

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)

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning, 2005, and ending

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

C Name of organization: WESTERN KENTUCKY UNIVERSITY FOUNDATION. Address: 1906 COLLEGE HEIGHTS BLVD. #8094, BOWLING GREEN, KY 42101-1041

D Employer identification number: 61-1251555. E Telephone number: (270) 745-6421. F Accounting method: Accrual

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

G Website: N/A

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 10,916,072.

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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
- 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)**

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>WESTERN KENTUCKY UNIVERSITY FOUNDATION</b>	Employer identification number <b>61-1251555</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1906 COLLEGE HEIGHTS BLVD. #8094</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOWLING GREEN, KY 42101-1041</b>	

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

<input checked="" 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(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 ▶ TOM HILES

Telephone No. ▶ 270 745-6208 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- 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  . If it is for part of the group, check this box  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 Form 990-T corporation) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2005 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

**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.

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

**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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>985,183.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	985,183.	985,183.	STMT 2
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	NONE		
26	Other salaries and wages	26			
27	Pension plan contributions	27	NONE		
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	193,503.	187,882.	5,621.
34	Telephone	34			
35	Postage and shipping	35	16,815.	16,815.	
36	Occupancy	36			
37	Equipment rental and maintenance	37	44,747.	43,397.	1,350.
38	Printing and publications	38	105,254.	105,254.	
39	Travel	39	502,757.	485,593.	17,164.
40	Conferences, conventions, and meetings	40			
41	Interest	41	49,373.	49,373.	
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	<u>DUES, REGISTRATIONS &amp; SUB</u>	43a	175,339.	175,339.	
b	<u>SERVICES &amp; PROFESSIONAL F</u>	43b	616,846.	331,537.	284,379.
c	<u>MISCELLANEOUS</u>	43c	27,762.	38,495.	-13,260.
d	<u>PRIZES, GIFTS &amp; DONATIONS</u>	43d	728,622.	706,344.	22,278.
e	<u>REIMBURSEMENT FOR SERVICE</u>	43e	523,708.	365,985.	157,723.
f	<u>CAPITAL PURCHASES</u>	43f	687,019.	683,876.	3,143.
g	<u>REAL ESTATE EXPENSES</u>	43g	441,423.	441,423.	
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	5,098,351.	4,125,700.	919,638.

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 \$ \_\_\_\_\_; (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 the instructions.)

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.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>PROGRAM SERVICES BENEFITTING THE FACULTY AND STUDENTS OF WESTERN KENTUCKY UNIVERSITY</u>  (Grants and allocations \$ <u>985,183.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,210,451.
<b>b</b> <u>FUNDING FOR PUBLIC SERVICE AREAS OF WESTERN KENTUCKY UNIVERISTY (PUBLIC BROADCASTING, KENTUCKY MUSEUM, CLINICAL EDUCATION COMPLEX) TO BENEFIT RESIDENTS OF SOUTH CENTRAL KENTUCKY</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	915,249.
<b>c</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <input type="checkbox"/>	4,125,700.

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing . . . . .	1,838,299.	45	4,548,428.
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .	47a 58,526.		
	b Less: allowance for doubtful accounts . . . . .	47b	58,798.	47c 58,526.
	48a Pledges receivable . . . . .	48a 9,171,669.		
	b Less: allowance for doubtful accounts . . . . .	48b 194,000.	10,551,663.	48c 8,977,669.
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments - securities (attach schedule) STMT 4. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		29,078,716.	54 31,998,542.
	55a Investments - land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c
56 Investments - other (attach schedule) . . . . .			56	
57a Land, buildings, and equipment: basis . . . . .	57a			
b Less: accumulated depreciation (attach schedule) . . . . .	57b		57c	
58 Other assets (describe <input type="checkbox"/> STMT 5 )		15,294,350.	58 15,499,563.	
59 Total assets (must equal line 74). Add lines 45 through 58. . . . .		56,821,826.	59 61,082,728.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	2,606,491.	60	2,515,384.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . . STMT 6		994,106.	64b 873,277.
	65 Other liabilities (describe <input type="checkbox"/> STMT 7 )		12,624,054.	65 12,930,379.
66 Total liabilities. Add lines 60 through 65 . . . . .		16,224,651.	66 16,319,040.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	9,104,526.	67	8,229,017.
	68 Temporarily restricted . . . . .	10,334,198.	68	10,548,007.
	69 Permanently restricted . . . . .	21,158,451.	69	25,986,664.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		40,597,175.	73 44,763,688.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73. . . . .		56,821,826.	74 61,082,728.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	9,264,864.
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments . . . . .	b1	
2	Donated services and use of facilities . . . . .	b2	
3	Recoveries of prior year grants . . . . .	b3	
4	Other (specify): <u>SEE STATEMENT 8</u> . . . . .	b4	-1,651,208.
	Add lines b1 through b4 . . . . .	<b>b</b>	-1,651,208.
<b>c</b>	Subtract line b from line a . . . . .	<b>c</b>	10,916,072.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	
	Add lines d1 and d2 . . . . .	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d. . . . .	<b>e</b>	10,916,072.

