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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

-	•		Michigan about 10th 330 and 12 miss decions is at www.ne				_
-			2013 calendar year, or tax year beginning July 1, 2012 , 2013, and endir	ig Jur	ne 30	, 20 13 er identification nu	b.o.
	_	Check if ap			D Ellipioy		umber
l	ַ '	Address cl	•			27-0518406	
l	╣ '	Name chai	nge Number and street (or P O box if mail is not delivered to street address) Room/su	iite	E Telephol	ne number	
Į	_	Initial retur				907-443-5221	
Ų	_	Terminated	City or town, state or province, country, and ZIP or foreign postal code				
į	<u>√</u> .	Amended i	return Nome, AK 99762		G Gross re	- '	<u>1,948302</u>
ŧ	┙,	Application	n pending F Name and address of principal officer Norman "Ric" Schmidt, gen. mgr.	4		subordinates? 🔲 Yes	_
						s included? L.J Yes	
!		Tax-exemp	pt status			ı lıst (see instructio	ns)
	J '	Website:	▶ www.knom.org	H(c) Group	exemption	number >	
	K	Form of org	ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	tion 2009	M State	of legal domicile	AK
	Pá	art I	Summary				
		1 E	Briefly describe the organization's mission or most significant activities: KNOM	Radio Missi	on exists	to entertain, enç	gage,
	9	ir	nspire, and to inform listeners of Western Alaska. In April 2013, KNOM was awarde	d the Nationa	al Associa	tion of Broadca	sters
	an	H	Heritage Award for service to community. KNOM is one of only four stations in the	nation to rece	eive this h	igh honor.	
,	err		Check this box ▶ ☐ if the organization discontinued its operations or disposed				
	30	3 N	Number of voting members of the governing body (Part VI, line 1a)		3		7
	8		Number of independent voting members of the governing body (Part VI, line 1b)		4		7
	ies		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5		12
	Activities & Governance		Fotal number of volunteers (estimate if necessary)		6		15
	Act		Fotal unrelated business revenue from Part VIII, column (G), line 12		7a		0
	,		Net unrelated business taxable income from Form 990 Qine 34ED		7b		0
	-			Prior Ye		Current Ye	
		8 (Contributions and grants (Part VIII, line 1h) . Contributions and grants (Part VIII, line 1h) . Contributions and grants (Part VIII, line 2g) . AUG © 5 2014 . Contributions and grants (Part VIII, line 2g)		1,191,353		1910926
	Revénue		Program service revenue (Part VIII, line 1n) . AUG @ 5 2614	 -	13,851		29,524
	vél		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		246		1,025
	R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16c, and 11e)		382,641		6,828
			Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,588,091		1948303
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0
			Benefits paid to or for members (Part IX, column (A), line 4)		0		0
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		226,645		705095
	ses		Professional fundraising fees (Part IX, column (A), line 11e)		0		703033
	Expenses		Fotal fundraising expenses (Part IX, column (D), line 25) ▶		U		Ŭ
	Ехр		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		282,635		1154550
			Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		509,280		1154550 1859645
			·				
~			Revenue less expenses. Subtract line 18 from line 12	Beginning of C	1,078,810	End of Ye	88658 ar
	ts or		-	Degining of o			
Ú	Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)		1783112		2042213
€.		21 1	Total liabilities (Part X, line 26)		360428		332733
			Net assets or fund balances. Subtract line 21 from line 20		1422684		1709480
AWE		ırt II	Signature Block				
Ĩ	Und	der penalti	ies of perjury, I declare that I have examined this return, including accompanying schedules and state and complete, Declaration of prenare, (other than officer) is based on all information of which prepare	ments, and to 1 r has any know	the best of r ledae	ny knowledge and	belief, it is
.			and contract of product (contract of the state of the sta				
カロシシてつの	o:		1 / yrull startly	Da			
2	Sig		Signature of officer		็ที่ไวฉ	12011	
Ţ	He	re	LYNETTE SCHMIDT, KNOM BUS, MGR.		1190	19014	
) D			Type or print name and title			PTIN	
	Pa	id	Print/Type preparer's name Preparer's signature D	ate	Check [∐ ıf	
		eparer	•		self-em	pioyed	
		e Only	1 =	Firr	n's EIN 🛌		
		•	Firm's address ▶	Pho	one no		
			S discuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	· · □ Yes	
	For	Paperwo	ork Reduction Act Notice, see the separate instructions. Cat 1	No 11282Y		Form 9	990 (2013)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KNOM's mission is to inform, educate, inspire, and provide companionship for its listeners in remote Western Alaska. KNOM's listeners (numbering close to 20,000 people) are spread across 100,000 square miles; most live in villages along
	the Bering Sea Coast and eastward toward the Alaskan Interior.
	The Desired God General and Constitute and the Made and Microsoft
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 62300) (Expenses \$ 19156 including grants of \$ 0) (Revenue \$ 0)
	In early 2013, KNOM underwent a full financial audit of the FY12 accounts. The intent was to set a firm financial footing for the new
	nonprofit's transfer and operation of the 40-plus year old mission. FY12 included a quarter year of KNOM operations post-transfer.
	Results of the audit showed no material discrepancies. Additionally, a formal internal controls policy draft was compiled based on current practices, including a few improvements thereof,
	suggested by the auditors. This policy will go before the board of directors for formal adoption in the fall, 2013.
	In November 2013, FY13 accounts will undergo a full audit, this time for a full year of operation.
-	
4b	(Code: 86000) (Expenses \$ including grants of \$ 60,000) (Revenue \$ 196,630)
	Construction began on the new digital studios expansion project. This capital improvement project will replace aging, outdated, slow
	and unrepairable equipment with modular, energy-efficient, wifi-ready digital equipment. As the TERRA Band (fiber optic network)
	makes its way North to Nome, KNOM is poised to take full advantage of greatly increased bandwith capacity with digital production
	and broadcast equipment. Further, when fully functional, remote repair will be possible via a secure virtual network to diagnose and
	fix problems that may arise or be prevented.
	All construction project expenses were capitalized to fixed assets.
4c	(Code: 0) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	In spring 2013 KNOM received the National Association of Broadcasters Heritage Award for service to community. This highly coveted award recognizes KNOM for its service to Western Alaska - including news, local programming, emphasis on Native culture,
	support for education, and availability for communication in times of weather-related distress.
	Support for Caucation, and availability for Continuation in times of mediate voluced distributions
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program contico expenses

