

WHITE ASH BROADCASTING INC.

94-2297746

	2024	2023	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	2,883,767	2,083,387	800,380
PROGRAM SERVICE REVENUE.....	3,987	4,727	-740
INVESTMENT INCOME.....	60,239	60,311	-72
OTHER REVENUE.....	97,903	69,385	28,518
TOTAL REVENUE.....	3,045,896	2,217,810	828,086
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	1,291,576	1,407,354	-115,778
OTHER EXPENSES.....	1,079,303	1,047,518	31,785
TOTAL EXPENSES.....	2,370,879	2,454,872	-83,993
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	675,017	-237,062	912,079
TOTAL ASSETS AT END OF YEAR.....	7,096,611	6,308,302	788,309
TOTAL LIABILITIES AT END OF YEAR.....	1,255,558	1,206,012	49,546
NET ASSETS/FUND BALANCES AT END OF YEAR.	5,841,053	5,102,290	738,763

WHITE ASH BROADCASTING INC.

94-2297746

	2024	2023	DIFF
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME	7,528	5,659	1,869
UNRELATED TAXABLE INCOME BEFORE NOL.....	7,528	5,659	1,869
UNRELATED TAXABLE INCOME BEFORE DED.....	7,528	5,659	1,869
TOTAL DEDUCTIONS.....	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	6,528	4,659	1,869
TAX COMPUTATION			
INCOME TAX.....	1,371	978	393
TOTAL TAX BEFORE CREDITS AND PAYMENTS....	1,371	978	393
TAX AND PAYMENTS			
GENERAL BUSINESS CREDIT.....	0	978	-978
TOTAL CREDITS.....	0	978	-978
TOTAL TAX.....	1,371	0	1,371
OVERPAYMENT CREDITED FROM PRIOR YEAR.....	1,500	1,444	56
ELECTIVE PAYMENT FROM FORM 3800.....	0	51,687	-51,687
TOTAL PAYMENTS AND CREDITS.....	1,500	53,131	-51,631
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	129	53,131	-53,002
OVERPAYMENT CREDITED TO NEXT YEAR.....	129	1,500	-1,371
REFUND.....	0	51,631	-51,631
TAX RATES			
EFFECTIVE TAX RATE.....	21.0%	0.0%	21.0%

WHITE ASH BROADCASTING INC.

94-2297746

	2024	2023	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	251,915	227,818	24,097
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	2,883,767	2,083,387	800,380
TOTAL GROSS RECEIPTS.....	3,135,682	2,311,205	824,477
TOTAL COSTS.....	0	2,767	-2,767
TOTAL GROSS INCOME.....	3,135,682	2,308,438	827,244
EXPENSES			
TOTAL EXPENSES.....	2,460,665	2,545,500	-84,835
EXCESS RECEIPTS OVER EXPENSES.....	675,017	-237,062	912,079
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

WHITE ASH BROADCASTING INC.

94-2297746

	2024	2023	DIFF
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME.....	6,528	4,659	1,869
TAX COMPUTATION			
NET UNRELATED BUSINESS TAXABLE INCOME....	6,528	4,659	1,869
TAX.....	577	412	165
LESS CREDITS.....	0	0	0
BALANCE.....	577	412	165
TOTAL TAX.....	577	412	165
PAYMENTS			
OVERPAYMENT CREDITED FROM PRIOR YEAR.....	200	612	-412
ESTIMATED TAX PAYMENTS.....	220	0	220
TOTAL PAYMENTS.....	420	612	-192
REFUND OR AMOUNT DUE			
OVERPAYMENT.....	0	200	-200
OVERPAYMENT CREDITED TO NEXT YEAR.....	0	200	-200
TOTAL AMOUNT DUE.....	157	0	157

**PRICE PAIGE & COMPANY CPAS LLP
570 N MAGNOLIA AVE STE 100
CLOVIS, CA 93611
(559) 299-9540**

February 15, 2026

White Ash Broadcasting Inc.
2589 Alluvial Avenue
Clovis, CA 93611

Dear Joe:

Your 2024 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO. The return is due to the IRS by February 17, 2026, but we would appreciate receiving the signed efile authorization as soon as possible. No tax is payable with the filing of this return.

Your 2024 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE- IRS e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of \$129, of which \$129 has been applied to your 2025 estimated tax.

Your 2024 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. The return is due by February 17, 2026, but we would appreciate receiving the signed efile authorization as soon as possible. No tax is payable with the filing of this return.

Enclosed is your 2024 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$157 payable by February 17, 2026. Mail the California return on or before February 17, 2026 and make the check payable to:

**FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0501**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$200 payable by February 17, 2026. Make the check or money order payable to "Department of Justice" and mail your California report on or before February 17, 2026 to:

**REGISTRY OF CHARITIES AND FUNDRAISERS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470**

Your estimated tax schedule for 2025 is listed below:

Due Date	990-T	California
1/15/26	\$ 0	\$ 0
3/16/26	1,243	580
6/15/26	0	0
9/15/26	0	0
	-----	-----
	\$ 1,243	\$ 580

All federal estimated tax payments must be electronically deposited through the Electronic Federal Tax Payment System (EFTPS).

Please be sure to call us if you have any questions.

Sincerely,

Fausto Hinojosa, CPA, CFE

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 9/30, 202025

2024

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

WHITE ASH BROADCASTING INC.

94-2297746

Name and title of officer or person subject to tax

JOE MOORE PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,045,896.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PRICE PAIGE & COMPANY CPAS LLP to enter my PIN 38905 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77631367704

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

FAUSTO HINOJOSA, CPA, CFE

Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 9/30, 202025

2024

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

WHITE ASH BROADCASTING INC.

94-2297746

Name and title of officer or person subject to tax

JOE MOORE PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>1,371.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PRICE PAIGE & COMPANY CPAS LLP to enter my PIN 38905 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77631367704

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

FAUSTO HINOJOSA, CPA, CFE

Date _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**



Payment 2 - File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay** for businesses LLCs can make an immediate payment or schedule payments up to a year in advance.
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information. Do not mail this form if you pay online.



Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2025 Form 100-ES" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR 2025 **Corporation Estimated Tax** Payment 2
CALIFORNIA FORM
100-ES

0733515 WHIT 94-2297746 25 FORM 2
TYB 10-01-2025 TYE 09-30-2026
WHITE ASH BROADCASTING INC
CAITLIN JENSEN
2589 ALLUVIAL AVENUE
CLOVIS CA 93611 559-862-2480
EST TAX AMT 580. QSUB TAX AMT TOTAL PAYMENT AMT 580.



Payment 4 - File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay** for businesses LLCs can make an immediate payment or schedule payments up to a year in advance.
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information. Do not mail this form if you pay online.



Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2025 Form 100-ES" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

----- DETACH HERE ----- . IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----
Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR 2025 **Corporation Estimated Tax** Payment 4
100-ES
CALIFORNIA FORM

0733515 WHIT 94-2297746 25 FORM 2
TYB 10-01-2025 TYE 09-30-2026
WHITE ASH BROADCASTING INC
CAITLIN JENSEN
2589 ALLUVIAL AVENUE
CLOVIS CA 93611 559-862-2480

EST TAX AMT QSUB TAX AMT TOTAL PAYMENT AMT

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01, 2024, and ending 9/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C WHITE ASH BROADCASTING INC. 2589 ALLUVIAL AVENUE CLOVIS, CA 93611. D Employer identification number 94-2297746. E Telephone number 559-862-2480. G Gross receipts \$ 3,135,682. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.KVPR.ORG. K Form of organization: Corporation. L Year of formation: 1975. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II 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.

Sign Here: Signature of officer JOE MOORE, Date, Title PRESIDENT. Paid Preparer Use Only: Preparer's name FAUSTO HINOJOSA, CPA, CFE, Signature FAUSTO HINOJOSA, CPA, CFE, Date, Check self-employed, PTIN P00196912. Firm's name PRICE PAIGE & COMPANY CPAS LLP, Firm's address 570 N MAGNOLIA AVE STE 100 CLOVIS, CA 93611, Firm's EIN 87-3267876, Phone no. (559) 299-9540.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,172,682. including grants of \$) (Revenue \$)

PROGRAM & PRODUCTION: PURCHASE OF NETWORK NEWS, MUSIC AND ENTERTAINMENT PROGRAMMING. LOCAL NEWS CONTENT AND PROGRAMMING, SALARIES FOR LOCAL PROGRAM AND PRODUCTION STAFF.

