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CONTRACTO JOL OF THE

Department of the Tréasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

Form **990** (2008)

| A | or the | e 2008 cal | endar year, or tax year l | oeginning JU | L 1, 2008 | and | ending , | JUN 30, | 2009 | | | | |
|--------------------------------|------------------------|--------------------------|--|--|-----------------------------|--------------|----------------|-------------------------------|----------------|-------------------------------------|--|--|--|
| В | Check if | Please | C Name of organization | | | | | D Employe | r identific | cation number | | | |
| • | applicab | use IRS | FRIENDS OF PU | JBLIC RAD | IO, INC. | | | | | | | | |
| | Addre chang | label or print or | % YELLOWSTON | E PUBLIC | RADIO | | | | | | | | |
| | Name | type | Doing Business As | | | | | 7 | 81-0 | 402593 | | | |
| 一 | Initial | | Number and street (or | E Telephor | | | | | | | | | |
| | Termi | Connection | 1500 UNIVERS |) C releption | 406-657-2941 | | | | | | | | |
| ┌ | ation Amen | ded tions | City or town, state or o | G Gross receip | | 1,003,638. | | | | | | | |
| ᅮ | iretum ☐Application | | BILLINGS, MT | <u>59101-0</u> | | | | H(a) Is this a group return | | | | | |
| | pendi | | ne and address of princip | | | J | | for affil | - | Yes X No | | | |
| | | ľ | E AS C ABOVE | ai Oliicei A11A | IIBIAKI CKDOI | • | | H(b) Are all a | | | | | |
| | | | | (insert no.) | 4947(a)(1) or | 527 | | | | | | | |
| | | | W.YPRADIO.ORG | | 4947(a)(1) Of | 527 | | | | list. (see instructions) | | | |
| | | | 1: X Corporation | | ociation Other | | I Van | | | number State of legal domicile: MT | | | |
| | art I | Summa | | Hust Nest | ciation other | | IL Year | r of formation; . | 1.302 M | State of legal domicile. MT | | | |
| | | | | | | DDOM | TDD DI | DID TAIC I | יאר מסי | ENG DIDI TO | | | |
| 8 | | | cribe the organization's r | nission or most s | gnificant activities: | PROV. | TDE F | ONDING 1 | OR K | EWC PORFIC | | | |
| Activities & Governance | 1 | RADIO | | ······································ | | | | | | | | | |
| Je T | | Check this | - | | nued its operations | or dispos | sed of mor | re than 25% of | rts assets | | | | |
| ģ | 1 | | f voting members of the g | | • | | | | 3 | 26 | | | |
| <u>م</u> | 4 | Number o | findependent voting mer | nbers of the gove | rning body (Part VI | , line 1b) | | | 4 | 26 | | | |
| <u>ies</u> | 5 | Total num | ber of employees (Part V, | line 2a) | - | | | | 5 | 0 | | | |
| ₹ | 6 | Total num | ber of volunteers (estimat | te if necessary) . | | | | • | 6 | 0 | | | |
| Ş | 7a | Total gros | s unrelated business reve | enue from Part VII | I, <u>line 12, ∞lumn</u> (0 | C) | | | 7a | <u> </u> | | | |
| _ | b | Net unrela | ted business taxable inco | ome from Form 9 | OT, ine | 1V/EF | | | 7b | 0. | | | |
| | | | | | | TAFF | -0L | Prior Yea | ır | Current Year | | | |
| ₫ | 8 | Contributi | ons and grants (Part VIII, | line 1h) | MAY 1 | 7 2010 | 18/ | 606 | 589. | 891,259. | | | |
| - Tu | 9 | Program s | | | | | | | | | | | |
| Revenue | 10 | Investmen | t income (Part VIII, colum | nn (A), lines 3, 4, a | n(d 7(d) | 7 2010 | 100 | 36 | 822. | 60,747. | | | |
| щ | 11 | Other reve | nue (Part VIII, column (A) | , lines 5, 6d, 8c, 9 | c, 10c, and 11e)- | A | <u> </u> | 8 | 663. | 3,671. | | | |
| | 12 | Total reve | nue - add lines 8 through | 11 (must equal P | art VIII, column (4), | Me 2 | | 652 | 074. | 955,677. | | | |
| | 13 | Grants an | d simılar amounts paid (P | art IX, column (A) | , lines 1·3) | | | 560 | 302. | 690,950. | | | |
| | 14 | Benefits p | aid to or for members (Pa | art IX, column (A), | line 4) | - | | | | | | | |
| S | 15 | Salanes, c | ther compensation, empl | oyee benefits (Pa | rt IX, column (A), lir | nes 5-10) | | | | | | | |
| Expenses | 16 a | Profession | al fundraising fees (Part I | X, ∞lumn (A), lın | e 11e) | | | | | | | | |
| ğ | b | Total fund | raising expenses (Part IX, | , column (D), line | 25) 🕨 | 10,1 | 71. | | | | | | |
| ú | | | enses (Part IX, column (A | | | | | 38 | 618. | 24,936. | | | |
| | 18 | Total expe | nses. Add lines 13-17 (m | ust equal Part IX, | column (A), line 25 |) | | | 920. | 715,886. | | | |
| | 19 | Revenue l | ess expenses. Subtract li | ne 18 from line 12 | 2 | | | 53 | 154. | 239,791. | | | |
| Net Assets or Fund Balances | | | | | | | | Beginning of | | End of Year | | | |
| sets | 20 | Total asse | ts (Part X, line 16) | | | | | 1,021 | 617. | 1,112,792. | | | |
| A | 21 | | ties (Part X, line 26) | | | | | 14 | 025. | 16,238. | | | |
| 활 | 22 | Net assets | or fund balances Subtra | act line 21 from li | ne 20 | | | 1,007 | | 1,096,554. | | | |
| | art II | Signat | ure Block | | | | • • • | | | | | | |
| | | Under penal | iles of perjury, I declare that I have e Declaration of preparer (other the | examined this return, | including accompanying | schedules an | nd statements, | and to the best of | my knowledg | e and belief, it is true, correct, | | | |
| | | and complet | o Decidation of preparer (other ti | nair oinicer) is based oil | ar mornation of which p | reparer nasa | aly kilowiedge | , | , | | | | |
| Sig | n | IN X | una li. | Hen | suckson | | | | 05/1 | 2/10 | | | |
| Her | | Sign | ature of officer | | | | | Date | | | | | |
| | | AN. | A HENRICKSON, | INTERIM | BUSINESS | MANA | GER | | | | | | |
| | | Туре | or print name and title | | | | | | | | | | |
| | | Preparer's | <u> </u> | | | Date | | neck if | Prepare | r's identifying number | | | |
| Paid | _ | signature | JAMES E. W | YOY | | 05/10 | 0/10 se | elf- nploved > [| (see ins | tructions) | | | |
| | arer's | Firm's name | | EIN ▶ | · · | | | | | | | | |
| Use | Only | yours if self-employe | | ARK STE. | | P.C. | | - LIN | | | | | |
| | | address, and ZIP + 4 | BUTTE, MT | | | | | Phone | no - 11 | 06-782-0451 | | | |
| Max | tha II | | this roturn with the prop | | 2 (000 instructions | | | 1 CHOILE | 11U. P 12 (| 06-782-0451 | | | |

| om | 990 (2008) | <u> </u> | <u> 2593 </u> | Page 2 |
|-----|---|--|--|---------------|
| Pa | rt III Statement of Program Service Accomplishments (see instructions) | | | |
| 1 | Briefly describe the organization's mission: | | _ | |
| • | FRIENDS OF PUBLIC RADIO RAISES FUNDS TO PROVIDE FINAN | CIAL AND | OTHER | |
| | SUPPORT TO KEMC-FM, A PUBLIC RADIO STATION LICENSED B | | | € |
| | UNIVERSITY-BILLINGS. | | | |
| | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | | |
| _ | the prior Form 990 or 990-EZ? | | Vac | X No |
| | If "Yes", describe these new services on Schedule O. | • • | 163 | |
| _ | Did the organization cease conducting, or make significant changes in how it conducts, any program services | 2002 | Yes | YNo |
| 3 | • | ,esr | res | LAL NO |
| | If "Yes", describe these changes on Schedule O. | | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by | • • | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount | nt of grants and | | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | |
| | (0.4) | \ <u></u> | | |
| 4a | (Code) (Expenses \$ 690,950 · including grants of \$ |) (Revenue \$ | |) |
| | PUBLIC SUPPORT OF PUBLIC RADIO STATION KEMC SEE SCHED | OPE T | | |
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| | | | _ | |
| 4b | (Code:) (Expenses \$ 534 • including grants of \$ |) (Revenue \$ | |) |
| | RAISED PUBLIC FUNDS TO FINANCE CAPITAL PROJECTS FOR P | UBLIC RAD | 10 | · |
| | STATION KEMC | | | |
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| 4 - | (Code) \(\(\(\) \) \(| \/D= | | |
| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$ | |) |
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| 4d | Other program services. (Describe in Schedule O) | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | | |
| 4e | Total program service expenses ▶\$ 691,484. (Must equal Part IX, Line 25, column | (B)) | | |

