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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Depa	artment o	f the Treasury nue Service	► Information about Form 990 and its instructions is at www.ii	=		Inspection			
A			ndar year, or tax year beginning		ne 30	, 20 16			
В	Check if	applicable				er identification number			
☑		change	Doing business as			27-0518406			
$\overline{\Box}$	Name cl		Number and street (or P.O box if mail is not delivered to street address) Room/s	suite	E Telephone number				
	Initial ref	ŭ	PO Box 190649			907-868-1200			
ī		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$	Amende		Anchorage, AK 99519		G Gross re	eceipts \$ 1,502,719			
ī		ion pending	F Name and address of principal officer Norman "Ric" Schmidt, Gen Mgr	H(a) is this a		subordinates? Yes No			
	приноск	ion ponding	PO Box 988, Nome, AK 99762	1		s included? Yes No			
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)	` '		list (see instructions)			
<u>;</u>	Website		w.knom.org	H(c) Group	exemption	number >			
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile AK			
	art I	Summ				7.1.2			
	1		escribe the organization's mission or most significant activities: KNOI	M Radio Missi	on exists	to provide worship.			
ø	} -	· ·	n, news and education to listeners in Western Alaska.						
and	l .	mophanic	11, 1000 dila dalatati to ilotolia il redotali Alabita						
Ē	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	of more that	n 25% of	its net assets.			
Š	3				1 1	6			
8	4		of independent voting members of the governing body (Part VI, line 1b			6			
ies	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	0			
Activities & Governance	6		nber of volunteers (estimate if necessary)		6	16			
Acı	7a		elated business revenue from Part VIII, column (C), line 12		7a	0			
9	b		lated business taxable income from Form 990-T, line 34		7b				
<u></u>			,	Pnor Y	ear	Current Year			
3	8	Contribut	tions and grants (Part VIII, line 1h)	1,987,394	1,375,122				
2	9		service revenue (Part VIII, line 2g)		51159	111,716			
evenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		-574 905				
3	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6828	6828			
2	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,044,807	1,502,719			
			nd sımılar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0	0			
Expenses NED	14		paid to or for members (Part IX, column (A), line 4)		0	0			
25	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		721,676	667,193			
Z.	16a		onal fundraising fees (Part IX/column (A), line 11e)		0	0			
್ಷಕ್ತ	b		draising expenses (Part IX, column (D), line 25)						
Ψ	17		penses (Part IX, column (A) lines 11a-11d, 11f-24e)		979,391	928,398			
	18		penses. Add lines 13-17 (must equal Rart IX column (A), line 25)		1,701,067	1,595,591			
	19		less expenses. Subtract line 18 from line 12		343,740	-92,872			
ار م ار م				Beginning of C		End of Year			
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)		2,281,638	2,150,855			
ASS	21	Total liab	ollities (Part X, line 26)		341,775	291,370			
52	22	Net asse	ts or fund balances. Subtract line 21 from line 20		1,939,863	1,859,485			
P	art II	Signa	ture Block						
			iry, I declare that I have examined this return, including accompanying schedules and stallete. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is			
Sig	gn	Sign	A Bull Should	D:	ate /				
He	re		LYNETTE SCHMIDT BUS MGR		// //	412016			
		Туре	e or print name and title						
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date	Check	PTIN PTIN			
	nu epare	ar L			self-em				
	epare se On		name ►	Fin	m's EIN ▶				
J:	e VII	יעי ר	address ▶		one no				
Ma	y the II		s this return with the preparer shown above? (see instructions)			Yes No			