Part I	V Checklist of Required Schedules			
		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
_		4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	- <u>-</u> -		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		,
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		V
11	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_ a	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		<u> </u>	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
Ь	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		1
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	ļ	✓_
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''	-	+
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ť
	If "Yes," complete Schedule G, Part III	19		1
20 a		20a		✓
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
		Fon	m 990	(2013)

Part	V Checklist of Required Schedules (continued)						
			Yes	No			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1			
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J	23	✓				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1			
- 28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
, a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓			
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓			
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1			
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	_	✓			
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	<u> </u>			

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·		<u>. </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b		0 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	· · · · · · · · · · · · · · · · · · ·	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ſ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
-7 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		:	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?			<u> </u>
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		!	1.1.3
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	- 1		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		V
é	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
0	organization, have excess business holdings at any time during the year?	8	ļ	✓
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	_	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		ij	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
•	any other officer, director, trustee, or key employee?	2	✓_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		/
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6		/
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- d - N	✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
- loa b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>√</u>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓_	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	-
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ioa	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Alaska			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest :	ممارم	, and
	financial statements available to the public during the tax year.	-1 G3L	JOIIC)	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	!	
	organization: ► Lynette Schmidt, KNOM Devel. Dir./Bus. Mgr., Box 988, Nome, AK 99762 907-443-5221			

Form 990 (2013)

Part VII	Compensation of Officers, Directors	, Trustees,	Key Employees,	, Highest Compensate	ed Employees,	and
	Independent Contractors			•		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(do n	ot ch			than c	one	(D)	(E)	(F)
Name and Title	Average hours per		ox, unless person i					Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			er and a di			<u> </u>	from	related	other
	hours for related	ndiv di	nstit	Officer	(ey		Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	rect	E T	4	Key employee	oyer c	er	(W-2/1099-MISC)	(**-2 1033-141100)	organization
	below dotted	악	nal 1		loye	Ë]		and related organizations
	line)	Individual trustee or director	Institutional trustee		ă) Jens				Organizations
			ee			Highest compensated employee				
(1) Fr. Ross Tozzi										
(1) Fr. Ross Tozzi President	5	1		1				o	o	0
(2) Dr. Double Carobin		Ť		Ϊ́	<u> </u>					
Vice-president	3	1		1				0	0	o
(3) Kevin Fimon	<u> </u>									
Treasurer	4	1		1				0	o	0
(4) Deacon Robert Froehle	<u> </u>									
Secretary	1	✓	İ	1				o	0	0
(5) Florence Busch		·								
Director	1	✓		<u> </u>				0	0	0
(6) Dennis Bookey										
Director	11	✓	<u></u>				<u> </u>	0	0	0
(7) Annie Blandford										
Director	11	✓	<u> </u>	<u> </u>	_		<u> </u>	0	0	0
(8) Norman Schmidt (founding director thru FY11)	ļ				١.		١.			
General Manager (2012 W-2)*	40		ļ	<u> </u>	✓	✓	✓	74,466	16,566	0
(9) Kelly Brabec (founding director thru FY11)	ļ		ŀ				١.			
Program Director (2012 W-2)*	40		<u> </u>	ļ	├_	<u> </u>	✓	50,566	10,080	0
(10) Lynette Schmidt (founding director thru FY11	1	-		İ			١,			
(Devel Dir/Bus Mgr (2012 W-2)*	40	ļ	<u> </u>	_	-		✓	42,029	12,030	0
(11)	 	-								
(12) *W-2 (line 1) wages from related organization										
= Alaska Radio Mission, the former entity, a	<u> </u>	 	\vdash	-	 		\vdash			
(13) subsidiary of the Catholic Bishop of		-								
Northern Alaska (Jan-March 2012)		-	╄	\vdash	├-	├	\vdash	 		
(14) **W-2 (line 1) wages from KNOM Radio	 	-	1							
Mission, Inc. (March-Dec 2012)	<u> </u>			1		L				<u> </u>