4b (Code:) (Expenses \$ 440,223. including grants of \$) (Revenue \$)

BROADCASTING & TECHNICAL: ENGINEERING FEES, TECHNOLOGY SUPPORT SERVICES, SALARIES FOR ON AIR ANNOUNCERS, UTILITIES, MAINTENANCE OF BROADCASTING EQUIPMENT.

4c (Code:) (Expenses \$ 130,500. including grants of \$) (Revenue \$)

PUBLIC INFORMATION: MARKETING AND PROMOTION ACTIVITIES, PUBLICATIONS, SOCIAL MEDIA, COMMUNITY CALENDAR, COMPLIANCE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,743,405.

Part 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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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 the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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 \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official.	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 CAITLIN JENSEN 2589 ALLUVIAL AVENUE CLOVIS CA 93611 559-862-2480

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE MOORE PRESIDENT	40 0			X			118,930.	0.	0.	
(2) JERRY BEHRENS BOARD MEMBER	4 0	X					0.	0.	0.	
(3) SHIRIN ASSEMI CHAIRPERSON	4 0	X		X			0.	0.	0.	
(4) JACQUELINE DOUMANIAN BOARD MEMBER	4 0	X					0.	0.	0.	
(5) SAMMY SIADA BOARD MEMBER	4 0	X					0.	0.	0.	
(6) DR. JAY CENTER BOARD MEMBER	4 0	X					0.	0.	0.	
(7) MICHAEL GRANNIS BOARD MEMBER	4 0	X					0.	0.	0.	
(8) KRISTIN LESKO RENIERS BOARD MEMBER	4 0	X					0.	0.	0.	
(9) CELESTE DEMONTE VICE PRESIDENT	4 0	X		X			0.	0.	0.	
(10) MICHAEL SILVEIRA SECRETARY	4 0	X		X			0.	0.	0.	
(11) PAUL CHEN TREASURER	4 0	X		X			0.	0.	0.	
(12) LISA LEE HERRICK BOARD MEMBER	4 0	X					0.	0.	0.	
(13) ROBERT TAFOYA BOARD MEMBER	4 0	X					0.	0.	0.	
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1b Subtotal	118,930.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	118,930.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	11,825.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	196,919.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,675,023.				
	g Noncash contributions included in lines 1a-1f	1g	11,742.				
	h Total. Add lines 1a-1f		2,883,767.				
	Program Service Revenue	2a <u>PRODUCTION INCOME</u>	Business Code 515100	3,987.	3,987.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			3,987.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,239.	60,239.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal	10,800.			
	b Less: rental expenses	6b		3,272.			
	c Rental income or (loss)	6c		7,528.			
	d Net rental income or (loss)			7,528.		7,528.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 11,825. of contributions reported on line 1c). See Part IV, line 18	8a		81,972.				
b Less: direct expenses	8b		70,251.				
c Net income or (loss) from fundraising events			11,721.				
9a Gross income from gaming activities. See Part IV, line 19	9a		94,917.				
b Less: direct expenses	9b		16,263.				
c Net income or (loss) from gaming activities			78,654.		78,654.		
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
	11a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,045,896.	142,880.	7,528.	0.	

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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,930.	35,679.	59,465.	23,786.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	981,556.	753,003.	110,848.	117,705.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	109,754.	78,386.	17,373.	13,995.
10 Payroll taxes	81,336.	58,562.	12,200.	10,574.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	137,699.	31,992.	71,848.	33,859.
12 Advertising and promotion	2,406.		2,406.	
13 Office expenses	54,053.	45,796.	4,510.	3,747.
14 Information technology				
15 Royalties				
16 Occupancy	76,499.	69,391.	3,949.	3,159.
17 Travel	18,513.	13,268.	2,865.	2,380.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,626.	19,799.	4,275.	3,552.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,205.	126,997.	27,424.	22,784.
23 Insurance	35,389.	25,362.	5,477.	4,550.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM FEES</u>	370,318.	370,318.		
b <u>DATA PROCESSING</u>	47,068.	4,707.	4,707.	37,654.
c <u>REPAIRS & MAINTENANCE</u>	43,290.	30,900.	6,768.	5,622.
d <u>CONTRACTUAL SERVICES</u>	22,178.	22,178.		
e All other expenses	67,059.	57,067.	5,760.	4,232.
25 Total functional expenses. Add lines 1 through 24e	2,370,879.	1,743,405.	339,875.	287,599.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash – non-interest-bearing	623,103.	1	1,101,475.
	2 Savings and temporary cash investments	1,277,300.	2	1,466,657.
	3 Pledges and grants receivable, net	369,026.	3	581,402.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,610.	9	40,189.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,260,677.		
	b Less: accumulated depreciation	10b 2,262,543.	3,170,899.	10c 2,998,134.
	11 Investments – publicly traded securities	829,364.	11	908,754.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,308,302.	16	7,096,611.	
Liabilities	17 Accounts payable and accrued expenses	105,452.	17	107,095.
	18 Grants payable		18	
	19 Deferred revenue	397,202.	19	474,802.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	703,358.	23	673,661.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,206,012.	26	1,255,558.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	4,307,114.	27	4,911,574.
	28 Net assets with donor restrictions	795,176.	28	929,479.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,102,290.	32	5,841,053.	
33 Total liabilities and net assets/fund balances	6,308,302.	33	7,096,611.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,045,896.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,370,879.
3	Revenue less expenses. Subtract line 2 from line 1	3	675,017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,102,290.
5	Net unrealized gains (losses) on investments	5	63,746.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,841,053.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization WHITE ASH BROADCASTING INC.	Employer identification number 94-2297746
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,118,227.	2,091,469.	2,133,036.	2,008,461.	2,791,537.	11,142,730.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	2,118,227.	2,091,469.	2,133,036.	2,008,461.	2,791,537.	11,142,730.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						11,142,730.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	2,118,227.	2,091,469.	2,133,036.	2,008,461.	2,791,537.	11,142,730.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,492.	1,761.	19,145.	29,287.	30,785.	82,470.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	5,533.	5,724.	6,361.	4,727.	3,987.	26,332.
11 Total support. Add lines 7 through 10.						11,251,532.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	99.03 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	99.26 %

16a 33-1/3% support test—2024. 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.

b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2023. 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 supported organization.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

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 trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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 the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

Part VI

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
MISCELLANEOUS (PRODUCTION INCOME)					
	\$ 3,987.	\$ 4,727.	\$ 6,361.	\$ 5,724.	\$ 5,533.
TOTAL	<u>\$ 3,987.</u>	<u>\$ 4,727.</u>	<u>\$ 6,361.</u>	<u>\$ 5,724.</u>	<u>\$ 5,533.</u>

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

WHITE ASH BROADCASTING INC.

Employer identification number

94-2297746

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization WHITE ASH BROADCASTING INC.	Employer identification number 94-2297746
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 121,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 196,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 98,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 80,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WHITE ASH BROADCASTING INC.	Employer identification number 94-2297746
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **WHITE ASH BROADCASTING INC.** Employer identification number **94-2297746**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

WHITE ASH BROADCASTING INC.

94-2297746

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	843,038.	737,347.	716,045.	871,581.	770,777.
b Contributions	6,818.	3,435.	4,715.	5,038.	6,406.
c Net investment earnings, gains, and losses	93,199.	152,256.	56,587.	-160,574.	116,983.
d Grants or scholarships					
e Other expenditures for facilities and programs	25,000.	50,000.	40,000.	0.	22,585.
f Administrative expenses					
g End of year balance	918,055.	843,038.	737,347.	716,045.	871,581.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 6.83 %
- b Permanent endowment 93.17 %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	X
(ii) Related organizations?	<input type="checkbox"/>	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,650.		411,650.
b Buildings		4,108,557.	1,712,133.	2,396,424.
c Leasehold improvements		57,034.	54,121.	2,913.
d Equipment		573,722.	407,734.	165,988.
e Other		109,714.	88,555.	21,159.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 2,998,134.

