

2008 TAX RETURN

Client Copy

Client: 11103

Prepared for: MID-COAST RADIO PROJECT, INC.
P.O. BOX 32250
KANSAS CITY, MO 64171-2250

Prepared by: RALPH C JOHNSON AND CO PC
106 W 11TH ST STE 1530
KANSAS CITY, MO 64105-1806
(816) 472-8900

Date: October 29, 2009

Comments:

Route to: _____

2008 Exempt Org. Return
prepared for:

MID-COAST RADIO PROJECT, INC.
P.O. BOX 32250
KANSAS CITY, MO 64171-2250

RALPH C JOHNSON AND CO PC
106 W 11TH ST STE 1530
KANSAS CITY, MO 64105-1806

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Client 11103
October 29, 2009

MID-COAST RADIO PROJECT, INC.
P.O. BOX 32250
KANSAS CITY, MO 64171-2250

FEDERAL FORMS

Form 990-EZ	2008 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Form 8868	Application for Extension

FEE SUMMARY

MID-COAST RADIO PROJECT, INC.

43-1111320

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	354,469	335,541	18,928
Program service revenue.....	1,151	954	197
Investment income.....	34,204	0	34,204
Total revenue.....	389,824	367,495	22,329
EXPENSES			
Salaries and employee benefits.....	201,802	0	201,802
Professional fees/pymt to contractors....	33,292	0	33,292
Occupancy/rent/utilities/maintenance....	58,985	0	58,985
Printing, publications, and postage.....	1,660	0	1,660
Other expenses.....	163,306	0	163,306
Total expenses.....	459,045	379,997	79,048
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-69,221	-12,502	-56,719
Net assets/fund bal. at beg. of year.....	186,887	199,389	-12,502
Net assets/fund bal. at end of year.....	117,666	186,887	-69,221

2008

General Information

Page 1

MID-COAST RADIO PROJECT, INC.

43-1111320

Forms needed for this return

Federal : 990-EZ, Sch A, Sch B, 8868, 8868 p2

Carryovers to 2009

None

Rental Income Worksheet

TOWER SUB-LEASE

Gross Rental Income.....	\$	32,073.
Expenses		
Total Expenses.....	\$	<u>0.</u>

Net Rental Income or Loss \$ 32,073.

2008

Federal Filing Instructions

MID-COAST RADIO PROJECT, INC.

43-1111320

FORM TO FILE:

Form 990-EZ - 2008 Short Form Return of Organization Exempt From
Income Tax

SIGNATURE:

Sign and date Form 990-EZ.

PAYMENT:

No payment is required.

WHEN TO FILE:

On or before November 16, 2009.

WHERE TO FILE:

Department of Treasury
Internal Revenue Service
Ogden, UT 84201-0027

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

Department of the Treasury
Internal Revenue Service

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. MID-COAST RADIO PROJECT, INC. P. O. BOX 32250 KANSAS CITY, MO 64171-2250	D Employer identification number 43-1111320	E Telephone number 	F Group Exemption Number _____ G
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? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) G _____

I Website: G www.kkfi.org

H Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Check G 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.

L 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. G\$ **389,824.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received			354,469.
	2 Program service revenue including government fees and contracts			1,151.
	3 Membership dues and assessments			
	4 Investment income			34,204.
REVENUE	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
	b Less: direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8 Other revenue (describe G _____)		8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		G 9	389,824.
EXPENSES	10 Grants and similar amounts paid (attach schedule)		10	
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	201,802.
	13 Professional fees and other payments to independent contractors		13	33,292.
	14 Occupancy, rent, utilities, and maintenance		14	58,985.
	15 Printing, publications, postage, and shipping		15	1,660.
	16 Other expenses (describe G <u>See Statement 1</u>)		16	163,306.
	17 Total expenses (add lines 10 through 16)		G 17	459,045.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-69,221.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	186,887.
	20 Other changes in net assets or fund balances (attach explanation)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		G 21	117,666.

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.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		150,305.	22	179,614.
23 Land and buildings			23	
24 Other assets (describe G <u>See Statement 2</u>)		65,234.	24	64,549.
25 Total assets		215,539.	25	244,163.
26 Total liabilities (describe G <u>See Statement 3</u>)		28,652.	26	126,497.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		186,887.	27	117,666.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 4</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>PROVIDE NON-COMMERCIAL RADIO SERVICES TO APPROXIMATELY 40,000 LISTENERS PER WEEK</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input checked="" type="checkbox"/> G	28a	138,895.
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a)	32	138,895.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances

See Statement 5		85,958.	0.	0.

Part 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.		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.		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 explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
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.		X
41	List the states with which a copy of this return is filed G None		

42a The books are in care of **G** DONNA J. WOLFE Telephone no. **G** 816-931-3122
 Located at **G** 3901 MAIN ST KANSAS CITY MO ZIP + 4 **G** 64111

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 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: G		X
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: G		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **G** N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **G** 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 6

	Yes	No
46 Did 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 I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	G			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000.	G	

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
 G _____ Date _____
 Signature of officer
 G _____
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature: G _____ Date: _____
 Check if self-employed: G N/A
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: G RALPH C JOHNSON AND CO PC
 G 106 W 11TH ST STE 1530
 KANSAS CITY, MO 64105-1806
 EIN: G N/A
 Phone no.: G (816) 472-8900

May the IRS discuss this return with the preparer shown above? See instructions. G Yes No

Public Charity Status and Public Support

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization MI D-COAST RADIO PROJECT, INC.	Employer identification number 43-1111320
-------------------------------------------------------------------	-----------------------------------------------------

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.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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.
 - a Type I
 - b Type II
 - c Type III ' Functionally integrated
 - 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 509(a)(2).
- f 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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 I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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.)						
11 Total support. Add lines 7 through 10.						
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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		283,478.	285,319.	335,541.	354,469.	1,258,807.
2 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		62,202.	38,418.	954.	1,151.	102,725.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	0.	345,680.	323,737.	336,495.	355,620.	1,361,532.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b 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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,361,532.

