

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2004**

Department of the Treasury  
Internal Revenue Service

For calendar year 2004 or other tax year beginning 7/1/2004, and ending 6/30/2005

▶ See separate instructions.

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Please Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> check box if name changed and see instructions )                  Talkeetna Community Radio, Inc.</p> <p>Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)                  PO Box 300</p> <p>City or town, state, and ZIP code                  Talkeetna AK 99676</p>	<p><b>D Employer identification number</b> (Employees' trust, see instructions for Block D on page 7.)                  94-3099330</p> <p><b>E New unrelated bus. activity codes</b> (See instructions for Block E on page 7.)</p>
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**C** Book value of all assets at end of year 172,709

**F** Group exemption number (see instructions for Block F on page 7) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity ▶ Gaming (pulltabs, raffles)

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ Robert Ambrose Telephone number ▶

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>8,225</u>			
<b>b</b> Less returns and allowances			
<b>c Balance ▶</b>	<b>1c</b> 8,225		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 1,211		
<b>3</b> Gross profit (subtract line 2 from line 1c)	<b>3</b> 7,014		7,014
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		0
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (see page 9 of the instructions—attach schedule)	<b>12</b> 0		0
<b>13 Total</b> (combine lines 3 through 12)	<b>13</b> 7,014	0	7,014

**Part II Deductions Not Taken Elsewhere** (See page 9 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	0
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	0
<b>19</b> Taxes and licenses	<b>19</b>	160
<b>20</b> Charitable contributions (see page 11 of the instructions for limitation rules)	<b>20</b>	0
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	0
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	0
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	0
<b>28</b> Other deductions (attach schedule)	<b>28</b>	5,854
<b>29 Total deductions</b> (add lines 14 through 28)	<b>29</b>	6,014
<b>30</b> Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	<b>30</b>	1,000
<b>31</b> Net operating loss deduction	<b>31</b>	0
<b>32</b> Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	<b>32</b>	1,000
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000
<b>34 Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	0

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit (40a), Other credits (40b), General business credit (40c), Credit for prior year minimum tax (40d), Total credits (40e), Subtract line 40e from line 39 (41), Other taxes (42), Total tax (43), Payments (44a-44f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Enter the amount of line 48 you want (49).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign financial accounts, foreign trusts, and tax-exempt interest.

Schedule A—Cost of Goods Sold — Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Total. Rows include Inventory at beginning of year (1), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Inventory at end of year (6), Cost of goods sold (7), and Do the rules of section 263A (8).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here section with fields for Signature of officer, Date, Chair, Title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes a Total line at the bottom.

Schedule E—Unrelated Debt-Financed Income (See instructions on page 17.)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes a Totals line at the bottom.

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5).

Table for Nonexempt Controlled Organizations with 5 main columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10). Includes a Totals line at the bottom.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total deductions and set-asides. Totals row shows 0 for all categories.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess exempt expenses. Totals row shows 0 for all categories.

Schedule J—Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0 for all categories.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess readership costs. Totals row shows 0 for all categories.

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Totals row shows 0 for all categories.

# 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)

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** 7/1/2004 **, and ending** 6/30/2005

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
 Talkeetna Community Radio, Inc.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 PO Box 300  
 City or town State or country ZIP + 4  
 Talkeetna AK 99676

**D Employer identification number**  
 94-3099330

**E Telephone number**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Website:** ▶ ktna.org

**J Organization type** (check only one) ▶  501(c) (3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 300,018

**H and I are not applicable to section 527 organizations.**  
 H(a) Is this a group return for affiliates?  Yes  No  
 H(b) If "Yes," enter number of affiliates ▶ .....  
 H(c) Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
 H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