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		 .			•	C) ition				-			
	(A) Name and title	(do not check more than o				(D) Reportable	(E) Reportable	,	(F) Estimated	1			
	Name and this		hours per officer and a director/trus						compensation	compensation from related		amount o	
		week (list any hours for	Indiv or di	Insti	Officer	Key	High	Former	the	organization		compensat	
		related organizations	recto	utior	ë	Key employee	est c	ĕ	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization	on
		below dotted line)	Individual trustee or director	Institutional trustee		oyee	ompe					and relate organizatio	
			tee	stee			Highest compensated employee						
(15)													· · ·
(16)													
			-	_					: 	-			
(17)													
(18)													
(19)													
(20)													
(21)					_					<u> </u>			
(22)													
(23)													
(24)													
(25)										<u></u>	-		
- <u>1</u> b	Sub-total					<u> </u>		>	167,061	38	676		
С	Total from continuation sheets to Part							•					
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>	<u> </u>	167,061	<u> </u>	676		
2	Total number of individuals (including but reportable compensation from the organization)		to tr	——	IISI	.ea	——	e) w	no received me				
3	Did the organization list any former of								-				No
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the								 and other comp			3 ✓	
-	organization and related organizations	greater th	an \$1	150,	000	? /	f "Ye	,, " S, "	complete Sch	edule J for	such	- 4	
	individual											4	1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors												▼
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A)								(B)			(C)	
Alaska	Name and business add Laser Printing & Mailing, 165 E 56th Ave, Ai		K 995	518				pri	Description of sing & mailing			ompensation 3	83,711
										-			
2	Total number of independent contractor							th	ose listed abo	ove) who			
-	received more than \$100,000 of compens	sation from	ine o	gar	ııza	uon	_		1			Form 99	0 (2013)

Form **990** (2013)

Check if Schedule O contains a response or note to any line in this Part VIII Check Chec	Part	VIII	Statement of Reve						
e Government grants (contributions) 1e 0 1 1,905.52 1,905.52 1,905.52 1 1,905.52 1 1,905.52 1 1,905.52 1 1,905.52 1,905.			Check if Schedule C	ocontains a res	oonse or note to		(B) Related or exempt function	business	Revenue excluded from tax under sections
e Government grants (contributions) 1e 0 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1 1,905.52 10.00 1 1 1 1 1 1 1 1 1	ts s	1a	Federated campaigns	s 1a	0				
e Government grants (contributions) 1e 0 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1 1,905.52 10.00 1 1 1 1 1 1 1 1 1	ar our	b			0				
e Government grants (contributions) 1e 0 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1 1,905.52 10.00 1 1 1 1 1 1 1 1 1	s, G	С			0				
e Government grants (contributions) 1e 0 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1,905.52 10.00 1 1 1 1,905.52 10.00 1 1 1 1 1 1 1 1 1	Sift lar	d	Related organizations	s 1d	5,397				
Business Code		е			0		1		
Business Code	tior or S	f							
Business Code	ibu		and similar amounts not inc	cluded above 1f	1,905,529				
Business Code	d C	g			140,684		Ì		
20		h	Total. Add lines 1a-1	<u>f</u>		1,910,926			
1025	ıne				Business Code				
1025	yer	2a	program underwriting		515 <u>100</u>	29,524	29,524	0	
1025	a.	b							
1025	Š	С							
1025	Ser	d	••			_			
1025	аш	е							
1025	og		, -						_ .
A Income from investment of tax-exempt bond proceeds 0 0 0	<u> </u>					29,524	 - ₁	·	
		3							
Second Company Second		_		•	1				
(ii) Real (iii) Personal				it of tax-exempt be	ond proceeds >				
Ga Gross rents Ga28 O O O O O O O O O		5	Royalties		(u) Porconal	0	0		
Description Description			•		```				
C Rental income or (loss) 6828 0 D Net rental income or (loss) 6828 6828 0 Ta Gross amount from sales of (0) Securities (0) Other assets other than inventory 0 0 0 b Less: cost or other basis and sales expenses 0 0 0 D Net gain or (loss) 0 0 0 D Net gain or (loss) 0 0 0 D Net gain or (loss) 0 0 0 D Net gain or (loss) 0 0 0 D Less: direct expenses b 0 0 D Less: direct expenses b 0 D Less: cost of goods sold b 0 D D D D D D	-			<u>-</u>					
A		ł	•			į	ł		
7a Gress amount from sales of assets other than inventiony b Less: cost or other basis and sales expenses .			• •		0	2222	2000		
assets other than inventory b Less: cost or other basis and sales expenses . 0 0 0 c Gain or (loss) . 0 0 0 d Net gain or (loss) . 0 0 0 0 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					(w) Other	6828	6828	U	
b Less: cost or other basis and sales expenses . 0 0 0 c Gain or (loss) . 0 0 0 d Net gain or (loss)		10							
and sales expenses . 0 0 0 C Gain or (loss) . 0 0 0 Net gain or (loss) . 0 0 0 Net gain or (loss) . 0 0 0 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		h	•				İ		
C Gain or (loss)					ام				
d Net gain or (loss)						1	i		
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. See Part IV, line 19 a 0 b Less: direct expenses b 0 0 c Net income or (loss) from gaming activities . ▶ 0 0 0 10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 0 c Net income or (loss) from sales of inventory . ▶ 0 0 0 Miscellaneous Revenue Business Code 11a		_	• •		▶	0	0	0	
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. See Part IV, line 19 a 0 b Less: direct expenses b 0 0 c Net income or (loss) from gaming activities . ▶ 0 0 0 10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 0 c Net income or (loss) from sales of inventory . ▶ 0 0 0 Miscellaneous Revenue Business Code 11a	une	8a		undraising					
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. See Part IV, line 19 a 0 b Less: direct expenses b 0 0 c Net income or (loss) from gaming activities . ▶ 0 0 0 10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 0 c Net income or (loss) from sales of inventory . ▶ 0 0 0 Miscellaneous Revenue Business Code 11a	Reve		of contributions report						
c Net income or (loss) from fundraising events . ▶ 0 0 0 9a Gross income from gaming activities. See Part IV, line 19 a 0 b Less: direct expenses b 0 0 c Net income or (loss) from gaming activities . ▶ 0 0 0 10a Gross sales of inventory, less returns and allowances a 0 b Less: cost of goods sold b 0 0 c Net income or (loss) from sales of inventory . ▶ 0 0 0 Miscellaneous Revenue Business Code 11a	jer	1			0	1		ĺ	
9a Gross income from gaming activities. See Part IV, line 19 a	ਣ		•				1_		
See Part IV, line 19 a					events . >	0		0	
b Less: direct expenses b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		9a				1	İ		
c Net income or (loss) from gaming activities . ▶ 0 0 0 0 10 10a Gross sales of inventory, less returns and allowances a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				_	<u> </u>		1		
10a Gross sales of inventory, less returns and allowances a 0									
returns and allowances a			• •	• -	vities	0	0		
b Less: cost of goods sold b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		10a							
c Net income or (loss) from sales of inventory . ▶ 0 0 0 Miscellaneous Revenue Business Code 11a b c d All other revenue ▶ 0		İ .				İ			
Miscellaneous Revenue Business Code 11a									
11a b c d All other revenue ▶ 0		<u> </u>				0	0	0	
b			Miscellaneous F	nevenue	business Code				
c									
d All other revenue		· -			<u> </u>	 +			
e Total. Add lines 11a–11d ▶ 0		Ι.							
				• •					
		1 -							

