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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

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

<u>A</u>	For the 2	014 cale	ndar year, or tax year beginning	July 1, 2	2014, and er	nding	June	30	, 20 15		
В	Check if ap	pplicable	C Name of organization KNOM Radio Mis	ssion, Inc				Employ	er identification n	umber	
	Address ch	hange	Doing business as						27-0518406		
	Name char	nge	Number and street (or P O box if mail is n	ot delivered to street addres	s) Roon	n/suite	E	Telepho	ne number		
	Initial return	n	Box 988		1		4		907-443-5221		
	Final return/	terminated	City or town, state or province, country, ar	nd ZIP or foreign postal code	•						
	Amended r	return	Nome, AK 99762				G	Gross re	ceipts \$	2,044,807	
	Application			lorman "Ric" Schmidt, (	Gen. Mar		H(a) Is this a grou	p return for	subordinates? Yes		
			Box 988, Nome, AK 99762	•					s included? 🔲 Yes	_	
$\overline{}$	Tax-exemp		✓ 501(c)(3)	) ◀ (insert no ) ☐ 4947(a)(	(1) or 527	7			list (see instructio		
j J	Website:		v knom.org	, <u>, , , , , , , , , , , , , , , , , , </u>	<u>.,,</u>		H(c) Group ex	kemption	number ▶		
				Other ▶	L Year of for	rmation			of legal domicile	AK	
	art I	Summ									
		<del></del> -	scribe the organization's mission o	r most significant activ	vities: KN0	OM Ra	dio Mission	exists	o entertain, enc		
· • ·			d to inform listeners of Western Alas								
Activities & Governance	1			ka. KINUWI IIAS TECEIVEC	uozens oi	iuçai,	State and in	arional	iwalus lui selvi	ice	
Ĕ			ners and the broader community. s box ▶ ☐ If the organization disco	entinued its operations	or dienoed	ad of r	nore than S	504 of	ite net accete		
Š								3	no nei asseis.	-	
Ü	1		of voting members of the governing	• .				4			
S	ì		of independent voting members of t			10) .				7	
įţį			ber of individuals employed in cale	•				5		19	
뜛	1		nber of volunteers (estimate if neces	• •				6		15	
ج	1		elated business revenue from Part \		2			7a		0	
	b N	let unrel	ated business taxable income from	Form 990-T, line 34	<u></u>	<del></del>	<del></del>	7b		0	
	ł					<u> </u>	Prior Year		Current Ye	ear	
ē	,		ons and grants (Part VIII, line 1h).	1,6	45,338		1 <u>,987,394</u>				
Revenue			service revenue (Part VIII, line 2g)		40,747		<u>51,159</u>				
. Š	10 lr	nvestme	nt income (Part VIII, column (A), line	come (Part VIII, column (A), lines 3, 4, and 7d)							
щ			enue (Part-VIII. column (A). lines 5,					6828		6828	
	12 T	otal reve	nue—addines Bathrough II (must e	equal Part VIII, column	(A), line 12)		1,6	94,771	<u></u>	2,044,807	
Ç	<b>13</b> G	arants ar	nd similar amounts paid (Part IX, co	lumn (A), lines 1-3) .				0		0	
	14 B	Benefits	paid to or formembers/Hart IX, cel	umn (A), line 4)				0		0	
Ś			otheradmpensation, employee benef				7	06,251		721,676	
Expenses	16a P	rofessio	nal fundraising, fees (Part IX, colum	n (A), line 11e)				0		0	
be	ьт	otal fund	draising expenses (Part IX column	(D), line 25) <b>&gt;</b>	466,200	,		8	, *	31 14	
ũ			penses (Part IX, column (A), lines 11				1,0	67,695		979,391	
			enses. Add lines 13-17 (must equa		ine 25) .			73,946		1,701,067	
٠,	L		less expenses Subtract line 18 from					79,175		343,740	
- S							inning of Curr		End of Ye		
anc	20 T	otal ass	ets (Part X, line 16)				2.0	16,033		2,281,638	
ot Assets or	21 T		ilities (Part X, line 26)					105,907	<del></del>	341,775	
\$5			s or fund balances. Subtract line 2	1 from line 20		-		11,077		1,939,863	
	art II		ure Block	,	<del></del>			711,011		1,000,000	
_			ry, I declare that I have examined this return,	including accompanying sc	hedules and s	tateme	nts, and to the	hest of r	ny knowledge and	helief it is	
tru	e, correct, a	and compl	ete Declaration of prepare (other than office	r) is based on all information	of which prep	parer ha	s any knowled	ige	., momoago and	. 5001, 11.10	
			The the sale Mil	Af-				77 / I	3/15		
Sig	ın l	Sign	ature of officer	<u> </u>			Date	<del>"</del>	<del>4</del> 13		
He		) O.g	MINNETTE SCHOOL	IIDT, KNON	1 BD	5 V	MGR.	•	/		
	.	Type	or print name and title	יוטאק <sub>ל</sub> גטוי			WIC.		<del></del>		
		<del>'</del>	<del></del>	arer's signature		Date			PTIN		
Pa			po proparor o riarro	a or or origination o				Check	L] # {		
Pr	eparer	<del></del>	<del></del>			l		self-em	noyeu		
Us	e Only							EIN ►			
<u>;</u>	v the IDS		ddress >	n about 2 (con instruct	tions)		Phone	on e	[7]V-		
			s this return with the preparer show			<u> </u>	· · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>		S ☐ No	
For	Paperwo	ork Redu	ction Act Notice, see the separate ins	structions.	C	at No	11282Y		Form \$	<b>390</b> (2014)	