		1a		1b		1c		1d	
<b>1</b> Contributions, gifts, grants, and similar amounts received:									
<b>a</b> Direct public support		0							
<b>b</b> Indirect public support									
<b>c</b> Government contributions (grants)		218,354							
<b>d Total</b> (add lines 1a through 1c) (cash \$ 218,354 noncash \$ )								218,354	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)								27,680	
<b>3</b> Membership dues and assessments								24,445	
<b>4</b> Interest on savings and temporary cash investments								323	
<b>5</b> Dividends and interest from securities								0	
<b>6 a</b> Gross rents		6a							
<b>b</b> Less: rental expenses		6b							
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)								0	
<b>7</b> Other investment income (describe )								0	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
<b>b</b> Less: cost or other basis and sales expenses		0	8a	0	8b			0	
<b>c</b> Gain or (loss) (attach schedule)		0	8c	0	8c			0	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))								0	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>									
<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1a)		9a		21,498					
<b>b</b> Less: direct expenses other than fundraising expenses		9b		590					
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)								20,908	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a							
<b>b</b> Less: cost of goods sold		10b							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								0	
<b>11</b> Other revenue (from Part VII, line 103)								7,718	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								299,428	
<b>13</b> Program services (from line 44, column (B))								153,741	
<b>14</b> Management and general (from line 44, column (C))								86,798	
<b>15</b> Fundraising (from line 44, column (D))								33,276	
<b>16</b> Payments to affiliates (attach schedule)								0	
<b>17 Total expenses</b> (add lines 16 and 44, column (A))								273,815	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)								25,613	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))								105,714	
<b>20</b> Other changes in net assets or fund balances (attach explanation)								0	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)								131,327	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> )	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0			
<b>24</b>	Benefits paid to or for members (attach schedule)	0			
<b>25</b>	Compensation of officers, directors, etc.	0			
<b>26</b>	Other salaries and wages	132,007	67,109	47,040	17,858
<b>27</b>	Pension plan contributions	0			
<b>28</b>	Other employee benefits	10,975	9,079	983	913
<b>29</b>	Payroll taxes	14,494	6,184	6,575	1,735
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	5,380		5,130	250
<b>32</b>	Legal fees	1,223	1,223		
<b>33</b>	Supplies	14,001	9,647	2,147	2,207
<b>34</b>	Telephone	6,662	3,877	1,921	864
<b>35</b>	Postage and shipping	1,778	980	580	218
<b>36</b>	Occupancy	27,746	15,822	7,403	4,521
<b>37</b>	Equipment rental and maintenance	3,499	335	3,164	
<b>38</b>	Printing and publications	0			
<b>39</b>	Travel	1,866	1,671	98	97
<b>40</b>	Conferences, conventions, and meetings	0			
<b>41</b>	Interest	0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	13,868	13,284	184	400
<b>43</b>	Other expenses not covered above (itemize): <b>a</b> Advertising	4,263	180		4,083
	<b>b</b> Programming and production	21,798	21,785		13
	<b>c</b> Insurance	9,641		9,641	
	<b>d</b> Outside services	3,407	2,102	1,305	
	<b>e</b> Dues and memberships	508	463	45	
	<b>f</b> Other	699		582	117
<b>44</b>	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	273,815	153,741	86,798	33,276

**Joint Costs.** Check  if you are following SOP 98-2.

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Non-commercial public broadcasting	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> Provision of public broadcasting, news, information and media services to residents of Alaska's Northern Susitna Valley.  (Grants and allocations \$ _____)	153,741
<b>b</b>  (Grants and allocations \$ _____)	
<b>c</b>  (Grants and allocations \$ _____)	
<b>d</b>  (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	153,741

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	<b>45</b>	Cash—non-interest-bearing . . . . .		21,817	<b>45</b>	62,635
	<b>46</b>	Savings and temporary cash investments . . . . .		18,845	<b>46</b>	23,938
	<b>47 a</b>	Accounts receivable . . . . .	<b>47a</b> 750			
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	0	<b>47c</b>	750
	<b>48 a</b>	Pledges receivable . . . . .	<b>48a</b> 0			
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	0	<b>48c</b>	0
	<b>49</b>	Grants receivable . . . . .		8,575	<b>49</b>	
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50</b>	0
	<b>51 a</b>	Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0			
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	0	<b>51c</b>	0
	<b>52</b>	Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b>	Prepaid expenses and deferred charges . . . . .		5,396	<b>53</b>	12,467
	<b>54</b>	Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b>	Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0			
	<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	0	<b>55c</b>	0
<b>56</b>	Investments—other (attach schedule) . . . . .		0	<b>56</b>	0	
<b>57 a</b>	Land, buildings, and equipment: basis . . . . .	<b>57a</b> 231,538				
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 158,619	76,442	<b>57c</b>	72,919	
<b>58</b>	Other assets (describe <input type="checkbox"/> ) . . . . .		0	<b>58</b>	0	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		131,075	<b>59</b>	172,709	
<b>Liabilities</b>	<b>60</b>	Accounts payable and accrued expenses . . . . .		12,573	<b>60</b>	6,382
	<b>61</b>	Grants payable . . . . .			<b>61</b>	
	<b>62</b>	Deferred revenue . . . . .		12,788	<b>62</b>	25,000
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b>	0
	<b>64 a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b>	0
	<b>b</b>	Mortgages and other notes payable (attach schedule) . . . . .		0	<b>64b</b>	0
	<b>65</b>	Other liabilities (describe <input type="checkbox"/> ) . . . . .		0	<b>65</b>	0
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		25,361	<b>66</b>	31,382	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
	<b>67</b>	Unrestricted . . . . .		105,714	<b>67</b>	131,327
	<b>68</b>	Temporarily restricted . . . . .			<b>68</b>	10,000
	<b>69</b>	Permanently restricted . . . . .			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
	<b>70</b>	Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		105,714	<b>73</b>	141,327	
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		131,075	<b>74</b>	172,709	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	299,428
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities . . . \$		
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	299,428
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . . \$		
	(2) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	299,428

<b>a</b>	Total expenses and losses per audited financial statements . . . ▶	<b>a</b>	273,815
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
	(1) Donated services and use of facilities . . \$		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$		
	(3) Losses reported on line 20, Form 990 . . . \$		
	(4) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	273,815
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . . \$		
	(2) Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	273,815