Part VII Investments – Other Securities		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))		

Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,112,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	63,746.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	3,273.	
	e Add lines 2a through 2d	2e		67,019.
3	Subtract line 2e from line 1		3	3,045,896.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,045,896.

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.

1	Total expenses and losses per audited financial statements		1	2,374,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	3,273.	
	e Add lines 2a through 2d	2e		3,273.
3	Subtract line 2e from line 1		3	2,370,879.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,370,879.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THERE ARE MULTIPLE ENDOWMENT FUNDS CREATED FOR DONORS TO CONTRIBUTE TO INCLUDING A GENERAL FUND, MUSIC LIBRARY FUND, PROGRAM DEVELOPMENT FUND, TECHNOLOGY FUND, ENTREPRENEURSHIP OPPORTUNITIES FUND AND A FUND CREATED FOR A DECEASED DONOR.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION HAS QUALIFIED AS A NONPROFIT ORGANIZATION AND HAS BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C) (3) AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D) AND IS EXEMPT FROM FEDERAL AND STATE OF

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

CALIFORNIA INCOME TAXES. HOWEVER, INCOME FROM RENTAL ACTIVITIES, NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE, IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. INCOME TAXES FOR SUCH UNRELATED BUSINESS INCOME TOTALED APPROXIMATELY \$828 AND \$667 FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024, RESPECTIVELY.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURES GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

RENT EXP RECLASSIFIED TO OFFSET RENT INCOME.....	\$ 3,273.
TOTAL	<u>\$ 3,273.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

RENT EXP RECLASSIFIED TO OFFSET RENT INCOME.....	\$ 3,273.
TOTAL	<u>\$ 3,273.</u>

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WHITE ASH BROADCASTING INC.

Employer identification number

94-2297746

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINE TASTING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	88,797.		88,797.
	2	Less: Contributions	11,825.		11,825.
	3	Gross income (line 1 minus line 2)	76,972.		76,972.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	55,419.		55,419.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			55,419.
	11	Net income summary. Subtract line 10 from line 3, column (d)			21,553.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add col. (a) through col. (c))	
Revenue	1	Gross revenue		94,917.	94,917.	
	2	Cash prizes		11,750.	11,750.	
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		4,513.	4,513.	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			16,263.	
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			78,654.	

9 Enter the state(s) in which the organization conducts gaming activities: CA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

WHITE ASH BROADCASTING INC.

94-2297746

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE A PUBLIC BROADCASTING SERVICE. THE ORGANIZATION'S MISSION IS "EXPANDING YOUR WORD THROUGH VOICES AND SOUNDS THAT INFORM AND INSPIRE." APPROXIMATELY 70,000 PEOPLE TUNE IN WEEKLY FOR NATIONAL AND LOCAL NEWS AND INFORMATION, LOCALLY PROGRAMMED CLASSICAL MUSIC AND OTHER CULTURAL ARTS PROGRAMS. MANY OF THESE PROGRAMS ARE UNIQUE TO THIS STATION AND MARKET.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE A PUBLIC BROADCASTING SERVICE. THE ORGANIZATION'S MISSION IS "EXPANDING YOUR WORD THROUGH VOICES AND SOUNDS THAT INFORM AND INSPIRE." APPROXIMATELY 70,000 PEOPLE TUNE IN WEEKLY FOR NATIONAL AND LOCAL NEWS AND INFORMATION, LOCALLY PROGRAMMED CLASSICAL MUSIC AND OTHER CULTURAL ARTS PROGRAMS. MANY OF THESE PROGRAMS ARE UNIQUE TO THIS STATION AND MARKET.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS PROVIDED TO A COMMITTEE FOR REVIEW. ONCE IT HAS BEEN REVIEWED, IT IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS, EMPLOYEES, AND KEY VOLUNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. IF ANY POTENTIAL CONFLICTS ARE LISTED, THEY ARE INVESTIGATED BY MANAGEMENT OR AN INDEPENDENT PARTY, IF NECESSARY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

MANAGEMENT DETERMINES THE COMPENSATION PACKAGE FOR PERSONNEL FROM TRUSTED SOURCES THAT PROVIDE AVERAGE COMPENSATION LEVELS FOR EACH POSITION. THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED AFTER DOING SIMILAR RESEARCH AND PROVIDING THE RESULTS TO A PERSONNEL COMMITTEE. ONCE THE PERSONNEL COMMITTEE REVIEWS AND APPROVES THE RECOMMENDATION, IT IS PRESENTED TO THE EXECUTIVE COMMITTEE WHO MEETS IN A CLOSED

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

WHITE ASH BROADCASTING INC.

94-2297746

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C
SESSION AND VOTES ON ITS APPROPRIATENESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE
UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT
WWW.KVPR.ORG, AND ARE ALSO PRINTED IN THE ORGANIZATION'S ANNUAL REPORT.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning 10/01, 2024, and ending 9/30, 2025

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T): 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of: CAITLIN JENSEN 2589 ALLUVIAL AVENUE CLOVIS CA 93611 Telephone number 559-862-2480

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount.

Part III Tax and Payments

Table with 4 main rows for Part III: Tax and Payments. Includes sub-rows for credits (1a-1d), amounts due (3a-3e), and total tax (4).

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k).....	5	
6a	Payments: Preceding year's overpayment credited to the current year.....	6a	1,500.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868.....	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	6d	
e	Backup withholding (see instructions).....	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)...	6f	
g	Elective payment election amount from Form 3800.....	6g	
h	Payment from Form 2439.....	6h	
i	Credit from Form 4136.....	6i	
j	Other (see instructions).....	6j	
7	Total payments. Add lines 6a through 6j.....	7	1,500.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.....	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.....	10	129.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 129. Refunded	11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0.		
4	Enter available pre-2018 NOL carryovers here \$ _____. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
	-----	\$ -----	
6a	Reserved for future use.....		
b	Reserved for future use.....		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	FAUSTO HINOJOSA, CPA, CFE	FAUSTO HINOJOSA, CPA, CFE		PTIN P00196912
	Firm's name	Firm's EIN		
	PRICE PAIGE & COMPANY CPAS LLP	87-3267876		
Firm's address	Phone no.			
570 N MAGNOLIA AVE STE 100	(559) 299-9540			
CLOVIS, CA 93611				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization WHITE ASH BROADCASTING INC.	B Employer identification number 94-2297746
C Unrelated business activity code (see instructions) 531390	D Sequence: 1 of 1

E Describe the unrelated trade or business RENTAL INCOME ACTIVITY

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement) STM	10,800.		10,800.
13	Total. Combine lines 3 through 12	10,800.		10,800.

Part II	Deductions Not Taken Elsewhere.		
1	Compensation of officers, directors, and trustees (Part X)		
2	Salaries and wages		
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion		
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 2		3,272.
15	Total deductions. Add lines 1 through 14		3,272.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		7,528.
17	Deduction for net operating loss. See instructions		
18	Unrelated business taxable income. Subtract line 17 from line 16		7,528.

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	_____			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	_____			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	_____			
11 Total dividends - received deductions included in line 10	_____			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percentage of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

WHITE ASH BROADCASTING INC.

Business or activity to which this form relates

Identifying number

94-2297746

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Columns include line numbers and descriptions of property, cost, and deduction amounts.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation. Columns include line numbers and descriptions of property.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Columns include line numbers and descriptions of MACRS deductions.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential real property.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Method, (f) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class life options.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Columns include line numbers and descriptions of listed property, total amounts, and carryover amounts.

STATEMENT 1
SCHEDULE A, PART I, LINE 12
OTHER INCOME

RENTAL INCOME FROM PERSONAL PROPERTY..... \$ 10,800.
TOTAL \$ 10,800.

STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

RENTAL EXPENSES FROM PERSONAL PROPERTY..... \$ 3,272.
TOTAL \$ 3,272.