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	0 (2014) Pag
Part	Statement of Program Service Accomplishments  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, entertain and provide companionship for listeners in remote Western Alaska.
	KNOM's listeners (numbering 20,000-30,000 people) are spread across 100,000 square miles; most live in villages along the
	Bering Sea Coast and eastward toward the Alaskan interior.
	Did it is a second of the seco
2	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
,	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
а	(Code: 86500 ) (Expenses \$ 57,750.29 including grants of \$ 213,000 ) (Revenue \$ 271,205.55 )
	Digital Studio Capital Project contruction continues. Nearly all of the structure is built, with final wiring and trim to come in the fall of
	2015. This project will replace aging, outdated, slow and unrepairable equipment with modular, energy efficient, wi-fi ready digital
	equipment. As the TERRA Band (fiber optic network for Western Alaska) 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 contruction project expenses are capitalized to fixed assets.
	Equipment will be purchased in Fall, 2015, with installation in winter, Jan/Feb 2016. The new studios are expected to be ready for
	use in March 2016. To date, the multi-year capital campaign has raised \$833,865 of the \$1,000,000 goal
	(Code: 67200 ) (Expenses \$ -\$2650 including grants of \$ 0) (Revenue \$ 0)
,	In the spring of 2015, the KNOM Radio Mission board of directors adopted the final version of KRM's strategic plan. The plan was
	facilitated by consultants from the Foraker Group. The costs included consulting fees and a little more than \$2000 in travel expense
	to bring the board of directors together to design the plan. The KRM strategic plan is built on the value pillars of 1) being friend and
	companion to listeners, 2) providing respectful service to the people living in Western Alaska, and 3) honors the mission's Catholic
	ideals.
C	(Code: programs ) (Expenses \$ 1,809,140 including grants of \$ ) (Revenue \$ 210,021)
	KNOM continues to serve the people of Western Alaska As internet becomes prevalent in remote Alaska, listeners are consuming
	KNOM's content - including news, local programming, emphasis on Native culture - in two ways: on the radio and online
	Listenership is now both actual and virtual.
	Expenses include all ordinary program related expenses, revenues include contracted volunteer net time and program underwriting
	<u> </u>

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

) (Revenue \$

Part	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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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 98-197 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 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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>▼</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			<u> </u>
	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		<b>√</b>
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			<i>*.</i>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		تتكثير	
	complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
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	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	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		1
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		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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 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?  If "Yes," complete Schedule G, Part III			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			ugo F
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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	00	1	
24a		23 24a	_	<b>✓</b>
, C	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		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
∠'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	_	<b>√</b>
<b>26</b>	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 "Yes," complete Schedule L, Part II	26		✓_
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
- a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	<b>-</b>
. <b>c</b>	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		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
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		1
<b>3</b> 3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	 	<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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,	55	_	-
	Part VI	37		✓
<u>3</u> 8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Eor	~ <b>aa</b> n	(2014)

Form **990** (2014)

Part	· · · · · · · · · · · · · · · · · · ·			_
	Check If Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	. ✓ No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   7		103	140
b	Enter the number reported in Box 3 of Form 1030. Enter 40 in not applicable	* ~	, .	3"
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	i.		, ,,,
•	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	, '	,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		* ' '	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	ار الله	, io 2 5	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
. р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	66		j
-	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3	,	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	- 1
е	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		<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		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. Did a donor advised fund maintained by the		<u> </u>	
9	sponsoring organization have excess business holdings at any time during the year?	8		/
,a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:	W		Ϊ́
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:	*		
а	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	10-	<del></del>	ļ
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<del> </del>
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		<del> </del>
-	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	4		1
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	Ì	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	ee ins	struct	ions.
Secti	on A. Governing Body and Management	<del></del>	<u> </u>	
00011	on A. Governing Body and management	<del></del> -	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 7	٠	\$ -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.	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		* ``
b 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 7  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		\$	. <b></b>
	any other officer, director, trustee, or key employee?	2	1	
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	_	1
• :4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
<sup>*</sup> 5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6		1
~ 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4 4	È.,
а	The governing body?	8a	✓_	
b	Each committee with authority to act on behalf of the governing body?	8b		<b>✓</b>
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		✓
Secti	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		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<del>-</del>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>**</u> *	<u>~~</u> ~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
c C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	
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?	11	* *	* ·
įа	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	✓	
16a			T I B	
	with a taxable entity during the year?	16a	ļ	<b>✓</b>
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		વાં.{પૈક **હ	"
Cook!	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► Alaska			
17 18	List the states with which a copy of this Form 990 is required to be filed Alaska  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(	(c)(3)s	only)
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 integrated statements available to the public during the tax year.	erest	polic	y, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Lynette Schmidt, KNOM Business Manager, Box 988, Nome, AK 99762 907-443-5221			

Form	990	(2014)	
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Part VII®	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
	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 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 nor any related organization compensated any current officer, director, or trustee.

Check this box if fielther the organization in	or arry relate	<u>u 019</u>	aill	_	_	ompe	1130	Lea any curren	T OTTICCI, GIRECTO	, or trustee.
					C)			[		
(A)	(B)	(do s	not of		ition	e than c	ne	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	,——				or/trust	<u> </u>	compensation from	compensation from related	amount of other
•	hours for	용판	ng	Officer	Ş e	emp	For	the	organizations	compensation
I	related	Individual trustee or director	<u> </u>	Cer	Key employee	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
V	organizations below dotted	호호	ona		탕	e cor		(W-2/1099-WISC)		organization and related
	line)	로	ŧ.		yee	npe		1		organizations
,		8	Institutional trustee			Highest compensated employee				
		ļ			_	<u>e</u>	<u> </u>	<u></u>		
(1) Dr. Paul Korchin	6									
Vice President, acting President		<b>√</b>	ŀ	1				0	0	o
(2) Kevin Fimon	3									
Treasurer		<b>√</b>		1				0	o	0
(3) Robert Froehle	4	1								
Secretary	<del>-</del>	<b>✓</b>		✓				) o	lo	0
(4) Bishop Chad Zielinski	2	1		Π	1			,	ļ	
Director		1		✓				0	o	o
(5) Dennis Bookey	2									ì
Director	1			1	Ĺ			0	_ 0	
(6) Annie Blandford	2									
Director		1		1			<u> </u>	0	0	0
(7) Florence Busch	2									
Director			İ	✓	L_				o	0
(8) Norman "Ric" Schmidt, general manager	40								1	
;-' (2014 W-2 gross wages)		<u> </u>		_	✓	l	✓	111,730	0	0
(9)				]	1	}				
			<u> </u>				<u>L</u>			
(10)				}		j				
		Ļ		├	├-	├	-	ļ		
(11)		1							]	
(12)		1			Γ					
·			L		$oxed{oxed}$				<u> </u>	
(13)		.[				[				
			$\perp$		<u> </u>			<u> </u>		
(14)			}	1		1		}		}
			1	1	1	1		1	1	1

