efile GRAPHIC print Submission Date - 2018-01-16

#### DLN: 93493016010378 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Internal Revenue Service

<sub>Form</sub>990

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ► Information about Form 990 and its instructions is at www.IRS.gov/form990 Inspection For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017 C Name of organization D Employer identification number **B** Check if applicable: WSKG Public Telecommunication Council Address change 15-0620345 Name change Doing business as Initial return Final return/terminates E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) 601 Gates Road Application pending (607) 729-0100 City or town, state or province, country, and ZIP or foreign postal code Vestal, NY 13850 **G** Gross receipts \$ 5,223,368 Name and address of principal officer: H(a) Is this a group return for Gregory Catlin subordinates? 601 Gates Road H(b) Are all subordinates Vestal, NY 13850 □ Yes □No included? Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list. (see instructions) 501(c) ( ) ◀ (insert no.) **H(c)** Group exemption number ▶ Website: ► WWW.WSKG.ORG L Year of formation: 1966 M State of legal domicile: NY K Form of organization: Corporation Trust Association Other Summarv 1 Briefly describe the organization's mission or most significant activities: WSKG PUBLIC TELECOM COUNCIL IS A NON-PROFIT NY CORP WHICH OPERATES A NON-COMMERCIAL PUBLIC TV STATION (WSKG) AND TWO NON-COMMERCIAL RADIO STATIONS Activities & Governance Check this box 🕨 🗆 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 50 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a 28,920 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b 44,106 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) 4,668,721 4,918,905 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 1.650 1,192 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 231,667 23,548 4,901,580 4,944,103 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 2,076,278 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,120,678 **16a** Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶960,395 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,394,445 2,990,337 5,515,123 5,066,615 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 -613.543 -122,512 Assets or d Balances Beginning of Current Yea End of Year 3,684,833 3.691.062 20 Total assets (Part X, line 16) . 1,276,446 1,385,911 Total liabilities (Part X, line 26) . 2,298,922 Net assets or fund balances. Subtract line 21 from line 20 2,414,616 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-01-09 Signature of officer Sign Here Greg Catlin President and CEO Type or print name and title Preparer's signature Jesse J Wheeler CPA Print/Type preparer's name Date Check Jesse J Wheeler CPA P00187533 **Paid** self-employed Firm's name DAVIDSON FOX & COMPANY LLP Firm's EIN 🕨 15-0544726

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

BINGHAMTON, NY 13901

Firm's address > 53 CHENANGO STREET

**Preparer** 

Use Only

Phone no. (607) 722-5386

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Par	t IV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes
- 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Yes

Yes

Nο

No

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11d

11e

11f

12a

12b

18

19

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

16

18

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

business, investment, and program service activities outside the United States, or aggregate foreign investments valued 

14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15

foreign organization? If "Yes," complete Schedule F, Parts II and IV .

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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form	990 (2016)			Page <b>4</b>
Par	IV Checklist of Required Schedules (continued)			
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b		No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		INO
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		No
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		No
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		No
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		No
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
27	Did the experientian conduct more than EOV of its activities through an antity that is not a valeted experientian and that			

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

37

38

Yes

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Check if Schedule O contains a response or note to any line in this Pari	<del>+</del> \/						
	check if Schedule o contains a response of note to any line in this rai			•	Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable $$ . $$ .	1a	23					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to v (gambling) winnings to prize winners?	1c	Yes					
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	50					
b	If at least one is reported on line 2a, did the organization file all required federal employ <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s			2b	Yes			
За	$ \   Did the organization have unrelated business gross income of $1,000 or more during the property of $1,000 or more during the $1,000 $	?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	nedule O	3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a signal financial account in a foreign country (such as a bank account, securities account, or other country).		4a		No			
b	<b>b</b> If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during t	he tax	year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelte	r transaction?	5b		No		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		d did the organization	5c 6a		No		
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that s	uch cor		C h				
7	not tax deductible?			6b				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution a provided to the payor?		tly for goods and services	7a		No		
b								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year $\cdot$	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a pers	sonal be	enefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a persona	ıl benef	it contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organized?			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, diagnostic $1098-C$ ?	id the c	organization file a Form	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess busines the year?	ess hold	dings at any time during	8				
9a	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			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9	990 in I	ieu 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	<u>.                                    </u>					
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note</b> additional information the organization must report on Schedule O.	. See t	he instructions for	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax ye		shadula O	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation	on in Sc	cnedule U	14b				