Cat. No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

01111 00	
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 exist to provide worship, inspiration, information and education to listeners in remote Western Alaska. This mission is steeped
	in the values of KNOM: to be a friend and companion, provide respectful service, and honoring Catholic ideals. 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 to the Alaskan interior.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(0.1
4a	(Code: 86000) (Expenses \$ 284,577 including grants of \$ 0) (Revenue \$ 22,041)
	Digital Studios Addition Capital Project continues, with occupation and full use expected in fall of 2016. The construction is nearly
	complete, with equipment installation in summer of 2016.
	This project replaces aging, outdate, unrepairable equipment with modular, energy efficient, wi-fi ready digital equipment. As the
	TERRA Band (fiber optic network for Western Alaska) makes it 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 project expenses are capitalized to fixed assets.
	To date, the multi-year capital campaign has raised \$855,906 of the \$1,000,000 goal.
	Remodel of the "old" analog studios is underway in summer of 2016.
4b	(Code: Programs) (Expenses \$ 948,077 including grants of \$ 0) (Revenue \$ 202,769)
70	KNOM continues to serve the people of Western Alaska. As internet becomes more available to the remote regions of Western
	Alaska, listeners are now consuming KNOM's content (including news, inspirational and local programming, with emphasis on
	Native culture) in two ways: radio and online. Listenership is now both actual and virtual.
	Expenses include all ordinary program related costs, including in-kind contracted volunteer time (net) and trade-out bush airline
	tickets.
	Revenues include in-kind gifts of contracted volunteer time (net) and underwriting revenues - both cash and trade-out bush airline
	tickets.
4c	(Code: occ & supp) (Expenses \$ 14,670 including grants of \$) (Revenue \$ 976,429)
	98.5% of KNOM's revenues originate from postal mail. Online contributions are rising steadily, but will take a decade or more to
	constitute a significant portion of KNOM's donated income. A comparison test of mail service from the Lower 48 to Nome and back
	versus the Lower 48 to Anchorage and back showed an average delivery discrepancy of 2 to 4 weeks. This hurts fundraising
	potential, because donors do not bond to a charity that does not appear grateful for gifts by a slow acknowledgement of the gift.
	Further, security of Nome delivery was called into question several years ago.
	Thus, KNOM set up a test office in Anchorage to accept mailed contributions, process and deposit the proceeds. The test showed
	positive results, and the board of directors voted to move the business and development office to Anchorage.
	Now that the Anchorage business and development office has been established, the costs are outweighed by savings on labor and
	benefits, and further outweighed by gains in productivity and modestly increased ordinary income. (reversing 2 years of
	declines in ordinary donated income.)
	note: revenues represent all income attributed to fundraising efforts. Expenses = initial set up costs. FY 17 monthly cost = \$1368.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1.043.504

Form 99		_		Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		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 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		1
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_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	i	1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		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		1
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 b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		1
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	19		1
· 		For	ո 990	(2016)

Part	Checklist of Required Schedules (continued)	_	V	N1-
00.	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		*
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		√
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	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
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		√
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? 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		✓
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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		√
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,			
38	Part VI	37		1
			m 99 0	2016

Form **990** (2016)

art				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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	1		
- -	(FBAR).	5a		1
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_ '		,
	required to file Form 8282?	7c	ļ	/
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		✓
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	<u> </u>	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		-
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	✓
10	Section 501(c)(7) organizations. Enter:		l	
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ	ļ	ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	ł	ļ	
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			}
С	Enter the amount of reserves on hand			ļ <u>. </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	1

Form 99	00 (2016)			Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
	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.	1	ł	
b	Enter the number of voting members included in line 1a, above, who are independent	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	1	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		\ <u>\</u>
6 7a	Did the organization have members or stockholders?			
7 4	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		 	
	stockholders, or persons other than the governing body?	7b	i	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		l	
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		l	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C		
10-	Did the experimental have level shorters branches or efficience?	10a	Yes	No 🗸
10a b	Did the organization have local chapters, branches, or affiliates?			V
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	 	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14	1	L
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	↓
a	The organization's CEO, Executive Director, or top management official	15a	1	
Ь	Other officers or key employees of the organization	15b	-	
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-		[]
iva	with a taxable entity during the year?	16a	<u> </u>	┼──┤
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		—	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Alaska			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	nterest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	: ▶	
	Lumette Schmidt Buc Mar DO Box 190640 Anchorage AV 90510 907 909 1900		-	