,	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x, office Individua	ot ch	Pos neck ss pe	C) ition more rson	than the structure of t	one n an	(D) Reportable compensation	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	Estu amo o compe fros organ and	mated bunt of ther ensation in the nization related izations	
(15)				e			ted	_						
								-			_		<del></del>	
(16)			L											
(17)														
(18)								_						
(19)								_						
										<u>.                                    </u>				
<u>.</u>				_			_	_	ļ		_			
										<u> </u>				
(22)			•		1					i				
(23)								_				·		
(24)										<del></del>				
(25)						_								
	Sub-total	<u></u>	<u> </u>						111 720		0	<del></del>		
, 1b c	Sub-total								111,730 0		0			0
d	Total (add lines 1b and 1c)							<b>&gt;</b>	111,730	ara than \$1/	0	) of		0
	reportable compensation from the organ		10 11	1056		.eu	above	=) vv						
.,3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ıal					3	Yes I	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater than	portal an \$	ble ( 150,	con ,000	npei )? <i>Ii</i> 	nsation f "Ye. •	n a s,"	and other comp complete Sch	ensation from the second secon	om the r <i>such</i> 	9 7 4	-	✓
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ividua	5		1
Section	on B. Independent Contractors										<u> </u>			<u></u>
1	Complete this table for your five highest compensation from the organization. Repyear.													
	(A) Name and business add	iress			_				(B) Description of s	ervices		(C) Compens	ation	
Alaska	Laser & Printing, 165 E 56th Ave 99518				_			pri	int & mailing ser	vices			261	,680
Pome	ranz Contruction, PO Box 509, Nome, AK 99	762		_				dic	gital studios CIP				131	,3 <u>87</u>
_														_
2	Total number of independent contractor							tr	hose listed abo	ove) who	<del></del>	<del></del>		
	received more than \$100,000 of compen	sation from	the o	rgai	nıza	tion	<u> </u>		2					

Part	VIII	Statement of Reve	nue		4	D4.1/III		
•		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b 1c	0 0	,	sk.	ų	
Program Service Revenue and Other Similar Amounts	d e f	Related organizations Government grants (con All other contributions, gi and similar amounts not incl	tributions) 1e fts, grants,	0	v	35		
Sontribe and Oth	g h	Noncash contributions includ <b>Total.</b> Add lines 1a–1	led in lines 1a-1f <sup>.</sup> \$	1,987,394 152,051	1,987,394	, i	, , , , , , , , , , , , , , , , , , , ,	
<del></del>		Totali Add III do Ta		Business Code	**			**
₹.	2a	program underwriting		51500	51,159	51.159		
ě		program underwriting		31300	31,100	011100		
Ö.	Ь							
.울	С			· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>
Sel	d							
Ę	е							
ğ	f	All other program sen	vice revenue .		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
<u>7</u>	g	Total. Add lines 2a-2	f <u>.</u>	<b>&gt;</b>	5 <u>1,159</u>	ę, ,		* *
7.	3	Investment income	(including divid	lends, interest,				
		and other similar amo	ounts)	•	-574	-574		
	4	Income from investment			0	0		
					0			
	5	Royalties	(i) Real	(II) Personal			· · · · · · · · · · · · · · · · · · ·	7
	_						*	
	6a	Gross rents	6828	<del>                                     </del>	\$ % * *	,	* *	A
	b	Less: rental expenses	(	<del></del>	ļ			
,	С	Rental income or (loss)	6828	0		·		
	d	Net rental income or	(loss)		6828	6828	<u> </u>	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	Ŷ * ·	l A a	* *	
_	ь	Less: cost or other basis and sales expenses .		0		,		4,8
*/~	С	Gain or (loss)		0				
•	d			>		o		
evenue	8a	Gross income from fuevents (not including \$ of contributions report				*	**************************************	
Œ				a 0				
Other Re				0 0	1		, "	
ō		Less: direct expense:			٠			
		Net income or (loss)		events .	<u> </u>	/	<del> </del>	
	9a	Gross income from g	_					
				a0	4		}	
	b	Less direct expense		b	<u></u>			i
	c	Net income or (loss)				0	0	
, -	10a	Gross sales of in returns and allowand		a(				
	Ь	Less: cost of goods :	sold	b0	)			
	C	Net income or (loss)	from sales of in	ventory >		o <u> </u>	0	
	<u> </u>	Miscellaneous I		Business Code				
	11a		-		1			
	b					1	1	
						1		
	C	All ather revenue		<del></del>	<del>                                     </del>	<del>                                     </del>		
7	d	All other revenue			<del>                                     </del>		+	
	l e	Total. Add lines 11a				0		
	12	Total revenue. See	iristructions	<u> </u>	2,044,80	7 2,044,80	<u> </u>	Form <b>990</b> (2014)
								rom 330 (2014)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			<u> </u>	<u></u> 🔽
8b, 9l	ot include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21	O	o		*
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	**	`
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				***
4	Benefits paid to or for members	0	0	·	
5	Compensation of current officers, directors, trustees, and key employees	111,730	84,282	21,958	549
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	111,730	04,202	21,330	
F	persons described in section 4958(c)(3)(B)	0	o	o	ı
<sup>-</sup> 7	Other salaries and wages	377,910	260,695	42,567	75,64
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	23,717	17,641 171,241	3432	264
10	Payroll taxes	173,352 34,967	28,160	2111 2983	382
11	Fees for services (non-employees):	34,307	28,100	2903	302
a	Management	1484	834	650	(
b	Legal	245	0	245	
C	Accounting	16,732	170	16,562	
, d	Lobbying	0	0	0	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	250,217	116,530		133,68
13	Office expenses	251,467	29,188	12,067	210,21
14	Information technology	45,932	13,830	3056	29,04
15	Royalties	0	0	0	
16	Occupancy	108,963	103,198	5765	
17 18	Travel	57,546	55,197	2068	28
10	for any federal, state, or local public officials	o	o	o	
19	Conferences, conventions, and meetings .	2468	2468	0	
20	Interest	8616	342	4456	381
21	Payments to affiliates	0	0	0	
22 23	Depreciation, depletion, and amortization . Insurance	50,056	47,752 0	2304	
24	Other expenses. Itemize expenses not covered	12,846	U	12,846	^
	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	contracted volunteer time	150,899	150,899	0	
c	operations (downloads, mbrshps, etc.)	21,919	19,369	0	255
√d					
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1,701,067	1,101,796	133,071	466,20
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)	.,,,,,,	7,27,00		