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0:	0								
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0								
	trustees, and key employees	110,500	80,590	24,910	5,000						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	o	o						
7	Other salaries and wages	405,818	287,121	46,854	71,844						
8	Pension plan accruals and contributions (include	j									
_	section 401(k) and 403(b) employer contributions)	25,135	19,589	2,649	2,897						
9	Other employee benefits	114,309	89,146	12,169	12,997						
10	Payroll taxes	49,333	37,620	5640	6073						
11 a	Fees for services (non-employees): Management	5,405	600	3,555	1,250						
b	Legal	3,711	626	3,085	1,230						
c	Accounting	19,156	0	19,156	0						
· d	Lobbying	0	0	0	0						
е	Professional fundraising services. See Part IV, line 17	0			0						
ͺ f	Investment management fees	0	0	0	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)	40	40	0	0						
12	Advertising and promotion	208,008	120,467	0	87,541						
13 14	Office expenses	288,387 24,000	24,512 9971	17,175 799	246,700 13,230						
15	Royalties	0	0	799	13,230						
16	Occupancy	104,589	97,975	6614							
17	Travel	67,429	54,619	3,038	9,772						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings . [4745	1986	64	2695						
20	Interest	10,059	100	9877	82						
21	Payments to affiliates	0	0	0_							
22	Depreciation, depletion, and amortization	33,280	31,314	0	1966						
23	Insurance	8555	0	<u>8555</u>							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column]									
	(A) amount, list line 24e expenses on Schedule O.)										
а	F/T contract volunteer time (net)	131,664	131,664	0							
b	digital studios construction	211,224	211,224	0							
С	operations	34,298	28,895	2927	2474						
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,859,645	1,228,060	167,067	464,518						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	113243	1	281,961
	2	Savings and temporary cash investments	677441	2	513,549
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10140	4	12,039
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	35,365
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1,157,322			
	b	Less: accumulated depreciation 10b -41,977	982288	10c	1,199,299
	11	Investments—publicly traded securities	0	-	
	12	Investments – other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1783112	 	2,042,213
	17	Accounts payable and accrued expenses	97750		78,615
	18	Grants payable			0
	19	Deferred revenue	0	 	0
	20 21	Tax-exempt bond liabilities	0		0
'n	22	Loans and other payables to current and former officers, directors,		41	0
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ξ		disqualified persons. Complete Part II of Schedule L	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0		
	24	Unsecured notes and loans payable to unrelated third parties	262678		254,118
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	360428	26	332,733
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1126862	27	1,186,217
Bal	28	Temporarily restricted net assets	295822	28	249,263
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	1422684		1,709,480
	34	Total liabilities and net assets/fund balances	1783112	34	2,042,213
					Form 990 (2013)