Part VII	Compensation of Officers, Directors,	Trustees, Key Emp	loyees, Highest Compensat	ed Employees, and
	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization r	nor any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	it officer, directo	r, or trustee.
(A)	(B)	١,,	Position do not check more than one					(D)	(E)	(F)
Name and Title	Average					e than (.is both		Reportable	Reportable	Estimated
	hours per	office	er and			or/trus		compensation	compensation from	
	week (list any hours for	익호	3	Q	<u>~</u>	9 =	Fo	from the	related organizations	other compensation
	related	de	Į	Officer	y e		Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	Ì	¯	힐	yee c		(W-2/1099-MISC)	1	organization
	below dotted line)	ੇ <u>ਫ਼</u> ੋ	a tr		Key employee	ğ				and related organizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee				Ĭ
			_ ₩			ited				
(1) Dr, Paul Korchin,	6									
_ President		✓		✓				o	0	
(2) Dennis Bookey	4									
Vice President		✓	$oxed{oxed}$	✓				0	0	
(3) Kevin Fimon	4							ļ		
Treasurer		✓	$oxed{oxed}$	✓				0	o	
(4) Thomas Moran	3	j								
Secretary		✓	$oxed{oxed}$	1		<u> </u>		0	0	
(5) Fr. Ross Tozzi	4									
Director		✓	Ь	L			<u>.</u>	0	o	
(6) Annie Blandford	2									
Director		✓	<u> </u>		ļ	ļ	_	0	0	
(7) Norman "Ric" Schmidt, general manager				ļ	١,		١,			
(2015 W-2 gross wages)			├		✓		✓	111,230	0	
.(8)										
(9)										
(10)				_			\vdash			
(11)										
(12)							-			
4.0		<u> </u>	<u> </u>	<u> </u>			<u> </u>	-		
(13)										
(14)										
	i	ı	1		1	1	ı	1	i	

Part	(B) Average	(do n	ot ch	Pos neck	tion more	than o	one	(D) Reportable	(E) Reportable		(Estu	F)		
	hours per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	าร	ot compe fror organ	unt of her ensation n the lization related izations		
(15)														
(16)								\vdash		<u> </u>				
(17)					-	 								
(18)														
(19)				-		-					-			
(20)						<u> </u>		 			_			
(21)				-		-		_						
(22)						_								
(23)									 					
(24)						_			 		-		_ _	
(25)														
1b c	Sub-total	VII, Section	n A				•	▶	111,230 111,230		0			
d 2	Total (add lines 1b and 1c)	t not limited						e) w	ho received m		0) 00,000 (of		
3	Did the organization list any former of		tor, c	or tr	rust	ee,	key 6	emp		est compe	nsated		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the							n a			 m the	3	1	
-•	organization and related organizations											4		√
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	vidual	5		
Section	on B. Independent Contractors	. ,, , , , ,		-		,04.				<u>- · · - · - </u>				
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	Iress							(B) Description of s	ervices	c	(C) compens	ation	
	Laser Printing & Mailing							_	int & mailing ser					8,779
	cast Supply ound Software				_			_	dio equipment & dio servers, teci					2,949 2,469
	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abo	ove) who				