Form 990 (2014) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X 7 (A) (B) Beginning of year End of year 82,506 56,760 2 2 525,185 846,683 3 3 0 4 4 18,430 1942 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 0 Loans and other receivables from other disgualified persons (as defined under section 6 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 0 7 0 0 8 8 22,819 17,396 9 Prepaid expenses and deferred charges . . . 9 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1 479 176 Less: accumulated depreciation . . . . 10b 10c b 1,368,044 1,358,752 120,424 11 Investments—publicly traded securities 11 0 0 Investments—other securities. See Part IV, line 11 0 12 12 0 Investments - program-related. See Part IV, line 11 . . . . . 13 0 13 0 14 14 0 0 15 15 0 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 2,016,033 2,281,638 17 17 160,188 115,725 18 18 0 o 19 19 0 20 0 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 245,119 226,050 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 1,431,433 1,556,820 28 28 180,244 383,043 29 29 οl 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ō Net Assets Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds.

26

33

34

Total liabilities. Add lines 17 through 25

Form 990 (2014)

1,939,863

2,281,639

341,775

26

33

405.307

1,611,676

2,016,033

Page	1	2
ı ayc		•

					3°
Parl	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,04	4,807
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,70	1,067
3	Revenue less expenses. Subtract line 2 from line 1	3_		34	3,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,61	1,676
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			105
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	<u>5,658</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		1,93	9,863
Part	XII Financial Statements and Reporting				_
it.	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del></del>		
_			78685	Yes	No
. 1	Accounting method used to prepare the Form 990:  Cash Accrual Other	، ماماد	_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	nairi i	n	240	43
_			2.7	**************************************	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			. 1@1 <u>.</u> a.	<del>▼</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	ileu (	"		
	Separate basis Consolidated basis Both consolidated and separate basis		16 (4)	163	33.
b	Were the organization's financial statements audited by an independent accountant?		. 2b		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	·	(Color)	# 1 1
	separate basis, consolidated basis, or both:			*	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 15 m		
.' c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigl	nt Z	3.13.2	-2
b.	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	1	
·'.	If the organization changed either its oversight process or selection process during the tax year, ex			رسائیتره مسائیتره	170
	Schedule O.			<b>3</b>	
` 3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		✓
~	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ie 🗀		
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n <b>990</b>	(2014)

#### 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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

20**15** 

Open to Public

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.goy/form990. Inspection Name of the organization Employer identification number KNOM Radio Mission, Inc. 27-0518406 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ⊬ 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						<del></del> -
(C)						
(D)						
(E)						
Total	,					

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1,910,926 1,645,338 1.986.193 5,999,816 3146 454,213 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 44 Total. Add lines 1 through 3. . . . 1,910,926 5,999,816 3146 454,213 1,645,338 1,986,193 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on E line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 330,836 Public support. Subtract line 5 from line 4. 5,668,980 Section B. Total Support **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 Amounts from line 4 . . . . . . 1,910,926 1,645,338 1,986,193 5,999,816 3146 454,213 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income from similar 1858 Λ 246 1025 -574 2555 77 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 O Other income. Do not include gain or ,10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 51,159 121,430 Total support. Add lines 7 through 10 <u>"\_\_;</u>\_;&\| 11 6,123,801 712 12 123,985 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . 92 57 % Public support percentage from 2014 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization  $\mathbf{V}$ 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  $\checkmark$ 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.)