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDING & IMPROVEMENTS																
33	SIGNAGE	6/01/16		4,386							4,386	3,731	S/L HY	10	.10000	439
34	HI-TECH HOME	6/01/16		61,626							61,626	13,102	S/L MM	39	.02564	1,580
36	ACOUSTICAL/ARCHITECTURAL	6/01/16		23,456							23,456	4,984	S/L MM	39	.02564	601
37	ROOF - CONSTRUCTION	6/01/16		76,565							76,565	43,406	S/L HY	15	.06670	5,107
38	A/C AND HEATING - CONS	6/01/16		345,737							345,737	293,879	S/L HY	10	.10000	34,574
39	FLOORING - CONSTRUCTION	6/01/16		75,783							75,783	75,783	S/L HY	7		0
40	BUILDING CONSTRUCTION	6/01/16		2,406,634							2,406,634	511,674	S/L MM	39	.02564	61,706
43	CONSTRUCTION ADMIN	6/01/16		160,929							160,929	34,213	S/L MM	39	.02564	4,126
44	ARCHITECT FEES	6/01/16		159,891							159,891	33,998	S/L MM	39	.02564	4,100
45	ELECTRICAL HOOKUPS	6/01/16		22,330							22,330	4,751	S/L MM	39	.02564	573
46	LANDSCAPING	6/01/16		7,573							7,573	3,579	S/L HY	18	.05560	421
47	ELECTRICAL - CONSTRUCTION	6/01/16		479,565							479,565	479,565	S/L HY	5		0
49	DONOR SIGNAGE	9/30/16		7,149							7,149	6,181	S/L HY	10	.10000	715
50	IMPROVEMENTS 2016	3/31/17		8,080							8,080	6,060	S/L HY	10	.10000	808
54	MARIAM WALL	12/19/18		11,637							11,637	1,714	S/L	39		298
59	GENERATOR	9/11/20		56,000							56,000	45,733	S/L	5		10,267
63	NEEDLE PNT BIPLARIZATION (IN9	6/23/21		7,638							7,638	4,966	S/L	5		1,528
69	SOLAR PANEL PROJECT	7/19/23		184,163							184,163	8,595	S/L	25		7,367
79	HONEYWELL JACE	12/05/23		4,975							4,975	829	S/L	5		995
80	EVAPORATOR COIL (BAKERSFIELD	5/06/25		4,440							4,440		S/L	10		185
TOTAL BUILDING & IMPROVEMEN				4,108,557		0	0	0	0	0	4,108,557	1,576,743				135,390

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FURNITURE AND FIXTURES																	
1	4538-WEBSITE UPGRADE	9/27/07		5,000							5,000	5,000	S/L	5		0	
24	COMP - RICHARDSON/PLEVIN	1/30/14		2,013							2,013	2,013	S/L	5		0	
25	RECORDING EQUIPMENT	4/04/14		2,184							2,184	2,184	S/L	3		0	
26	SERVER	5/08/14		12,787							12,787	12,679	S/L	5		0	
27	COPIER	9/24/14		5,130							5,130	5,130	S/L	3		0	
29	MUSIC SERVER	11/19/14		2,586							2,586	2,586	S/L	5		0	
31	ISLAND CABINET	6/01/16		2,320							2,320	1,972	S/L	HY	10	.10000	232
41	PHONE SYSTEM	6/01/16		21,311							21,311	21,311	S/L	HY	6		0
51	OFFICE FURNITURE	3/31/17		3,518							3,518	3,518	S/L	HY	7		0
55	CONFERENCE ROOM 82 TV	12/27/18		7,959							7,959	7,959	S/L	5		0	
56	27-IN IMAC	9/30/19		2,628							2,628	2,628	S/L	5		0	
60	DL360 SERVER AND NETWORK MI	2/12/20		10,526							10,526	9,823	S/L	5		703	
62	OUTDOOR BENCHES (2)	4/22/21		5,440							5,440	3,717	S/L	5		1,088	
66	BAKERSFIELD A/C UNIT	5/10/23		4,500							4,500	319	S/L	20		225	
67	EV CHARGER (2)	6/01/23		14,204							14,204	1,893	S/L	10		1,420	
78	YEALINK VONAGE PHONE SYSTEM	4/24/24		7,607							7,607	634	S/L	5		1,521	
TOTAL FURNITURE AND FIXTURE				109,713		0	0	0	0	0	109,713	83,366				5,189	
LAND																	
21	LAND	9/30/14		411,650							411,650					0	
TOTAL LAND				411,650		0	0	0	0	0	411,650	0				0	
LEASEHOLD IMPROVEMENT - BAKERSFIELD																	

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
2	1520-BROADCAST BUILDING	3/01/87		21,883							21,883	21,883	S/L	15		0
20	4630-OIL WIZE-CONCRETE	6/06/13		16,150							16,150	12,161	S/L	15		1,077
	TOTAL LEASEHOLD IMPROVEMEN			38,033		0	0	0	0	0	38,033	34,044				1,077
	MACHINERY AND EQUIPMENT															
57	COMREX ACCESS - FOR ISDN	10/23/19		2,605							2,605	2,562	S/L	5		43
58	AXIA SOFTSURFACE VIRTUAL CON	7/16/20		2,902							2,902	2,417	S/L	5		485
61	CONSOLE AND AXIA NODE	10/15/20		4,858							4,858	3,888	S/L	5		970
64	AUDIO CODER AND SATELLITE RE	5/04/22		6,530							6,530	3,156	S/L	5		1,306
65	REPLACEMENT TELOS ALLIANCE	6/03/23		2,477							2,477	660	S/L	5		495
68	REMOTE CONTROL HARDWARE	6/14/23		6,945							6,945	1,852	S/L	5		1,389
70	2 BURK TECH 200 UNIT	9/30/23		2,074							2,074	415	S/L	5		415
71	AXIA POWERSTATION	6/30/24		16,924							16,924	846	S/L	5		3,385
76	DAD SYSTEM UPGRADE	5/08/24		15,708							15,708	1,309	S/L	5		3,142
	TOTAL MACHINERY AND EQUIPME			61,023		0	0	0	0	0	61,023	17,105				11,630
	MISCELLANEOUS															
53	SCULPTURE	10/31/17		19,000							19,000	19,000	S/L	5		0
	TOTAL MISCELLANEOUS			19,000		0	0	0	0	0	19,000	19,000				0
	OFFICE EQUIPMENT															
3	1260-TRANSMITTOR FM3.5K	2/12/87		26,680							26,680	26,680	S/L	15		0
4	1270-STERO GENERATO MOD	2/12/87		5,860							5,860	5,860	S/L	10		0
5	1390-MAGNUM 18M TOWER	2/12/87		13,684							13,684	13,684	S/L	15		0
6	1650-TDK-60-305 & TOWER	12/07/87		14,655							14,655	14,655	S/L	7		0

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
7	2460-TRANSMITTER	3/01/96		10,750							10,750	10,750	S/L	10		0	
8	2470-EXCITER	3/01/96		6,290							6,290	6,290	S/L	10		0	
9	2480-TRANS LINE PARTS	3/01/96		15,184							15,184	15,184	S/L	10		0	
10	2820-PRODUCT CONSOLE	5/15/97		6,022							6,022	6,022	S/L	7		0	
11	2990-DIGITAL OPTI	1/22/99		10,385							10,385	10,385	S/L	7		0	
14	4533-STATELLITE LINK	6/01/07		31,640							31,640	27,421	S/L	20		1,582	
18	4615-MODULATION MONITOR	12/01/11		6,505							6,505	6,451	S/L	5		0	
19	4621-AIR COMPRESSOR	10/31/12		3,380							3,380	3,380	S/L	10		0	
30	STUDIO EQUIPMENT	6/01/16		73,248							73,248	73,248	S/L	HY	6	0	
32	PLANNING FOR TRANSMITTER	6/01/16		27,704							27,704	18,107	S/L	HY	13	.07690	2,130
35	TOWER INSTALLATION	6/01/16		35,120							35,120	22,960	S/L	HY	13	.07690	2,701
42	INSTAL. OF STATELLITE	6/01/16		2,811							2,811	1,836	S/L	HY	13	.07690	216
52	RADIO EQUIPMENT	3/31/17		4,515							4,515	4,515	S/L	HY	5		0
TOTAL OFFICE EQUIPMENT				294,433		0	0	0	0	0	294,433	267,428				6,629	
OFFICE EQUIPMENT - CLOVIS																	
73	CLOVIS TRANSMITTER	11/30/23		37,294							37,294	3,108	S/L	10		3,729	
TOTAL OFFICE EQUIPMENT - CLO				37,294		0	0	0	0	0	37,294	3,108				3,729	
OFFICE EQUIPMENT - AUBERY																	
13	4484-6 BAY ANTENNA	10/12/05		22,693							22,693	21,181	S/L	15		0	
15	4536-STATELLITE LINK	6/01/07		32,619							32,619	28,237	S/L	20		1,631	
TOTAL OFFICE EQUIPMENT - AUB				55,312		0	0	0	0	0	55,312	49,418				1,631	