Form **990** (2016)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
	_	Check if Schedule C	contains a res	ponse or note to			<u></u>	🗸				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns	s 1a	0								
ira Our	b	Membership dues .	1b	0								
ts, (Am	С	Fundraising events .		0								
Giff	d	Related organizations		0								
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (cor		<u> </u>								
itio	f	All other contributions, g										
ribu Oth		and similar amounts not inc		1,375,122								
ont nd (g	Noncash contributions include	·	95,222								
	h	Total. Add lines 1a-1	<u>†</u>	Business Code	1,375,122							
ıne					, ,		-					
leve	2a	program underwriting		51500	111,716	111,716	0					
Program Service Revenue	Ь	••••••	trade out)									
ervi	C d											
n S(e		•									
grar	f	All other program ser		== =								
Pro	g	Total. Add lines 2a-2			111,716			<u> </u>				
	3	Investment income			11.,,,,,,							
		and other similar amo			9053	9053	0	l a				
	4	Income from investmen	t of tax-exempt b	ond proceeds▶	0	0	0	C				
	5	Royalties		▶	0	0	0	0				
			(ı) Real	(II) Personal				, , ,				
	6a	Gross rents	6828									
	b	Less rental expenses										
	С	Rental income or (loss)		L		-						
	_d	Net rental income or		▶	6828	6828	0					
	7a	Gross amount from sales of	(i) Securities	(ii) Other								
	١.	assets other than inventory										
	b	Less cost or other basis										
		and sales expenses .										
	<u>د</u>	Gain or (loss)			-							
	d	Net gain or (loss) .		· · · · •	0	0	0	0				
venue	8a	events (not including \$	-									
Other Rever		of contributions reported See Part IV, line 18 .	ed on line 1c). · · · · a									
₹	1	Less: direct expenses			_							
		Net income or (loss) f		events . >	0		0	0				
	9a	Gross income from ga	•									
			···a									
	b	Less: direct expenses			-	-						
	C	Net income or (loss) f		ıvıtıes ▶	0	0		0				
	lua	Gross sales of in returns and allowance	•									
			u	ļ								
	b	Less: cost of goods s Net income or (loss) f			_ }							
	c	Miscellaneous F		Business Code	0	0	0	0				
	11a	itiiscellai ieous r		Dusiness Ovue								
	b		•									
	C											
	d	All other revenue .				-						
	e	Total. Add lines 11a-		•	0=							
	12	Total revenue. See II			1 502 719	1 502 719						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX \checkmark (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and key employees 111,730 83,797 22,811 5122 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 73,441 345,953 228,726 43,786 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) 280 21,863 21,005 398 Other employee benefits 9 148,400 146,334 1724 342 10 Payroll taxes 39,427 28,334 5208 5885 11 Fees for services (non-employees): Management 0 Legal 400 400 0 0 Accounting 0 C 19,067 3468 15,599 d 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees f 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 1388 1438 50 0 Advertising and promotion 12 246,327 135,005 0 11,322 13 Office expenses 275,692 72,269 22497 180,926 14 Information technology . . . 34,579 9322 3151 22,106 15 Royalties Occupancy 16 90514 80831 1675 8008 17 Travel 93,963 7515 86,448 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 924 924 0 0 4780 20 11,353 158 6415 Payments to affiliates 21 0 0 0 22 Depreciation, depletion, and amortization . 34,549 32,245 2304 0 23 9928 3358 13,286 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) contracted volunteer time (net) 90,232 90,232 misc. operations (downloads, memberships, b 474 2910 16,074 12,690 music purchase, etc.) C All other expenses е Total functional expenses. Add lines 1 through 24e 25 1,595,591 1,043,504 136,504 415,122 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 following SOP 98-2 (ASC 958-720)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	56,760	1	40,618
	2	Savings and temporary cash investments	846,683	2	452,485
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1942	4	23,868
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
s	6	Complete Part II of Schedule L			0
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	17,396		14,491
	9	Prepaid expenses and deferred charges	0	 1	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,782,097			
	b	Less: accumulated depreciation	1,358,752	10c	1,619,393
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11			
	14	Intangible assets	0		
	15	Other assets. See Part IV, line 11			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,281,638		2,150,855
_	17	Accounts payable and accrued expenses	115,725	_	102,477
	18	Grants payable	113,723	_	0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities		+ +	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		li	
ΙĘ		disqualified persons. Complete Part II of Schedule L	0	22	
E.	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	226,050	24	188,893
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26		0	-	0
_	20	Total liabilities. Add lines 17 through 25	341,775	26	291,370
seo		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	1,556,820	27	1,875,420
æ	28	Temporarily restricted net assets	383,043	28	61,293
Net Assets or Fund Balances	29	Permanently restricted net assets		29	······································
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u> t	33	Total net assets or fund balances	1,939,863	-	1,859,485
~	34	Total liabilities and net assets/fund balances	2,281,639		2,150,855
			2,20.,000		Form 990 (2016)