Secti	on A. Public Support	under the te	ests listed bei	ow, please c	omplete Fart		
	idar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		1,20,2	(5, 25.5	12,2017	(5) 2010	μ, σια
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	ļ	<del> </del>	<del> </del>		<del>   </del>	
4	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 	The value of services or facilities furnished by a governmental unit to the organization without charge						., .,
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				ļ <u>-</u>	ļ	
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						
. <b>8</b>	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						· — -
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		ļ	<u> </u>	ļ	<del> </del>	
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				į.		
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 VI.)						
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						
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2015 (line			13, column (f))		15	%
16	Public support percentage from 2014 Sc	**	-				%
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2015	•	* * *	•			%
18 19a	Investment income percentage from 201-331/3% support tests—2015. If the organ 17 is not more than 331/3%, check this box	nization did no	t check the bo	x on line 14, a	and line 15 is r		
b	331/23% support tests—2014. If the organiline 18 is not more than 331/23%, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	31/3%, and
20	Private foundation. If the organization d		-				

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
ī.			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		9 <b>%</b>	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	*** 	
ှ <b>င</b> ပျာ	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
- 4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	<u>*</u> * * * *	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	N.	
. <b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	* 5a		
^ b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	**	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	* *	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	·	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		<del> </del>
.,	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		<u> </u>

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3,	, ,	3
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			~~
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ė.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		<b>*</b> * * * *	- ,
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,	* ,	1
Έ.	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			لكت
<b>f</b>		1	* . మ	, 1
2	Did the organization operate for the benefit of any supported organization other than the supported	***	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	*
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	-	1,00	
	supervised, or controlled the supporting organization.			*
<u> </u>		2		
Secti	on C. Type II Supporting Organizations		Van	Nic
		<u>_</u>	Yes	No
<b>7,1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	,		ý.
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	4		
Socti	on D. All Type III Supporting Organizations			
Section	on b. An Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		169	140
. 1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	***	٠ 🦓	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	£ "	. 44	St.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		•
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	رة ب <sub>ة</sub>	_	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		$\neg \neg$
•	significant voice in the organization's investment policies and in directing the use of the organization's	,		, ,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		- Stanue   
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
. 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	กรเกษ	CHON	>)
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		. 4 4!	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		`	* ,
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a	L	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Ì
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	]	
	reasons for the organization's position that its supported organization(s) would have engaged in these	L		
	activities but for the organization's involvement.	2b		Ĺ
3	Parent of Supported Organizations. Answer (a) and (b) below.	· ·		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		Ĺ ´
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type I	jani	izations			
1	tru	st on Nov. 20, 1970. <b>See ir</b>	structions. All		
other Type III non-functionally integrated supporting organizations must con					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or		-			
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see	73° yr	The state of the s			
instructions for short tax year or assets held for part of year):	1a		<u>`</u>		
a Average monthly value of securities					
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>			
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):	ęů.	em			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>		
3 Subtract line 2 from line 1d	3		_,		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
*5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_	* * * * * * * * * * * * * * * * * * * *			
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	3			
4 Enter greater of line 2 or line 3	4	* /			
5 Income tax imposed in prior year	5		l <u> </u>		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		" " " " " " " " " " " " " " " " " " "			
emergency temporary reduction (see instructions)	6		<u> </u>		
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III supportin	g organization (see		
instructions)					

	77 (10(1) 330 (1) 330-EE) 2510	Supportin	a Organia	ations (continued		
Part \		Japportir	ig Organiz	Lations (continued)	С	urrent Year
Section	on D - Distributions  Amounts paid to supported organizations to accomplish e	xempt purpo	ses		1	
1_	Amounts paid to perform activity that directly furthers exe	mot purpose	s of suppoi	ted	1	
2	Amounts paid to perform activity that directly furthers exercise organizations, in excess of income from activity	mpt purpose	s or suppor	100		
	Administrative expenses paid to accomplish exempt purp	oses of supr	orted organ	nizations		
3_	Amounts paid to acquire exempt-use assets	0000 01 000				
	Qualified set-aside amounts (prior IRS approval required)					
5	Other distributions (describe in <b>Part VI</b> ). See instructions.					
6	Total annual distributions. Add lines 1 through 6.		-			
7	Distributions to attentive supported organizations to which	h the organiz	ation is res	ponsive		
8	(provide details in <b>Part VI</b> ). See instructions.	it the organia				
9	Distributable amount for 2015 from Section C, line 6					
	Line 8 amount divided by Line 9 amount					
10	Line of amount divided by Line of Line	(3)		(ii)		(iii)
~ Se	ection E - Distribution Allocations (see instructions)	Excess Dis		Underdistributions Pre-2015		Distributable nount for 2015
1	Distributable amount for 2015 from Section C, line 6	, , , , , , , , , , , , , , , , , , ,	2. 19w			*
2	Underdistributions, if any, for years prior to 2015		34, <b>4</b> K		# 2"	* ** *
-	(reasonable cause required-see instructions)	4. *				*
3	Excess distributions carryover, if any, to 2015:					
а					- -	'.4
b		( <del>*</del>	,		¥ ,,,	
С		**. *** **. ***	- A A	F-42.	l l	
d	From 2013	7,77		. 4. 1	**	
е	From 2014				-	
f	Total of lines 3a through e	1	**. *		<del></del>	2,8
g_	Applied to underdistributions of prior years	- 1 N	¥ ¥°	* * *	- 13	
<u>h</u>	Applied to 2015 distributable amount	* *		* * *	<u>*</u> +-	
<u>i</u>	Carryover from 2010 not applied (see instructions)	<del> </del>				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del></del>	*45	<u> </u>	+	
· 4	Distributions for 2015 from Section	- A	g rejec		, t	****
	D, line 7: \$	**	<del>- `` </del>	· · · · · · · · · · · · · · · · · · ·		1
<u>a</u>	Applied to underdistributions of prior years	<u> </u>			_	
b_	Applied to 2015 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.	<del> </del>				
5	Remaining underdistributions for years prior to 2015, if	A. 4.5				* .
	any. Subtract lines 3g and 4a from line 2 (if amount	>	ļ.			** ,
	greater than zero, see instructions).	<u> </u>				
6	Remaining underdistributions for 2015. Subtract lines 3h	<b>'</b>				
	and 4b from line 1 (if amount greater than zero, see		, A	à.		
	instructions).  Excess distributions carryover to 2016. Add lines 3	*		**		
7	and 4c.					
8	Breakdown of line 7:	<del> </del>				
−a				ļ	-+	
b		<u> </u>				<u></u>
С		<del> </del>				
	Excess from 2014					<u></u>
е	Excess from 2015				dulo A /F-	rm 990 or 990-EZ) 201
				Scho	лин а гго	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization			Employer identification number			
	o Mission, Inc.	ined Funds on Other Circles Funds	27-0518406			
Part I	Organizations Maintaining Donor Adv					
	Complete if the organization answered "	(a) Donor advised funds	(b) Funds and other accounts			
1 Tota	al number at end of year	(a) Boiler advised lands	(b) i silas alia salia accounts			
	regate value of contributions to (during year)		<del> </del>			
	regate value of grants from (during year) .	<del></del>	<del> </del>			
	regate value at end of year	<del> </del>	<del> </del>			
	the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised			
	Is are the organization's property, subject to the					
6 Did	the organization inform all grantees, donors, a	nd donor advisors in writing that grain	nt funds can be used			
only	for charitable purposes and not for the benef	it of the donor or donor advisor, or f	or any other purpose			
_ conf		<u> </u>	· · · · · · D Yes 🗌 No			
Part II						
	Complete if the organization answered "					
•	pose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recreat	•	• •			
	Protection of natural habitat	☐ Preservation o	f a certified historic structure			
	Preservation of open space	Id relified concentration contribution	on in the form of a consequation			
	nplete lines 2a through 2d if the organization he ement on the last day of the tax year.	eid a quaimed conservation contribution	Held at the End of the Tax Yea			
			<u> </u>			
	al number of conservation easements al acreage restricted by conservation easements		2a			
	nber of conservation easements on a certified h					
	nber of conservation easements included in					
	oric structure listed in the National Register .		2d			
	nber of conservation easements modified, trans					
	year ▶	· ·				
4 Num	nber of states where property subject to conser					
	s the organization have a written policy reg					
	ations, and enforcement of the conservation ea					
6 Staff	f and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year			
<u> </u>						
7 Amo	ount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year			
·_	s each conservation easement reported on line	2/d) above satisfy the requirements of	f section 170(b)(4)(B)(i)			
			······································			
	art XIII, describe how the organization reports of					
	ance sheet, and include, if applicable, the text of		•			
	anization's accounting for conservation easeme					
Part III			Other Similar Assets.			
	Complete if the organization answered "	"Yes" on Form 990, Part IV, line 8.				
	e organization elected, as permitted under SFA					
	ks of art, historical treasures, or other simılar					
pub	lic service, provide, in Part XIII, the text of the fo	ootnote to its financial statements tha	it describes these items.			
	e organization elected, as permitted under S					
	ks of art, historical treasures, or other similar		ducation, or research in furtherance of			
	lic service, provide the following amounts relati	•				
(i) F	Revenue included on Form 990, Part VIII, line 1		5 <b>5</b>			
(ii) A 2 If th	Assets included in Form 990, Part X	historical transures or other similar	> \$			
	be organization received or neid works of art, by by amounts required to be reported under S		<del>-</del> · ·			
	enue included on Form 990, Part VIII, line 1 ets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •			