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	5,098,351.
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities . . . . .	b1	
2	Prior year adjustments reported on Part I, line 20 . . . . .	b2	
3	Losses reported on Part I, line 20 . . . . .	b3	
4	Other (specify): . . . . .	b4	
	Add lines b1 through b4 . . . . .	<b>b</b>	
<b>c</b>	Subtract line b from line a . . . . .	<b>c</b>	5,098,351.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b . . . . .	d1	
2	Other (specify): . . . . .	d2	
	Add lines d1 and d2 . . . . .	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d. . . . .	<b>e</b>	5,098,351.

**Part V** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
SEE ATTACHED STATEMENT		NONE	NONE	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 24
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy? . . . . .

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with 'X' marks in the No column.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Multiple empty rows.

Part VI Other Information (See the instructions.)

- 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .
77 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.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .
80a 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 If "Yes," enter the name of the organization > WESTERN KENTUCKY UNIVERSITY
and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . NONE
b Did the organization file Form 1120-POL for this year? . . . . .

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b with 'X' marks in the No column.

Part VI Other Information (continued)

		Yes	No
82 a	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?	X	
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.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84 b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85 a			
c	Dues, assessments, and similar amounts from members	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	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?	N/A	
85 h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87 a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
88	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		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE		
b	501(c)(3) and 501(c)(4) orgs. 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		X
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	NONE	
90 b			
91 a	The books are in care of TOM HILES Telephone no. 270-745-6208		
	Located at BOWLING GREEN, KY ZIP + 4 42101		
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)?		X
91 b			
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91 c			
	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		NONE
		92	



**Part VII Analysis of Income-Producing Activities** (See 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	1,105,663.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	118,744.	
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	700,857.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b <u>MISCELLANEOUS</u> _____			01	690.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				1,925,954.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,925,954.

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 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).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) P00395310

Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP EIN 44-0160260

400 E. MAIN ST. STE 200 PO BOX 1196 Phone no. 270-781-0111

BOWLING GREEN, KY 42102-1196

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**WESTERN KENTUCKY UNIVERSITY FOUNDATION**

**61-1251555**

**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
NONE				

Total number of other employees paid over \$50,000 . . ▶ **NONE**

**Part II-A 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
SEE STATEMENT 9		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 10		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **NONE**

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

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, grants for scholarships, and credit counseling services.

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
10 [X] 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.)
11a 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.)
11b 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). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (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 6 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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
 (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? . . . . .	29	
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? . . . . .	30	
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.) ----- ----- -----	31	
32	Does the organization maintain the following:	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32b	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32c	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32d	
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? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
	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? . . . . .	34a	
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.	34b	
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 . . . . .	35	

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) NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

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 titled 'Lobbying Expenditures During 4-Year Averaging Period' with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include lines 45-50 for lobbying nontaxable and ceiling amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table for reporting lobbying activity. Columns: Yes, No, Amount. Rows list activities a-i: Volunteers, Paid staff or management, Media advertisements, Mailings, Publications, Grants, Direct contact, Rallies, Total lobbying expenditures.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSSES ON INVESTMENTS	1,651,208.
TOTAL	----- 1,651,208. =====



FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

AMOUNT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

GRANTS PAID

=====

SCHOLARSHIPS FOR STUDENTS

NONE  
INDIVIDUALS

TUITION & RELATED EXPENSES

829,594.