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Page	1	4
· war		-

					,
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,94	8,302
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,85	9,645
3	Revenue less expenses. Subtract line 2 from line 1	3		8	8,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,42	2,684
5	Net unrealized gains (losses) on investments	_5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		19	B,138
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,70	9,480
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			4	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1 1	ł	
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1 1		
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und]	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ιudits.	3b		
			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization				_		I	Employer id	dentification	number		
	Radio Mission, Inc			 				110		18406		
Par			rity Status (All orga						nstructio	ns.		
1 2 3	A church, conv A school description A hospital or a A medical reservation	vention of churcle ribed in section cooperative hos	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedi ation desc	s describe ule E.) cribed in s	ed in sec section 1	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		(iii). Ente	er the	
5	An organizatio	•	the benefit of a colle	ge or uni	versity ov	vned or	operated	by a go	vernment	al unit c	lescrib	ed in
6 7	An organizatio	n that normally	nment or government receives a substantia (A)(vi). (Complete Par	I part of					nit or from	n the ge	neral p	oublic
8	☐ A community t	rust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	rt II.)						
9 ,	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	ertain ex kable inc	come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
	An organization	on organized an ne or more pub	operated exclusively ad operated exclusive dicly supported organ describes the type of	ely for th	e benefit described	of, to p	perform to ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S		
e	other than fou or section 509 If the organiza	ndation manage (a)(2). ation received a	that the organization ers and other than one a written determination	is not core e or more on from t	ntrolled d publicly	rectly or support	· indirectled organ	y by one izations o	described	disqualif in secti	ied pe on 509	rsons 9(a)(1)
g		17, 2006, has tl	he organization accep		gift or co	ntributio	n from a	 Iny of the		• •		
	(i) A person v	who directly or i	ndirectly controls, eitl							nd 11g(i	Yes	No
	(ii) A family me	ember of a perso	on described in (i) abo	ve?						11g(i	j)	
	· ·	•	a person described in							11g(ıi	0	
<u>h</u>	Provide the fol	llowing informati	on about the support				·					
(i) ·	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S?	(vii) Amou s	int of mo upport	onetary
	· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No			
(A)												
(B)									1	_	_	
(C)												
(D)												
(E)												
Total			•••			· - -	# #	7 ·		•		

Part	Support Schedule for Organiza	ations Descri	ibed in Secti	ons 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(v	/i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8155	3146	454,213	1,437,559		1,903,073
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	0		0		c
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		
4	Total. Add lines 1 through 3	8155	3146	454,213	1,437,559		1,903,073
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			-			
	supported organization) included on		•				ĺ
	line 1 that exceeds 2% of the amount						,
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						1,903,073
	ion B. Total Support	,					T
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	8155	3146	454,213	1,437,559		1,903,073
8	Gross income from interest, dividends,	1					
	payments received on securities loans,)
-	rents, royalties and income from similar sources						
_		0	0	246	1025		1271
. 9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on			ام			
10	Other income. Do not include gain or	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	<u> </u>
10	loss from the sale of capital assets						
	(Explain in Part IV.)	o	0	o	29,524		29,524
11	Total support. Add lines 7 through 10			-			1,933,868
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	6828
13	First five years. If the Form 990 is for the			d. third. fourth	or fifth tax ve		
	organization, check this box and stop he	•			•		
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Sci		-			15	%
16a	331/3% support test-2013. If the organi					3% or more, o	heck this
	box and stop here. The organization qua	ilifies as a publ	icly supported	organization			🕨 🗀
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 ¹ /3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		▶ □
17a	10%-facts-and-circumstances test - 2	013. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	d stop here.	Explain in
	Part IV how the organization meets the "i	facts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly s	supported
	organization						🕨 🗀
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization of	neets the "facts	s-and-circumst	tances" test. T	he organizatio	n qualifies as	a publicly

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Co a 4º	on A Public Support			,			
	on A. Public Support	(a) 0000	(b) 2010	(a) 2011	(d) 2012	(e) 2013	(f) Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(u) 2012	(6) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						+
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				-		
•	organization's tax-exempt purpose						+
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				-		
	Amounts included on lines 1, 2, and 3		-			· · ·	
-	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	~ ~~~~					
8	Public support (Subtract line 7c from				 	!	
•	line 6.)		'! :	L	<u> </u>	<u>L</u>	<u></u>
	on B. Total Support		1				
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or				· · · · · · · · · · · · · · · · · · ·		
_	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he						ion 501(c)(3) ► □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line	8, column (f) d	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2012 Sc			<u> </u>	<u> </u>	16	%
	ion D. Computation of Investment In						·
17	Investment income percentage for 2013						%
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organization						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see insti	ructions 🕨 🔲

Part IV

Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part 2 - Section A #1 amt on line 1h, Part VIII, form 990 (2013)1,882,179	
less wills & bequests<463,930>	
less grant from NSEDC<60,000>	
less designated gift for capital project<50,000>	
TOTAL FOR PART 2, SECTION A, LINE 1: 1,308,249	
	-
·	
	-
-	
	