| 1 is the organization described in section 501(x)(3) or 4947(x)(1) (other than a private foundation)? 1 | | , , | | Yes | No |
|---|-----|---|-----|-----|-----------|
| 2 Is the organization required to complete Schedule B. Schedule of Continuous? 3 Did the organization exposed in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Section 50 (1c)(3) organizations. Did the organizations also the organizations believe to the section 6033(s) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Section 50 (1c)(4), 50 (1c)(6), 40 (1c)(6 | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 3 Dit 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 II 5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any accounts where donors have the night to provide advice on the dishribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, hatoric land areas, or historic structures? If "Yes," complete Schedule D, Part II I 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide condition control of the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide condition or sport an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide condition report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 Type 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 13 Is the organization a school as described in section 170(b)(1)(A)(q)? If "Yes," complete Schedule D, Part V VIII VIII X X X X X X X X X X X X X X | | If "Yes," complete Schedule A | _1_ | X_ | |
| public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6035(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization in review and any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not based in Part X; or provide credit counseling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not based in Part X; or provide credit counseling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not based in Part X; or provide credit counseling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not based in Part X; or provide credit counseling, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not based in Part V Did the organization report an amount in Part X, line 10, 12, 15, or 257 If "Yes," complete Schedule D, Part X, IVI, IV, IV, IV, IV, IV, IV, IV, IV, I | 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If I*vs.* complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(6), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If I*vs.* complete Schedule C, Part II 6 Did the organization maintain any doors advised funds or any accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If I*vs.* complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hatonic land areas, or historic structures? If Ves.* complete Schedule D, Part II 7 S X 1 Did the organization report an amount in Part X, fine 21; serve as a custodian for amounts not lated in Part X; or provide receid counseling, debt management, credit repair, or debt negotiation services? If *Vss.* complete Schedule D, Part IV 1 Did the organization report an amount in Part X, fine 8 ID, 12, 13, 15, or 25? If *Vss.* complete Schedule D, Part V 1 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAPP1 I*vss.* complete Schedule E, Part IV 1 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAPP1 I*vss.* complete Schedule E, Part II 1 X I X 1 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If *Vss.* complete Schedule F, Part II 1 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and programs service activities outside the U.S.? If *Vss.* complete Schedule F, Part II 1 Did the organization report more than \$15,000 on Part IX, column (A), line 1 I*vss.* complete Sch | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 5 Section 5016(14), 3016(16), and 5016(16) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I 7 Did the organization organization extraction easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, Ine 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 Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 12 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV IX 13 List be organization as a cubical assets in the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part IV IX 13 List be organization as a chool as described in section 170(I)(I)(I)(I)(I)(I) If "Yes," complete Schedule E, Part II 14 List be organization and office, employees, or agents outside of the U.S; "Part I 15 Did the organization report an an office, employees, or agents outside of the U.S; "Part II" 16 Did the organization report more than \$15,000 on Part IX, licined is a fire II is a X 17 Did | | public office? If "Yes," complete Schedule C, Part I | _3_ | | X |
| reporting requirement and proxy tax? // "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes, " complete Schedule C, Part II | 4 | | Х |
| 6 Dut the organization maintain any donor advised funds or any accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I I I I I I I I I I I I I I I I I I | 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | | |
| on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 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, debit management, credit repair, or debit negotation services? If "Yes," complete Schedule D, Part V 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAPP? If "Yes," complete Schedule D, Parts X, IV, IV, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(A)? If "Yes," complete Schedule E 13 X 14 Did the organization maintain an office, employees, or agents outside of the U.S.? If IV | | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization mantain collections of works of art, historical treasures, or other similiar assets? If "Yes," complete Schedule D, Part IVI 9 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 Schedule D, Part IVI 10 Did the organization hold assets in termi, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 Did the organization have a manufat in Part X, line 10, 12, 13, 15, or 27? If "Yes," complete Schedule D, Parts VI, VII, VIII, IV, or X as applicable 11 Did the organization as school as described in section 170(b)(1)(b)(i)(i) I" Yes," complete Schedule E 12 Did the organization as school as described in section 170(b)(1)(b)(i)(i) I" Yes," complete Schedule E 13 Is the organization as school as described in section 170(b)(1)(b)(i)(i) I" Yes," complete Schedule E 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and programa service activates outside the U.S.? If "Yes," complete Schedule F, Part II 15 Did the organization report more than \$15,000 on Part XIX, column (A), line 3 more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report more than \$15,000 on Part XIX, column (A), line 110 II "Yes," complete Schedule G, Part II 17 Did the organization report more than \$15,000 on Part XIX, column (A), line 110 II "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part XIX, column (A), line 110 II "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Pa | 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | | | |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collectoris of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 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 Schedule D, Part IV 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V V, IV, IV, IV, IV, IV, IV, IV, IV, IV | | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 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 Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V, VIII, IX, or X as applicable 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V, VIII, IX, or X as applicable 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V, VIII, IX, or X as applicable 12 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V, VIII, IX, or X as applicable 13 List the organization report on Bart IX, lines 10, 10, 10, 10, 10, 10, 10, 10, 10, 10, | 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| Schedule D, Part III 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 Schedule D, Part IV Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Parts V, VII, VIII, IX, or X as applicable 11 | | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 9 Dd the organization report an amount in Part X, fine 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 Schedule D, Part V 10 X 10 the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 10 X 11 Dd the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V 10 X 11 Dd the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Part XI, XII, and XIII 12 X 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 Dd the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part II 15 Dd 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, Part II 15 X 15 Dd the organization report more than \$15,000 on Part VIII, lines 1 and 8a' If "Yes," complete Schedule G, Part II 15 X 15 Dd the organization report more than \$15,000 on Part VIII, lines 1 c and 8a' If "Yes," complete Schedule G, Part II 17 X 18 Dd the organization operat more than \$5,000 on Part VIII, lines 1 c and 8a' If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operat one or more hospatial? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operate one or more hospatial? If "Yes," complete Schedule I, Parts I and II 19 X 19 Dd the organization operate one or more hospatial? If "Yes," complete Schedule I, Parts I and II 19 X 19 Dd the organization operate one or more hospatial? If "Yes," complete Schedule I, Parts I and II 19 X 19 Dd the organization mach | 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Dd the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 Dd the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 X 11 X 12 Dd the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14 Dd the organization anatism an office, employees, or agents outside of the U.S." 14 Dd the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Dd the organization report more than \$15,000 on Part IX, column (A), line 11 If "Yes," complete Schedule G, Part II 16 X 17 Dd the organization report more than \$15,000 on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 17 X 18 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization operate one or more hospitals? If "Yes," complete Schedule G, Part II 19 X 19 Dd the organization anation and the part II 19 X 19 Dd the organization repo | | Schedule D, Part III | 8 | İ | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 If "Yes," complete Schedule D, Part V, III, VIII, VI | 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 2 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(ii)* If "Yes," complete Schedule E 13 X 14a Did the organization anatian an orfice, employees, or agents outside of the U.S." 15 Did the organization anatian an orfice, employees, or agents outside of the U.S." If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garies or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 17 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, Part III 18 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Parts I and III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 21 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Parts I and III 22 X 23 Did the organization operate one or more hospitals? If "Yes," complete Schedule H, Parts I and III 24 Did the organization operate one or more hospitals? If "Yes," complete Schedule I, Parts I and III 25 Did the organization anatian an escrow account other than a refunding escrow at any time during the year? 26 Did the organization have a tax-evempt bond issue with an outstan | | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9_ | | X |
| If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 10 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the U.S.? If "Yes," complete Schedule E 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I I 16 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, Part II I 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II I 18 Did the organization report more than \$15,000 on Part VII, lines 1 cand 8a? If "Yes," complete Schedule G, Part II I 19 Did the organization report more than \$5,000 on Part VIII, lines 1 cand 8a? If "Yes," complete Schedule G, Part II I 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III I I I I I I I I I I I I I I I I I | 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10_ | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XIII, and XIII 13 Is the organization as chool as described in section 17(0)(1)(A)(I)(I)" If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the U S.? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activaties outside the U.S.? If "Yes," complete Schedule IF, Part II 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 IF, Part III 16 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 IF, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule II, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 22 Did the organization asswer "Yes" to Part VII, Section A, questions 3, 4, or \$7 If "Yes," complete Schedule I, Parts I and III 22 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds: sue with an outstanding an any time during the year to defease any tax exempt bonds? 24 Did the organization as an "on behalf of" ssuer for bonds outstanding at any time during the year? 25 Section 501(c)(3) and 501(c)(4) organizations. | 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school as described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E 13 | | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | Х | |
| 13 | 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
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| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b X 15b 15 | 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 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, Part II 16 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, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 19 X 10 Did the organization operate one or more hospitals? If "Yes," complete Schedule B, Part III 19 X 10 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K, If "No", go to question 25 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" ssuer for bonds outstanding at any time during the year? 26 Did the organization be | 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
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| located outside the United States? If "Yes," complete Schedule F, Part II 16 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, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 Did the organization | | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | _X |
| 16 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, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III 19 X 20 Did the organization report more than \$5,000 on Part VIII, line 9a? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 21 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 22 IX 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25 Did the organization so or by a current or former officer, director, trustee, key employee, or substantial contributor, or to a person related to s | 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 | 1 | | |
| located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization perior more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule G, Part III Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and III Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III The bid the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person | | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | _X |
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| Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 | | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | _X_ |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 X 29 Zi Xi 29 X 29 Zi Xi 29 Zi Xi 20 Zi Xi 21 X 22 Zi Xi 23 Zi Xi 24 Zi Xi 25 Zi Xi 26 Zi Xi 27 Zi Zi Xi 28 Zi Xi 29 Zi Xi 29 Zi Xi 20 Zi Xi 20 Zi Xi 21 Xi 22 Zi Xi 23 Zi Xi 24 Zi Xi 25 Zi Xi 25 Zi Xi 26 Zi Xi 27 Zi Zi Xi 28 Zi Xi 29 Zi Xi 20 Zi Xi 21 Xi 22 Zi Xi 23 Zi Xi 24 Zi Xi 25 Zi Xi 25 Zi Xi 26 Zi Xi 27 Zi Zi Xi 28 Zi Xi 29 Zi Xi 29 Zi Xi 20 Zi Xi 20 Zi Xi 21 Zi Xi 22 Zi Xi 23 Zi Xi 24 Zi Xi 25 Zi Xi 25 Zi Xi 25 Zi Xi 25 Zi Xi 26 Zi Xi 27 Zi Zi Xi 27 | 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | _X_ |
| Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization become aware that the dengaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I Did the organization become aware that the dengaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 25b X 26 X Z Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to suc | 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | _18 | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 27 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 28 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 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 21 X 22 X 23 X 24 X 24 Z 24 Z 25 X 26 Z 27 X | 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Х |
| Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part II 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X | 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
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| disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 28 X | d | | 24d | | |
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| prior year? If "Yes," complete Schedule L, Part I 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Z5b X Z6 X X | | | 25a | | X |
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| 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X | | | 25b | | _X_ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X | 26 | | i | | |
| contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | | 26 | | <u> X</u> |
| | 27 | | _ | | |
| | | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | | |

| | , | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | ı |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | ı |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | i |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | ı |
| | If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 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 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | ı |
| | 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 | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301 7701-3? 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 1 | 34 | Х | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | 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 | | X |

Form **990** (2008)

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Form 990 (2008)

| | , ' | | Yes | No |
|------------|---|------|----------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 4 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | Ų | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | X |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return . 2a | 4 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | <u> </u> | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | - | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | _3a_ | <u> </u> | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | ļ | ļ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | |] | |
| b | financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 4a | - | X |
| - | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and | 1 | } | |
| | Financial Accounts | | | |
| 5a | | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u> </u> | X |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | | |
| Ŭ | Tax Shelter Transaction? | 5c | | i |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | T | х |
| | 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). | | T | 1 |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | 7a | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| - | to file Form 8282? | 7c | ļ | Х |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 1 | ļ | |
| | benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | Х |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | |
| | excess business holdings at any time during the year? | 8 | | ļ |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | L |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | <u> </u> | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: N/A | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | 1 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | |
| а | Gross income from members or shareholders | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 1 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u> </u> | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . N/A . 12b | | <u>L</u> | |

Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | - | | | |
|-----|---|----------|--------|-------|----------|
| | | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | Γ | | | - |
| | processes, or changes in Schedule O. See instructions. | | | | |
| 1a | Enter the number of voting members of the governing body | 26 | | | |
| b | Enter the number of voting members that are independent 1b 2 | 26 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | |
| | officer, director, trustee, or key employee? | L | 2 | | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | L | 3 | | _X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | L | 4 | | <u> </u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | L | 5 | | <u> </u> |
| 6 | Does the organization have members or stockholders? | ⊢ | 6 | | <u> </u> |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | | |
| | governing body? | - | 7a | | <u>X</u> |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | - | 7b | | _X_ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | Ì | | |
| | by the following: | | | | |
| а | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 9a | Does the organization have local chapters, branches, or affiliates? | ⊢ | 9a | | <u> </u> |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | |
| 40 | and branches to ensure their operations are consistent with those of the organization? | · - | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | 10 | x | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | · - | -10 | | |
| • • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 11 | | Х |
| Sec | tion B. Policies | | ••• | | |
| | | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | . [: | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | | |
| | to conflicts? | Ŀ | 12b | | _X_ |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | |
| | in Schedule O how this is done | Ŀ | 12c | | <u> </u> |
| 13 | Does the organization have a written whistleblower policy? | <u> </u> | 13 | | <u> </u> |
| 14 | Does the organization have a written document retention and destruction policy? | - | 14 | _X_ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | ŀ | | | |
| | The organization's CEO, Executive Director, or top management official? | | 15a | | <u> </u> |
| b | Other officers or key employees of the organization? | - | 15b | - | <u> </u> |
| 16- | Describe the process in Schedule O. (see instructions) | | l | | |
| ıoa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | v |
| _ | taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | - | 16a | | <u> </u> |
| b | In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | | |
| | | | 16b | | |
| Sec | exempt status with respect to such arrangements? | | IUD I | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NONE | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal | ble fo | or | | |
| | public inspection. Indicate how you make these available. Check all that apply. | - | | | |
| | Own website Another's website X Upon request | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy | , and | l fina | ncial | |
| | statements available to the public. | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organi | ızatio | n: 🕨 | | |
| | SUSAN SMITH-HAVENER - (406) 657-2944 | | | | |
| | 1500 UNIVERSITY DRIVE, BILLINGS, MT 59101 | | | | |

Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

| Name and Title | X Check this box if the organization did n | | y of | ficer | | | or, tr | uste | | | |
|--|--|------|--------|--|--|----------|------------|----------|---------------------------------------|-----------------|---------------|
| Nours Nour | (A) | (B) | | (C) | | | | | (D) | (E) | (F) |
| Per Week San San | Name and Title | " | /_ | | - | - | | sk A | | • | |
| Week State State | | | ⊢∸ | T | - | | Tar apply) | | | , | |
| RENT BRODIE BOARD MEMBER 1.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | | iecto | | | | | | 1 | organizations | |
| RENT BRODIE BOARD MEMBER 1.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | | 60.0 | 皇 | ļ | | sated | 1 | | (W-2/1099-MISC) | |
| RENT BRODIE BOARD MEMBER 1.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | | | truste | al trus | | ag. | mber | | (W-2/1099-MISC) | | _ |
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| BOARD MEMBER | | | 를 | ist ts | 통 | Key | 皇皇 | 퉏 | | | Organizations |
| JEAN DAHLMAN BOARD MEMBER 1.00 X 0. 0. 0. 0. 0. | KENT BRODIE | | | | | | \vdash | | | | |
| BOARD MEMBER | BOARD MEMBER | 1.00 | X | | 1 | | | <u> </u> | 0. | 0. | 0. |
| DOUG EZELL BOARD MEMBER 1.00 x 0. 0. 0. 0. | JEAN DAHLMAN | | | | 1 | | | | | | |
| BOARD MEMBER | BOARD MEMBER | 1.00 | X | | <u> </u> | | | | 0. | 0. | 0. |
| JOEL GUTHALS BOARD MEMBER 1.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | DOUG EZELL | | | | į | | | ŀ | | | |
| BOARD MEMBER | | 1.00 | X | | <u> </u> | <u> </u> | <u> </u> | _ | 0. | 0. | 0 <u>.</u> |
| DENNIS HALL BOARD MEMBER 1.00 X 0.0.0. ALAN HILDEN BOARD MEMBER 1.00 X 0.0.0.0. CHUCK HINGLE BOARD MEMBER 1.00 X 0.0.0.0. JANE HOWELL BOARD MEMBER 1.00 X 0.0.0.0. ROBERT HYLTON BOARD MEMBER 1.00 X 0.0.0.0. MARILYN KRAMER BOARD MEMBER 1.00 X 0.0.0.0. ALICE MEISTER BOARD MEMBER 1.00 X 0.0.0.0.0. PETER MICKELSEN PRESIDENT 1.00 X 0.0.0.0.0. JIM NIELSEN TREASURER BOARD MEMBER 1.00 X 0.0.0.0.0. MARK PARKER BOARD MEMBER 1.00 X 0.0.0.0.0. MICHAEL ROSS BOARD MEMBER 1.00 X 0.0.0.0.0.0. JOSEPH SAMPLE BOARD MEMBER 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | | | | | | 1 | | | |
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| DANE HOWELL BOARD MEMBER 1.00 X 0. 0. 0. 0. | | | ĺ | | | | | | _ | _ | _ |
| BOARD MEMBER 1.00 X 0. 0. 0. | | 1.00 | X | <u> </u> | <u> </u> | | ╁ | <u> </u> | 0. | 0. | 0. |
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| JOSEPH SAMPLE BOARD MEMBER 1.00 X 0. 0. | | 1.00 | v | | | | | | 0. | n | n |
| BOARD MEMBER 1.00 X 0. 0. 0. | | 1.00 | | | \vdash | ┼╌ | †- | | | | <u>.</u> |
| | | 1.00 | x | | | | | | l . | ٥. | n |
| | RON SEXTON | 1.00 | ╚ | \vdash | T | T | 1 | | <u> </u> | | |
| | | 1.00 | x | | | | | | 0. | 0. | 0. |

