4,311,171.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 5 )		870,528.	58 774,031.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		6,449,153.	59 6,593,547.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	215,749.	60	284,374.
	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		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)		215,749.	66 284,374.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	6,195,746.	67	6,298,776.
	68 Temporarily restricted	37,658.	68	10,397.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		6,233,404.	73 6,309,173.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		6,449,153.	74 6,593,547.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 91 with various organizational details and financial data.

Located at ORGANIZATION'S ADDRESS ZIP + 4 40202

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

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue					
a _____					
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	40,215.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	3,200.	
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					48,852.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	6,557.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		49,972.	48,852.
105 Total (add line 104, columns (B), (D), and (E))					98,824.

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 page 34 of the instructions)

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)
101	FROM THE TOP AND THE GARRISON KEILLER EVENTS PROVIDE ADDITIONAL VENUES FOR LISTENERS TO PARTICIPATE IN PUBLIC RADIO PROGRAMMING.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(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 page 34 of the instructions)

- (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

Note: If "Yes" to (a), file Form 8870 and Form 4720 (see instructions).

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

1/28/05 Patricia L. Klusmeyer, CFO  
 Date Type or print name and title

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2003**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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
SCOTT SLUCHER ----- LOUISVILLE, KENTUCKY	FULL-TIME	57,826.		
JOHN GRANTZ ----- LOUISVILLE, KENTUCKY	FULL-TIME	105,971.	2,295.	
GRAY SMITH ----- LOUISVILLE, KENTUCKY	FULL-TIME	118,751.	3,563.	
DAN REED ----- LOUISVILLE, KENTUCKY	FULL-TIME	70,489.	2,093.	
THOMAS DULA ----- LOUISVILLE, KENTUCKY	FULL-TIME	57,921.	1,448.	
Total number of other employees paid over \$50,000 ▶	0			

**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
<b>1</b> 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		<b>X</b>
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	<b>X</b>

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,124,671.	3,561,515.	3,507,495.	4,525,388.	14,719,069.
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	2,957.	238.	8,288.	40,961.	52,444.
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	45,995.	28,743.	43,161.	57,053.	174,952.
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		6,833.	673.	618.	8,124.
23 Total of lines 15 through 22	3,173,623.	3,597,329.	3,559,617.	4,624,020.	14,954,589.
24 Line 23 minus line 17	3,170,666.	3,597,091.	3,551,329.	4,583,059.	14,902,145.
25 Enter 1% of line 23	31,736.	35,973.	35,596.	46,240.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 298,043.
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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 101,957.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 14,902,145.
d Add Amounts from column (e) for lines 18 174,952. 19 19 22 8,124. 26b 101,957.					26d 285,033.
e Public support (line 26c minus line 26d total)					26e 14,617,112.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.0873%
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					
(2002) (2001) (2000) (1999)					
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					
(2002) (2001) (2000) (1999)					
c Add Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					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 1999 through 2002, 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 )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	





# Application for Extension of Time To File an Exempt Organization Return

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

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 15, 2005** 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, 2003** , and ending **JUN 30, 2004** .

**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* Title ▶ **CPA** Date ▶ **10/26/04**

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

**KENTUCKY PUBLIC RADIO, INC.**  
**EIN: 61-1259787**  
**6/30/2004**

**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.	\$ 88,146	\$ (50,684)	\$ (9,707)	\$ (60,391)	\$ 27,755
Computers, software - H S A	218,018	(144,118)	(43,604)	(187,722)	30,296
Production Equipment - O.P.S.	61,622	(9,340)	(6,112)	(15,452)	46,170
Production Equipment - H S A	619,676	(204,116)	(62,345)	(266,461)	353,215
Transmitter equipment - H S A	429,399	(91,514)	(17,177)	(108,691)	320,708
Furniture and Fixtures - O.P.S.	31,742	(2,127)	(8,904)	(11,031)	20,711
Furniture and Fixtures - H.S.A.	151,318	(50,259)	(14,573)	(64,832)	86,486
H.S.A. Broadband Building	3,933,024	(426,495)	(112,372)	(538,867)	3,394,157
Transmitter building - H.S.A.	38,120	(5,686)	(763)	(6,449)	31,671
	<u>\$ 5,571,065</u>	<u>\$ (984,339)</u>	<u>\$ (275,557)</u>	<u>\$ (1,259,896)</u>	<u>\$ 4,311,169</u>

