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Form 990-EZ

#### **Short Form 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)

exactions of donor advised funds and controlling organizations as defined in section \$12(b)(13) must file Form 990. All other organizations with gross receipts tess than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

OMB No 1545 1150

2008

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to salisfy state reporting requirements , 2009 Jul 1 , 2008, and ending Jun 30 For the 2008 calendar year, or tax year beginning Employer identification number Check if applicable C Name of organization Address change 92-0072825 Kuskokwim Public Broadcasting Corp. uso IRS label or print or Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number tomat return (907) 524-3001 P.O. Box 70 Termination -IG City or town, state or country, and ZIP + 4 Amended return Group Exemption AK 99627 McGrath Number Application pending Accounting method: | Cash | X | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) > Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Website: > N/A X 501(c) ( Organization type (check only one) -3) < (insert no) 4947(a)(1) or \_\_\_\_ 527 Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ P 5 324,575. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 305,587. 2 2 Program service revenue including government fees and contracts 11,222. 3 Membership dues and assessments 4 140. 4 Investment income 5a Gross amount from sale of assets other than inventory . 5a 5b b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 5 c 6 Special events and activibes (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) ...... 6a **b** Less: direct expenses other than fundraising expenses . . . 6ь c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b . . c Gross profit or (loss) from sales of inventory (Subtract fine 76 from tipe Za) 8 Other revenue (describe > See Other Revenue Statement 8 7,626. q 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 324,575. Grants and similar amounts paid (attach schedule) 10 Ö 23 2011 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 132,483. 7,870. 13 Professional fees and other payments to independent 13 14 109,169. 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 452. Other expenses (describe - See Other Expenses Statement 16 77,082. 327,056. Total expenses (add lines 10 through 16) 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,481. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 311,406. figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 21 308,925. Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II.) (A) Beginning of year 205,874. 176,824. 22 22 Cash, savings, and investments 162,764. 23 119,761. 23 Land and buildings 0. 0. 24 24 Other assets (describe > 339,588.25 325,635. 25 Total assets 16,710.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

26 Total liabilities (describe - See L-26 Stmt

Form 990-EZ (2008)

308,925.

28,182.26

311,406.27

_	990-EZ (2008) Kuskokwim Publ:			92	<u>-00.</u>	72825 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expenses
What	is the organization's primary exempt purpose? Pt	ablic Broadcasting			Rec	uired for 501(c)(3)
	ribe what was achieved in carrying out the ribe the services provided, the number of		ses. In a clear and con	cise manner.	and	(4) organizations and
desc	ribe the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts; optional
	ram title.				tor o	thers.)
28	Operation of a public br	<u>oeqcestind reqio s</u>	tation in			
	McGrath, Alaska			_		i
	(Grants \$ 0.) If th	nis amount includes foreign gr	ante chack here	<del>-</del>	28 a	232,303.
	Ciants V	is amount includes foreign gr	ants, theth here		204	232,303.
29						
	(Grants \$ ) If the	nis amount includes foreign gr	ants check here		29 a	
20	(Ciditis V	is amount includes foreign gr	ants, check here		270	<u> </u>
30						
				<b></b>		
						1
	(Grants \$ ) If the	nis amount includes foreign gr	ants, check here	•	30 a	
31	Other program services (attach schedule					
•		nis amount includes foreign gr	anis check here	▶ [7]	31 a	
22	Total program service expenses (add In		uma, cricos ricio		32	232,303.
				<u> </u>		
Par	t IV List of Officers, Directors					
	6.5 Alexandral design	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
=		to position		deletted compensa	0011	
	l Graham	4				
PO	Box 25	Board Chair				
McG	rath, AK 99627	2.00	0.		0.	
	ly Koyukuk	<del>                                     </del>				
		Member				
	Box 116					
Rub	y AK 99768	1.00	0.		0.	
Ise	belle Harrington	_				
PO	Box 164	Vice Chair				
	rath AK 99627	1.00	٥.		0.	
	· · · · · · · · · · · · · · · · · · ·	12100	<u>~</u>			
	hy_Chase	-l <sub></sub> .				
PO	Box 41	Member				
Hol	y Cross AK 99602	1.00	0.		0.	
Rit	a Paul					İ
	Box 32	Member		İ		
					0.	
_	y Cross AK 99602	1.00	0.		<u> </u>	
Dot	na MacAlpine	1	, 			
P.0	). Box 138	Member				
Mcc	rath, AK 99627	11.00	0.	l	0.	
	ard Correll					
		<del> </del>				
	). Box 205	Member	_	1	_	1
McC	Srath, AK 99627	1.00	0.		<u>0.</u>	<u></u>
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	m 990-EZ (2008) Kuskokwim Public Broadcasting Corp. 92-007282	5	P	age 3
Pa	rt V Other Information (Note the statement requirement in General Instruction V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning your reason for not reporting the income on Form 990-T			
1	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		_ <b>x</b>
ļ	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		x
<b>37</b> a	a Enter amount of political expenditures, direct or indirect, as described in the instructions . ► 37a 0.	]		
١	b Did the organization file Form 1120-POL for this year?	37Ь		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		x
l	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations. Enter:			
i	a Initiation fees and capital contributions included on line 9	1 1	Ì	
- 1	b Gross receipts, included on line 9, for public use of club facilities	]		
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
١	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40ь		x
•	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	d Enter amount of tax on line 40c reimbursed by the organization			
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u>x</u>
41	List the states with which a copy of this return is filed			<del>-</del>
42:	a The bcoks are in care of P Rob Rawls  Located at PO Box 70  McGrath  AK ZIP + 4 P 99627			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	
	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:	42b		<u> </u>
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country.	42c		x
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• []	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		x