Form 9	90 (2016)		Pa	ıge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. ✓
1	Total revenue (must equal Part VIII, column (A), line 12)			2,719
2	Total expenses (must equal Part IX, column (A), line 25)		1,59	5,591
3	Revenue less expenses. Subtract line 2 from line 1		٠.	2,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,93	39,86 <u>3</u>
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			937
9	Other changes in net assets or fund balances (explain in Schedule O)		•	11,557
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,8	59,485
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>√</u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📝 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O.			<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b	✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c	✓_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047 2016

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

	M Radio Mission, Inc.					27-05			
	t Reason for Public Cha						ns.		
1 2									
3 4	 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. 								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
6 7	 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 if	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nam	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fui t income and uni	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its		
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	on 509(a)(4).			
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
а	Type I. A supporting organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t	•			
b	 Type II. A supporting orga control or management of organization(s). You must 	the supporting o	rganization vested in	the same					
C	Type III functionally integ its supported organization						ally integrated with,		
c	Type III non-functionally that is not functionally inte requirement (see instructional see instructions)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
e	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported Provide the following informatio	~	oorted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)		-	,				-		
(D)									
(E)	-								
		1		I	I	l	i -		

Schedu	le A (Form 990 or 990-EZ) 2016						Page 2
Part		e box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
Secti	on A. Public Support	quality citae		tod bolow, pr	case comple	to r di t iii.j	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	454,213	1,910,926	1,645,338	1,986,193	1,284,889	7,281,559
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	o	o	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0		•	0	
4	Total. Add lines 1 through 3	454,213	1,910,926	1,645,338	1,986,193	1,284,889	7,281,559
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	70 7/2 10	1,010,020	1,043,330	1,300,133	1,204,009	258,089
6	Public support. Subtract line 5 from line 4						7,023,470
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	454,213	1,910,926	1,645,338	1,986,193	1,284,889	7,281,559
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
0	Net income from unrelated business	246	1025	1858	-574	9053	11,608
9	activities, whether or not the business is regularly carried on	0	o	o	o	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	0	29,524	40,747	51,159	111,716	233,146
11	Total support. Add lines 7 through 10	(· t · · · - t · -					7,526,313
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for th organization, check this box and stop her	e organization' e	s first, second		or fifth tax ye		
	on C. Computation of Public Suppor			1		44	
14 15 16a	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch 331/3% support test—2016. If the organization qual	edule A, Part II zation did not d	l, line 14 check the box	on line 13, and	...[d line 14 is 33		
þ	331/3% support test—2015. If the organization this box and stop here. The organization	ation did not c	heck a box or	n line 13 or 16a	a, and line 15	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta imstances" tes	nces" test, cho st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported

10%-facts-and-circumstances test-2015. 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 shooked the hey on line 10 of Double wifethe annual

(Complete only if you checked the box on line 10 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						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						_ -
2	received. (Do not include any "unusual grants.")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
_	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		
С	Add lines 7a and 7b		-				
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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				-	ear as a sectio	
Secti	on C. Computation of Public Support						
15	Public support percentage for 2016 (line	8, column (f) d	vided by line 1			15	%
16	Public support percentage from 2015 Sci	hedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
j.	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on A. All Supporting Organizations		Voo	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	~ 2		
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 Part VI when and how the organization made the determination.	3b	~	-
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	- 4b		
С	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 Part VI 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		
5а	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 Part VI , 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?	5с		
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 filing organization's supported organizations? If "Yes," provide detail in Part VI.	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 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 Part VI .	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 Part VI.	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 Part VI.	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)			
44	the theory of the first and the first and the fillenges are also as		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	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		
	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			
	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 Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,	i		'
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
<u> </u>	on c. Type if Supporting Organizations		Yes	No
1	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 Part VI how control	1		,
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1	L	
Secti	on D. All Type III Supporting Organizations	·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	l		
	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 Part VI how 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		\vdash	
-	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	<u> </u>	<u> </u>
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	nstru	ction	s).
а	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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
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 Part VI identify			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	 -		—
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI</i> .	3a	-	<u> </u>
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Ves " 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 Org	ani	zations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explain						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
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	ĺĺ							
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								
Instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
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							
e Discount claimed for blockage or other								
factors (explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
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							
4 Enter greater of line 2 or line 3.	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to								
emergency temporary reduction (see instructions).	6							
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporting	g organization (see					