Par	Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar As	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	rds, check any of th	e following that are a s	significant use of its
а	☐ Public exhibition	d	Loan or exchang	je programs	
b	☐ Scholarly research	е	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	ain how they further	the organization's exer	mpt purpose in Part
5	During the year, did the organization solic assets to be sold to raise funds rather than	to be maintained as p			ar Yes No
Part					_
	Complete if the organization ans 990, Part X, line 21.			•	
	Is the organization an agent, trustee, cust included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:	A	mount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been	provided on Part XIII .	<u></u>
.,Part					
	Complete if the organization ans			<u> 10</u>	
-	(a)	Current year (b) Price	or year (c) Two year	s back (d) Three years back	k (e) Four years back
1a	Beginning of year balance				
_ b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs		İ		
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	urrent vear end balanc	e (line 1g. column (a	)) held as:	<del></del>
a	Board designated or quasi-endowment ▶	_	, ,, ,	,	
∠ b	Permanent endowment ► %				
*1	Temporarily restricted endowment ▶	%			
•	The percentages on lines 2a, 2b, and 2c sh				
За	Are there endowment funds not in the pos		zation that are held	and administered for th	ne
	organization by:	• • • • • • • • • • • • • • • • • • • •			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organi				3b
4	Describe in Part XIII the intended uses of the				00
Pari			William Tandor	<del></del>	
r ar	Complete if the organization ans		m 990 Part IV line	11a See Form 990	Part Y line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
· ——		(investment)	(other)	depreciation	
1a	Land	86,000		Mada Silanda Silanda	72,194
b	Buildings	1,268,746	+52,750	-46,551	1,274,945
C	Leasehold improvements				
d	Equipment	13,298		-7731	11,613
· e	Other	L. <u>.</u>	<u> </u>	<u> </u>	
Total.	Add lines 1a through 1e. (Column (d) must of	equal Form 990, Part	K, column (B), line 10	)c.) ▶	1,358,752

	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives			
	neld equity interests			<del></del>
1', (Δ)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
್≎(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		1	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
7	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
·(1)				
.(2)				
(3)				
(4)			<u> </u>	
(5)	<u> </u>			
(6)			<del></del>	
(7)				
(8)				
(9) Tabal (Oaksan (	100 Dat V 11 Dille 10 D		· , , ,	7 4 4 8.
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) ►  Other Assets.			70.0
Parlix	Complete if the organization answered "Yes" or	n Form 990 Part IV li	no 11d Soo Form	000 Part Y line 15
<del>-</del>	(a) Description	11 Onti 990, 1 art 14, 11	ne i id. See i oni	(b) Book value
(1)	(-, 2000, -		<del></del>	
(2)	<del></del>		<del></del>	
.(3)	<del></del>			
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>.</b>	
Part X	Other Liabilities.			
گفیز من	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11e or 11f. Sec	e Form 990, Part X,
<b>~</b>	line 25.			
1.	(a) Description of liability (b) Book v	/alue		
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25 ) ▶			
	r uncertain tax positions. In Part XIII, provide the text of the s liability for uncertain tax positions under FIN 48 (ASC 740			