HONORARIA & AWARDS

NONE  
INDIVIDUALS

RECOGNITION OF EXCELLENCE

155,589.

TOTAL CONTRIBUTIONS PAID

985,183.

=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE WESTERN KENTUCKY UNIVERSITY FOUNDATION, INC. IS A CHARITABLE  
CIVIC-IMPROVEMENT CORPORATION ESTABLISHED FOR THE BENEFIT OF  
WESTERN KENTUCKY UNIVERSITY.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
COMMON STOCKS	13,534,248.
CORPORATE BONDS	12,862,773.
MUTUAL FUNDS	1,100,409.
STOCK FUNDS	13,268,872.
STOCK	43,795.
TAXABLE BONDS	704,944.
GROWTH INDEX	1,366,855.
CERTIFICATES OF DEPOSIT	700,000.
INVESTMENTS HELD FOR WKU	-10,710,456.
INVESTMENTS HELD FOR HAF	-372,898.
INVESTMENTS HELD FOR WKURF	-500,000.
	-----
TOTALS	31,998,542.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CASH VALUE OF LIFE INSURANCE	2,682.
ASSETS HELD FOR OTHERS	12,928,129.
BENEFICIAL INT CHAR REM TRUSTS	2,568,752.
	-----
TOTALS	15,499,563.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: NATIONAL CITY BANK
MATURITY DATE: 12/31/2007
SECURITY PROVIDED: UNSECURED

BEGINNING BALANCE DUE 878,942.
ENDING BALANCE DUE 654,530.

LENDER: WESTERN KY UNIVERSITY
INTEREST RATE: 3.000000
DATE OF NOTE: 03/09/2001

BEGINNING BALANCE DUE 44,504.
ENDING BALANCE DUE 44,504.

LENDER: US BANK
MATURITY DATE: 06/30/2005
SECURITY PROVIDED: DIRECT DEPOSIT ACCOUNT

BEGINNING BALANCE DUE 70,660.
ENDING BALANCE DUE 60,795.

LENDER: NATIONAL CITY BANK
MATURITY DATE: 11/30/2006
SECURITY PROVIDED: UNSECURED

ENDING BALANCE DUE 113,448.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 994,106.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 873,277.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
AMOUNTS DUE TO OTHERS	1,717,673.
SUITE SECURITY DEPOSITS	2,250.
DUE TO ENDOWED	11,210,456.
	-----
TOTALS	12,930,379.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSS ON INVESTMENT	-1,651,208.
TOTAL	----- -1,651,208. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
BA+ ARCHITECTURE ASSOCIATES P.O. BOX 51111 BOWLING GREEN, KY 42102	DESIGN	78,745.
TOTAL COMPENSATION		----- 78,745. =====



SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
ALLIANCE CORPORATION P.O. BOX 1480 GLASGOW, KY 42142	CONSTRUCTION	225,420.
LIBERTY PRINTING 3021 NASHVILLE RD BOWLING GREEN, KY 42101	PRINTING	80,698.
	TOTAL COMPENSATION	----- 306,118. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

AWARDS ARE BASED ON ACADEMIC MERIT OR GIVEN IN RECOGNITION OF SERVICE  
TO THE UNIVERSITY.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11  
=====

(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
BOWLING GREEN PROPERTIES	919,242.	575,772.	343,470.
COMMONWEALTH HEALTH CORP	705,500.	575,772.	129,728.
CONFIDENTIAL FOOTBALL TRUST	1,933,806.	575,772.	1,358,034.
GORDON FORD FOUNDATION	673,000.	575,772.	97,228.
MRS MARY E HUTTO	3,305,357.	575,772.	2,729,585.
SCOTTY'S DEVELOPMENT CO.	600,000.	575,772.	24,228.
TOTAL	8,136,905.		4,682,273.