Part		s) Supporting Organi	zations (continuea)					
	on D - Distributions			Current Year				
1								
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
	Qualified set-aside amounts (prior IRS approval required)							
<u>6</u> 	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.							
<u>′</u> 8	Distributions to attentive supported organizations to which	h the every						
0	(provide details in Part VI). See instructions.	in the organization is res	ponsive					
9	Distributable amount for 2016 from Section C, line 6							
	Line 8 amount divided by Line 9 amount							
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
а								
b	!							
С	From 2013							
d	From 2014							
	From 2015							
f	Total of lines 3a through e			'				
<u>g</u>	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
<u> </u>	Carryover from 2011 not applied (see instructions)							
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from							
7	Section D, line 7:		;					
a	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
C	Remainder, Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result			} !				
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b	Excess from 2013							
<u> </u>	Excess from 2014							
	Excess from 2015							
е	Excess from 2016							

SCHEDULE D (Form 990)

Department of the Treasury

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

OMB No. 1545-0047 20**16**

Open to Public Inspection

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

Page	e 2

Schedu		

	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		tner reco	ras, cnec	K any of th	ie toliow	ing that are a	signilicar	it use of its
a	Public exhibition				or exchang	_			
þ	Scholarly research		е	Othe	r			- -	
_	Preservation for future generations		المديد لدما		la a £4 la a	41			ass in Dort
4	Provide a description of the organiza XIII.	tion s collections	and expla	ain now t	ney turtner	the org	anization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather								es □ No
Part									
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on For	m 990, I	Part IV, line	e 9, or	reported an a	mount o	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	llowing t	able:		<u> </u>	Amount	
С	Beginning balance					1c	 		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			-
2a	Did the organization include an amou				escrow or c			v? 🗆 Y	es 🗆 No
	If "Yes," explain the arrangement in P							-	
Par				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Complete if the organization	answered "Yes	s" on For	m 990, I	Part IV, line	e 10.			
	<u>,</u>	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			•					
e	Other expenditures for facilities and							_	
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current year e	nd balanc	e (line 1g	, column (a	a)) held a	as:		
а	Board designated or quasi-endowme	nt 🕨	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal	100%.						
3a	Are there endowment funds not in th	e possession of t	he organı	zation th	at are held	and ad	ministered for t	he	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.				
Part									
	Complete if the organization	answered "Yes	s" on For	m 990, I	Part IV, line				
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Bo	ok value
1a	Land		86,000		-13,806				72,194
b	Buildings		1,268,746		421,813		-151,468		1,539,091
C	Leasehold improvements								
d	Equipment	•	13,298		+6046		-11,236		8,108
e	Other	<u>· </u>							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	990, Part 2	K, columr	n (B), line 10)c.)	▶		1,691,393

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin		
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation -of-year market value
(1) Financial	derivatives			
.,	neld equity interests			
(3) Other	•••••••••••••••••••••••••••••••••••••••			
(A)	·	<u></u>		
(B)		<u> </u>		
(C)		ļ		
(D) (E)		 	 	-
(F)	·		 	
(G)				
(H)		 	 	
	b) must equal Form 990, Part X, col (B) line 12) ▶	<u> </u>		
Part VIII	Investments—Program Related.	<u> </u>		
بتنقطينها	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)				
(9)	hi must soud Form 000 Part V set (Pilling 10)	ļ		
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	<u> </u>	L	
FaitiA	Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11d See Form	990 Part Y line 15
	(a) Description	1111 000, 1 art 10, 1111	e 11a. oce 1 om	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)	(A)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.		e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability (b) Book value			
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	runcertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FIN 48 (ASC 740). Ch			

Р	a	q	е	

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1
c	Recoveries of prior year grants		1 1
d	Other (Describe in Part XIII.)	2d	†
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1 1
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
С	Other losses		7
d	Other (Describe in Part XIII.)	2d	7
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ii	nformation.
Part V	I, 1b: Capitalized costs for the digital studios expansion project.		
Part X	l: Will re-file after audit is complete in spring of 2017.		
			·
		•••••	

Schedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
		•
·		·····
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·		
. 		