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
<del>21</del> 1	Total revenue, gains, and other support per audited financial statements			1	1,842,585
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,042,000
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		0	1 1	
С	Recoveries of prior year grants		0	1 .1	
d	Other (Describe in Part XIII.)		0		
e	Add lines 2a through 2d			2e	6
. <b>3</b>	Subtract line <b>2e</b> from line <b>1</b>			3	1,842,008
٠ 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
~ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	. 4	
b	Other (Describe in Part XIII.)		202,222	1 1	
С	Add lines 4a and 4b			4c	202,222
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,044,807
Part	XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses pe	r Return.	
F	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,716,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			- 3	
а	Donated services and use of facilities	2a	0	- ×	
b	Prior year adjustments	2b	0	1 1	
C	Other losses		15,657	**	
d	Other (Describe in Part XIII.)		0	1 1	
´- e	Add lines 2a through 2d			2e	15,657
3	Subtract line 2e from line 1			3	1,700,967
• 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		* 2	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	1 2 1	
b	Other (Describe in Part XIII.)		100		
С	Add lines <b>4a</b> and <b>4b</b>			4c	100
<b>⁄</b> _5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .   .		5	1,701,067
Part	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar				e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide	any additional in	formation.	
Part V	, 1a: sale of a few yards of land along the lot lines to neighbors.				
	······································				
	1b: capitalized construction costs for the digital studios expansion project	t.			
			••••		
Part X	, 4b: net assets released from restriction(68,407)				
·	temporarily restricted contributions271, 206 (digital studios p	project)			
	net202,222				
Part X	II, line 2c: non-cash interest expense				
25.63					
2	4b: variance from prior year				
٠.,			_		
			_		
					••••••
•••••					

Schedule D (Fo		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
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<i>:</i>		
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### **SCHEDULE J** (Form 990)

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.

► Information about Schedule J (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

<b>KNOM</b>	Radio Mission, Inc.		27-05184	06		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a. Complete Part III to p			, , , , , , , , , , , , , , , , , , ,		
	☐ First-class or charter travel	☐ Housing allowance or residence f	-	~	\$ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	☐ Travel for companions	Payments for business use of per		1	3*. 2	
	Tax indemnification and gross-up payments	Health or social club dues or initial		Service of the servic		) lgr- ?
1.	☐ Discretionary spending account	Personal services (e.g., maid, cha	uffeur, chef)		3 Tr	
(ř				2	1.2	
b	If any of the boxes on line 1a are checked, did to	he organization follow a written polic	y regarding payment		<u>*                                    </u>	*
	or reimbursement or provision of all of the ex explain		complete Part III to	4.	1	
	explain			1b	<b>V</b>	×
•	Did the assessment of manying authorization and	u to unimburging or allowing avenue	soon inquired by all		22	
<b>2</b>	Did the organization require substantiation producetors, trustees, and officers, including the CE	O/Executive Director, regarding the in	tems checked in line			
e Logica	1a?			2		1
				-	17.	80
3	Indicate which, if any, of the following the filing org	anization used to establish the compe	ensation of the			3
•	organization's CEO/Executive Director. Check all the	hat apply. Do not check any boxes for	methods used by a	* * * *	*	
	related organization to establish compensation of t	the CEO/Executive Director, but explain	n in Part III.	×,	4	ľ
	☐ Compensation committee	☐ Written employment contract		, %	~~	
	☐ Independent compensation consultant	Compensation survey or study		","	5 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	κ'
	Form 990 of other organizations	Approval by the board or comper	sation committee	<		3
•	•				·	
4	During the year, did any person listed on Form 990 organization or a related organization:	), Part VII, Section A, line 1a, with resp	ect to the filing	,	b	
а	Receive a severance payment or change-of-control	ol payment?		4a	L	✓
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?		4b		✓
; c	Participate in, or receive payment from, an equity-			4c	ļ	✓
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for eac	h item in Part III.	×.	۶.	
			_	1	<b>`</b> .	, `
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5	<b>-9</b> ,	۰ ۱		
5	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or a	ccrue any	)	)	
	compensation contingent on the revenues of:					
a	The organization?			5a 5b	-	<b>√</b> _
b	Any related organization?			30		<del>                                     </del>
•	If "Yes" to line 5a or 5b, describe in Part III.				٠	
6	For persons listed on Form 990, Part VII, Section A	A. line 1a. did the organization pay or a	ccrue any	"	,	
U	compensation contingent on the net earnings of:	i, mio ra, dia mo organization pay or o	,	٠,		1
а	The organization?			6a	]	1
	Any related organization?			6b		1
_	If "Yes" on line 6a or 6b, describe in Part III.					
	•					<u> </u>
7	For persons listed on Form 990, Part VII, Section	on A, line 1a, did the organization p	rovide any non-fixed			
	payments not described on lines 5 and 6? If "Yes,"	" describe in Part III		7	L	<b>✓</b>
8	Were any amounts reported on Form 990, Part VII,					
	to the initial contract exception described in	_		1		
	in Part III			8	ļ	<u> </u>
_						
9	If "Yes" to line 8, did the organization also fo			1_	l	1
	Regulations section 53.4958-6(c)?			9	1	I