Form 990 (2008)

| Part VII Section A. Officers, Directors, Tru | stees, Key E | mpk | oyee | s, a | nd l | High | est | Compensated Employ | ees (continued) | | | | |
|--|-----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|------------|---------------------------------|---------------------|----------|---------------------|----------|--|
| ' (Á) (B) (C) (D) (E) Name and title Average Position Reportable Reportable | | | | | | | | | | | | | |
| Name and title | | | | | | 1 | | Reportable | Reportable | | Estimate | ed | |
| | hours | (с | heck | all | that | app | ly) | compensation | compensation | 1 | amount | | |
| | per | ğ | | | | | | from | from related | | other | | |
| | week | direc | | | | 8 | | the | organizations | CO | mpensa | | |
| | | tee or | ustee | | | ansat | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | ١, | from th rganızat | | |
| | | E E | naltri | | oyee | E . | | (44-2/1099-141130) | | | ind relat | | |
| | | individual trustee or director | Institutional trustee | 돵 | Key employee | Highest compensated employee | 혍 | | | | ganızatı | | |
| | | <u>=</u> | ISI | Officer | Ş | 콤 | 호 | | | | | | |
| CURT STARR | | | | | | | | | | + | | | |
| BOARD MEMBER | 1.00 | х | | | | | | 0. | 0 | | | 0. | |
| GENE WADE | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0 | | | 0. | |
| PETER YEGEN, IV | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0 | | | 0. | |
| JOHN BURG | | | | | | | | | _ | | | | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0 | | | 0. | |
| BILL CULHANE | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0 | | | 0. | |
| TIM GOODRIDGE | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | $\mathbf{x}_{\underline{}}$ | | | | | | 0. | 0 | | | 0. | |
| TOM BENNETT | | | | | | | | | | | | | |
| PAST PRESIDENT | 1.00 | X | | | | | | 0. | 0 | • | | 0. | |
| JIM CORSON | | | | | | | | | | | | | |
| VICE PRESIDENT | 1.00 | X | | | | | | 0. | 0 | • | | 0. | |
| MARY MCNALLY | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0 | • | | 0. | |
| MARY BAUMANN | | | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | 0 | • | | 0. | |
| 1b Total | | | | | | > | | 0. | 0 | | | 0. | |
| 2 Total number of individuals (including those | in 1a) who re | ceiv | ed n | nore | tha | ກ \$1 | 00, | 000 in reportable | | | | | |
| compensation from the organization | <u></u> | | | | | | | <u> </u> | | <u> </u> | | 0 | |
| | | | | | | | | | | | Yes | No | |
| 3 Did the organization list any former officer, | director or tru | stee | , ke | y em | plo | yee, | or I | highest compensated er | nployee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | 3 | | X | |
| 4 For any individual listed on line 1a, is the su | m of reportab | le co | omp | ensa | atior | n and | d ot | her compensation from | the organization | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sch | eduk | e J | for such individual | | 4 | | X | |
| 5 Did any person listed on line 1a receive or a | ccrue compe | nsat | ion f | rom | any | y uni | elat | ted organization for serv | ices rendered to | | | | |
| the organization? If "Yes, " complete Schedu | ule J for such | pers | on | | | | | | | 5 | | <u> </u> | |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest col | mpensated inc | depe | ende | nt c | onti | racto | ors t | that received more than | \$100,000 of comper | isatio | n from | | |
| the organization. NONE | | | | | | | | | | | | | |
| (A) Name and business | addrasa | | | | | | | (B) Description of s | 10n (1000 | | (C) pensatio | | |
| Name and business | address | | | | | | | Description of s | ervices | Comp | Prisauo | | |
| | | | | | | | | | 1 | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | 1 | | | | |
| | | | | | | | ┥ | | | | | | |
| | | | | | | | İ | | | | | | |
| 2 Total number of independent contractors (in | ncluding those | יחו פ | 1) w/ | no r | | ved | اا بەرى | re than \$100 000 in com | pensation | | | | |
| from the organization | 0 | _ | | | | | | | | | | | |

8

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

FRIENDS OF PUBLIC RADIO, INC.
% YELLOWSTONE PUBLIC RADIO

| | | | | PUBLIC | RADIO | | 81-0402593 Pag | | |
|--|------------------|---|--|---------------------------------------|----------------------|--|--|---|--|
| Pa | rt VI | II Statement of Rever | nue | | | | | | |
| | | · · | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, gifts, grants and other similar amounts | t c c f | similar amounts not included abo | 1c 1d 1d 1e 1ts, and ve 1f 8 | 391,259. | | | | | |
| Se | - | Noncash contributions included in lines Total, Add lines 1a-1f | : 1a-1r \$ | | 891,259. | | | | |
| Program Service Revenue | 2 a | a | | Business Code | | | | | |
| <u>4</u> | f | All other program service reve | enue | | | | | | |
| | | Total. Add lines 2a-2f | | | | | | | |
| | 3 | Investment income (including other similar amounts) Income from investment of ta | | • | 23,051. | | | 23,051. | |
| | 4 5 | Royalties | x-exempt bond p | Droceeds | | | | | |
| | • | noyanco | (i) Real | (ii) Personal | · · · · - | | - · · · · · · · · · · · · · · · · · · · | | |
| | c | Less: rental expenses Rental income or (loss) | | | | | | | |
| | | Net rental income or (loss) Gross amount from sales of | (A Securities | (ii) Other | | | | | |
| | | assets other than inventory Less: cost or other basis | (i) Securities 85,657. | (ii) Other | | | | | |
| | | and sales expenses Gain or (loss) Net gain or (loss) | 47,961. 37,696. | | 37,696. | | | 37,696. | |
| Other Revenue | | a Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 | of | | | | | | |
| ₽ | | Less: direct expenses | , b | | | | | | |
| | | Net income or (loss) from func Gross income from gaming ac | - | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | Part IV, line 19 Less: direct expenses | a b | | | | | | |
| İ | | Net income or (loss) from garr | | | | | | | |
| | 10 a | Gross sales of inventory, less and allowances | returns a | | | | | | |
| | | Less: cost of goods sold | b | L | | | | | |
| - | | Net income or (loss) from sale Miscellaneous Revenu | | Business Code | _ | | | | |
| - | 11 a | MISCELLANEOUS I | NCOME | 515100 | 3,671. | | | 3,671. | |
| | • | · | <u> </u> | | | | | | |
| | c | All other revenue | | | | | | | |
| | e | Total. Add lines 11a-11d | | • | 3,671. | | | | |
| 83200 | 12 | Total Revenue. Add lines 1h, 2g, 3, | 4, 5, 8d, 7d, 8c, 9c, 1 | 0c, and 11e | 955,677. | 0. | 0. | | |
| 83200 02-02 | 09 | | | | | | | Form 990 (2008) | |