SCHEDULE L

(9) (10)

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

► 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.

Department of the Treasury

		nformation about	Schedule L (For	<u>m 990 o</u>	r 990 <u>-</u> EZ	and its instr	ruction	s is at www.irs.go				spec	tion	
	of the organization							Emplo	yer ider					
	Radio Mission, Inc.										05184	06		
Par								1(c)(29) organız a or 25b, or Fo				V, lıne	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	on of tran	nsaction	n		(d) Cor	rected
(4)		· -	_	organiza									Yes	No
(1)							├							├-
(2)							-						 	
(4)							 					-		
(5)						· -	-						 	\vdash
(6)														-
2	Enter the amount	of tax incurred	by the organ	nization	n manag	gers or dis	qualifi	ed persons du	iring th	he ye	ar		1	1
	under section 4958										▶ §	`		
3	Enter the amount of	f tax, if any, on	line 2, above,	reimbi	ursed by	the organi	ızatıor	١			▶ \$			
		•	,		•	Ū								
Part	Loans to and	or From Inter	ested Person	s.										
								38a or Form 9	90, Pa	rt IV,	line 2	6; or	ıf the	
	organization r	eported an ame	ount on Form !	990, Pa	art X, lin	e 5, 6, or 2	2.							
(a) N	lame of interested person	(b) Relationship	Relationship (c) Purpose of (d) Loan to or		(e) Origin	(e) Original (f) Balance		(g) In a	default?	(h) Ap	proved	(i) Written		
•	with organizati		ion Ioan		from the principal am organization?		nount		by board or committee?					
				organization/		1			Committee		т—-	+		
				То	From				Yes	No	Yes	No	Yes	No
(1)				ļ	-	<u> </u>			 			-		
(2)					 	<u></u>			 			-		-
(3)		 		 	+	 			╂		├	-		├ ──
(4) (5)		 		-	 	<u> </u>			+		-			-
(6)					 	<u> </u>			+	-	-	 	 	\vdash
(7)		 	 	-					+		-			╁╌╴
(8)		 		_	-				+	<u> </u>	<u> </u>	 	 	
(9)		†			+-				\dagger		_	_	 	┢
(10)			-				_		+					\vdash
Total			<u> </u>			·	.▶	\$	+			<u> </u>		
Part	Grants or As	sistance Bene												
	Complete if the	ne organization	answered "Ye	s" on F	Form 99	0, Part IV, I	line 27	<u>. </u>						
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistan	ce	(е) Purpo	se of a	ıssıstar	ice
(1)				-			 							
(2)					··		<u> </u>			_				
(3)							<u> </u>							
(4)		- 					<u> </u>	_						
(5)					-		T	•						
(1) (2) (3) (4) (5) (6) (7)							 							
(7)							1							
(9)										$\overline{}$				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(1) Norman IIDiali Cabarida	Way Familiana	4444 000	2045 line 5 W 0 - d 6 (NOM	res	No /
(1) Norman "Ric" Schmidt (2)	Key Employee, gen. mgr.	1111,230	2015 line 5 W-2 salary from KNOM	 -	 -
(3)		· -		 -	
(4)					
(5)					
(6)				<u> </u>	
(7)				<u> </u>	
(8) (9)		-		├─	1
(10)				 	
Part V Supplemental Information	1		 		ı
Provide additional informat	ion for responses to questions	on Schedule L (see	e instructions).		
was formed. KRM assumed ownership ar	nd operations of KRM in March 20	12. All 3 founding I	poard members (from 2009-2012), in	cludin	9
Mr. Schmidt, resigned before a 7 member	board assumed radio station ope	rations in March 20	12.		
				-	
				-	
		•			
			·		
	•••••		·		
		••			
		•••••			