## WKU FOUNDATION BOARD OF TRUSTEES

<u>Name and Address</u>	<u>Title</u>	<u>No. of Hours Per Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Cont &amp; Deferred Comp</u>	<u>Expense Acct or Other Allowances</u>
DR. JANNICE AARON 686 BATES LANE SMITHFIELD, KY 40068	Trustee	2	0	0	0
MS. MARY COHRON PRESIDENT CITIZENS FIRST BANK PO BOX 51650 BOWLING GREEN, KY 42102	Trustee	2	0	0	0
ALEX DOWNING PRESIDENT COLLEGE HEIGHTS FOUNDATION WESTERN KENTUCKY UNIVERSITY BOWLING GREEN, KY 42101	Trustee	2	0	0	0
MR. TIM EARNHART 838 HUNTERS RUN AVENUE BOWLING GREEN, KY 42104	Trustee	2	0	0	0
MR. J STEPHEN EATON EDG PARTNERS 5445 TRIANGLE PARKWAY, SUITE 260 NORCROSS, GA 30092	Trustee	2	0	0	0
MR. RICHARD FROCKT 44 SAWGRASS COURT LAS VEGAS, NV 89113	Trustee	2	0	0	0
MR. CLARENCE GLOVER 811 LAKE FOREST PARKWAY LOUISVILLE, KY 40245-5138	Trustee	2	0	0	0
MS. LOIS GRAY 557 SAINT ANDREWS DRIVE VINE GROVE, KY 40175-9671	Trustee	2	0	0	0

<u>Name and Address</u>	<u>Title</u>	<u>No. of Hours Per Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Cont &amp; Deferred Comp</u>	<u>Expense Acct or Other Allowances</u>
MR. DON GREULICH PRESIDENT KERR GREULICH ENGINEERS, INC PO BOX 24312 LOUISVILLE, KY 40223	Trustee	2	0	0	0
MR. PETE GRITTON TOYOTA MOTOR MANUFACTURING CO 1001 CHERRY BLOSSOM WAY GEORGETOWN, KY 40324	Trustee	2	0	0	0
MR. GLENN HIGDON CHAIRMAN & CEO LINGATE PO BOX 21950 OWENSBORO, KY 42304	Trustee	2	0	0	0
MS. BELLE HUNT 1023 GRIDER POND ROAD BOWLING GREEN, KY 42104	Trustee	2	0	0	0
BIFF KUMMER 174 PINEHURST WAY BOWLING GREEN, KY 42103	Trustee	2	0	0	0
MR. JAMES MARSHALL MARSHALL CAPITAL MANAGEMENT GROUP 425 W. MARKET STREET LOUISVILLE, KY 40202	Trustee	2	0	0	0
MS. GAIL MARTIN 1729 EUCLID AVENUE BOWLING GREEN, KY 42103	Trustee	2	0	0	0
MR. KEVIN MAYS NATIONAL CITY BANK P.O. BOX 90016 BOWLING GREEN, KY 42102-9016	Trustee	2	0	0	0

<u>Name and Address</u>	<u>Title</u>	<u>No. of Hours Per Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Cont &amp; Deferred Comp</u>	<u>Expense Acct or Other Allowances</u>
DR. WILLIAM M. MCCORMACK 928 KENSINGTON BOWLING GREEN, KY 42103	Trustee	2	0	0	0
Mr. GEORGE NICHOLS III NEW YORK LIFE/AARP OPERATION 5505 WEST CYPRESS STREET TAMPA, FL 33607	Trustee	2	0	0	0
MS. MARY NIXON 1221 NAVAJO COURT LOUISVILLE, KY 40207	Trustee	2	0	0	0
MR. LEON PAGE PO BOX 449 FRANKLIN, KY 42135	Chairman	2	0	0	0
MR. MIKE REYNOLDS SENIOR PARTNER REYNOLDS JOHNSTON HINTON THOMAS & PEPPER PO BOX 4000 BOWLING GREEN, KY 42102-4000	Trustee	2	0	0	0
MR. ZUHEIR SOFIA CHAIRMAN SOFIA & COMPANY, INC 41 SOUTH HIGH STREET SUITE 2330 COLUMBUS, OHIO 43215	Trustee	2	0	0	0
MS. FERRIS VAN METER 1043 COVINGTON STR4EET BOWLING GREEN, KY 42103	Co-Chairman	2	0	0	0
MS. SUZANNE VITALE 817 NEWBERRY STREET BOWLING GREEN, KY 42103	Trustee	2	0	0	0