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
OFFICE EQUIPMENT - BAKERSFIELD																
22	COMPRESSOR	11/14/13		4,847							4,847	4,829	S/L	10		0
23	GENERATOR INSTALLATION	8/20/14		7,500							7,500	7,500	S/L	10		0
28	GENERATOR	7/23/14		13,629							13,629	13,629	S/L	5		0
72	BAKERSFIELD TRANSMITTER	11/30/23		77,745							77,745	6,479	S/L	10		7,775
74	ORBAN OPTIMOD - BAKERSFIELD	11/30/23		14,976							14,976	2,496	S/L	5		2,995
77	STARLINK INTERNET - BAKERSFI	7/31/24		6,962							6,962	193	S/L	6		1,160
TOTAL OFFICE EQUIPMENT - BAK				125,659		0	0	0	0	0	125,659	35,126				11,930
TOTAL DEPRECIATION				<u>5,260,674</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,260,674</u>	<u>2,085,338</u>				<u>177,205</u>
GRAND TOTAL DEPRECIATION				<u>5,260,674</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,260,674</u>	<u>2,085,338</u>				<u>177,205</u>

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2024

8453-EO

Exempt Organization name

Identifying number

WHITE ASH BROADCASTING INC.

94-2297746

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,135,682.
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	3,135,682.
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	0.

Part II Settle Your Account Electronically for Taxable Year 2024

5 Direct deposit of refund (Form 109 only.)

6 Electronic funds withdrawal 6a Amount _____ 6b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____

11 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT**

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ **FAUSTO HINOJOSA, CPA, CFE** Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P00196912**

Firm's name (or yours if self-employed) and address ▶ **PRICE PAIGE & COMPANY CPAS LLP** Firm's FEIN **87-3267876**

570 N MAGNOLIA AVE STE 100 CA ZIP code **93611**

CLOVIS

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____

ZIP code _____

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 10/01/2024, and ending (mm/dd/yyyy) 9/30/2025. Corporation/Organization name WHITE ASH BROADCASTING INC. California corporation number 0733515. FEIN 94-2297746. Street address (suite or room) 2589 ALLUVIAL AVENUE. City CLOVIS State CA ZIP code 93611.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total gross receipts: 3,135,682), Expenses (Total expenses: 2,460,665), Payments (Total payments: 0), and Balance due (0).

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: PRESIDENT. Title: PRESIDENT. Date: [blank]. Telephone: 559-862-2480. Paid Preparer's Use Only: Preparer's signature: FAUSTO HINOJOSA, CPA, CFE. Firm's name: PRICE PAIGE & COMPANY CPAS LLP. Address: 570 N MAGNOLIA AVE STE 100, CLOVIS, CA 93611. Telephone: (559) 299-9540. May the FTB discuss this return with the preparer shown above? [X] Yes [] No.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	30,785.
	3	Dividends	●	3	
	4	Gross rents	●	4	10,800.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	210,330.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	251,915.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	118,930.
	12	Other salaries and wages	●	12	981,556.
	13	Interest	●	13	27,626.
	14	Taxes	●	14	81,336.
	15	Rents	●	15	76,499.
	16	Depreciation and depletion (See instructions)	●	16	177,205.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	997,513.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	2,460,665.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,900,403.	●	2,568,132.
2	Net accounts receivable		369,026.	●	581,402.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds		309,716.	●	447,742.
7	Investments in stock		519,648.	●	461,012.
8	Mortgage loans			●	
9	Other investments. Attach schedule.			●	
10 a	Depreciable assets	4,844,587.		4,849,027.	
b	Less accumulated depreciation	2,085,338.	2,759,249.	2,262,543.	2,586,484.
11	Land		411,650.	●	411,650.
12	Other assets. Attach schedule. STM 4		38,610.	●	40,189.
13	Total assets		6,308,302.		7,096,611.
Liabilities and net worth					
14	Accounts payable		105,452.	●	107,095.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable		703,358.	●	673,661.
18	Other liabilities. Attach schedule. STM 5		397,202.		474,802.
19	Capital stock or principal fund			●	
20	Paid-in or capital surplus. Attach reconciliation.			●	
21	Retained earnings or income fund		5,102,290.	●	5,841,053.
22	Total liabilities and net worth		6,308,302.		7,096,611.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	738,763.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST 6	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	63,746.
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	63,746.
4	Income not recorded on books this year. Attach schedule.	●		10	Net income per return. Subtract line 9 from line 6.	●	675,017.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5.	●	738,763.				

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY
Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

WHITE ASH BROADCASTING INC.

Employer identification number

94-2297746

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization WHITE ASH BROADCASTING INC.	Employer identification number 94-2297746
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 121,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 196,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 98,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 80,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WHITE ASH BROADCASTING INC.	Employer identification number 94-2297746
--	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **WHITE ASH BROADCASTING INC.** Employer identification number **94-2297746**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include description of property, date acquired, cost, depreciation allowed, depreciation method, life or rate, depreciation for this year, and additional first year depreciation. Total depreciation for this year is 177,205.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes (line 17) and depreciation adjustment (line 18).

Part IV Amortization

Table for Part IV with 7 rows. Columns include description of property, date acquired, cost, amortization allowed, R&TC Section, period or percentage, and amortization for this year. Total amortization claimed is 21.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for election details, including maximum deduction (\$25,000), total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, listing properties like 1650-TDK-60-305 and 2460-TRANSMITTE.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including total amortization and adjustments.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for listing property and calculating depreciation and additional first year depreciation.

Part III Summary

Table for Part III with rows 16-18 for summarizing depreciation and election amounts.

Part IV Amortization

Table for Part IV with columns (a) through (g) for listing property and calculating amortization.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for election details, including maximum deduction (\$25,000), total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for property details, including descriptions like AIR COMPRE, OIL WIZE-C, LAND, COMPRESSOR, and GENERATOR INSTA.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including rows 19-22 for total amortization and adjustments.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for election details, including maximum deduction (\$25,000), total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, listing items like COMP - RICHARDS, RECORDING EQUIP, SERVER, COPIER, and GENERATOR.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including rows 19-22 for total amortization and adjustments.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name WHITE ASH BROADCASTING INC.	California corporation number 0733515
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MUSIC SERVER	11/19/2014	2,586.	2,586.	S/L	5		
STUDIO EQUIPMEN	6/01/2016	73,248.	73,248.	S/L	6		
ISLAND CABINET	6/01/2016	2,320.	1,972.	S/L	10	232.	
PLANNING FOR TR	6/01/2016	27,704.	18,107.	S/L	13	2,130.	
SIGNAGE	6/01/2016	4,386.	3,731.	S/L	10	439.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	<input checked="" type="radio"/>	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<input checked="" type="radio"/>	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	<input checked="" type="radio"/>	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						<input checked="" type="radio"/>	22

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with 2 columns: Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515)

Part I Election To Expense Certain Property Under IRC Section 179

Table with 3 columns: Line number, Description, and Amount. Includes rows for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: Line number, Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation. Includes rows for HI-TECH HOME, TOWER INSTALLAT, ACOUSTICAL/ARCH, ROOF - CONSTRUC, and A/C AND HEATING.

Part III Summary

Table with 3 columns: Line number, Description, and Amount. Includes rows for total depreciation election, total depreciation claimed for federal purposes, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: Line number, Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year. Includes rows for total amortization and amortization adjustment.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515)

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation. Items include FLOORING - CONS, BUILDING CONSTR, PHONE SYSTEM, INSTAL. OF STAT, and CONSTRUCTION AD.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes (line 17) and depreciation adjustment (line 18).