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0.	345,680.	323,737.	336,495.	355,620.	1,361,532.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		910.	3,016.	2,576.	2,131.	8,633.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	910.	3,016.	2,576.	2,131.	8,633.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.		605.	28,624.	28,424.	32,073.	89,726.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,459,891.

14 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 G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	93.3%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	95.3%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	0.6%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.6%

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions G

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

MID-COAST RADIO PROJECT, INC.

43-1111320

Part III, Line 12 - Other Income

Nature and Source	2008	2007	2006	2005	2004
OTHER RENTAL INCOME				605.	
Total	<u>\$ 32,073.</u>	<u>\$ 28,424.</u>	<u>\$ 28,624.</u>	<u>\$ 605.</u>	<u>\$ 0.</u>

Name of organization

Employer identification number

MID-COAST RADIO PROJECT, INC.

43-1111320

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box G

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only G

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization MID-COAST RADIO PROJECT, INC.	Employer identification number 43-1111320
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. P. O. BOX 32250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64171-2250	

Check type of return to be filed (file a separate application for each return):

- | | | |
|-------------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

? The books are in the care of G DONNA J. WOLFE -----

Telephone No. G 816-931-3122 ----- FAX No. G -----

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box G . If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- G calendar year 2008 or
G tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box G

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

? If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MID-COAST RADIO PROJECT, INC.		Employer identification number 43-1111320
	Number, street, and room or suite number. If a P.O. box, see instructions. RALPH C JOHNSON AND CO PC 106 W 11TH ST STE 1530		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64105-1806		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|-------------------------------------------------|----------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

? The books are in care of G DONNA J. WOLFE
 Telephone No. G 816-931-3122 FAX No. G

? If the organization does not have an office or place of business in the United States, check this box G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box G. If it is for part of the group, check this box G and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2009.
- 5 For calendar year 2008, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension . . . ADDITIONAL TIME IS REQUIRED TO COMPLETE THE ANNUAL AUDIT SO THAT A COMPLETE AND ACCURATE RETURN CAN BE PREPARED AND FILED.

8a 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	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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 instrs.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature G Title G Date G

MID-COAST RADIO PROJECT, INC.

43-1111320

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

AFFILIATIONS	\$	710.
BAD DEBT		9,619.
BOARD OF DIRECTORS		186.
Conferences, Conventions, and Meetings		1,518.
Depreciation		9,822.
DUES & SUBSCRIPTIONS		6,177.
ENGINEERING		26,099.
EVENTS		5,650.
FINANCIAL		6,175.
GENERAL MAINTENANCE		8,951.
Information Technology		2,751.
Insurance		8,595.
MARKETING		20,563.
Office Expenses		5,517.
OTHER		3,005.
PLEDGE DRIVE		19,313.
PROGRAM ACQUISITION		1,625.
UTILITIES		24,366.
VOLUNTEER CORPS		2,664.
	Total	<u>\$ 163,306.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 45,407.	\$ 39,907.
Inventories	10,595.	10,228.
Prepaid Expenses and Deferred Charges	9,232.	14,414.
	Total <u>\$ 65,234.</u>	<u>\$ 64,549.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 28,652.	\$ 51,497.
	Total <u>\$ 28,652.</u>	<u>\$ 51,497.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

We seek to stimulate, educate and entertain our audience, to reflect the diversity of the local and world community, and to provide a channel for individuals and groups, issues and music that have been overlooked, suppressed or under-represented by other media.

MID-COAST RADIO PROJECT, INC.

43-1111320

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
RI CHARD PI RODSKY 3901 MAIN KANSAS CITY, MO 64111	Executi ve Di rec 0	\$ 45,390.	\$ 0.	\$ 0.
DONNA J. WOLFE 3901 MAIN KANSAS CITY, MO 64111	CF0 0	40,568.	0.	0.
MI CHAEL P. MURPHY 3901 MAIN KANSAS CITY, MO 64111	Treasurer 0	0.	0.	0.
CHARLES FERRUZZA 3901 MAIN KANSAS CITY, MO 64111	Presi dent 0	0.	0.	0.
NECI A GAMBY 3901 MAIN KANSAS CITY, MO 64111	VI CE PRESI DENT 0	0.	0.	0.
JUDY ANCEL 3901 MAIN STREET KANSAS CITY, MO 64111	TREASURER 0	0.	0.	0.
MARK MANNING 3901 MAIN KANSAS CITY, MO 64111	Secretary 0	0.	0.	0.
MOHAMMAD AL-KASSIM 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.
VAL ANDRUSS 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.
RI CHARD MABI ON 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.
ROBI N MARTI NEZ 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.
MI KE YYAN 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.

MID-COAST RADIO PROJECT, INC.

43-1111320

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JOHN STUERKE 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	\$ 0.	\$ 0.	\$ 0.
VICKI WALKER 3901 MAIN KANSAS CITY, MO 64111	DI RECTOR 0	0.	0.	0.
ROBERT JOSEPHINE 3901 MAIN KANSAS CITY, MO 64111	PROGRAMMER REP 0	0.	0.	0.
LINDA WILSON 3901 MAIN KANSAS CITY, MO 64111	PROGRAMER REP 0	0.	0.	0.
JEFF HUMFELD 3901 MAIN KANSAS CITY, MO 64111	ACT. MEMBER CH 0	0.	0.	0.
Total		<u>\$ 85,958.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

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

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