

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning Oct 1, 2015, **and ending** Sep 30, 2016

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

C Name of organization: **GUAM EDUCATIONAL RADIO FOUNDATION**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **UOG STATION**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **MANGILAO GU 96923**

D Employer identification number: **66-0486921**

E Telephone number: **(671) 734-8930**

G Gross receipts \$ **313,274.**

F Name and address of principal officer: **DAVID HOPKINS 13 DEAN CIRCLE MANGILAO GU 96923**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If No, attach a list. (see instructions) Yes No
H(c) Group exemption number: _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.KPRG.COM**

K Form of organization: Corporation Trust Association Other _____

L Year of formation: **1992** **M** State of legal domicile: **GU**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCH O FOR CONTINUATION KPRG-FM 89.3 IS THE PUBLIC RADIO BROADCAST STATION OF THE GUAM EDUCATIONAL RADIO FOUNDATION. KPRG IS LICENSED BY THE FEDERAL COMMUNICATIONS COMMISSION TO SERVE THE PUBLIC INTEREST, CONVENIENCE,**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **6**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **6**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6** **55**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	301,106.	301,943.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44.	41.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,710.	11,290.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,860.	313,274.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,545.	149,351.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) 110,722.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	183,141.	171,086.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	334,686.	320,437.
19 Revenue less expenses. Subtract line 18 from line 12	-22,826.	-7,163.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	81,343.	95,081.
21 Total liabilities (Part X, line 26)	10,599.	31,500.
22 Net assets or fund balances. Subtract line 21 from line 20	70,744.	63,581.

Part II Signature Block

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.

Sign Here

Signature of officer: *Christopher Hartig* Date: **3/19/2018**
 Type or print name and title: **Christopher Hartig General Manager**

Paid Preparer Use Only

Print/Type preparer's name: **KERRY J. CUTTING, CPA** Preparer's signature: *Kerry Cutting* Date: **3/18/2018** Check if self-employed PTIN: **GU9691014**

Firm's name: **KERRY J. CUTTING, CPA** Firm's EIN: _____
 Firm's address: **PO BOX 5362 HAGATNA GU 96932** Phone no.: **(671) 685-5646**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No