% YELLOWSTONE PUBLIC RADIO

Part IX Statement of Functional Expenses

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

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

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 690,950. | 690,950. | | |
| 2 | Grants and other assistance to individuals in | | ' | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the US | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | <u></u> . |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | - | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management . | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other . | | | | |
| 12 | Advertising and promotion | | | _ | |
| 13 | Office expenses | 14,231. | | 14,231. | |
| 14 | Information technology | | | | |
| 15 | Royalties . | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | <u></u> | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates . | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| | | 10,171. | | | 10,171. |
| b | RECORDINGS & PROGRAMMIN | 534. | 534. | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 715,886. | 691,484. | 14,231. | 10,171. |
| 26 | Joint Costs. Check here 🕨 🔲 If following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | - <u>-</u> | | |
| | | | | | |

Form 9

| t X | Balance Sheet | | | | | | | | |
|-----|----------------------|----|--------|-----|-----|------|-----|------|----|
| | | | YELLOW | STC | ONE | PUBI | JIC | RADI | 0_ |
| | | rı | KIENDS | Or | PUE | SLIC | KAL | TO, | TM |

| | | • | (A) Beginning of year | | (B End of | | |
|---------------|----------|--|--------------------------|---------------|--------------|---|---|
| | 1 | Cash - non-interest-bearing | 3,146. | 1 | | 8 1 | L40. |
| | 2 | Savings and temporary cash investments | 179,888. | | 4.0 | | 232. |
| | 3 | Pledges and grants receivable, net | 36,530. | 3 | | | 85. |
| | 4 | Accounts receivable, net | 30,330. | 4 | | <u>, , , , , , , , , , , , , , , , , , , </u> | , , , , , , , , , , , , , , , , , , , |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | |
| | 3 | · · · · · · · · · · · · · · · · · · · | | _ | | | |
| | _ | employees, or other related parties. Complete Part II of Schedule L | | 5 | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete | | | | | |
| | _ | Part II of Schedule L | | 6 | | | _ |
| Assets | 7 | Notes and loans receivable, net | | 7 | | | |
| Ass | 8 | Inventories for sale or use | | 8 | | | |
| • | 9 | Prepaid expenses and deferred charges | | 9 | | | |
| | 10a | Land, buildings, and equipment: cost basis 10a | | | | | |
| | b | Less accumulated depreciation. Complete | | | | | |
| | | Part VI of Schedule D 10b | | 10c | | | |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments other securities See Part IV, line 11 | 738,018. | 12 | 50 | 5,3 | <u>342.</u> |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 64,035. | 15 | 6 | 6,1 | 93. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,021,617. | 16 | 1,11 | $\frac{1}{2}$, 7 | 792. |
| | 17 | Accounts payable and accrued expenses | | 17 | - | - | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| co. | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | | |
| iţi | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | |
| Liabilities | _ | highest compensated employees, and disqualified persons. Complete Part II | . | | | | |
| | | of Schedule L | ' | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 14,025. | 25 | | 5 3 | 238. |
| | 26 26 | • | 14,025. | | | | 238. |
| | 20 | Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here | | 26 | | 0,2 | 130. |
| | | • | • | | | | |
| ces | | lines 27 through 29, and lines 33 and 34. | 167 640 | | 4.3 | | 117 |
| | 27 | Unrestricted net assets | 167,648. | | | | 317. |
| Ва | 28 | Temporanly restricted net assets | 839,944. | 28 | 0.0 | 5 , / | 737. |
| Fund Balan | 29 | Permanently restricted net assets | | 29 | | | |
| Ę | | Organizations that do not follow SFAS 117, check here | | | | | |
| Net Assets or | | complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | |
| let | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| ~ | 33 | Total net assets or fund balances | 1,007,592. | 33 | 1,09 | | |
| | 34 | Total liabilities and net assets/fund balances | 1,021,617. | 34 | 1,11 | <u>.2,7</u> | <u> 192.</u> |
| Pai | rt XI | Financial Statements and Reporting | | | | · · · · · · | |
| | | | | | , | Yes | No |
| 1 | Acco | unting method used to prepare the Form 990 Cash X Accrual | Other | | | | |
| 2a | Were | the organization's financial statements compiled or reviewed by an independ | lent accountant? | | 2a | | Х |
| b | Were | the organization's financial statements audited by an independent accountar | nt? | | 2b | | Х |
| С | | es" to lines 2a or 2b, does the organization have a committee that assumes res | • • • | audıt, | | | |
| | | w, or compilation of its financial statements and selection of an independent a | · | • | 2c | | |
| 3a | | result of a federal award, was the organization required to undergo an audit or | • •• | le Aud | | | |
| | | nd OMB Circular A-133? | | | 3a | | X |
| b | | es," did the organization undergo the required audit or audits? | | • | 3b | | |
| | | The state of the s | | - | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

| Name of t | the organizati | ion FRIENDS | OF PUBLIC F | RADIO, | INC. | | | E | mployer i | dentificati | on nu | mber |
|-----------|---------------------------|------------------------------|---|-----------------|----------------|--------------|---------------------|---|-------------------------------|---------------|-----------------|------------|
| | | | WSTONE PUBLI | | | | | | 81 | L-0402 | <u>593</u> | |
| Part I | Reason | for Public Char | ity Status (All organiz | zations mu | st comple | te this par | t.) (see ins | tructions) | | | | |
| The organ | zation is not a | a private foundation | because it is: (Please ch | neck only o | ne organi | zation) | | | | | | |
| 1 🗀 | A church, co | nvention of churche | s, or association of chur | ches desc | nbed in se | ection 170 | (b)(1)(A)(i) |). | | | | |
| 2 | | | 0(b)(1)(A)(ii). (Attach So | | | | | | | | | |
| 3 | | | tal service organization | - | | 170(b)(1) | (A)(iii). (At | tach Sche | edule H.) | | | |
| 4 | | | operated in conjunction | | | | | | = | he hospital | 's nam | ıe. |
| | city, and stat | | • | | | | | (-)(-)(-)(-)(-) | ,. | | | • |
| 5 | - | | benefit of a college or u | niversity o | wned or o | perated by | a governi | mental un | it describe | ed in | | |
| - | | (b)(1)(A)(iv). (Comple | = | | | | | | | | | |
| 6 | | | ent or governmental uni | t describe | dın sectio | n 17Ω/b)/ | 1)(Δ)(υ) | | | | | |
| 7 🗓 | | - | eives a substantial part | | | | | or from the | e general c | oublic desc | nbed i | 'n |
| | | b)(1)(A)(vi). (Comple | | o op. | | 9 0.0 | | | · 9 · · · · · · · · | | | |
| 8 🗀 | | | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | | |
| , — | | | eives (1) more than 33 | | | rom contr | hutions n | nemhersh | in fees an | d aross rea | eints | from |
| · | = | | nctions - subject to certa | | | | | | - | _ | | |
| | | | axable income (less sec | - | | - | | | | - | | |
| | | 509(a)(2). (Complete | | | D, 110111 00 | 1011100000 | acquired b | y the orga | a lization a | inter durie e | 0, 10. | U . |
| 10 | | | perated exclusively to te | st for oubl | ic safety 5 | See sectio | n 509/a)/a | 1) (see ins | structions) | | | |
| 11 | | | perated exclusively for the | | | | | - | | | f one | or |
| | _ | • | itions described in secti | | • | | - | | • | | | J . |
| | | | organization and compl | | | | -). OOO 30 0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (u)(o). One | on the box | at | |
| | a Type | | - | с П Тур | _ | | tegrated | | 4 | Type III - C |)ther | |
| e 🗀 | • • | | t the organization is not | | | | | r more dis | coualified o | • • | | ın |
| • | _ | | han one or more publicl | | _ | - | - | | | | | •• |
| f | | _ | ten determination from | | - | | | | ο(α)(1) ο ι ο | 2000000 | (4)(2) | |
| • | ·= | rganization, check th | | | | po 1, 1) po | , o. 19p | , | | | | |
| g | | • | rganization accepted ar | nv aft or c | ontribution | trom anv | of the follo | owing ner | sons? | • | | |
| 9 | | | rectly controls, either al | | | _ | | | | | Yes | No |
| | | | upported organization? | .oo o. tog | ,011101 111111 | po. 00.10 | | () | () DOIO11, | 11g(i) | | |
| | - | | described in (i) above? | • | • • | • | | | | 11g(ii) | | |
| | | | person described in (i) | ·- | e? | • • | • • | | | 11g(iii) | | |
| h | • • | | about the organizations | | - | pports. | • • | • • • | •• | | | |
| | | | arout the organizations | , o. g | | pp0.10. | | | | | | |
| (i) Name | of auroparted | CO CIN | (iii) Type of | (iv) is the (| roanization | (v) Did voi | u notify the | (vi) l | s the | (-2") A | | |
| • • | of supported Inization | (ii) EIN | organization | in col. (i) lis | | | ion in col | organizati | on in col. | (vii) Am | iount o port | ī |
| Oi gu | | | (described on lines 1-9 above or IRC section | governing | document? | (i) of you | r support? | (i) organi U.S | 2eu III IIIe 5.7 | Jup | ,011 | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
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| Total | | | | | | | <u> </u> | | | | | |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 % YELLOWSTONE PUBLIC RADIO 81-0402593 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005(c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 465,781. 500,475 | 544,131 | 606,589. 891,259. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 465,781. 500,475. 544,131. 606,589. 891,259. 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 27,547. 2980688. 6 Public Support Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 544,131 500,475 606,589 891,259. 3008235. 465,781 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 32,365. 20,553. 4,608. 30,170. 26,722 | 114,418. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3122653. 11 Total support. Add lines 7 through 10 82,346. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.45 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 91.05 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