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for listing property and calculating depreciation and additional first year depreciation.

Part III Summary

Table for Part III with rows 16-18 for summarizing the total depreciation and adjustment.

Part IV Amortization

Table for Part IV with columns (a) through (g) for listing property and calculating amortization.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including maximum deduction, total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, including descriptions like IMPROVEMENTS, OFFICE FURNITUR, RADIO EQUIPMENT, SCULPTURE, and MARIAM WALL.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including rows 19-22 for total amortization and adjustments.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including maximum deduction, total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for property depreciation details, including descriptions like CONFERENCE ROOM, 27-IN IMAC, etc.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including descriptions and amortization amounts.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes lines 1-5 for maximum deduction, cost, and limitation. Line 6 is a header for property description, cost, and elected cost. Lines 7-13 show listed property, total elected cost, tentative deduction, carryover, and final deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include description, date acquired, cost, depreciation allowed, method, life, depreciation for this year, and additional first year depreciation. Rows 14-15 list various equipment like DL360 SERVER AN, CONSOLE AND AXI, etc.

Part III Summary

Table for Part III with 3 rows. Line 16: Total depreciation claimed for federal purposes. Line 17: Total depreciation claimed for federal purposes from Form 4562. Line 18: Depreciation adjustment.

Part IV Amortization

Table for Part IV with 7 rows. Columns include description, date acquired, cost, amortization allowed, R&TC Section, period, and amortization for this year. Rows 20-22 show total amortization and adjustment.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and various limitation calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes and depreciation adjustment calculations.

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including maximum deduction, total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, including description of property, date acquired, cost, and depreciation amounts.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including description of property, date acquired, and amortization amounts.

2024 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (WHITE ASH BROADCASTING INC.) and California corporation number (0733515).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction (\$25,000), total cost, threshold cost (\$200,000), and various limitation calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes (line 17) and depreciation adjustment (line 18).

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

WHITE ASH BROADCASTING INC.

94-2297746

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	176,889.
OTHER INVESTMENT INCOME.....		29,454.
PROGRAM SERVICE REVENUE.....		3,987.
	TOTAL \$	<u>210,330.</u>

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JOE MOORE 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	PRESIDENT 40.00	\$ 118,930.	\$ 0.	\$ 0.
JERRY BEHRENS 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
SHIRIN ASSEMI 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	CHAIRPERSON 4.00	0.	0.	0.
JACQUELINE DOUMANIAN 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
SAMMY SIADA 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
DR. JAY CENTER 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
MICHAEL GRANNIS 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
KRISTIN LESKO RENIERS 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
CELESTE DEMONTE 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	VICE PRESIDENT 4.00	0.	0.	0.

WHITE ASH BROADCASTING INC.

94-2297746

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL SILVEIRA 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	SECRETARY 4.00	\$ 0.	\$ 0.	\$ 0.
PAUL CHEN 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	TREASURER 4.00	0.	0.	0.
LISA LEE HERRICK 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
ROBERT TAFOYA 2589 ALLUVIAL AVENUE CLOVIS, CA 93611	BOARD MEMBER 4.00	0.	0.	0.
TOTAL		<u>\$ 118,930.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 2,406.
CONTRACTUAL SERVICES.....	22,178.
CREDIT LOSS.....	11,063.
DATA PROCESSING.....	47,068.
DUES AND SUBSCRIPTIONS.....	7,430.
INSURANCE.....	35,389.
MISCELLANEOUS.....	16,189.
OFFICE EXPENSES.....	54,053.
OTHER EMPLOYEE BENEFIT.....	109,754.
OTHER FEES.....	137,699.
PROGRAM FEES.....	370,318.
RENTAL EXPENSES.....	3,272.
REPAIRS & MAINTENANCE.....	43,290.
SPECIAL EVENT EXPENSES.....	86,514.
TELEPHONE.....	19,177.
TOWER RENTAL.....	13,200.
TRAVEL.....	18,513.
TOTAL	<u>\$ 997,513.</u>

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES..... 40,189.
TOTAL \$ 40,189.

**STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES**

DEFERRED REVENUE..... 474,802.
TOTAL \$ 474,802.

**STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED GAINS..... \$ 63,746.
TOTAL \$ 63,746.

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 10/01/2024, and ending (mm/dd/yyyy) 9/30/2025

Corporation/Organization name WHITE ASH BROADCASTING INC.		California corporation number 0733515
Additional information. See instructions.		FEIN 94-2297746
Street address (suite/room no.) 2589 ALLUVIAL AVENUE		PMB no.

City (If the corporation has a foreign address, see instructions.) CLOVIS	State CA	ZIP code 93611
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date (mm/dd/yyyy)</p> <p>E Amended return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F Accounting method used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>G Nature of trade or business <u>RENTAL INCOME ACTIVIT</u></p>	<p>H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Unrelated Business Activity (UBA) code <u>531390</u></p> <p>L Is this a hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
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Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30..... ●	1	6,528.
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions..... ●	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1..... ●	3	6,528.
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30..... ●	4	
Tax Computation	5 Unrelated business taxable income from line 3 or line 4..... ●	5	6,528.
	6 EZ, LAMBRA, or TTA NOL carryover deduction..... ●	6	
	7 Net Operating Loss deduction. See General Information N..... ●	7	
	8 Add line 6 and line 7..... ●	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5..... ●	9	6,528.
	10 Tax <u>8.84</u> % x line 9. See General Information J..... ●	10	577.
	11 Tax credits from Schedule B. See instructions..... ●	11	
	Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-..... ●	12
	13 Alternative minimum tax. See General Information O..... ●	13	
	14 Total tax. Add line 12 and line 13..... ●	14	577.
Payments	15 Overpayment from a prior year allowed as a credit..... ●	15	200.
	16 2024 estimated tax payments. See instructions..... ●	16	220.
	17 Withholding (Form 592-B and/or 593). See instructions..... ●	17	
	18 Amount paid with extension (form FTB 3539)..... ●	18	
	19 Total payments and credits. Add line 15 through line 18..... ●	19	420.
Use Tax/ Tax Due/ Overpayment	20 Use tax. See instructions..... ●	20	
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19..... ●	21	420.
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20..... ●	22	
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions..... ●	23	157.
	24 Overpayment. Subtract line 14 from line 21. See instructions..... ●	24	
	25 Enter amount of line 24 to be applied to 2025 estimated tax..... ●	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 ●	26	
	a Fill in the account information to have the refund directly deposited. Routing number . . . ●	26 a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ●	26 c	
	27 Penalties and interest. See General Information M. ●	27	
	28 ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24 ●	29	157.	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales b Less returns and allowances c Balance ●	1 c	
2 Cost of goods sold and/or operations (Schedule A, line 7) ●	2	
3 Gross profit. Subtract line 2 from line 1c ●	3	
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) ●	4 a	
b Net gain (loss) from Schedule D-1, Part II ●	4 b	
c Capital loss deduction for trusts ●	4 c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule ●	5	
6 Rental income (Schedule C) ●	6	
7 Unrelated debt-financed income (Schedule D) ●	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) ●	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) ●	9	
10 Exploited exempt activity income (Schedule G) ●	10	
11 Advertising income (Schedule H, Part III, Column A) ●	11	
12 Other income. Attach schedule SEE STATEMENT 1	12	10,800.
13 Total unrelated trade or business income. Add line 3 through line 12 ●	13	10,800.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I ●	14	
15 Salaries and wages ●	15	
16 Repairs ●	16	
17 Bad debts ●	17	
18 Interest. Attach schedule ●	18	
19 Taxes. Attach schedule ●	19	
20 Contributions. See instructions and attach schedule ●	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) ●	21 a	
b Less: depreciation claimed on Schedule A. See instructions	21 b	
22 Depletion. Attach schedule ●	22	
23 a Contributions to deferred compensation plans	23 a	
b Employee benefit programs. See instructions	23 b	
24 Other deductions. Attach schedule SEE STATEMENT 2	24	3,272.
25 Total deductions. Add line 14 through line 24	25	3,272.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 ●	26	7,528.
27 Excess advertising costs (Schedule H, Part III, Column B) ●	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 ●	28	7,528.
29 Specific deduction. See instructions ●	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 ●	30	6,528.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title PRESIDENT	Date	Telephone 559-862-2480
	Preparer's signature FAUSTO HINOJOSA, CPA, CFE	Date	Check if self-employed <input type="checkbox"/>	PTIN P00196912
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address PRICE PAIGE & COMPANY CPAS LLP 570 N MAGNOLIA AVE STE 100 CLOVIS, CA 93611			Firm's FEIN 87-3267876
	May the FTB discuss this return with the preparer shown above? See instructions			Telephone (559) 299-9540

Yes No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

Table with 7 rows for Schedule A: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional IRC Section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold and/or operations.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits.