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 2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

<u>KNOM</u>	Radio Mission, Inc. 27-05184	<u> </u>		
Part	Questions Regarding Compensation		Yes	No
19	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Tes	NO
ıa	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			1
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments [] Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?,	2		✓
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee ✓ Written employment contract ✓ Compensation consultant ✓ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			}
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		1
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of	L!		
a	The organization?	6a 6b		1
b	Any related organization?	60		*
	The soft line oa of ob, describe in that in.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		✓
		<u> </u>	ļ	ļ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	I

Schedule J (Form 990) 2016

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

(F) Compensation in column (B) reported as deferred on prior Form 990 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 117,004 (E) Total of columns (B)(I)+(D) 0 (D) Nontaxable benefits 6674 (C) Retirement and other deferred compensation 0 (iii) Other reportable compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 230 (ii) Bonus & incentive compensation 111,000 (i) Base compensation Ξ Ξ € € ≘ ≘ e E \mathbf{E} E€ EE ≘ ≘ € € € € $\mathbf{\Xi}$ e e e e Norman "Ric" Schmidt, General (A) Name and Title 1 Manager S ထ Ŷ ŧ 6 12 9 13 7 F

Schedule J (Form 990) 2016

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Part III Supplemental Information rovide the 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 any additional information.
art I, #1b: Nome Recreation Center membership is a benefit to all KNOM employees and volunteers. Annual cost for all staff is \$3000 per year.
Schedule J (Form 990) 2016

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

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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 IV, #12a - An independent audit is budgeted, and planned for spring, 2017. Part VI, Section A #2: Norman "Ric" Schmidt, KNOM general manager, and Lynette Schmidt, business manager/development director, are husband adn wife. Both are 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 surveys are completed by all board directors at the beginning of each fiscal year/member election. Part VI Section A #8: Board meeting minutes are taken, reviewed/corrected adn recorded at the next meeting of the board (quarterly). Part VI Section B #11: Form 990 is reviewed by the treasurer after filing, then distributed to all board members. Amended return, if necessary, will be filed after treasurer review and independent audit is completed. Part VI Section B #12: Conflict of interest is addressed in corporate bylaws. (see section A#2, above) Part VI Section B #15: Reference materials include the Foraker Group wage and benefit study of Alaska nonprofits. Salary and benefits are negotiated by board committee, which makes a recommendation to the full board for approval/disapproval/edit of contract. Because the GM and Bus Mgr/Devel Dir are husband & wife, the same process is followed for this latter position. When this unique circumstance is no longer in place, the GM will be tasked with negotiating the bus mgr/devel dir contract. Part VI Section C #19: Upon written request to the business manager, documents are available for viewing at the KNOM business office, copies included in grant applications requiring them and uploaded through GuideStar. Part VII Section A, 1a line 7D: This amount is gross wages reported on the 2015 W-2. Part VIII line 1g: Contributions include donations to the capital improvement project (\$22.041), contracted net volunteer time (\$90,232) and other gifts including stamps, furniture (i.e. desks, display cases, paid airfares, and other items with verifiable value) Part VIII line 6a: Rent from AM radio tower hosting to NOAA weather radio. Part IX line 5: Key employee only for fiscal year, not calendar year as reported on 2015 W-2. Part IX line 17/ Part VII line 2 a: Amount includes airfares from program underwriting on a trade-out basis (\$49,343) Part IX line 20: interst includes all bank fees and credit card/debit card processing fees. Part IX line 24a: Contract volunteer time is computed using timesheets of full-time volunteers at hourly wages, less expenses, stipends and benefits. Line item has a corresponding revenue amount included in Part VII line f/g. Totals are reviewed by auditors. Part X line 2: Amount includes savings designated for CIP, much of which was spent in FY 16, and capitalized.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
KNOM Radio Mission, Inc.	27-0518406
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