4

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Par | t III Support Schedule for C |)rganizations | Described in S | Section 509(a |)(2) (Complete only) | if you chacked the h | Page 3 |
|------------|---|---|--|---|--|----------------------------|---------------------------------------|
| | tion A. Public Support | <u>,, 9</u> | | 2000 | /(-/ (Complete only | ii you checked the b | OX OII IIIIe 9 OI F ai t 1. |
| | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| I | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 1 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 7a / | Total. Add lines 1 · 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 1 | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| | tion B. Total Support | | 1 | • | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| 9 / 10a | ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | - | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years, If the Form 990 is for check this box and stop here | the organization's | s first, second, third | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) organı | zation, |
| | tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2008 (I Public support percentage from 2007 | | = | olumn (f)) | | 15 | % % |
| | tion D. Computation of Inves | | | | | | |
| | investment income percentage for 20 | • | • | e 13, column (f)) | | 17 | <u>%</u> |
| | investment income percentage from 2 | | | | . 15 in 15 2 | 18 | 17 : 2 = 2 = 2 |
| b | 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2007. If the | nd stop here. The organization did n | organization quali not check a box on | fies as a publicly s line 14 or line 19a | supported organiza a, and line 16 is mo | ation ore than 33 1/3%, | and |
| | ine 18 is not more than 33 1/3%, che | | - | | | - | • . ▶ |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19a | a, or 19b, check ti | | | 90 or 990-EZ) 2008 |

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF PUBLIC RADIO, INC.
% YELLOWSTONE PUBLIC RADIO

Employer identification number 81-0402593

Schedule D (Form 990) 2008

| Pa | t I Organizations Maintaining Donor Advise | | or Acco | unts. Complete if the | <u> </u> |
|-----|---|---|--------------|-----------------------------|-----------|
| | organization answered "Yes" to Form 990, Part IV, line | | | | |
| | | (a) Donor advised funds | (b) Fu | nds and other accounts | 3 |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (dunng year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | d funds | | |
| Ū | are the organization's property, subject to the organization's | | | ☐ Yes ☐ | □ No |
| 6 | Did the organization inform all grantees, donors, and donor a | _ | used only | | 110 |
| U | for chantable purposes and not for the benefit of the donor of | | - | ? Yes | □ No |
| Pa | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | | 2010, 111107 | · | |
| • | Preservation of land for public use (e.g., recreation or p | | oncally imp | ortant land area | |
| | Protection of natural habitat | Preservation of certified | - | | |
| | Preservation of open space | Treservation of certification | a matoric a | lidelaie | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | envation contribution in the form of a conse | anzation ea | sement on the last day | |
| _ | of the tax year. | icivation contribution in the form of a conse | sivation ca | sement on the last day | |
| | of the tax your. | | | Held at the End of th | e Vear |
| а | Total number of conservation easements | | 2a | Ticia at aic Elia of ai | ic icai |
| b | Total acreage restricted by conservation easements | • | 2b | | |
| c | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | | - |
| d | Number of conservation easements included in (c) acquired | , , | 2d | | |
| 3 | Number of conservation easements modified, transferred, rel | • | | n during the taxable | |
| | year ▶ | sacou, oxunguloriou, or torrimilated by the | 0. gaa0 | The second second | |
| 4 | Number of states where property subject to conservation ea | sement is located | | | |
| 5 | Does the organization have a written policy regarding the per | | d | | |
| - | enforcement of the conservation easements it holds? | 3 ,,,, | | Yes | □ No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, a | nd enforcing easements during the year | - | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | _ | | |
| 8 | Does each conservation easement reported on line 2(d) above | | n)(4)(B)(i) | | |
| | and section 170(h)(4)(B)(ii)? | , | 7(7(-7() | Yes | □ No |
| 9 | In Part XIV, describe how the organization reports conservati | on easements in its revenue and expense s | statement. | • • • | |
| | include, if applicable, the text of the footnote to the organizat | • | | • | |
| | conservation easements. | | • | J | |
| Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or Otl | her Simi | lar Assets. | |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | | | |
| | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | t to report in its revenue statement and bal | lance sheet | t works of art, historical | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of publ | lic service, | provide, in Part XIV, the | e text of |
| | the footnote to its financial statements that describes these | items. | | | |
| b | If the organization elected, as permitted under SFAS 116, to | report in its revenue statement and balance | e sheet wo | rks of art, historical trea | asures, |
| | or other similar assets held for public exhibition, education, of | or research in furtherance of public service, | provide the | e following amounts rela | ating to |
| | these items: | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | \$ | |
| | (ii) Assets included in Form 990, Part X | | ▶ | \$ | |
| 2 | If the organization received or held works of art, historical treatment | asures, or other similar assets for financial | gain, provid | de | |
| | the following amounts required to be reported under SFAS 1 | | • | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > | \$ | |
| b | Assets included in Form 990, Part X | | > | \$ | |
| | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Sche | edule D (Form 990) 2008 | WSTONE PUBI | LIC | RADIO | | | | 81-04 | 02593 | Page 2 |
|------|---|----------------------------------|----------|---------------|-----------------------|----------|------------|------------|--------------|------------|
| | rt III Organizations Maintaining C | | | | easures, | or Oth | er Simi | | | |
| 3 | Using the organization's accession and other | | | | | | _ | | | |
| | that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | е | | Other | | | | | _ | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | lections and explain | how th | hey further t | he organizat | on's exe | empt purp | ose in Par | t XIV. | |
| 5 | During the year, did the organization solicit or | | | • | = | | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Pa | rt IV Trust, Escrow and Custodial | | | | | ered "Ye | s" to For | m 990, Par | t IV, line 9 | , or |
| | reported an amount on Form 990, Par | | | | | | | , | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | ary for | contribution | ns or other as | ssets no | tincluded | 1 | - | |
| | on Form 990, Part X? | | | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fol | lowing | table: | | | | | | |
| | • | | _ | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | • • | | | | 1d | | | |
| е | Distributions during the year | | | | | • | 1e | | | |
| f | Ending balance | | | | | • | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | • | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIV | | | | • | • | | •• | _ | |
| | rt V Endowment Funds. Complete if | forganization answei | red "Ye | s" to Form | 990, Part IV, | line 10. | | | | |
| | | (a) Current year | | nor year | (c) Two yea | | (d) Three | years back | (e) Four | years back |
| 1a | Beginning of year balance | 732,622. | | | | | | | | |
| b | Contributions | 21,188. | | | | | | | | |
| С | Investment earnings or losses | <129,282. | > | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | 6,397. | | | | | | | | |
| g | End of year balance | 618,131. | | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held as | 3: | • | • | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | _ | | | | | | | |
| С | Term endowment ▶ 100.00 | % | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion tha | at are held a | ınd administe | ered for | the organ | ization | | |
| | by: | · · | | | | | • | | - F | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | Х |
| | (ii) related organizations | • | | | • | | | | 3a(ii) | Х |
| ь | If "Yes" to 3a(ii), are the related organizations | Isted as required or | n Sched | dule R? | • | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | | | | | | | | | |
| Pa | rt VI Investments - Land, Building | | | |), Part X, line | 10. | | | | |
| | Description of investment | (a) Cost or ot basis (investm | her | (b) Cost | t or other (other) | | Depreciati | on | (d) Book | value |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| c | Leasehold improvements | | | | | | | | - | |
| d | Equipment | | | | | , i | • | | • | |