Table with 4 rows for Schedule B: 1 Enter credit name, 2 Enter credit name, 3 Enter credit name, 4 Total. Add line 1 through line 3.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K: 1 Interest computation under the look-back method, 2 Interest on tax attributable to installment, 3 IRC Section 197(f)(9)(B)(ii) election, 4 Credit recapture, 5 Total.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Total sales and Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Property factor, Payroll factor, Sales factor, Total percentage, and Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 4 main sections: (a) Description of property, (b) Rent received or accrued, (c) Percentage of rent attributable to personal property, (d) Deductions directly connected, (e) Income includible, (i) Gross income reportable, (ii) Deductions directly connected with personal property, (iii) Net income includible.

Schedule D Unrelated Debt-Financed Income

Table with 4 main rows and 7 columns. Columns include: (a) Description of debt-financed property, (b) Gross income from or allocable to debt-financed property, (c) Deductions directly connected with or allocable to debt-financed property (subdivided into (i) Straight-line depreciation and (ii) Other deductions), (d) Amount of average acquisition indebtedness, (e) Average adjusted basis, (f) Debt basis percentage, (g) Gross income reportable, (h) Allocable deductions, and (i) Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 main rows and 6 columns. Columns include: (a) Description, (b) Amount, (c) Deductions directly connected, (d) Net investment income, (e) Set-asides, and (f) Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table divided into two sections: Exempt Controlled Organizations and Nonexempt Controlled Organizations. Columns include: (a) Name of controlled organizations, (b) Employer identification number, (c) Net unrelated income (loss), (d) Total of specified payments made, (e) Part of column (d) included in gross income, (f) Deductions directly connected with income, (g) Taxable income, (h) Net unrelated income (loss), (i) Total of specified payments made, (j) Part of column (i) included in gross income, and (k) Deductions directly connected with income.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 6 main rows and 8 columns. Columns include: (a) Description of exploited activity, (b) Gross unrelated business income, (c) Expenses directly connected with production of unrelated business income, (d) Net income from unrelated trade or business, (e) Gross income from activity that is not unrelated business income, (f) Expenses attributable to column (e), (g) Excess exempt expense, and (h) Net income includible.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: (a) Name of periodical, (b) Gross advertising income, (c) Direct advertising costs, (d) Advertising income or excess advertising costs, (e) Circulation income, (f) Readership costs, (g) If column (e) is greater than column (f)...

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns: (a) Name of periodical, (b) Gross advertising income, (c) Direct advertising costs, (d) Advertising income or excess advertising costs, (e) Circulation income, (f) Readership costs, (g) If column (e) is greater than column (f)...

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column (d) or (g), and amount listed in Part II, columns (d) or (g)

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)

Schedule I Compensation of Officers, Directors, and Trustees

Table with 4 columns: (a) Name, (b) Title, (c) Percent of time devoted to business, (d) Compensation attributable to unrelated business

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: (a) Group and guideline class or description of property, (b) Date acquired (dd/mm/yyyy), (c) Cost or other basis, (d) Depreciation allowed or allowable in prior years, (e) Method of computing depreciation, (f) Life or rate, (g) Depreciation for this year

STATEMENT 1
FORM 109, PART I, LINE 12
OTHER INCOME

RENTAL INCOME FROM PERSONAL PROPERTY.....	\$	10,800.
TOTAL	\$	<u>10,800.</u>

STATEMENT 2
FORM 109, PART II, LINE 24
OTHER EXPENSES

RENTAL EXPENSES.....	\$	3,272.
TOTAL	\$	<u>3,272.</u>



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>WHITE ASH BROADCASTING INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used 2589 ALLUVIAL AVENUE Address (Number and Street)</p> <p>CLOVIS, CA 93611 City or Town, State, and ZIP Code</p> <p>559-862-2480 JMOORE@KVPR.ORG Telephone Number Email Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number <u>17599</u></p> <p>Corporation or Organization No. <u>0733515</u></p> <p>Federal Employer ID No. <u>94-2297746</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 10/01/24 ending 9/30/25) list:

Total Revenue \$ (including noncash contributions) 3,045,896. **Noncash Contributions \$** 11,742. **Total Assets \$** 7,096,611.

Program Expenses \$ 1,743,405. **Total Expenses \$** 2,460,665.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes? SEE STATEMENT 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Does the organization conduct a vehicle donation program? SEE STATEMENT 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	JOE MOORE	PRESIDENT	
Signature of Authorized Agent	Printed Name	Title	Date

WHITE ASH BROADCASTING INC.

94-2297746

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CORPORATION FOR PUBLIC BROADCASTING
401 NINTH STREET NW
WASHINGTON, DC 20004-2029
202-879-9600
SUSAN JULBEE

STATEMENT 2
FORM RRF-1, PART B, LINE 6
NUMBER AND DATES OF RAFFLES

RAFFLES WERE HELD ON 5/12/25 AND 9/4/25.

STATEMENT 3
FORM RRF-1, PART B, LINE 7
VEHICLE DONATION PROGRAM INFORMATION

ORGANIZATION CONTRACTS WITH CHARITABLE ADULT RIDES & SERVICES WHO SPECIALIZES IN
VEHICLE DONATION PROGRAMS.

WHITE ASH BROADCASTING INC.

94-2297746

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
BUILDING & IMPROVEMENTS																
33	SIGNAGE	6/01/16		4,386							4,386	3,731	S/L HY	10	.10000	439
34	HI-TECH HOME	6/01/16		61,626							61,626	13,102	S/L MM	39	.02564	1,580
36	ACOUSTICAL/ARCHITECTURAL	6/01/16		23,456							23,456	4,984	S/L MM	39	.02564	601
37	ROOF - CONSTRUCTION	6/01/16		76,565							76,565	43,406	S/L HY	15	.06670	5,107
38	A/C AND HEATING - CONS	6/01/16		345,737							345,737	293,879	S/L HY	10	.10000	34,574
39	FLOORING - CONSTRUCTION	6/01/16		75,783							75,783	75,783	S/L HY	7		0
40	BUILDING CONSTRUCTION	6/01/16		2,406,634							2,406,634	511,674	S/L MM	39	.02564	61,706
43	CONSTRUCTION ADMIN	6/01/16		160,929							160,929	34,213	S/L MM	39	.02564	4,126
44	ARCHITECT FEES	6/01/16		159,891							159,891	33,998	S/L MM	39	.02564	4,100
45	ELECTRICAL HOOKUPS	6/01/16		22,330							22,330	4,751	S/L MM	39	.02564	573
46	LANDSCAPING	6/01/16		7,573							7,573	3,579	S/L HY	18	.05560	421
47	ELECTRICAL - CONSTRUCTION	6/01/16		479,565							479,565	479,565	S/L HY	5		0
49	DONOR SIGNAGE	9/30/16		7,149							7,149	6,181	S/L HY	10	.10000	715
50	IMPROVEMENTS 2016	3/31/17		8,080							8,080	6,060	S/L HY	10	.10000	808
54	MARIAM WALL	12/19/18		11,637							11,637	1,714	S/L	39		298
59	GENERATOR	9/11/20		56,000							56,000	45,733	S/L	5		10,267
63	NEEDLE PNT BIPLARIZATION (IN9	6/23/21		7,638							7,638	4,966	S/L	5		1,528
69	SOLAR PANEL PROJECT	7/19/23		184,163							184,163	8,595	S/L	25		7,367
79	HONEYWELL JACE	12/05/23		4,975							4,975	829	S/L	5		995
80	EVAPORATOR COIL (BAKERSFIELD	5/06/25		4,440							4,440		S/L	10		185
TOTAL BUILDING & IMPROVEMEN				4,108,557		0	0	0	0	0	4,108,557	1,576,743				135,390

WHITE ASH BROADCASTING INC.