	-
	-

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** KNOM Radio Mission, Inc. 27-0518406 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	Organizations Maintaining											
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther recor	ds, chec	k any of th	e follov	wing that are a	sign	nıficant	use of	its
a	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams				
b	☐ Scholarly research											
C	☐ Preservation for future generations	5										
4	Provide a description of the organization XIII.	tion's	collections	and expla	in how t	hey further	the org	ganization's ex	emp	t purpo	se in P	art
5	During the year, did the organization assets to be sold to raise funds rather									☐ Ye	1 □ a	40
Part	IV Escrow and Custodial Arra	angei	ments.									
	Complete if the organization 990, Part X, line 21.							•		unt on I	-orm	
1a	Is the organization an agent, trustee included on Form 990, Part X?								not	☐ Ye	s 🗌 N	10
b	If "Yes," explain the arrangement in Pa	art XII	l and compl	ete the fo	llowing t	able:	[Amo	ount		
С	Beginning balance						10	;				
d	Additions during the year						10				,	
е	Distributions during the year						16				,	
f	Ending balance						1f					
2a	Did the organization include an amoun									☐ Ye	s 🗆 N	10
b	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the ex	planatio	n has been	provide	ed in Part XIII	. <u>.</u>			_
Par	V Endowment Funds.											
	Complete if the organization											
		(a)	Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years b	ack	(e) Four y	ears bac	:k
. 1a	Beginning of year balance	<u></u>	 ,_									
b	Contributions			ļ								
C	Net investment earnings, gains, and			ì					ł			
-	losses								\			
d	Grants or scholarships							<u> </u>				
е	Other expenditures for facilities and											
	programs			<u> </u>								
f	Administrative expenses								_			
g	End of year balance					<u></u>						
2	Provide the estimated percentage of t				e (line 1g	g, column (a)) held	as:				
а	Board designated or quasi-endowment	nt 🕨		%								
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶		%									
	The percentages in lines 2a, 2b, and 2											
3a	Are there endowment funds not in the	e pos	session of th	he organi:	zation th	at are held	and ad	ministered for	the	_		
	organization by:										Yes N	lo_
	(i) unrelated organizations								•	3a(i)	-	
	(ii) related organizations								•	3a(ii)		
b	If "Yes" to 3a(ii), are the related organ			•					•	3b		
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.						_
<u>P</u> art												
	Complete if the organization	ans), Pa			
	Description of property		(a) Cost or o (investm			or other basis other)		Accumulated epreciation		(d) Book	value	
1a	Land			56,156		+28,844	::::::::::::::::::::::::::::::::::::				86,0	00
b	Buildings			385,924		+754,832		-39,290			1,101,4	<u>65</u>
С	Leasehold improvements											
d	Equipment	-		14,520				-2687	L		11,8	33
e	Other											
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9	90, Part)	(, column	n (B), line 10)(c).)	<u></u> ▶			1,199,2	99

	Complete if the organization an (a) Description of security or category		(b) Book value	(c) Method of valuation
	(including name of security)	•		Cost or end-of-year market value
	l derivatives			
	held equity interests			
Other				
, y 	·			
(B)			·	
(C)			· -	
D)				
(E) (F)				·
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12)	·		
art VIII	Investments—Program Relate			
art VIII	Complete if the organization an		rm 990. Part IV. line 1	I1c. See Form 990. Part X. lin
	(a) Description of investment		(b) Book value	(c) Method of valuation
	(-,			Cost or end-of-year market value
)				
)				
)				
)				
)				
)				
)				
)		···	<u> </u>	
)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>		
Part-IX-	Other Assets.		000 5 104 11 4	14 L O . E
	Complete if the organization an		rm 990, Part IV, line 1	
		(a) Description		(b) Book val
")				
3)				
() () ()				
() () () ()				
() () () () () ()				
)))))				
)))))				
(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ımn (b) must equal Form 990. Part X.	col. (B) line 15.)		
(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ımn (b) must equal Form 990, Part X, Other Liabilities.	col. (B) line 15.)		•
() () () () () () () () () () ()	Other Liabilities.			
))))))))) tal. (Colu	Other Liabilities. Complete if the organization ar			
() () () () () () () () () () ()	Other Liabilities.			
))))))))) tal. (Colu	Other Liabilities. Complete if the organization ar line 25.	nswered "Yes" to Fo		
)))))) otal. (Colu	Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
) () () () () () () () () () () () () ()	Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
() () () () () () () () () () () () () (Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
Part X (1) Federal (1) (2) (3) (4)	Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
2) (2) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
() () () () () () () () () () () () () (Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" to Fo		
() () () () () () () () () () () () () (Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	(b) Book value		