Se	ection A. Governing Body and Management					
1a	Enter the number of voting members of the governing body at the end of the tax year				Yes	No
	Effect the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?	ionship with any other	2		No	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other p			3	Yes	
4	Did the organization make any significant changes to its governing documents since the	prior F	form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power t members of the governing body?	to elec	t or appoint one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?	meml	pers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following:	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C	cannot	be reached at the	9		No
Se	ection B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code	e.)	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?	٠		10a		No
	If "Yes," did the organization have written policies and procedures governing the activitie	ac of ci				
b	and branches to ensure their operations are consistent with the organization's exempt pu			10b		
		urpose	s?		Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purely that the organization provided a complete copy of this Form 990 to all members of its go	urpose vernin	s? g body before filing the	10b 11a	Yes	
11a b	and branches to ensure their operations are consistent with the organization's exempt put.  Has the organization provided a complete copy of this Form 990 to all members of its gorform?	vernin • • • 990.	s? g body before filing the		Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually into	urpose vernin 990.	s? g body before filing the	11a 12a		No
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the	urpose vernin 990.	s? g body before filing the that could give rise to	11a 12a 12b	Yes	No
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done.	urpose vernin 990.	s? g body before filing the that could give rise to	11a 12a	Yes	No
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?	urpose vernin 990.	s? g body before filing the that could give rise to	11a 12a 12b	Yes	No No
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11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and	yernin 990. erests policy	g body before filing the the that could give rise to gray describe in the gray of the gray	11a 12a 12b 12c 13 14	Yes Yes Yes	
11a b 12a b c 13 14	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review of persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official	yernin 990. erests policy	g body before filing the the that could give rise to gray describe in the gray of the gray	11a 12a 12b 12c 13 14	Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	yernin 990. erests policy and apd decis	g body before filing the	11a 12a 12b 12c 13 14	Yes Yes Yes	
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 sint taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegue	erests policy and apd decis ion to eard the	g body before filing the  that could give rise to  fir "Yes," describe in  proval by independent  ion?  rrangement with a  evaluate its participation	11a 12a 12b 12c 13 14	Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?	erests policy and apd decis ion to eard the	g body before filing the  that could give rise to  fir "Yes," describe in  proval by independent  ion?  rrangement with a  evaluate its participation	11a 12a 12b 12c 13 14	Yes Yes Yes	No
11a b 112a c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 sint taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegua status with respect to such arrangements?	erests policy and apd decis ion to eard the	g body before filing the  that could give rise to  fir "Yes," describe in  proval by independent  ion?  rrangement with a  evaluate its participation	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually intconflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 sint taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegue status with respect to such arrangements?	erests policy and apd decis ion to eard the	g body before filing the  that could give rise to  fir "Yes," describe in  proval by independent  ion?  rrangement with a  evaluate its participation	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
11a b 12a c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 sint taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and take steps to safegue status with respect to such arrangements?	yernin 990. erests policy and apd decis milar a ion to a	g body before filing the  that could give rise to  If "Yes," describe in  proval by independent ion?  rrangement with a  evaluate its participation e organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No
11a b 112a c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its go form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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 sint taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization injoint venture arrangements under applicable federal tax law, and take steps to safegua status with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  NY  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990	policy and apd decis and the	g body before filing the  that could give rise to  If "Yes," describe in  proval by independent ion?  rrangement with a  evaluate its participation organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No

State the name, address, and telephone number of the person who possesses the organization's books and records: The Organization 601 Gates Road Vestal, NY 13850 (607) 729-0100 Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

organization, more than \$10,000 of reportable co List persons in the following order: individual tru- compensated employees; and former such perso	stees or directo		_				-	_		
Check this box if neither the organization no  (A)  Name and Title	(B) Average hours per week (list any hours for	Pos more pers	ition than on is	(C) (do one botl	not box	check	c ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ALLEN BUYCK TRUSTEE	0.50	х						0	0	0
(2) BEN GUENTHER TRUSTEE	0.50	х						0	0	0
(3) BRIAN FREY INTERIM PRESIDENT/CEO	40.00	х		Х				106,048	0	23,239
(4) DENNIS MILLER TRUSTEE	0.50	х						0	0	0
(5) DR CHARLES WALCOTT CHAIRPERSON	0.50	Х		Х				0	0	0
(6) DR LAWRENCE A KILEY TRUSTEE	0.50	Х						0	0	0
(7) GARY VERGASON VICE CHAIRPERSON	0.50	х		х				0	0	0
(8) GLENN SMALL SECRETARY/TREASURER	0.50	Х		х				0	0	0
(9) GREGORY CATLIN PRESIDENT & CEO	40.00	Х		х				7,560	0	0
(10) HEATHER STRUCK TRUSTEE	0.50	Х						0	0	0
(11) JAMES WATERS TRUSTEE	0.50	х						0	0	0
(12) KAREN MARTIN TRUSTEE	0.50	Х						0	0	0
(13) KATHERINE FITZGERALD TRUSTEE	0.50	х						0	0	0
(14) KEITH VAUGHAN TRUSTEE	0.50	х						0	0	0
(15) MADELINE COTTSTRUSTEE	0.50	х						0	0	0
(16) MARGARET WOOD HONORARY TRUSTEE	0.50	х						0	0	0
(17) MARLENE SCHWARTZ-PATRICK TRUSTEE	0.50	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	th pers	an or son is	bot bot recto	ox, unhand	eck m Inless I office Justee	er )	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estin amount compe fron	nated of other nsation on the ation and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	rela	ated zations
(18) MICHAEL WILLIS	0.50	Х							0	0	0
IKUSILL											
(19) PAUL VERVALIN	0.50	Х							0	0	0
IRUSTEE		••••									
(20) RAKIBA CHOWDHURY	0.50	Х							0	0	0
IRUSTEE											
(21) WILLIAM OLIVER	0.50	Х							0	0	0
INOSTEL		••••									
(22) XIBAI GAO	0.50	Х							0	0	0
IKUSTEE											
(23) BRIAN SICKORA	40.00						Х	79,37	0	0	13,658
1b Sub-Total	s to Part VII, Section A	<u> </u>			 			192,978	0		36,897
Total number of individuals (inc of reportable compensation from	n the organization • 1	nose ii	stea	abov	/e) v	vno re	ceiv	ed more than \$10	0,000	. Vaa	T No.
3 Did the organization list any <b>fo</b> line 1a? <i>If "Yes," complete Sche</i>			-	empl	loye •	e, or h	nighe	est compensated e		Yes 3 Yes	No
4 For any individual listed on line organization and related organi individual										4	No
5 Did any person listed on line 1a services rendered to the organi					,			_	_	5	No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensatio

Part '	VIII	Statement of							
		Check if Schedule	e O contains a	a respo	onse or note to any	line in this Part VII  (A)  Total revenue	(B)	(C)	(D)
						Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
	1a Fe	ederated campaigr	ns .	1a			revenue		512-514
unts		lembership dues .		1b	1,701,338				
10 E		undraising events		1c					
		elated organization		1d	2 222 272				
Contributions, Gifts, Grants and Other Similar Amounts	e G	overnment grants (co	ntributions)	1e	2,028,979				
ons Sir	ar	ll other contributions, nd similar amounts no		1f	1,188,588				
Tributic Other	al	bove			2/223/223				
a a		oncash contributio I lines 1a-1f:\$	ns included	30,3	375				
Cont	h To	tal.Add lines 1a-1	f		<b>•</b>	4,918,905			Ţ
nue	2a				Business	s Code			
Program Service Revenue	 b —			<u> </u>					
ce	c —			_					
Serv	d —								_
am	e —		nica rayanya						
Prog		other program ser al.Add lines 2a-2f							
- Nation					nterest, and other				
	simil	lar amounts) .		•	•	1,66	0		1,660
		ome from investme alties			•	4,12	4 4,124	1	
	2,		(i) Rea		(ii) Personal				
	<b>6a</b> Gro	oss rents		90 720	100.00	21			
	<b>b</b> Le	ss: rental expenses		89,729 171,172					
	<b>c</b> Re	ental income or		-81,443	110,36	<u> </u>			
		oss)	(loss)			28,92	0	28,920	
	u Ne	et rental income or	(i) Securit		(ii) Other	20,92		28,920	
		oss amount	(1)						
	ass	m sales of ets other n inventory		30,245	12	30			
		ss: cost or				_			
		her basis and les expenses		30,375		0			
		ain or (loss)		-130	12				
		et gain or (loss) .		•	<u> </u>	-1	0 -10	)	
e	(no	oss income from fuot including \$		of					
Other Revenue	cor Se	ntributions reporte e Part IV, line 18	d on line 1c).	а	610				
Re	<b>b</b> Les	ss: direct expenses	s	b	(	)			
ìer		t income or (loss)		_	ents 🕨	61	0		610
O#		oss income from ga e Part IV, line 19		ies.					
				a	•				
		ss: direct expenses t income or (loss)		<b>b</b> activit	ies				
	<b>10a</b> Gr	oss sales of invent	ory, less						
	ret	curns and allowance	es	a					
	<b>b</b> Les	ss: cost of goods s	old	b					
	<b>c</b> Ne	t income or (loss) Miscellaneous		invent	Business Code				
	<b>11a</b> <sub>D\</sub>	VD SALES	Revenue		90009	4,73	7 4,73	7	
	<i>D</i> ,								
	b OF	PEN STUDIOS			90009	3,12	5 3,125	5	
	_								
	c Mi	scellaneous Reven	ue		90009	65	5 655	5	
	ال ۸ ام	other revenue .				-18,62	3 -18,623	2	
		tal. Add lines 11a-				1	,		
		tal revenue. See				-10,10			
						4,944,10	3 -5,992	28,920	2,270 Form <b>990</b> (2016)

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 (B) (C) Do not include amounts reported on lines 6b, (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members 88,654 88,654 Compensation of current officers, directors, trustees, and key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 448,014 955,736 177,645 1.581.395 7 Other salaries and wages 27,310 51,059 11,133 Pension plan accruals and contributions (include section 89,502 401(k) and 403(b) employer contributions) . . 197,113 112,449 24,517 60,147 **9** Other employee benefits . . 10 Payroll taxes . . . . 119,614 68,327 19,344 31,943 11 Fees for services (non-employees): a Management 20,287 **b** Legal . 20,287 **c** Accounting . 99,879 99,879 **d** Lobbying . e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . 10,358 g Other (If line 11g amount exceeds 10% of line 25, column 20,094 9.736 (A) amount, list line 11g expenses on Schedule O) 149,742 44,189 105,553 **12** Advertising and promotion . 7,896 6,608 1,209 **13** Office expenses . . 14 Information technology 15 Rovalties 81.592 14,087 103,930 8,251 **16** Occupancy . 19,370 13,752 2,210 3,408 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings **20** Interest . . . . 39,307 30,325 3,318 5,664 **21** Payments to affiliates . . 583,168 449,966 49,213 83,989 **22** Depreciation, depletion, and amortization 49,433 64,074 5,408 9,233 **23** Insurance 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.) 902,406 a Program Acquisitions 902,406 1.823 **b** Network Fees 266,003 264,180 c PRODUCTION AND SUPPLIES 249,527 249,527 d BUILDING LEASE 242,335 242,335 e All other expenses 222,319 -110,317 173,849 158,787 684,917 25 Total functional expenses. Add lines 1 through 24e 5,066,615 3,421,303 960,395 **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Implies if following SOP 98-2 (ASC 958-720).

544.387

335,163

80.254

7.150

141.260

1.997.190

90.653

483,536

285.627

308.681

777,603

14,000

1,385,911

2,238,605

17,638

42,679

2,298,922

3,684,833 Form **990** (2016)

3,684,833

5,240

58.663

1,635

294,844

191.531

4,177

87.003

2.476.775

72.187

504,247

3,691,062

337.991

10 068

915,918

12,469

1,276,446

2,361,117

10,820

42,679

2,414,616

3,691,062

2

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•	,
Part X	Balance S
	Check if Scheo

Cash-non-interest-bearing .

Accounts receivable, net .

Inventories for sale or use

Savings and temporary cash investments

Pledges and grants receivable, net . .