**Kentucky Public Radio, Inc.**  
**6/30/2004**  
**EIN: 61-1259787**  
**Special Event Results**

	<u>From the Top</u>	<u>Garrison Keiller Event</u>	<u>Total</u>
<b>Revenue</b>			
Grant Income	13,000	-	13,000.00
Sponsorship	25,000	-	25,000.00
Gift	1,000	-	1,000.00
Ticket Sales	6,758	103,771	110,529.00
			-
<b>Total Revenue</b>	<u>45,758</u>	<u>103,771</u>	<u>149,529</u>
<b>Expenses</b>			
Minnesota Public Radio Settlement		63,961.00	63,961.00
Van Rental		406.00	406.00
Special Event Insurance		915.00	915.00
Room Rental		1,516.00	1,516.00
Production Cocsts		3,340.00	3,340.00
Postage Charges		13.00	13.00
Show Fees	20,000		20,000.00
Sponsorship Pass Through	8,000		8,000.00
School of Music Fees	1,573		1,573.00
Printing	600		600.00
Banners	180		180.00
Ticket Master	173		173.00
			-
<b>Total Expenses</b>	<u>30,526</u>	<u>70,151</u>	<u>100,677</u>
			-
<b>Net Income from Event</b>	<u>15,232</u>	<u>33,620</u>	<u>48,852</u>

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
SUBCARRIER LEASE INCOME		1	3,200.
TOTAL TO FORM 990, PART I, LINE 6A			3,200.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FROM THE TOP	45,758.		45,758.	30,526.	15,232.	
GARRISON EVENT	103,771.		103,771.	70,151.	33,620.	
TO FM 990, PART I, LINE 9	149,529.		149,529.	100,677.	48,852.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
MARKETING	26,072.	25,397.		675.		
AFFILIATION FEES	54,936.	54,936.				
SATELLITE FEES	4,802.	4,802.				
PROGRAM COSTS	375,407.	375,407.				
UTILITIES	110,580.	91,735.	11,339.	7,506.		
INSURANCE	30,303.	12,798.	17,505.			
SURVEYS & RATINGS	27,188.	27,188.				
MISCELLANEOUS	6,291.	2,551.	1,113.	2,627.		
BAD DEBT EXPENSE	18,865.	18,745.	120.			
MAILING	15,173.			15,173.		
SPECIAL EVENTS	52,753.			52,753.		
PROGRAM EDUCATION	178.	178.				
CONTRACT PROGRAMMING	42,954.			42,954.		
TOWER LEASE	29,984.	29,984.				
TRIO PUBLICATION	6,621.	5,944.		677.		
DUES AND SUBSCRIPTIONS	9,164.	4,331.	4,265.	568.		
CREDIT CARD FEES	10,400.		1,456.	8,944.		
MEALS & ENTERTAINMENT	2,717.	1,311.		1,406.		

WFPK T-SHIRTS	4,174.			4,174.
BANK FEES	580.		580.	
401K MANAGEMENT FEE	2,745.		2,745.	
TAXES	2,728.		2,728.	
MAINTENANCE	16,090.	13,376.	2,714.	
LICENSES	254.	254.		
CONSULTING	18,071.	18,071.		
SOFTWARE UPDATES	900.	900.		
INTERNET SERVICE	204.	204.		
TRADE SERVICES	106,255.	106,255.		
<b>TOTAL TO FM 990, LN 43</b>	<b>976,389.</b>	<b>794,367.</b>	<b>44,565.</b>	<b>137,457.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

ORGANIZATION WAS ESTABLISHED TO OWN AND OPERATE THREE PUBLIC RADIO STATIONS WHOSE BROADCASTS FOCUS ON INFORMATIONAL, EDUCATIONAL AND CULTURAL PROGRAMS.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
CERTIFICATES OF DEPOSIT AND LIQUID ASSET FUNDS	774,031.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>774,031.</b>

FORM 990

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

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
GERALD D WESTON LOUISVILLE KY	PRESIDENT 40	82,176.	5,703.	0.
JOSEPH B ARGABRITE, JR LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DAVID BRILL LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ROBERTA M FISCHER LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DAVID S HANDMAKER LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
JOHN LABARBERA LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ROBERT S MICHAEL LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ARMAND OSTROFF LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
ROBERT SAUNDERS LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
DWIGHT DOZIER LOUISVILLE KY	DIRECTOR 10	0.	0.	0.
LAWRENCE H. BUTTERFIELD, JR. LOUISVILLE KY	DIRECTOR 10	0.	0.	0.

KERRY A. WALSH SKELLY	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
TERRIAN C. BARNES	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
CHRISTOPHER DOANE	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
RAE GOLDSMITH	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
CHARLES K. HARRIS	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
ALTHEA JACKSON	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
DAVID J. LEIBSON	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
MICHAEL J. LORCH	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
TRISH FRASER	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
MATTHEW BARZUN	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
GLENN SULLIVAN	DIRECTOR			
LOUISVILLE KY	10	0.	0.	0.
TRISH KLUSMEIER	DIRECTOR			
LOUISVILLE KY	40	60,450.	1,792.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>142,626.</u>	<u>7,495.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	
MISC	0.	6,833.	673.	618.	
TOTAL TO SCHEDULE A, LINE 22	0.	6,833.	673.	618.	