Part		iciliation of Revenue per Audited Financial Statemo		Return.
4		lete if the organization answered "Yes" to Form 990, Figains, and other support per audited financial statements		11
		- · · · · · · · · · · · · · · · · · · ·		
		uded on line 1 but not on Form 990, Part VIII, line 12:	امدا	
		d gains on investments	2a 2b	
		prior year grants	2c	-
		be in Part XIII.)	 	
		through 2d		2e
		2e from line 1		3
		uded on Form 990, Part VIII, line 12, but not on line 1:		
		spenses not included on Form 990, Part VIII, line 7b	4a	
			4b	
	Add lines 4a	•		4c
-		Add lines 3 and 4c. (This must equal Form 990, Part I, line		
art 2		nciliation of Expenses per Audited Financial Statem		
		lete if the organization answered "Yes" to Form 990, F	•	
1		es and losses per audited financial statements		1
	•	uded on line 1 but not on Form 990, Part IX, line 25:		
		ices and use of facilities	2a	
b	Prior year adi	ustments	2b	
			2c	
d	Other (Descri	be in Part XIII.)	2d	
е	Add lines 2a	through 2d		2e
3	Subtract line	2e from line 1		3
		uded on Form 990, Part IX, line 25, but not on line 1:		
		xpenses not included on Form 990, Part VIII, line 7b		,
b	Other (Descri	be in Part XIII.)	4b [
	Add lines 4a			4c
_		es. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
		emental Information. ons required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Bort IV lines 1h and 0	b. Dort V. line 4: Dort V
		nd 4b; and Part XII, lines 2d and 4b. Also complete this part his re-submit are the result of value calculation and capitalizing		
prote	sional audit.			
~				
	***************************************		•	•

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
->		
		•••
		••
		•••
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····		

SCHEDULE J (Form 990)

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

KNOM	M Radio Mission, Inc.	27-05184	06		
Part	t I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regar				
	☐ First-class or charter travel ☐ Housing allowance or residence	e for personal use			
	☐ Travel for companions ☐ Payments for business use of p				
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or in				
	☐ Discretionary spending account ☐ Personal services (e.g., maid, o	hauffeur, chef)			
L	. If any of the barrer on the factor of policy did the appealant follows a written ma	lian resembles serves est			
b	If any of the boxes on line 1a are checked, did the organization follow a written poor reimbursement or provision of all of the expenses described above? If "No,				
	explain	•	1b		1
•			10		·
· 2	Did the organization require substantiation prior to reimbursing or allowing exp directors, trustees, and officers, including the CEO/Executive Director, regarding the	penses incurred by all tems checked in line			
	1a?		2	_ ✓	
3	Indicate which, if any, of the following the filing organization used to establish the com-				
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes		. :		<u>}.</u>
	related organization to establish compensation of the CEO/Executive Director, but exp	Diain in Part III.			
	✓ Compensation committee ✓ Written employment contract		,		
	☐ Independent compensation consultant ☐ Compensation survey or study				
	☐ Form 990 of other organizations	ensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with res	spect to the filing	:		
•	organization or a related organization:	,p-01.10 till tilling			
а	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4a		√
b			4b		1
С			4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e				
			,		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		:		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any	:		
	compensation contingent on the revenues of:		-		
а •			5a	 -	V
b	Any related organization?		5b		
	if Yes to life 3a of 3b, describe in Fart III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any	;		
	compensation contingent on the net earnings of:	•			
а	The organization?		6a		✓
b	Any related organization?		6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III		7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contr				
	to the initial contract exception described in Regulations section 53.4958-4(a)(,
	in Part III		8		✓
_	If "Voo" to line 0 did the granification also follow the unbuittedia against in a	roodure described !=			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption presumptions section 53 4958-6(c)?	nocedure described in			1

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable colur

		(B) Breakdown o	of W-2 and/or 1099-MI	(C) Retirement and	(D) Nontenable	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits
· · · · · · · · · · · · · · · · · · ·	(i)					
1	(ii)		· 	 		-
	(i)					
2	(ii)					
	(i)					
3	(ii)					
	(i)					
4	(ii)					
	(i)					
5	(ii)					
	(i)					
6	(ii)					
	(i)					
7	(ii)	· · · · · · · · · · · · · · · · · · ·				
	(i)					
8	(ii)					
_	(i) (ii)					·
9	(i)	<u> </u>				
4.0	(ii)					
10	(i)					
4.4	(ii)					
<u>11</u>	(i)					
10	(ii)		· 			
12	(i)	<u> </u>				
13	(ii)					·
13	(i)					
14	(ii)				-	·
· ·	(i)					
15	(ii)		· 	 	-	
<u></u>	(i)					
16	(ii)		· 	†	·	



Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, ar
for any additional information.
Line 1a: KNOM has a corporate membership to the local gym, operated by the City of Nome Parks & Recreation Department. Because we live in ar
imited for the very long winter season, a gym membership encourages healthy living and contributes to lower health insurance premiums. This is
d' anti-bille la Mangala de Cita d'al construir de Constr
directly billed to KNOM by the City of Nome at a rate of \$250/month for all 12 employees and 15 volunteers.
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Open To Public Inspection