II of Schedule L . . . . . . Notes and loans receivable, net .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

persons. Complete Part II of Schedule L . .

**Total liabilities.** Add lines 17 through 25 .

Deferred revenue . . .

Tax-exempt bond liabilities

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties .

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here 
and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

and other liabilities not included on lines 17-24). Complete Part X of Schedule D

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Less: accumulated depreciation

Intangible assets .

Grants payable

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete Part

10a

10b

Check if Schedule O contains a response or note to any line in this Part IX											
		D	eain	(A)	of w	oor			E,	(B)	) Vear

<u> </u>	Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part IX .							
			(A)				(B)	

16.269.071

14.271.881

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iabilities 22

Balances Fund 5 Assets

Form 990 (2016)	
	Software ID:
	Software Version:
Form 990, Special Condition Description:	
	Special Condition Description

efile GRAPHIC print Sub				Submission Date - 2018-01-16					DLN: 93493016010378		
	m 99	OULE A		mplete if the o	Charity Statu organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) mpt charitable 990 or Form 99	organization of trust. 90-EZ.	r a section	2016 Open to Public		
		f the Treasury	► In	formation abo	ut Schedule A (Form www.irs.g	990 or 990-E2 <u>ov/form990</u> .	2) and its instru	uctions is at	Inspection		
Nam	e of t	he organiza Telecommunic						Employer identific	ation number		
	<b>rt I</b> organiz				<b>us</b> (All organization e it is: (For lines 1 thro			See instructions.			
1		A church, o	onvention o	f churches, or a	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in <b>s</b>	ection 170(b)	<b>(1)(A)(ii).</b> (Attach Scl	nedule E (Form 9	990 or 990-EZ).)				
3		A hospital	r a coopera	tive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).			
4			esearch org and state: .		ted in conjunction with	a hospital descr	ibed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's		
5		170(b)(1)	( <b>A)(iv).</b> (C	omplete Part II.	•				bed in <b>section</b>		
6		A federal,	tate, or loca	al government o	r governmental unit de	escribed in <b>secti</b>	on 170(b)(1)( <i>l</i>	A)(v).			
7	$\checkmark$			ormally receives <b>)(vi).</b> (Completo	a substantial part of it e Part II.)	s support from a	a governmental ι	init or from the gener	al public described in		
8		A commun	ty trust des	cribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part 1	II.)				
9					escribed in <b>170(b)(1)</b> See instructions. Enter				ege or university or a		
10		from activi investment	ies related t income and	to its exempt fui I unrelated busii	: (1) more than 331/3% nctions—subject to cer ness taxable income (lo omplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross		
11		An organiz	ation organiz	zed and operate	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).			
12		more publi	ly supporte	d organizations	d exclusively for the be described in <b>section 5</b> s the type of supporting	<b>609(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a			
а		organizatio	n(s) the pov		rated, supervised, or c appoint or elect a majo						
b		manageme	nt of the su		pervised or controlled i ration vested in the sar						
С					supporting organizatio				ted with, its		
d		Type III r	on-functio integrated.	nally integrate The organization	ed. A supporting organ on generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported organ			
e		Check this	box if the or	ganization recei	ived a written determing integrated supporting	nation from the I		pe I, Type II, Type III	functionally		
f	Ente			•		•		<u> </u>			
g					t the supported organi						
	(i) <sup>1</sup>	Name of supportion		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
				1							
Tota	1										
		work Reduc	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule A (Form 9	90 or 990-EZ) 2016		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

	(Complete only if you ch	acked the hove	on line F 7 0 a	r O of Part I or	if the organization	on failed to gual	ify under Part			
	III. If the organization for	ails to qualify u	nder the tests li	sted below plea	se complete Par	on raneu to quar † III )	ily ulluel Part			
_	Section A. Public Support	ans to quanty at	Taci the tests in	rea below, pied	se complete rai	<u> </u>				
Ca	lendar year	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total			
•	r fiscal year beginning in)	(a) 2012	( <b>b</b> ) 2013	(6) 2014	( <b>u</b> ) 2013	(e) 2010	(1) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,655,469	4,772,020	4,693,361	4,668,721	4,918,905	22,708,476			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to									
4	the organization without charge <b>Total.</b> Add lines 1 through 3	3,655,469	4,772,020	4,693,361	4,668,721	4,918,905	22,708,476			
5	The portion of total contributions by	5/555/155	.,=,==	.,,	.,,,,,,,,	1,0 = 0,0 00	==/: 55/::5			
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).									
6	Public support. Subtract line 5						22,708,476			
from line 4.  Section B. Total Support										
Ca	lendar year	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d</b> )2015	<b>(e)</b> 2016	(f)Total			
(o 7	r fiscal year beginning in) Amounts from line 4.	3,655,469	` '	4,693,361	4,668,721	4,918,905	22,708,476			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	569,531		, ,			626,162			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	80,067	74,806	134,929	73,107	48,541	411,450			
10	or loss from the sale of capital assets (Explain in Part VI.).	202,850	80,675	-67,579	-57,571	-9,986	148,389			
11	<b>Total support.</b> Add lines 7 through 10						23,894,477			
12		etc. (see instructi	ons)			12				
13		or the organization	n's first, second, th	nird, fourth, or fift	h tax vear as a sec		anization.			
	check this box and <b>stop here</b>	-			•					
_	Section C. Computation of Publi									
14	Public support percentage for 2016 (li			column (f))		14	95.040 %			
15	Public support percentage for 2015 Sc			. , ,		15	90.540 %			
	16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization in Part VI how the organization meets	t—2016. If the or on meets the "fact the "facts-and-cir	rganization did not s-and-circumstand rcumstances" test.	check a box on li es" test, check th The organization	ne 13, 16a, or 16b is box and <b>stop h</b> o	o, and line 14 <b>ere.</b> Explain				
ı	organization									