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Francine Hagar Str PO Box 45 City Talkeetna ST AK ZIP 99676	Title Chair Hr/WK 1	0	0	0
Name Holly Stinson Str PO Box 1107 City Talkeetna ST AK ZIP 99676	Title Vice Chair Hr/WK 1	0	0	0
Name Charlie Loeb Str PO Box 991 City Talkeetna ST AK ZIP 99676	Title Treasurer/Sec Hr/WK 1	0	0	0
Name Maureen McLaughl Str PO Box 258 City Talkeetna ST AK ZIP 99676	Title Director Hr/WK 1	0	0	0
Name Bill Bouterse Str PO Box 41 City Talkeetna ST AK ZIP 99676	Title Director Hr/WK 1	0	0	0
Name Ed Craver Str PO Box 29 City Talkeetna ST AK ZIP 99676	Title Director Hr/WK 1	0	0	0
Name Marie Hunt Str PO Box 434 City Talkeetna ST AK ZIP 99676	Title Director Hr/WK 1	0	0	0
Name Robert Ambrose Str PO Box 574 City Talkeetna ST AK ZIP 99676	Title General Manage Hr/WK 40 Hours	36,352	0	0
Name ----- Str ----- City ----- ST ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ZIP -----	Title ----- Hr/WK -----			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.



<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization <b>Community Radio of Alaska, Inc.</b> ..... and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b>	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>   0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b>	X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>   N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	
<b>c</b>	Dues, assessments, and similar amounts from members . . . . .	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . .	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	<b>85f</b>	0
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders . . . . .	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>87b</b>	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> 0		
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <b>90b</b>   6		
<b>91</b>	The books are in care of <input type="checkbox"/> Name Robert Ambrose Telephone no. <input type="checkbox"/> (907) 733-1700 Located at <input type="checkbox"/> KTNA Office, Second Street City ST ZIP + 4 <input type="checkbox"/> 99676		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>92</b>   N/A		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program underwriting					27,680
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					24,445
95 Interest on savings and temporary cash investments			14	323	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than invento					
101 Net income or (loss) from special events			12	20,908	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Gaming (pulltabs, raffle)	8980	6,854			
b Program copies, sales of supplies					864
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		6,854		21,231	52,989
105 Total (add line 104, columns (B), (D), and (E))					81,074

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Program Underwriting assists in development and broadcast of programs and encourages participation by local businesses and individuals.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

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

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

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

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Francine Hagar Date: \_\_\_\_\_  
 Type or print name and title: Chair

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 1/20/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): P00451955

Firm's name (or yours if self-employed), address, and ZIP + 4: Karl Swanson, CPA, PC EIN: 65-1244476  
PO Box 88, Talkeetna, AK 99676 Phone no.: 907-733-7547

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

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

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

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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Talkeetna Community Radio, Inc.

94-3099330

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services	0	

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . . Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	<b>3a</b>	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	X

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

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	176,882	176,903	154,520	139,277	647,582
16 Membership fees received . . . . .					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	52,125	41,826	36,905	35,881	166,737
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	156	457	2,076	1,239	3,928
19 Net income from unrelated business activities not included in line 18 . . . . .	16,744	30,989	25,751	24,652	98,136
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	740	382	411	2,159	3,692
23 Total of lines 15 through 22 . . . . .	246,647	250,557	219,663	203,208	920,075
24 Line 23 minus line 17 . . . . .	194,522	208,731	182,758	167,327	753,338
25 Enter 1% of line 23 . . . . .	2,466	2,506	2,197	2,032	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶	26a	15,067
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	26c	753,338
d Add: Amounts from column (e) for lines: 18 <u>3,928</u> 19 <u>98,136</u> 22 <u>3,692</u> 26b <u>0</u> . . . . . ▶	26d	105,756
e Public support (line 26c minus line 26d total) . . . . . ▶	26e	647,582
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶	26f	85.96%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u> . . . . . ▶	27c	0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u> . . . . . ▶	27d	0
e Public support (line 27c total minus line 27d total) . . . . . ▶	27e	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶	27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶	27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶	27h	0.00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

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

Table with 3 columns: Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include 36-44: Limits on Lobbying Expenditures.

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

4-Year Averaging Period Under Section 501(h)

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include 45-50: 4-Year Averaging Period.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Table with 3 columns: Yes, No, Amount. Rows correspond to items a-i.

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





**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	On air Auction	Art Auction	Up River Jam		
1a Number of special events	1	1	1		
2 Gross receipts	5,457	8,239	3,567	4,235	2 21,498
3 Less contributions					3 0
4 Gross revenue	5,457	8,239	3,567	4,235	4 21,498
5 Less direct expenses		590			5 590
6 Net income or (loss)	5,457	7,649	3,567	4,235	6 20,908

**Line 28 (990-T) - Other Deductions**

1 Allocated costs	1 5,854
2 Total other deductions	2 5,854