	Z (2008) Kuskokwim Public B				92-0072			age 4
Part VI	Section 501(c)(3) organization and complete the tables for line	s only. All section es 50 and 51.	501(c)(3) or	ganizations	s must answer qu	uestions	<b>46</b> -4	.9 
46 Did th	ne organization engage in direct or indirectiblic office? If 'Yes,' complete Schedule C	t political campaign act	livities on behal	f of or in oppo	osition to candidates	7.05	Yes	No
	ne organization engage in lobbying activiti		Schedule C. Par		• • • • • •	46		X
	e organization operating a school as descr	•			chedule E	48	_	X
	ne organization make any transfers to an			•		49a		X
	s,' was the related organization(s) a secti					49b		
50 Comp	olete this table for the five highest comper ved more than \$100,000 of compensation	nsated employees (other	r than officers, of If there is none,	directors, trus enter 'None.	stees and key employ	rees) who	each	
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	I	ontributions to employee benefit plans and eferred compensation	other allo	t and	
None								
Total number	of other employees paid over \$100,000							
51 Comp from	plete this table for the five highest comper the organization. If there is none, enter 'N	lone ' 		т -	nore than \$100,000 o	f compens		<del></del>
None	(a) Name and address of each independent conti	actor paid more man \$100,000	<u></u>	(8)	ype or service	(0) 00		
7016								
				ļ <u>-</u>				
		<b></b> .		-				
		· · <del></del>		<del>                                     </del>				
				1				
						-		
Total numb	per of other independent contractors receiv	ving over \$100,000	·. •					
TOTAL	Under penalties of perjury, I declare that I have examinue, correct—and complete. Declaration of preparer (	amed this return, including sec-	ompanying schedules	and statements.	and to the best of my know	ledge and bel	ief. it is	-
	The correct and complete Declaration of preparer	M -	Sit till (Interior of wi					
Sign	Nous Meller 1	bell Inc			5/16/11			
Here	Signature of officer	1- Alai a a	Phasi	doint	Dale —			
	Type or print name and title	capine,	Presi	dent				
Paid Pre-	Preparer's signature	CPA	Date 2	10/2011	Check if self- employed ► X	parer's Identifi e instructions)	ng Nu	mber
parer's Use	Firm's name (or yours if self-employed).  Figure 1 Self-employed).  FO Box 872194	CPA, Foster &	Company	1	EIN •			
Only	address, and ZIP · 4 Wasilla			9687/	Phone no P	<b>.</b>		<del></del> -
	S discuss this return with the preparer sh	own above? See instrui	ctions .	<del>. / .: .</del>	· · · · · · · · · · · · · · · · · · ·	Form 990		No (2008)
BAA				/	176	, Jim 330	(	(200)
			copy	usign	id this			
		TEEA0812	01/14/09	ware				

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

### **Public Charity Status and Public Support**

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

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer Identification number Name of the organization 92-0072825 Kuskokwim Public Broadcasting Corp. Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c [ ] Type III — Functionally integrated b Type II d Type III – Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization. check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g(i) below, the governing body of the supported organization? 11 g (ii) (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (i) Name of Supported Organization (v) Did you notify the organization in col (i) of your support? (vi) is the organization in col. (i) organized in the U.S.? (Bi) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vil) Amount of Support (iv) is the **ab** Ein rganization in col (i) listed in your governing document? No No Yes No Yes Yes **Total** Schedule A (Form 990 or 990-EZ) 2008

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

egi	nning in) >	(a) 2004	(0) 2003	(0) 2000	(0) 2007	(6) 2000	(1) 10401
7	Amounts from line 4 .	309,029.	285,517.	409,434.	323,138.	298,325.	1,625,443.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	307.	149.	456.	632.	140.	1,684.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part iV.)	3,014.	2,050.	7,553.	4,079.	7,626.	24,322.
11	Total support. Add lines 7 through 10	· **	* 8	*	*	<u>.                                    </u>	1,651,449.
12	Gross receipts from related activi	ties, etc. (see instr	uctions)			12	23,259.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3)

organization, check this box and stop here

Section C. Computation of Public Support Percentage 98.43% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 98.59% 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions • 18 Schedule A (Form 990 or 990-EZ) 2008 BAA TEEA0402 12:17/08

▶ □

Schedule A (Form 990 or 990-EZ) 2008 Kuskokwim Public Broadcasting Corp.