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

	the organization fails to	o qualify under	r the tests liste	ed below, please	e complete Part	II.)	
	ction A. Public Support	1					
	endar year	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	fiscal year beginning in)	( )	(1)	(4)	(1)	(-)	( )
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	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 <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2, and						
/a	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
"	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ction B. Total Support						
	ndar year	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
(or	fiscal year beginning in) 🟲	(a) 2012	(6) 2013	(6) 2014	(u) 2013	(6) 2010	(1) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources Unrelated business taxable income						
b	(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		1				
	or loss from the sale of capital		1				
	assets (Explain in Part VI.)		+				
13							
4.4	11, and 12.) <b>First five years.</b> If the Form 990 is for	r the organization	nn's first second	l third fourth or	fifth tay year ac	e section 501(c)(3	1) organization
14	•		•		•	( )(	,
	check this box and <b>stop here</b>						▶ ∪
Se	ction C. Computation of Public						
15	Public support percentage for 2016 (li	ne 8, column (f)	divided by line	13, column (f)) .		15	
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	
-	ction D. Computation of Invest	ment Income	Percentage			1 -	
17	Investment income percentage for 20				n (f))	. 17	
18	Investment income percentage from 2	,	` '		(	18	
	331/3% support tests—2016. If the						line 17 is not
	more than 33 1/3%, check this box and a 33 1/3% support tests—2015. If the						

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

Sche	dule A (Form 990 or 990-EZ) 2016		F	Page <b>4</b>
	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Sections A and D, and complete Part V.)			
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>			
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 line 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).			

Sch	hedule A (Form 990 or 990-EZ) 2016		F	Page <b>5</b>			
Pa	art IV Supporting Organizations (continued)						
			Yes	No			
11	, , , , , ,						
а	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a					
b	<b>b</b> A family member of a person described in (a) above?	11b					
	c 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					
	Section 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 elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	n <b>Part</b> ne or					
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.						
S	Section C. Type II 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 trust	oos of	res	NO			
•	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
S	Section 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 organizat tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how 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 significant voice organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.						
S	Section E. Type III Functionally-Integrated Supporting Organizations						
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions):					
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.						
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.						
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	y (see instru	ctions)				
2	Activities Test. Answer (a) and (b) below.		Yes	No			
	a 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 supportions 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.						
	<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizationvolvement.	9					
3	Parent of Supported Organizations. Answer (a) and (b) below.	20					
	<ul> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.</li> </ul>	ach of <b>3a</b>					
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b					

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See</b> 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								

Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for 7 8

production of income (see instructions) Other expenses (see instructions) Section B - Minimum Asset Amount

**8 Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

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

**b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):

**2** Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 7

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

1

2

3

5

7

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

Adjusted net income for prior year (from Section A, line 8, Column A)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7 8

1

1a

1b

1c

1d

2

3

5

6

2

3

4

5

6

1

(A) Prior Year

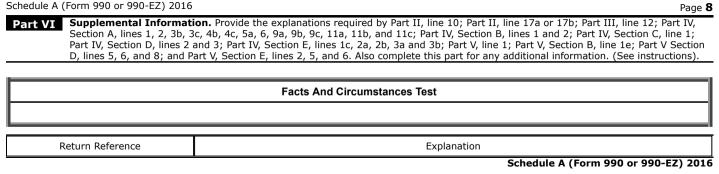
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**Current Year** 

(B) Current Year

(optional)

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DLN: 93493016010378

OMB No. 1545-0047

Cat. No. 52283D Schedule D (Form 990) 2016

**SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

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

Open to Public Inspection

Department of the Treasury

2

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

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

	me of the organization		Employer identification number
WS	KG Public Telecommunication Council		15-0620345
Ρā	Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year	(a) bollor advised fullus	(b) unds and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	,		ad &ada aa kb.a
•	Did the organization inform all donors and donor advisorganization's property, subject to the organization's ex		
i	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose c	onferring impermissible
	<u> </u>		Yes No
⁄a	rt II Conservation Easements. Complete if t		1 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreatio	n or education) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
!	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	uired after 8/17/06, and not on a historic	2d
1	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or terminated by	the organization during the
	Number of states where property subject to conservati	on easement is located	
	Does the organization have a written policy regarding t		of violations
	and enforcement of the conservation easements it hold		Yes No
,	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	
,	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforcing conser	vation easements during the year
;	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i) Yes No
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.
а	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items:		
(	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
<b>(</b> i	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$
:	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	` ,	▶\$
b	Assets included in Form 990, Part X		
			·