94-2297746

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FURNITURE AND FIXTURES																	
1	4538-WEBSITE UPGRADE	9/27/07		5,000							5,000	5,000	S/L	5		0	
24	COMP - RICHARDSON/PLEVIN	1/30/14		2,013							2,013	2,013	S/L	5		0	
25	RECORDING EQUIPMENT	4/04/14		2,184							2,184	2,184	S/L	3		0	
26	SERVER	5/08/14		12,787							12,787	12,679	S/L	5		0	
27	COPIER	9/24/14		5,130							5,130	5,130	S/L	3		0	
29	MUSIC SERVER	11/19/14		2,586							2,586	2,586	S/L	5		0	
31	ISLAND CABINET	6/01/16		2,320							2,320	1,972	S/L	HY	10	.10000	232
41	PHONE SYSTEM	6/01/16		21,311							21,311	21,311	S/L	HY	6		0
51	OFFICE FURNITURE	3/31/17		3,518							3,518	3,518	S/L	HY	7		0
55	CONFERENCE ROOM 82 TV	12/27/18		7,959							7,959	7,959	S/L	5		0	
56	27-IN IMAC	9/30/19		2,628							2,628	2,628	S/L	5		0	
60	DL360 SERVER AND NETWORK MI	2/12/20		10,526							10,526	9,823	S/L	5		703	
62	OUTDOOR BENCHES (2)	4/22/21		5,440							5,440	3,717	S/L	5		1,088	
66	BAKERSFIELD A/C UNIT	5/10/23		4,500							4,500	319	S/L	20		225	
67	EV CHARGER (2)	6/01/23		14,204							14,204	1,893	S/L	10		1,420	
78	YEALINK VONAGE PHONE SYSTEM	4/24/24		7,607							7,607	634	S/L	5		1,521	
TOTAL FURNITURE AND FIXTURE				109,713		0	0	0	0	0	109,713	83,366				5,189	
LAND																	
21	LAND	9/30/14		411,650							411,650					0	
TOTAL LAND				411,650		0	0	0	0	0	411,650	0				0	
LEASEHOLD IMPROVEMENT - BAKERSFIELD																	

WHITE ASH BROADCASTING INC.

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2	1520-BROADCAST BUILDING	3/01/87		21,883							21,883	21,883	S/L	15		0
20	4630-OIL WIZE-CONCRETE	6/06/13		16,150							16,150	12,161	S/L	15		1,077
	TOTAL LEASEHOLD IMPROVEMEN			38,033		0	0	0	0	0	38,033	34,044				1,077
	MACHINERY AND EQUIPMENT															
57	COMREX ACCESS - FOR ISDN	10/23/19		2,605							2,605	2,562	S/L	5		43
58	AXIA SOFTSURFACE VIRTUAL CON	7/16/20		2,902							2,902	2,417	S/L	5		485
61	CONSOLE AND AXIA NODE	10/15/20		4,858							4,858	3,888	S/L	5		970
64	AUDIO CODER AND SATELLITE RE	5/04/22		6,530							6,530	3,156	S/L	5		1,306
65	REPLACEMENT TELOS ALLIANCE	6/03/23		2,477							2,477	660	S/L	5		495
68	REMOTE CONTROL HARDWARE	6/14/23		6,945							6,945	1,852	S/L	5		1,389
70	2 BURK TECH 200 UNIT	9/30/23		2,074							2,074	415	S/L	5		415
71	AXIA POWERSTATION	6/30/24		16,924							16,924	846	S/L	5		3,385
76	DAD SYSTEM UPGRADE	5/08/24		15,708							15,708	1,309	S/L	5		3,142
	TOTAL MACHINERY AND EQUIPME			61,023		0	0	0	0	0	61,023	17,105				11,630
	MISCELLANEOUS															
53	SCULPTURE	10/31/17		19,000							19,000	19,000	S/L	5		0
	TOTAL MISCELLANEOUS			19,000		0	0	0	0	0	19,000	19,000				0
	OFFICE EQUIPMENT															
3	1260-TRANSMITTOR FM3.5K	2/12/87		26,680							26,680	26,680	S/L	15		0
4	1270-STERO GENERATO MOD	2/12/87		5,860							5,860	5,860	S/L	10		0
5	1390-MAGNUM 18M TOWER	2/12/87		13,684							13,684	13,684	S/L	15		0
6	1650-TDK-60-305 & TOWER	12/07/87		14,655							14,655	14,655	S/L	7		0

WHITE ASH BROADCASTING INC.

94-2297746

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7	2460-TRANSMITTER	3/01/96		10,750							10,750	10,750	S/L	10		0	
8	2470-EXCITER	3/01/96		6,290							6,290	6,290	S/L	10		0	
9	2480-TRANS LINE PARTS	3/01/96		15,184							15,184	15,184	S/L	10		0	
10	2820-PRODUCT CONSOLE	5/15/97		6,022							6,022	6,022	S/L	7		0	
11	2990-DIGITAL OPTI	1/22/99		10,385							10,385	10,385	S/L	7		0	
14	4533-STATELLITE LINK	6/01/07		31,640							31,640	27,421	S/L	20		1,582	
18	4615-MODULATION MONITOR	12/01/11		6,505							6,505	6,451	S/L	5		0	
19	4621-AIR COMPRESSOR	10/31/12		3,380							3,380	3,380	S/L	10		0	
30	STUDIO EQUIPMENT	6/01/16		73,248							73,248	73,248	S/L	HY	6	0	
32	PLANNING FOR TRANSMITTER	6/01/16		27,704							27,704	18,107	S/L	HY	13	.07690	2,130
35	TOWER INSTALLATION	6/01/16		35,120							35,120	22,960	S/L	HY	13	.07690	2,701
42	INSTAL. OF STATELLITE	6/01/16		2,811							2,811	1,836	S/L	HY	13	.07690	216
52	RADIO EQUIPMENT	3/31/17		4,515							4,515	4,515	S/L	HY	5		0
TOTAL OFFICE EQUIPMENT				294,433		0	0	0	0	0	294,433	267,428				6,629	
OFFICE EQUIPMENT - CLOVIS																	
73	CLOVIS TRANSMITTER	11/30/23		37,294							37,294	3,108	S/L	10		3,729	
TOTAL OFFICE EQUIPMENT - CLO				37,294		0	0	0	0	0	37,294	3,108				3,729	
OFFICE EQUIPMENT - AUBERY																	
13	4484-6 BAY ANTENNA	10/12/05		22,693							22,693	21,181	S/L	15		0	
15	4536-STATELLITE LINK	6/01/07		32,619							32,619	28,237	S/L	20		1,631	
TOTAL OFFICE EQUIPMENT - AUB				55,312		0	0	0	0	0	55,312	49,418				1,631	

WHITE ASH BROADCASTING INC.

94-2297746

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OFFICE EQUIPMENT - BAKERSFIELD																
22	COMPRESSOR	11/14/13		4,847							4,847	4,829	S/L	10		0
23	GENERATOR INSTALLATION	8/20/14		7,500							7,500	7,500	S/L	10		0
28	GENERATOR	7/23/14		13,629							13,629	13,629	S/L	5		0
72	BAKERSFIELD TRANSMITTER	11/30/23		77,745							77,745	6,479	S/L	10		7,775
74	ORBAN OPTIMOD - BAKERSFIELD	11/30/23		14,976							14,976	2,496	S/L	5		2,995
77	STARLINK INTERNET - BAKERSFI	7/31/24		6,962							6,962	193	S/L	6		1,160
TOTAL OFFICE EQUIPMENT - BAK				125,659		0	0	0	0	0	125,659	35,126				11,930
TOTAL DEPRECIATION				<u>5,260,674</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,260,674</u>	<u>2,085,338</u>				<u>177,205</u>
GRAND TOTAL DEPRECIATION				<u>5,260,674</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,260,674</u>	<u>2,085,338</u>				<u>177,205</u>