KNOM	Radio Mission, Inc.		_	_						27-	<u>05184</u>	06	_	
Part		fit Transaction ne organization	ns (section 501 answered "Ye	1(c)(3) a s" on	and sect Form 99	ion 501(c)(0, Part IV, I	4) org ine 2:	janizations o 5a or 25b, or	nly). Form 99	90-EZ,	Part	V, line	e 40b.	
4 (2)			(b) Relationship between disqualified person and				(d) Correction of transaction				rected?			
1 (a) Name of disqualified person		person	organization				(c) Description of transaction					Yes	No	
(1)			-											
(2)														
(3)												_		Γ
(4) (5)														
(5)														
(6)									_	·				
2	Enter the amount under section 4958		by the organ	nizatio	n manaq	gers or dis	qualit	fied persons	during	the ye	ear ► g	\$		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	n			▶ \$	<u> </u>		
Part	Complete if th	l/or From Interne organization reported an amount	answered "Ye	s" on I				e 38a or Forn	n 990, P	art IV,	line 2	6; or	if the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance d	ue (g) I n	default?	by bo	proved pard or nittee?		ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)					1						<u> </u>	<u> </u>		
(2)				<u></u>							<u> </u>	<u> </u>		1
(3)		<u> </u>		<u> </u>										
(4)				<u> </u>		<u> </u>								
(5)				ļ							<u> </u>			<u> </u>
(6)				<u> </u>							<u> </u>	ļ	<u> </u>	
_(7)				<u> </u>				ļ				ļ	<u> </u>	ļ
(8)		<u> </u>		<u> </u>						1		<u> </u>		
(9)					 -						ļ <u>.</u>	 		
(10)		<u> </u>		<u>L</u>		<u> </u>							-	
Total Part		sistance Bene ne organization				0, Part IV, I	. ► ine 2	\$.)) 			
(a)	Name of interested perso		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assis	stance	(e) Purpo	ose of a	ıssıstan	ice
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
4								· · · · · · · · · · · · · · · · · · ·		1				

Part IV Business Transactions In Complete if the organization	volving Interested Persons. In answered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(b) Relationship between interested person and the interested person and the		organi	(e) Shanng of organization's revenues?	
_				Yes	No	
(1) Norman "Ric" Schmidt	Employee	74,466	2012 W-2 (line 1) wages		1	
(2)	(general mgr)		from KNOM Radio Mission			
(3) Lynette C Berger Schmidt	Employee (devel.	42,029	2012 W-2 (line 1) wages		✓	
(4)	dir./bus. mgr)		from KNOM Radio Mission			
(5)						
(6)						
(7)		<u></u>				
(8)			· · · · · · · · · · · · · · · · · · ·	_	-	
(9) (10)					-	
	tion for responses to questions				_	
Lynette C Berger Schmidt is the wife of K	ey Employee, Norman "Ric" Schr	nidt. Both are forme	r/founding board members. Lyn	ette		
was employed by Alaska Radio Mission (I	KNOM's former entity & a subsidi	ary of the Catholic B	ishop of Northern Alaska) for 21	years;	.	
Norman "Ric" was employed by Alaska R	adio Mission for 19 years before	establishing the inde	ependent nonprofit, KNOM Radio	Mission,	Inc.,	
which accurred ownership and appretion	s of KNOM Dadio in March 2012					
which assumed ownership and operation	S OF KINOW RADIO III WAICH 2012.					
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2013 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

KNOM Radio Mission, Inc.	27-0518406
Part VI, Section A, line 2: Survey of board of directors shows business relationship between the board	I treasurer and another board member
& key employee. Treasurer is an accountant and completes the families' tax returns.	
Part VI, Section B, line 12: Board of Directors is surveyed annually for conflict of interest. Directors re	eview & renew conflict of interest
clauses in the bylaws annually.	
Part VI, Section B, line 15a & b: The KNOM Board President is charged with negotiating the compensation	ation contract for KNOM's general
manager and devel. dir./bus. mgr. position after receiving input from other board members' research o	f comparable compensation data.
Part VI, Section C, line 19: Governing documents & conflict of interest policy is available for review, up	pon request in the KNOM business
office. A financial report is published in each year in the "KNOM Static" newsletter - Year End edition	(published & mailed late December).
Part VII, lines 8-10: Norman Schmidt, Kelly Brabec and Lynette Schmidt are founding board members	of KNOM Radio Mission, Inc. All three
resigned from the board 9 months (after installation of 7 new members) before radio station operations	s were transferred from the Catholic
Bishop of Northern Alaska to the new nonprofit. Norman Schmidt was/is general manager; Kelly Brab	ec was/is program director; Lynette
Schmidt was/is development director/business manager.	
Part VIII, line 1g: Noncash contributions include 2 forms. The first is free air travel to villages from a least village villages from a least village villages from a least village village villages v	ocal bush airline company.
The second, and much greater amount is donated contract volunteer time. The majority of KNOM's pro-	ogram service staff are five
full-time workers who receive only room and board and a small monthly stipend. The amount listed at	pove is the net amount after hourly
wages are computed less the cost of their minimal compensation. Both items on line 1g are offset by	expense lines in Part IX; line 17
(travel) for airfares, and line 24a (full time contract volunteer time - net).	
Part IX, line 24: See above.	
Part XI, line 9: Listed amount includes capitalized costs for the digital studios building expansion.	
7/23/2014 update: After completion of a financial audit, form 990 has been changed to accommodate	/E journal entries, revaluation of land
and properties, and accued revenue/expenses. Form 990 and schedules A, D and O have been adjuste	ed.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number
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