Pai	t III Organizations Maintaining Coll	ections of Art, I	listorical Treas	ures, or Other	Similar Assets (	continued)
3	Using the organization's acquisition, accession items (check all that apply):	, and other records,	check any of the f	ollowing that are a	significant use of its	collection
а	Public exhibition		<b>d</b> Loar	n or exchange prog	grams	
b	Scholarly research		e Othe	er		
c	Preservation for future generations					
4	Provide a description of the organization's coll Part XIII.	ections and explain	how they further th	ne organization's e	xempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					es 🗆 No
Pa	Complete if the organization answ line 21.		m 990, Part IV, li	ine 9, or reporte		
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					es 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		Amount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escrow or c	ustodial account li	ability? <b>Ye</b>	es No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	volanation has beer	n provided in Part		
	art V Endowment Funds. Complete if					
	<b>Endominent Fancio</b> Complete ii	(a)Current year	(b)Prior year	(c)Two years back		(e)Four years back
1a	Beginning of year balance	72,187	48,434	47,114	20,349	20,349
b	Contributions	11,648	18,688		22,330	
С	Net investment earnings, gains, and losses	6,818	5,065	1,320	4,435	
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	90,653	72,187	48,434	47,114	20,349
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment					
b	Permanent endowment					
С	Temporarily restricted endowment					
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.				
3a	Are there endowment funds not in the possess organization by:	sion of the organizat	ion that are held a	nd administered fo	or the	Yes No
	(i) unrelated organizations					a(i) No
b	(ii) related organizations	s listed as required o	on Schedule R? .			a(ii) No 3b
4	Describe in Part XIII the intended uses of the	<u> </u>	wment funds.			
Pa	rt VI Land, Buildings, and Equipmen		000 5 . 71/ 11		000 0	10
	Complete if the organization answ  Description of property  (a) Cost or othe (investment)	er basis (b) Cost	or other basis (other)			e 10. (d) Book value
1a	Land		128,429	9		128,429
	Buildings		3,494,584	1	3,246,029	248,555
	Leasehold improvements		236,531	ı	137,325	99,206
	Equipment		12,358,873	_	10,846,443	1,512,430
	Other	<u> </u>	50,654	+	42,084	8,570
T-4	Add lines to through to (Column (d) must as	rual Form 000 Dave	· · · · · · · · · · · · · · · · · · ·		,···	

Part VII I	nvestments Other Securities. Complete if the or	ganizat	tion answered	I "Yes" on Form	990, Part IV, line 11b.
	Gee Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value	(c) M	ethod of valuation: d-of-year market value
(1) Financial d (2) Closely-he (3)Other	Id equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.)	•			
	Investments Program Related.	000 5			0.0.14.19
	Complete if the organization answered 'Yes' on Form  (a) Description of investment	( <b>b)</b> B	ook value	<b>(c)</b> M	<u>U, Part X, line 13.</u> ethod of valuation: d-of-year market value
(1)		1		Cost of el	u-or-year market value
(2)					
(3)		1			
(4)					
(5)					
(6)					
(7)					
(8)		1			
(9)					
Total. (Column (	b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX 0	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Forr	n 990, Part IV,	line 11d. See For	m 990, Part X, line 15. <b>(b)</b> Book value
(1) INVESTMENT (2) aquisitions	NT IN CENTRALCAST, LLC				480,436 3,100
(2)					5/272
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answer	· ·	os' on Form Q	00 Part IV line	483,536
S	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> Book v		TIC OF TIT.
(1) Federal inc	** ' '		(b) book v	arue	
Lease Deposits				14,000	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col.(B) line 25.)	<b>▶</b>	+o +b · · ·	14,000	tatamento that years to the
	uncertain tax positions. In Part XIII, provide the text of the liability for uncertain tax positions under FIN 48 (ASC 740).				

2

3

1

2

d

Part XIII

Part V, Line 4: Part X. Line 2:

3

27.702

5.192.993

-248.890

4,944,103

5,336,389

269.774

5.066.615

5,066,615

Schedule D (Form 990) 2016

1

2e 3

4c

1

2e

3

4c

5

6.818 20.884

-248.890

20.884

248.890

2a

2b

20 2d

4a

4h

2a 2b

2c 2d

4a

4b

Explanation

In accordance with accounting principles generally accepted in the United States of America, the Council considers many factors when evaluating and estimating its tax positions, which may require periodic adjustments and which may not accurately anticipate actual outcomes. The Council has not recorded any liabilities for uncertain tax positions or any related interest and penalties. With few exceptions, the Council is no longer subject to federal and state income tax examinations by tax authorities for tax years before 2010.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,

ESTABLISHED TO SUPPORT THE CLASSICAL MUSIC PROGRAMMING OF THE STATION.

Page 4

nedule D (I	orm 990) 2016
art XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliati
Form 990) 2016

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Add lines 2a through 2d .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

b

Add lines **4a** and **4b** . . . . . . . . . . .

Other losses .

Add lines 4a and 4b .

Supplemental Information

Return Reference

Part XI, Line 4b - Other Adjustments:

Part XII, Line 2d - Other Adjustments:

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . . . .

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

RENTAL EXPENSES

RENTAL EXPENSE

Amounts included on line 1 but not on Form 990, Part IX, line 25: 