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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 column (D) and (E) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and (D) Nontaxable (E) Total or columns (F) Compensation (D) and (E) amounts for that individual (E) Total or columns (E) amounts for the deferred (D) Nontaxable (E) Total or columns (E) amounts for the deferred (D) Nontaxable (E) Total or columns (E) amounts for the deferred (D) Nontaxable (E) Total or columns (E) amounts for the deferred (D) Nontaxable (E) Total or columns (D) amounts for the deferred (D) Nontaxable (E) Total or columns (D) amounts for the deferred (D) Nontaxable (E) Total or columns (D) Amounts for the deferred (D) Nontaxable (E) Total or columns (D) Amounts for the deferred (D) Nontaxable (E) Total or columns (D) Amounts for the deferred (D) Nontaxable (E) Total or columns (D) Amounts for the deferred (D) Nontaxable (E) Total or columns (D) Amounts for the deferred (D) Nontaxable (D) Nontaxa

(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	in column (B) reported as deferred on pnor Form 990
Norman "Ric" Schmidt, 1 General Manager	(i) (ii)	111,730	0	0	6691	0	118,421	<u></u> 0
2	(i) (ii)							
3	(1)							
	(i)							
	(1)							
5	(i)							
6	(ii) (i)							
7	(i)							
8	(ii)							
9	(ii) (i)							
10	(ii) (i)							
	(ii) (i)							
12	(ii)							
13	(ii) (i)							
14	(ii) (i)							
15	(ii) (i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (	Form 990) 2015 Page <b>3</b>
Part III	Supplemental Information
rovide t	he information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part dditional information.
Part I, #1b	Nome Recreation Center membership is a benefit to all KNOM employees and volunteers. Annual cost for all staff is \$3000 per year.
Part II, line	1 the Key Employee, Norman "Ric" Schmidt is KNOM's general manager. These amounts were reported on calendar year 2014 W-2
•	
······································	
<del>ن المناسطة</del> المراء ا	
•••••	
·;	

Schedule J (Form 990) 2015

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Name of the organization

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

Employer identification number

KNOM Radi	o Mission, Inc.	27-0518406
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) o	rganizations only).

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
•	(a) Name of disqualitied person	organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
¹(6)						
2		urred by the organization managers or disqual			_	
· 3	Enter the amount of tax, if an	y, on line 2, above, reimbursed by the organization	on ▶ \$			

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organia	1 the	(e) Original principal amount	(f) Balance due	( <b>g</b> ) In d	default?		ard or	(i) Wr agreer	
	\ <u></u> `		То	From			Yes	No	Yes	No	Yes	No
(1)								L				
(2)						L			L			
<b>(3)</b>												<u> </u>
(4)												l
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total			<del>.</del> .		▶	\$	,		1			

#### Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2015

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		
	Morman "Dia" Sahmidt				Yes	No
) Norm	an "Ric" Schmidt	Key Employee, gen. mgr.	111,730	2014 line 5 W-2 salary from KNOM	<del> </del>	✓
)	<del></del>				<del> </del>	
)					<b>†</b>	
						<u>_</u>
					-	
	<del></del>	<del></del>	<del></del>		-	
	<del></del>		<u>-</u> -	<del>-</del>		_
rt V	Supplemental Information					
_	Provide additional information	on for responses to questions of	on Schedule L (see	instructions).		
man "D	ic" Schmidt was employed by A	lacka Dadio Miccion for 10 years	hefore the indepen	dent nonprofit, KNOM Radio Missio	n (KDI	M)
formed	l. KRM assumed ownership and	d operations of KRM in March 20	12. All 3 founding b	oard members (from 2009-2012), in	cludin	g
chmid	t, resigned before the current 7	member board assumed radio st	ation operations in	March of 2012.		
	••••••••••					

#### SCHEDULE O (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

KNOM Radio Mission, Inc. 27-0518406 Part VI Section A #2: Norman "Ric" Schmidt, KNOM general manager, and Lynette Schmidt, business manager/development director, are husband and wife. Both were founding members of KRM, and were employed by the nonprofit's predecessor entity, Alaska Radio Mission, which was owned by the Catholic Bishop of Northern Alaska. Conflict of interest questionaires are completed by all board directors at the beginning of each fiscal year. Part VI Section A #8: Board meeting minutes are taken, reviewed/corrected and recorded at the next meeting of the board. Part VI Section B #11: Form 990 is reviewed by the treasurer, then distributed to all board members. Part VI Section B #12: Conflict of interest is addressed in corporate bylaws. Annual disclosure questionaires are completed by board members at the beginning of each fiscal year, or upon election of a new member. Part VI Section B #15: Reference materials include the Foraker Group wage and benefit study of Alaska nonprofits. Salary and benefits are negotiated by a board committee, which makes a recommendation to the full board for approval/disapproval/edit of the contract. Because the GM and Bus Mgr/Devel Dir are husband & wife, the same process is followed for this 1: latter position. When this unique circumstance is no longer in place, the GM will be tasked with employment for all non-key employees. Part VI Section B #19: Upon written request to the business manager, documents are available for viewing at the KNOM business office and copies included in grant applications requiring them. Part VII Section A, 1a, line 8D: This amount is gross wages reported on the 2014 W-2. Part VIII line 1f: Contributions include donations to the capital improvement project. Part VIII line 1g: \$150,899 in net donated services by contracted full-time volunteers. The same amount is expensed in Part IX line 24a. The remaining \$1152 balance is for items/services used by KNOM but paid for by donors (verifiable value) and postage stamps. Part VIII line 6a: Rent from AM radio tower hosting. Part IX line 5: Key employee only for the fiscal, not calendar, year. Part IX line 20: Interest includes all bank fees and credit card/debit card processing fees. Part IX line 24a: contract volunteer time is computed and based on timesheets of full-time volunteers at hourly wages, less expenses and

stipends. Line item has a corresponding revenue amount included in Part VIII line f. These totals are reviewed by auditors.

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Part XI line 9: depreciation adjustment for FY14 per audit.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
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<sub>997</sub>	
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