0 . Schedule D (Form 990) 2008

e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

| 8 | YELL | OWSTONE | PUBLIC | RADTO |
|---|------|---------|--------|-------|

| (a) Description of security or category (including name of security) | (b) Book value | | Method of valuation: end-of-year market v | |
|--|---------------------------------------|-------------|---|----------------|
| Financial derivatives and other financial products | 1 | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| FUND 2000 INVESTMENTS | 505,342. | END-OF-YEAF | MARKET V | ALUE |
| | | | | |
| | - | | · | |
| | | | | |
| | - | | | |
| Tatal (Cal/h) should count form 000 Part V cal (D) inc 10.) | 505,342. | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. | | | | |
| (a) Description of investment type | (b) Book value | | vlethod of valuation: end-of-year market v | |
| | | | | - |
| | | | | |
| | | | | |
| | • " | | | |
| | | , . | | |
| | | | _ | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | · · · · · · · · · · · · · · · · · · · | | | |
| Part IX Other Assets. See Form 990, Part X, lin | e 15 | | | (h) Pook value |
| | a) Description | | | (b) Book value |
| <u>CASH SURRENDER VALUE - LIFE</u> ACCRUED INTEREST | INSURANCE POLI | .CI | | 63,844. |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 15.) . | | • | 66,193. |
| Part X Other Liabilities. See Form 990, Part > | | | | |
| (a) Description of liability | | (b) Amount | | |
| Federal Income taxes ANNUITY OBLIGATION | | 16,238. | | |
| ANNOTTE OBLIGATION | | 10,230. | | |
| | | | | |
| | | | | |
| | - | | | |
| | | | | |
| | | | | |
| | | 16 030 | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | | 16,238. | Annala habita da | |

| | dule D (Form 990) 2008 | | | | <u>402593 </u> | Page 4 |
|----------|---|------------------|---------------------------------------|---------------|-----------------|---|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | <u> Financia</u> | I Statemen | ts | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | . 1 | | | <u>,677.</u> |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | <u> </u> | | <u>,886.</u> |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 239 | <u>,791.</u> |
| 4 | Net unrealized gains (losses) on investments | | 4 | | | |
| 5 | Donated services and use of facilities | | . 5 | | | |
| 6 | Investment expenses | | 6 | | | |
| 7 | Prior period adjustments | • | 7 | | | |
| 8 | Other (Describe in Part XIV) | • •• | 8 | | <150 | ,829. |
| 9 | Total adjustments (net). Add lines 4-8 | | 9 | | | ,829. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | ••••• | 10 | | | ,962. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | ents With | | er Return | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| 1 | Total revenue, gains, and other support per audited financial statements | • | | 1 | 804 | ,848. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| a | Net unrealized gains on investments | 2a | <150,8 | 29. | | |
| | Donated services and use of facilities | 2b | \130,0 | -5- | | |
| b | • • • • | | | | | |
| С. | Recoveries of prior year grants | _2c | | | | |
| d | Other (Describe in Part XIV) | _2d | | | -150 | 020 |
| е | Add lines 2a through 2d | | | 2e | | <u>, 829 . :</u> |
| 3 | Subtract line 2e from line 1 | | | 3 | 955 | <u>,677.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIV) | 4b | | | | _ |
| С | Add lines 4a and 4b | | | 4c | _ | <u> 0 </u> |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | · · · · · · · · · · · · · · · · · · · | 5 | | <u>,677.</u> |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Statem | ents Witt | n Expenses | per Returi | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 715 | <u>,886.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| C | Losses reported on Form 990, Part IX, line 25 | 2c | | | | |
| d | Other (Describe in Part XIV) | 2d | | | | |
| e | Add lines 2a through 2d | [<u> </u> | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | - | | 3 | 715 | ,886. |
| - | Amounts included on Form 990, Part IX, line 25, but not on line 1: | • | | . 3 | 715 | ,000. |
| 4 | | الما | | 1 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| D | Other (Describe in Part XIV) | . 4b | | | | ^ |
| | Add lines 4a and 4b | • | • | 4c | | 0. |
| | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | • | | 5 | 715 | <u>,886.</u> |
| Pai | t XIV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I | III, lines 1a a | nd 4, Part IV, li | nes 1b and 2b | o; Part V, line | 4, Part |
| X; Pa | rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | | | | | |
| | | | | | | |
| | | | | . | | |
| PAI | T XI, LINE 8 - OTHER ADJUSTMENTS: | | | | | |
| | | | | | | |
| UNE | REALIZED LOSS ON INVESTMENTS: -150829. | | | | | |
| <u> </u> | LEWIS HOUSE ON LINES LIMITED IN LOCKY | | | : | | |
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| SCHEDULE | | | | | | | | OMB No 1545-0047 | |
|------------------------------------|---|-------------------|--------------------------------|--|---|--|--|--|----------|
| (Form 990) | | | Grants and Govern | ants and Other Assistance to Organizations, Governments, and Individuals in the U.S. | e to Organizations duals in the U.S. | σ̂. | | 2008 | |
| Department of the Treasury | | ▼ Comp | ► Complete if the organization | on answered "Yes | ," on Form 990, Pa | ganization answered "Yes," on Form 990, Part IV, lines 21 or 22. | | Open to Public | |
| Internal Revenue Service | | | | ► Attach to Form 990. | m 990. | | | Inspection | 1 |
| Name of the organization | on FRIENDS OF PUBLIC RA | PUBLIC FONE PUBL | RADIO, INC. | | | | | Employer identification number 81–0402593 | - |
| Part I General In | General Information on Grants and Assistance | d Assistance | | | | | | | |
| 1 Does the organiza | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | substantiate the | e amount of the grants | s or assistance, the | grantees' eligibility | y for the grants or assi | stance, and the select | | 1 |
| cnteria used to av | ontena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | tance? | toring the use of grant | · funds in the Uniter | d States | | | Yes X No | |
| II II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | iovernments and | d Organizations in the | e United States. C | Complete if the orga | anization answered "Y | es* on Form 990, Part | IV, tine 21, for any | 1 |
| recipient th | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | 5,000. Check this | box if no one recipiei | nt received more th | nan \$5,000. Use Pa | art IV and Schedule I-1 | (Form 990) if additions | al space is needed | _ |
| 1 (a) Name and ado or gov | 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| YELLOWSTONE PUBLIC RADIO - KEMC-FM | C RADIO - KEMC-FM | | | | | | | арм уа памкааао мотикт | |
| BILLINGS MT 59101 | | | | 690,950. | 0 | | | SIMILON OFERMIED BI INE UNIVERSITY. | 1 |
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| | Enter total number of section 501(c)(3) and government organizations | d government or | ganizations | | | i | | | •i |
| 3 Enter total number | Enter total number of other organizations | | | ! | | | | | 1 |
| LHA For Privacy Act | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | tion Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2008 | တ္ |

& YELLOWSTONE PUBLIC RADIO

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2008

Page 2

81-0402593

Part III

| (f) Description of non-cash assistance | | | | | | | | | Schedule I (Form 990) 2008 |
|--|---|---|--|---|--|--|---|--|----------------------------|
| (e) Method of valuation (book, FMV, appraisal other) | | - | | r additional information. | | | | | |
| (d) Amount of non- cash assistance | | | | line 2, and any othe | | | | | |
| (c) Amount of cash grant | 1 | | | on required in Part I | | | | | 22 |
| (b) Number of recipients | | | | ide the informatic | | | : | | |
| (a) Type of grant or assistance | | | | Part IV Supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information. | | | | | 832102 12-18-08 |

SCHEDULE J-2

Internal Revenue Service

Continuation Sheet for Form 990

(Form 990)
Department of the Treasury

Attach to F.

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008
Open to Public Inspection

Name of the Organization

FRIENDS OF PUBLIC RADIO, INC.

Employer Identification number 81 – 0402593

| % YELLOWS | STONE PU | JBI | LIC | <u> </u> | RAI | DIC | <u> </u> | | 81-040 | <u> 2593 </u> |
|------------------------------------|-------------|--------------------------------|--|-------------|----------|------------------------------|----------|-------------------|---------------------------------------|---|
| Part I Continuation of Officers, D | rectors, Tr | ust | tee: | <u>s, K</u> | (ey | En | npl | oyees, and Highes | t Compensated | Employees |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and Title | Average | | | Pos | | | | Reportable | Reportable | Estimated |
| | hours | (cl | hecl | k all | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | ē | | | | ploye | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | | die | | | | e e | 1 | (W-2/1099-MISC) | (11 22 1000 111100) | organization |
| | | tee or | ustee | | | ensat | | | | and related |
| | | E E | nal tr | | loyee | d wo | | | | organizations |
| | | Individual trustee or director | Institutional trustee | Officer | e d | Highest compensated employee | Former | | | |
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| SECRETARY | 1.00 | X | - | - | | \vdash | _ | 0. | 0. | 0. |
| SHERRI ROLF | 1 00 | . | | | | | | 0. | 0. | 0. |
| BOARD MEMBER JEFF SANDERS | 1.00 | _ | - | | - | | | | | <u> </u> |
| BOARD MEMBER | 1.00 | v | | | | | | 0. | 0. | 0. |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

FRIENDS OF PUBLIC RADIO, INC.