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Compensation committee  Compensation server or sparred to a supplemental nonqualified retirement plan?  As Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes," on line 5a or 5b, describe in Part III.  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:  1 The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the retermined of the compensation pay or accrue any compensation on the retermined of the compensation pay or accrue any compensation contingent on the net earnings of:  The organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermined pay or accrue any compensation contingent on the retermined pay or accrue any compensation contingent on the net earnings of:  The organization?  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:  The organization?  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:  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:  For persons listed on Form 990, Part VII, Section A, line 1a, did the organizat	efile GRAPHIC print		nt	Submission Date - 2018-01-16 DLN						N: 93493016010378			
Por certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization another of the Complete of the Complet				Com	npensat	ion Informatio	n		OM	IB No.	1545-0	0047	
Department of the Treasury Internal Revenue Service    Name of the organization wasks evaluated in the properties of the	(For	n 990)		For certain Officers,			ees, and Hig	hest		20	1		
Department of the Treasury Internal Revenue Service Internal Representation number Internal Revenue Service Internal Representation of the Organization Number Internal Revenue Service Internal Representation Provided any of the following to or for a person listed on Form 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 Payments for business use of personal residence Travel for companions   Payments for business use of personal residence   Personal Services (e.g., maid, chauffeur, chef)				► Complete if the organi			990, Part IV	, line 23.		<b>2</b> U	16	)	
Inspection   Ins	D	£4b - T			Attach	to Form 990.	•	•					
Part I   Questions Regarding Compensation   West Politic Telecommunication Council   Support I   Questions Regarding Compensation   Support I   Questions Regarding Compensation   Support I   Questions Regarding Compensation   Support I   Support I   Section A, line 1.a. Complete Part III to provide any relevant information regarding these items.   First-class or charter travel				▶ Information abou			nstructions	is at	Ŭ				
Part II Questions Regarding Compensation    1a Check the approplate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   First-class or charter travel								Employer i	dentificat				
Part I Questions Regarding Compensation  Yes No.  1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	WSł	KG Public Telecommur	nication	Council				15-0620345	5				
1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Pa	rt Ouestio	ns Re	garding Compensatio	n								
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   Travel for companions   Payments for business use of personal residence   Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Discretionary spending account   Payments for business use of personal residence   Tax idemnification and gross-up payments   Health or social club dues or initiation fees   Personal services (e.g., maid, chauffeur, chef)    b If any of the boxes in 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 .		<b>C</b>		<u> </u>							Yes	No	
Travel for companions  Tax idemnification and gross-up payments  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  Personal services (e.g., m	1a												
Tax idemnification and gross-up payments  □ Discretionary spending account  □ Personal services (e.g., maid, chauffeur, chef)  If any of the boxes in 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.  Idi and the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  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  □ Independent compensation consultant  □ Compensation survey or study  □ Form 990 of other organizations  □ Approval by the board or compensation committee  ■ 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:  □ Receive a severance payment or change-of-control payment?  □ Participate in, or receive payment from, a supplemental nonqualified retirement plan?  □ Approval by the board or compensation committee  □ Participate in, or receive payment from, a equity-based compensation arrangement?  □ Approval by the board or compensation or a related organization:  □ Participate in, or receive payment from, an equity-based compensation serve to the filing organization or a related organization or a require payment or change-of-control payment?  □ Approval by the board or compensation or an equity-based compensation or an equity-based compensation or a related organization?  □ Approval by the board or compensation?  □ Approval by the board or compensation?  □ Approval by the board or compensation?  □ Approval by the board or compensatio		First-class	or cha	ter travel		Housing allowance or r	esidence for	personal use					
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursnement or provision of all of the expenses described above? If *No.** complete Part III to explain .  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? .  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to SEO/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 survey or study  Form 990 of other organizations  Approval by the board or compensation committee  Participate in, or receive payment from, as pupit-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  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:  The organization?  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:  The organization of the net earnings of:  The organization of the net earnings			ompar	nions		Payments for business	use of perso	nal residence	9				
b If any of the boxes in 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.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  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 survey or study  Form 990 of other organizations  Approval by the board or 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:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  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:  a The organization?  5 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:  a The organization?  6 Any related organization?  1 F'Yes," on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		_	fication	n and gross-up payments		Health or social club de	ues or initiati	on fees					
or provision of all of the expenses described above? If "No," complete Part III to explain		Discretiona	ry spe	nding account		Personal services (e.g.	, maid, chauf	ffeur, chef)					
or provision of all of the expenses described above? If "No," complete Part III to explain	h	If any of the hoxe	es in li	ne 1a are checked did the o	organization fo	ollow a written nolicy re	garding navn	nent or reimh	ursement				
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  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  Independent compensation consultant  Porm 990 of other organizations  Approval by the board or compensation committee  Porming 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:  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, a equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  The organization organization?  T	-									1b			
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  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  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:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  Approval by the board or compensation committee  4a No.  4b No.  4c No.  The organization?  Sa No.  5b No.  The organization?  The organizatio	2							. 1-2		2			
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  Independent compensation consultant  Porm 990 of other organizations  Approval by the board or compensation committee  Porm 990 of other organizations  Receive a severance payment or change-of-control payment?  Receive a severance payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  The organization of the net earnings of:  The organization of the organization of the organization provide any nonfixe		directors, trustee	:S, OITIC	ers, including the CEO/Exec	cutive Directo	r, regarding the items ci	necked in line	e 1a?					
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Norther employment contract  Compensation survey or study  Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  The organization of the organization provide any nonfixed	3							he					
Independent compensation consultant  Form 990 of other organizations  Approval by the board or 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:  a Receive a severance payment or change-of-control payment?								in Part III.					
Form 990 of other organizations  Approval by the board or 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:  a Receive a severance payment or change-of-control payment?		Compensat	tion co	mmittee	•	Written employment co	ontract						
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:  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  Any related organization?  If "Yes," on line 5a or 5b, describe in Part III.  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:  The organization?  Any related organization?  The organization?  Any related organization?  Any related organization?  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:  Any related organization?  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:  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		Independer	nt com	pensation consultant		Compensation survey	or study						
related organization:  a Receive a severance payment or change-of-control payment?		✓ Form 990 c	of othe	r organizations	<b>✓</b>	Approval by the board	or compensa	tion committ	ee				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4			person listed on Form 990	, Part VII, Sed	ction A, line 1a, with res	spect to the f	iling organiza	ition or a				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	а	Receive a several	nce pa	yment or change-of-control	payment? .					4a		No	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  a The organization?	b									4b		No	
Only 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:  a The organization?	С	Participate in, or	receiv	e payment from, an equity-l	based comper	sation arrangement? .				4c		No	
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:  a The organization?		If "Yes" to any of	lines 4	la-c, list the persons and pr	ovide the app	licable amounts for eac	h item in Par	t III.					
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:  a The organization?		0	<b>504</b>	-)(4)									
compensation contingent on the revenues of:  a The organization?	_		-		_	=							
b Any related organization?	•				, iiile 1a, did	the organization pay of	accide any						
b Any related organization?	а	The organization	?							5a		No	
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:  a The organization?										$\vdash$		No	
compensation contingent on the net earnings of:  a The organization?		If "Yes," on line 5	a or 5	b, describe in Part III.									
h Any related organization?	6				, line 1a, did	the organization pay or	accrue any						
If "Yes," on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	а	The organization	?							6a		No	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	b	Any related organ	nizatio	n?						6b		No	
		If "Yes," on line 6	a or 6	b, describe in Part III.									
	7									7		No	
8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was	8												
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III													
8 110										8		No	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9								section	6			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat. No. 50053T Schedule J (Form 990) 20:	For 5								chedule 1		990)	2016	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	( <b>D</b> ) Nontaxable benefits	columns	<b>(F)</b> Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1BRIAN FREY INTERIM PRESIDENT/CEO	(i)	106,048	0	0	7,847	15,392	129,287	0	
	(ii)	0	0	0	0	0	<b>-</b> 0	0	
2GREGORY CATLIN PRESIDENT & CEO	(i)	7,560	0	0	0	0	7,560	0	
	(ii)	0	0	0	0	0	- 0	0	
3BRIAN SICKORA FORMER PRESIDENT & CEO	(i)	79,370	0	0	5,851	7,807	93,028	0	
TOMPLK FRESIDENT & CEO	(ii)	0	0	0	0	0	- 0	0	
Schedule J (Form 990) 2016						5	Schedule J (F	orm 990) 2016 Page 3	