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

Sac	tion A. Public Support	ked the dox on iii	ne 9 of Part I.)				<del></del>
		(-) 2004	(h) 200E	(-) 200E	(-D. 0007	4:20000	40.7
	ndar year (or fiscal yr beginning in) P Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						
7a	Total. Add lines 1.5  Amounts included on lines 1, 2, 3 received from disqualified persons  Amounts included on lines 2						
L	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						
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line						
	7c from line 6)	یہ کے ہے	يد.		*	<u> </u>	
Sec	tion B. Total Support				<b></b>		
Cale	ndar year (or fiscal yr beginning in) 🖻	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	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 inline 10b, whether or not the business is regularly carried on	<u> </u>					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add les 9, 10c, 11, and 12)			L	<u> </u>	<u></u>	
	First five years. If the Form 990 organization, check this box and			d, third, fourth, o	or fifth tax year as	a section 501(d	:)(3) ···· ► □
	tion C. Computation of Pul			a 13 column (A)			15 %
15							16 %
16 Sac	Public support percentage from 2 tion D. Computation of Inv				··		<u> </u>
					mn (D)		17 %
17	Investment income percentage to Investment income percentage for				··· (7)		18 %
18 19:	33-1/3 support tests - 2008, if th	e organization di	id not check the bo	ox on line 14, and	d line 15 is more t	han 33-1/3%, a	<del></del>
	more than 33-1/3%, check this bo 33-1/3 support tests — 2007. If this not more than 33-1/3%, check	ox and <b>stop here</b> ne organization di	. The organization id not check a box	qualities as a pu	blicly supported or a. and line 16 is mi	ganization ore than 33-1/3	3%, and line 18
20	Private foundation. If the organiz						

Schedule	A (Form 990 c	or 990-EZ) 2008	Kuskokwim	Public	Broadcasting	Corp.	92-0072825	Page 4
Part IV	_  Supplem Part II, Iir	ental Informa ne 17a or 17b	tion. Complete ; or Part III, lin	this part e 12. Pro	to provide the e vide any other a	xplanation requiditional inform	ired by Part II, line ation. (see instruct	10; ions)
Other	Income P	art II, Li	ne_10				·	
Descri	iption: P	remium sale	<b>35</b>		<b></b>		·	<b>-</b>
2004:	3014.			<del>-</del>	<b></b>	<b></b>	· <b></b>	
2005:	2050.				<del>-</del>		<b></b>	
3006:	7553.		<b></b>		<b></b>		· <b></b>	<b>-</b> -
2007:	4079.						·	
3008°	1467.						· • • • • • • • • • • • • • • • • • • •	·
Descri	iption: R	eimburseme	nts/Refunds	<b>-</b>				
2004:	0							· <b></b>
2005:	0						· <b></b>	
							. <b></b>	
							·	
2008:	. 10/31							
	<b></b> .							
	<b></b> -							
							. <b></b>	

#### Form 990-EZ Part II

# **Other Assets and Liabilities**

2008

lame as Shown on Return  Kuskokwim Public Broadcasting Corp.		Employer Identification No. 92-0072825		
Line 24 - Other Assets:	Beginning of Year	End of Year		
Totals to Form 990-EZ, Part II, line 24				
Line 26 - Total Liabilities:	Beginning of Year	End of Year		
Accounts Payable	17,728			
Payroll Taxes Payable	1,875			
Deferred Revenue	8,579	0.		
Totals to Form 990-EZ, Part II, line 26	28,182	16,710.		

TEEW1801 SCR 04/21/08

150.

77,082.

Other

Total

_		_	_
Supp	ortina	Statement	of:

#### Form 990-E2/Line 12

Description	Amount
Personnel	78,225.
Programming & Production	54,258.
Total	132,483.

# Supporting Statement of:

#### Form 990-EZ/Line 14

Description	Amount
Utilities	91,522
Telephone	4,940.
Repairs & Maintenance	12,707.

Total \_\_\_\_\_109,169.

#### **Supporting Statement of:**

#### Form 990-E2/Line 15

Des	Amount	
Postage	452.	
Total		452.