OMB No 1545-0047 Open to Public Inspection

Employer identification number **% YELLOWSTONE PUBLIC RADIO** 81-0402593 FORM 990, PART VI, SECTION A, LINE 10: UNREALIZED LOSS ON INVESTMENTS FORM 990, PART VI, SECTION A, LINE 10: THE BOARD REVIEWED AND APPROVED THE 990 ELECTRONICALLY PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE BOARD OF DIRECTOR'S REVIEW AND APPROVE THE AUDITED FINANCIAL STATEMENTS.

Schedule R (Form 990) 2008 **Employer identification number** Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 2008 81-0402593 entity entity Œ End-of-year assets status (if section ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Public charity 501(c)(3)) Œ Œ Exempt Code section Total income 9 9 501(C)(1) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>0</u> ▶ See separate instructions. MONTANA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FRIENDS OF PUBLIC RADIO, INC. Primary activity OPERATE PUBLIC RADIO Primary activity & YELLOWSTONE PUBLIC RADIO <u>@</u> e STATION Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities MONTANA STATE UNIVERSITY- BILLINGS Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) PartIII Part

* YELLOWSTONE PUBLIC RADIO, INC.

81-0402593

Part III Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

| (A) Name, address, and EIN of related organization | (B) Primary activity | Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | | (F) Share of total income | (G) Share of end-of-year assets | | 1) cortion- cations? | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? (Yes No |
|---|------------------------------|---|-------------------------------|---|-------------------------------|---------------------------------|--|---------------------------------|----------------------------|---|--------------------------------------|
| | | | | | | | | | | • | |
| | | | | | | | | | | | |
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust | anizations Taxable as a Corl | poration or | Trust | | | | | | | | |
| (A) Name, address, and EIN of related organization | - | Ą. | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (C corp. S corp. or trust) | | (F) Share of total income | | (G) Share of Fend-of-year cassets | (H) Percentage ownership |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | | | | | _ | | |
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| 832162 12-23-08 | | | 26 | | | | | | Sch | Schedule R (Form 990) 2008 | 990) 2008 |

FRIENDS OF PUBLIC RADIO, INC. 8 YELLOWSTONE PUBLIC RADIO

Page 3

81-0402593

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV. | | | Yes | ŝ |
|---|------------------------|----------------------------|--------|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | : | 1a | | × |
| b Gift, grant, or capital contribution to other organization(s) | | đ | × | |
| c Gift, grant, or capital contribution from other organization(s) | | 5 | | × |
| d Loans or loan quarantees to or for other organization(s) | | 19 | | × |
| | : | ę | | > |
| | | <u> </u> | | 4 |
| f Sale of assets to other organization(s) | | = | | × |
| a Purchase of assets from other organization(s) | • | - | | × |
| | | <u>l</u> . | | × |
| | • | ;= : | | × |
| | | | T | |
| j Lease of facilities, equipment, or other assets from other organization(s) | : | 1; | × | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | : | 14 | | X |
| 1 Performance of services or membership or fundraising solicitations by other organization(s) | • | = | × | |
| m Sharing of facilities, equipment, mailing lists, or other assets | : | TE, | | × |
| n Sharing of paid employees | : | £ | × | |
| | | | | |
| Reimbursement paid to other organization for expenses | | 9 | | × |
| p Reimbursement paid by other organization for expenses | | ₽ | | × |
| | | | | |
| q Other transfer of cash or property to other organization(s) | : | 10 | | × |
| r Other transfer of cash or property from other organization(s) | | + | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ansaction thresholds. | | | |
| €) | (8) | <u>O</u> | | |
| Name of other organization(s) | Transaction type (a-r) | Amount involved | volved | _ |
| (1) MONTANA STATE UNIVERSITY - BILLINGS | ф | 069 | | 950. |
| | | | | |
| | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (9) | | | | |
| 832183 12-23-08 | Schedu | Schedule R (Form 990) 2008 | (066 | 2008 |

Page 4

FRIENDS OF PUBLIC RADIO, INC. S YELLOWSTONE PUBLIC RADIO

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (A) | (8) | | É | Ú | ú | 9 | 1 |
|-------------------------------------|------------------|----------|-------------------------------------|---------------------------------|---------------------------------------|------------------|------------------------------------|
| | | | | | | | · · |
| name, address, and Ein of entity | Frimary activity | ig a | section 501(c)(3) organizations? | Snare of end-or- year assets | Uispropor- tionate allocations? | amount in box 20 | General or managing partner? |
| | | country) | Yes No | | | (Form 1065) | Yes No |
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Schedule R (Form 990) 2008

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

| • If yo | ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box | this form). |
|--------------------------------------|--|---|
| Do no | t complete Part II unless you have already been granted an automatic 3-month extension on a previous Automatic 3-Month Extension of Time. Only submit original (no copies needed). | ly filed Form 8868. |
| <u></u> | oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and c | complete |
| All oth | er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques income tax returns. | et an extension of time |
| Electronoted (not au you mi | onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extermed to file Form 990-T). However, you cannot file Form 8868 electromatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronits. gov/efile and click on e-file for Chanties & Nonprofits. | ronically if (1) you want the additional roonsolidated Form 990-T. Instead, |
| Type o | Name of Exempt Organization FRIENDS OF PUBLIC RADIO, INC. | Employer identification number |
| P ····· | % YELLOWSTONE PUBLIC RADIO | 81-0402593 |
| File by ti due date filing you | Number, street, and room or suite no. If a P.O. box, see instructions. 1500 NORTH 30TH STREET | |
| return S instruction | | |
| Check | type of return to be filed (file a separate application for each return): | |
| | Form 990-BL | n 4720 n 5227 n 6069 n 8870 |
| Tele If the | SUSAN SMITH-HAVENER be books are in the care of bull 1500 UNIVERSITY DRIVE - BILLINGS, MT be behone No. bull 1657-2944 be organization does not have an office or place of business in the United States, check this box in is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | f 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 | f all members the extension will cover. |
| | I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time FEBRUARY 15, 2010 , to file the exempt organization return for the organization name is for the organization's return for: | |
| | calendar year or X tax year beginning JUL 1, 2008, and ending JUN 30, 2009 | · |
| 2 | If this tax year is for less than 12 months, check reason: Initial return | Change in accounting period |
| | 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. | 3a \$ |
| | 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. | 3b \$ |
| | 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. | 3c s N/A |
| | on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo | |

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

| Form 8 | 868 (Rev. 4-2009) | | | Page 2 |
|------------------------------------|---|-----------|--|---|
| • If yo | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b | юх | | ▶ X |
| t | Only complete Part II if you have already been granted an automatic 3-month extension on a previously file | d Form | 3868. | |
| | ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | |
| Par | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no | coples n | eeded). | |
| i Type : | Name of Exempt Organization | (Emp | loyer ider | ntification number |
| print | FRIENDS OF FORDIC RADIO, INC. | 1 _ | | |
| File by t | % YELLOWSTONE PUBLIC RADIO | *** | 1-040 | |
| extended due date filing the | Number, street, and room or suite no. If a P.O. box, see instructions. | For If | RS use on | ly |
| return. S Instructi | L. Oliv, taum as part office state and 710 ands Early familia address are instructions. Like 1/1/2/3/3 | X\$ | <u> </u> | |
| X | type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | | orm 5227 orm 6069 | Form 8870 |
| STOP | Do not complete Part II if you were not already granted an automatic 3-month extension on a previo | usly file | d Form 8 | 868. |
| Tel If ti If ti box 4 5 6 | I request an additional 3-month extension of time until For calendar year, or other tax year beginning, and ending, and ending, and ending If this tax year is for less than 12 months, check reason: initial return Final return | his is fo | r the wholers the example in the control of the con | e group, check this stension is for. 2009 accounting period |
| | ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECES | SARY | TO I | REPARE A |
| | COMPLETE AND ACCURATE RETURN. | 1 | | |
| ļ . | 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. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | 8a | 3 | |
| | tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | |
| | previously with Form 8868. | 8b | | |
| _ | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | 1 80 | - | |
| · | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3. 8c | • | N/A |
| | Signature and Verification | 3.1 00 | | |
| Under | penalties of pedury, I declare that I have examined this form, including accompanying schedules and statements, and to | he best o | f my know | ledge and belief, |
| it is tru | ie, correct, and complete and that I am authorized to prepare this form. | | | 1. 1. |
| Signat | ure > ZW Titte > CPT | Date | <u> </u> | rm 8866 (Rev. 4-2009 |
| | (1) | | Fe | fm 8866 (Rev. 4-2009 |

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