Part III Supplemental Information

**Return Reference** 

Provide 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 for any additional information.

Explanation

Schedule J (Form 990) 2016

Software ID:

**Software Version:** 

efil	e GRAPHIC pi	rint Submission	on Date -	· 2018-01-16		DLN	9349301	6010	378
	CHEDULE M Noncash Contributions					OMB No. 1545-0047 2016			
(For	Form 990)  Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  Attach to Form 990.								
	tment of the Treasury al Revenue Service			le M (Form 990) and its in	nstructions is at <u>www.ir</u> .	s.gov/form990	Open to		
Name	e of the organizat					Employer iden			
WSKG	Public Telecommun	ication Council				15-0620345			
Pa	rt I Types	of Property	_						
			(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	( <b>d)</b> d of determi ontribution a		ſS
2 3 4	Art—Works of ari Art—Historical tr Art—Fractional ir Books and public Clothing and hou goods Cars and other v Boats and planes	easures							
8	Intellectual prope Securities—Publi	erty cly traded .	X	11	30,37	5 QUOTED MARK	ET PRICE		
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Historical artifac	nership, LLC, ss ellaneous vation istoric vation ther sidential . mmercial er cal supplies ts ens ifacts )							
	Number of Forms	s 8283 received by th		tion during the tax year for		20			
b 31 32a	During the year, hold for at least purposes for the If "Yes," describ Does the organi	, did the organization three years from the e entire holding perione the arrangement in ization have a gift accization hire or use thi	receive by e date of the d?	R, Part IV, Donee Acknowledge contribution any property rule initial contribution, and when the contribution is a contribution of the contribution	eported in Part I, lines 1 th lich is not required to be use of of any nonstandard control	sed for exempt ibutions?	30a 31 32a	Yes	No No No
33	If the organization describe in Part	ion did not report an II.		column (c) for a type of pro	, , , ,				
For P	aperwork Reduction	on Act Notice, see the	Instruction	s for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (	(2016)

Schedule M (Form 990) (2016)					
Part II  Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2016)				

efile GRAPHIC print Submission Date - 2018-01-16 DLN: 93493016010378 OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ **SCHEDULE O** (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ► Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Inspection Department of the Treasury www.irs.gov/form990. Name of the organization Employer identification number WSKG Public Telecommunication Council 15-0620345 Return **Explanation** Reference Form 990. THE ORGANIZATION HAS OUTSOURCED MANAGEMENT OF ITS FINANCE DEPARTMENT TO NATIONAL EDUCATIONAL Part VI. TELECOMMUNICATIONS ASSOCIATION (NETA). Section A. line 3 Form 990. THE FORM 990 WILL BE REVIEWED BY ALL MEMBERS OF THE BOARD OF TRUSTEES. Part VI. Section B. line 11b SIGNED CONFLICT OF INTEREST POLICY FORMS ARE REQUIRED FOR ALL TRUSTEES AND PERSONNEL. Form 990. Part VI. Section B. line 12c Form 990. COMPENSATION OF EXECUTIVE DIRECTOR IS ESTABLISHED BASED ON AVERAGE SALARIES FOR EXECUTIVES AT Part VI. SIMILAR ORGANIZATIONS. CURRENT DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES ON A THREE YEAR CONTRACT BASIS. COMPENSATION OF FINANCE DIRECTOR IS APPROVED BY Section B. line 15 EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. Form 990. COPIES OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICES UPON REQUEST. Part VI. Section C. line 19 FORM 990. AUDITED FINANCIAL STATEMENTS - WSKG PUBLIC TELECOMMUNICATIONS COUNCIL FINANCE COMMITTEE ASSUMES PAGE 12. RESPONSIBILITY FOR REVIEW OF THE ANNUAL AUDIT AND ANNUAL AUDIT PROCESS. PART XII. LINE 2C For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2016